Your International Healthcare Partner

General Terms and Conditions

International Private Medical Insurance

MediHelp International Plans

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contact@iqmed.ro

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Introduction

Thank you for choosing Us in order to look after your health insurance needs.
It is worthwhile to take a few moments to familiarize yourself with Our Policy Terms and Conditions to make sure you fully understand the following:

- how to use the insurance, including receiving **treatment** and submitting claims;
- the coverage (both benefits and limitations), and
- how the **Policy** is administered.

Throughout this document certain words appear in **bold**. This is to indicate that they have a specific or particularly important meaning.
You will find a glossary of these words at the end of the brochure.

How to use Your Plan

Your Membership Pack is formed from the following documents:
Certificate of Insurance – showing the details of your coverage
Payment Notification – showing the insurance premium
Membership Guide (Policy Wording) – current document including all policy details
Membership Card

Contacting Us
Medi*H*elp Customer Care Department (coordinating and assistance center for insured members), Monday-Friday, 09.00 am - 05.30 pm:
By phone: +40.21.222.0593;
By Email: customer-service@medihelp.ro;

International Headquarters: 24, Dr. Constantin Caracas Str., 011155 Bucharest, Romania

How to make a Claim
Whenever you need to use your health care cover with us, and at whatever stage, the chart below is a step-by-step guide which provides all the information you will need, from receiving treatment to having any health care expenses settled.

Please note: Pre-authorization is needed for all costs exceeding 500 Euros. Upon approval, a Guarantee of Payment (GOP) will be issued to the provider from the network.

Contact MediHelp International (M-F, 09.00 am - 05.30 pm):

Telephone: +40 21 222 0593 or customer-service@medihelp.ro

Direct Settlement	Pay and claim
We (MediHelp) will send a **pre-authorisation letter** to you/ treating hospital/ clinic to confirm coverage.	**We** (MediHelp) will confirm your cover and what benefits are available.
After the treatment, the hospital/clinic will send **us** invoices, medical report and any other needed documents.	Please complete all sections in the claim form, attach detailed invoices, and any medical report received from the doctor/clinic/hospital and send the claim to **us** by email/mail.
After the invoice is paid, **We** (MediHelp) will send you a benefit statement showing the details of what was paid (including any items that you may have to pay, such as ineligible items or deductibles/co-payments).	**We** (MediHelp) pay you directly and send you a benefit statement showing the details of what was paid (including any items that **we** were unable to pay, such as ineligible items or deductibles/co-payments).

What to do in the event of an emergency

Should you find yourself in an emergency situation where you have not had a chance to contact us in advance of Treatment (for example a Road Traffic Accident) and you should find yourself being admitted to hospital, then please contact us at the soonest practical moment, alternatively make sure that the Hospital is aware of your insurance cover with Us so that they, or someone designated by you can contact us on your behalf.
We will then engage with hospital's insurance liaison department to enable billing to be taken care of directly. In such cases it is not uncommon for hospital to seek to take either a cash deposit or a credit card swipe from you until a connection between us and the hospital has been achieved.

MEDICAL EMERGENCY HELPLINE

FOR EMERGENCY EVACUATION, REPATRIATION, OR FOR REFERRAL TO A MEDICAL PRACTITIONER OR A HOSPITAL (outside office hours) PLEASE CALL OUR 24-HOUR ASSISTANCE COMPANY (**Generali Assistance**) ON:

Within CEE, please call+7 (495) 640 1808

Outside CEE, please call+1 905 532 3648

CEE (Central Eastern Europe)

Armenia	Czech Republic	Lithuania	Slovakia
Belarus	Estonia	Macedonia	Slovenia
Bosnia	Hungary	Poland	Tajikistan
Bulgaria	Kazakhstan	Romania	Ukraine
Croatia	Kosovo	Russia	Uzbekistan
Cyprus	Latvia	Serbia	

If the Treatment scheduled is eligible for cover, We can confirm the level of benefit applicable to the medical provider/s and authorise Treatment, subject to the terms and conditions of the Policy.

Any costs or expenses We have paid on the Insured Person's behalf which are not covered under the terms of this Policy must be reimbursed to Us, within one month of Our request to the Insured Person.
Whenever further details are requested for the assessment of a claim, they must be provided within 30 days. Otherwise, the claim will be automatically rejected until the details are provided.

What is covered and what is not covered?

Please remember that our Policy is not intended to cover all reasonably foreseeable eventualities and is subject to the following terms being satisfied:

• Eligibility - that you are a member of an active Policy that the investigations/ treatment/ medical procedures you require are eligible under the terms and conditions of the Policy
• Medical necessity – that the treatment you require is deemed by registered medical professionals to be medically necessary and appropriate to your circumstances, and that this treatment is consistent with standard medical practices in the country you receive care
• Reasonable and Customary charges – that the treatment you receive is charged by your provider at the generally accepted and standard cost for any medical procedure, and that your provider does not charge more than other or similar health care providers in the same country

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TABLE OF BENEFITS (the limits are applied per insurance year unless mentioned otherwise in the present insurance conditions or in the insurance Policy)

		Blue	Azure	Cobalt	Admiral	Royal	
	Overall maximum limit	500,000 Euros	1,200,000 Euros	1,500,000 Euros	2,000,000 Euros	3,000,000 Euros	
	Area of Coverage	Europe		Worldwide Excluding USA/ Worldwide			
No	**INPATIENT (day or night)**						**Terms and Definitions**
1	Hospital Costs (including accommodation)	In Full	In Full	In Full	In Full	In Full	*We will pay for hospital room and board costs for a standard single en-suite room including general nursing care.*
2	Parent Accommodation	In Full	In Full	In Full	In Full	In Full	*We will pay for the room and board costs of one parent staying in hospital with their child up to the age of 18 (if the child is a member receiving treatment that is covered under the Policy).*
3	Theatre Fees	30,000 Euros	In Full	In Full	In Full	In Full	*We will pay for the costs of the operating room, post-surgical recovery room and care, medicines, dressings and equipment used during surgery and immediately afterwards and general nursing care associated with the surgery.*
4	ICU/HDU (intensive care/ high dependency unit)	In Full	In Full	In Full	In Full	In Full	*We will pay for the medically necessary admission and/or transfer to a High Dependency Unit or Intensive Care Unit.*
5	Specialist Fees	In Full	In Full	In Full	In Full	In Full	*We will pay for the surgeons, anesthetists and assistant's fees both in surgery and immediately before or after surgery, on the same day. We will pay for surgeon's consultations while admitted in hospital - either to discuss your surgery or for treatment related to a non-surgical stay (such as being admitted for pneumonia).*
6	Laboratory investigations, X-Rays and other diagnostics tests	In Full	In Full	In Full	In Full	In Full	*We will pay for the costs of tests used to diagnose or assess your condition. This includes laboratory investigations (such as blood tests), imagistic investigations (such as x-rays or ultrasounds) and other diagnostic tests (such as ECGs).*
7	Physio/Chiro/ Osteo/ Complementary therapists/ dietician and speech therapy	In Full	In Full	In Full	In Full	In Full	*We will pay for treatment provided by medical practitioners in order to aid recovery or restore body functions as part of the overall treatment plan whilst admitted to hospital.*

8	Chronic conditions	1,000 Euros	1,000 Euros	In Full	In Full	In Full	*We will pay for the costs of an admission to hospital for an acute flare up of a chronic condition that requires active medical treatment, for the period of that admission only.*
9	Rehabilitation	NA	2,000 Euros	In Full up to 30 days/ each condition	In Full up to 30 days /each condition	In Full up to 30 days/ each condition	*We will pay for In-Patient rehabilitation costs following surgery, subject to Our approval.*
10	Psychiatry	NA	NA	NA	In Full (up to 30 days)	In Full (up to 60 days)	*We will pay for room and board and the costs of treatment when admitted to a psychiatric hospital up to the limits specified, while under the supervision of a consultant psychiatrist.*
11	Prosthesis	In Full	In Full	In Full	In Full	In Full	*We will pay for prosthetic implants needed as part of your treatment.*
12	Durable medical equipment	NA	NA	2,500 Euros	2,500 Euros	2,500 Euros	*We will pay towards the costs of any items, supplies or equipment used in the course of medical treatment or home care, such as orthopedic supports, crutches, wheelchairs, hearing aids or speaking aids.*
13	Palliative Care	NA	NA	5,000 Euros	10,000 Euros	20,000 Euros	*We will pay towards the costs of palliative care (whether in a hospice or at home) if you have received a terminal diagnosis and can no longer receive active medical treatment leading towards your recovery.*
14	Home Nursing	1,000 Euros	5,000 Euros	In Full (up to 30 days after hospitali-sation)	In Full (up to 30 days after hospitali-sation)	In Full (up to 30 days after hospitali-sation)	*We will pay for the costs of home nursing if you have been in hospital receiving treatment which was covered under this plan but only if it immediately follows discharge from hospital, you require active medical support, is managed by a qualified nurse and was prescribed by your treating specialist.* *We will not pay for social and domestic support.* *We will not pay for home nursing related to mental illness, psychiatric or psychological disorders.*
15	Hospitalization Cash benefit	100 Euros up to 10 days	100 Euros up to 10 days	100 Euros per night	120 Euros per night	150 Euros night	*We will pay a cash benefit for each night you spend in a hospital where you are not charged for your admission (ie: at a public hospital)*
16	Congenital and hereditary conditions	In Full (only up to 60 days after birth)	In Full (only up to 60 days after birth)	In Full (only up to 90 days after birth)	In Full (only up to 90 days after birth)	In Full (only up to 90 days after birth)	*We will pay for the treatment of congenital and/or hereditary conditions. By congenital we mean any abnormalities, deformities, diseases, illnesses or injuries present at birth whether diagnosed at the time or not. By hereditary we mean any abnormalities, deformities, diseases or illnesses present at birth that are only present because they have been passed down through your family.* *After the specified days, the newborn will be subject to underwriting.*
17	Cover Outside of Area of Coverage	30,000 Euros up to 30 days	30,000 Euros up to 30 days	50,000 Euros	50,000 Euros	50,000 Euros	*Covered until stable for transfer.* *We will pay only for emergency in-patient treatment.*

	OUTPATIENT		12,000 Euro overall limit				
10	Outpatient Surgery	NA	In Full	In Full	In Full	In Full	*We will pay for the costs of a surgical procedure performed as an out-patient under a local anesthesy.*
19	General Practitioner & Specialist Fees	NA	1,000 Euro	NA	5,000 Euro	In Full	*We will pay for consultations with your GP, Family Doctor or Specialist to diagnose and treat a medical condition or to arrange further medical treatment or as a follow up to treatment that has already taken place.*
20	Drugs and Dressings	NA		NA			*We will pay for the cost of drugs and dressings prescribed by your medical practitioner that will only be used for the treatment of a disease, illness or injury.*
21	Laboratory investigations, X-Rays and other diagnostics tests	NA	2,000 Euros	NA			*We will pay for the costs of tests used to diagnose or assess your condition. This includes laboratory investigations (such as blood tests), imagistic investigations (such as x-rays or ultrasounds) and diagnostic tests (such as ECGs).*
22	Physiotherapy	NA	1,800 Euros	NA			*We will pay for physiotherapy costs referred by your GP, Family Doctor or Specialist and under the direction of a registered physiotherapist for the purpose of providing short term focused treatment to relieve pain or restore function.*
23	Consultations with therapists & complementary therapists	NA	NA	NA			*We will pay for the costs of treatment provided by a registered therapist, such as an Occupational Therapist and Complementary Therapist (acupuncture, homeopathy, chiropractic treatment or osteopathy). We will not pay for sexual therapy.*
24	Chronic conditions	1,000 Euros (within in-patient limit)	1,000 Euros (within in-patient limit)	NA			*We will pay for the ongoing management of chronic conditions. We define chronic as a condition that does not respond to active medical treatment and requires ongoing management (for example diabetes, or back pain). The maximum limit applies for both in-patient and out-patient treatment.*
25	Speech therapy	NA	NA	NA			*We will pay for speech therapy in order to restore speech following an accident or for a condition (ie: stroke), under the recommendation of your specialist.* *We will not pay for developmental delay or language disorders.*
26	Psychiatric treatment	NA	NA	NA	Up to 20 visits included within the above limit of 5,000 Euros	Up to 30 visits included within the above limit	*We will pay for the consultation and associated costs for psychiatry, psychology or psychotherapy provided the overall treatment plan is under the referral of a practicing registered psychiatrist/ psychologist.*

27	Emergency Out-Patient treatment	500 Euros	12,000 Euros	In Full	In Full	In Full	*We will pay for the costs of emergency out-patient treatment (ie: services provided in Accident and Emergency Room as an out-patient) up to the limits provided.*
	FURTHER BENEFITS						
28	Cancer treatment	In Full (only in-patient)	In Full (in-patient) and 12,000 Euros (out-patient)	In Full	In Full	In Full	*We will pay for fees specifically related to the treatment of Cancer, including hospitalization, radiotherapy, chemotherapy and associated consultations, drugs and tests.*
29	Transplant Services	250,000 Euros/ Lifetime (Organ Transplant) 25,000 Euros (Tissue Transplant)	250,000 Euros/ Lifetime (Organ Transplant) 25,000 Euros (Tissue Transplant)	In Full (in-patient) 20,000 Euros (out-patient)	In Full (in-patient) 30,000 Euros (out-patient)	In Full (in-patient) 45,000 Euros (out-patient)	*Treatment for and in relation to life-sustaining in case of transplant of human organs, tissues and cells, including but not limited to kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the insured person as a recipient. The transplant will be carried out in internationally accredited institutions by accredited surgeons and where the organ, tissue or cell procurement is in accordance with World Health Organisation (WHO) guidelines. Where your policy includes donor expenses, we will only pay for hospitalisation medical costs associated with the donor as an in-patient or day-patient when services are rendered in a network facility and where the donation does not lead to the loss of the donor's life and the donating of organs, tissues or cells are removed in the same network facility where the transplant occurs. Costs associated for the donor search or procurement of the organs, tissues or cells are excluded. Cover includes the cost of anti-rejection medication (immunotherapy). The specific type and length of treatment will be determined by the type of transplant and underlying medical condition.*
30	Advanced imaging	In Full	In Full	In Full	In Full	In Full	*We will pay for the costs of a CT, MRI or PET scan (or combination of these scans) when recommended by your Specialist.*
31	Maternity Care	NA	Optional (Companies only) 2,500 Euros and 20% co-pay	3,000 Euro	7,500 Euros	10,000 Euros	*Maternity costs incurred after the initial 12 months of continuous membership (from the effective start date) will be eligible for consideration.* *The coverage includes hospital charges, obstetrician and midwife fees for normal childbirth, pre-natal care and post-natal care (immediately following childbirth) and up to seven days routine care for the baby.* *We will not pay for termination of pregnancy, other than miscarriage, ectopic pregnancy and still birth.* *We will pay for Elective C-sections and Childbirth at home.*

32	Maternity Cash Benefit	NA	NA	300 Euros per night	300 Euros per night	350 Euros per night	*Maternity Cash Benefit is only available after the initial 12 months of continuous membership (from the effective start date).* *We will pay a cash benefit for each night you spend in a hospital during childbirth where you are not charged for your admission (ie: at a public hospital). This takes the place of Hospital Cash Benefit.*
33	Complications of pregnancy	NA	NA	In Full	In Full	In Full	*Maternity costs incurred after the initial 12 months of continuous membership (from the effective start date) will be eligible for consideration.* *We will pay for the costs of a Medically Necessary Caesarian Section arising as a result of a complication, including conditions such as pre-eclampsia, threatened miscarriage, baby is in breech position or the life of the mother and/or baby is under threat.*
34	Newborn care	NA	Optional (Companies only) 37,500 Euros	10,000 Euros	25,000 Euros	100,000 Euros	*We will pay for the costs of treatment for a newborn baby up to 30 days after the date of birth.* *Children can be added as a dependent onto their parent's policy within 30 days of birth with no exclusions.*
35	Accidental dental	NA	NA	NA	500 Euros	1,000 Euros	*We will pay towards treatment of damaged teeth following an accident.* *We will not pay for the repair of dental implants, crowns or dentures.*
36	HIV/ AIDS	50,000 Euros/ lifetime	50,000 Euros/ lifetime	50,000 Euros/ lifetime	50,000 Euros/ lifetime	50,000 Euros/ lifetime	*We will pay for medical treatment which arises from, or is in any way related to Human Immuno-Deficiency Virus (HIV) and/or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and any similar infections, illnesses, injuries or medical conditions arising from these conditions, however caused.*
	ASSISTANCE						
37	Local Ambulance services	In Full	In Full	In Full	In Full	In Full	*We will pay for the costs of a medically necessary local ambulance to either transfer you to hospital following an accident/ illness or from one hospital to another.*
38	Repatriation of Mortal Remains	NA	10,000 Euros	10,000 Euros	10,000 Euros	10,000 Euros	*We will pay towards the costs of repatriating your mortal remains in the event you die away from your home country/country of residence.* *We will make all necessary arrangements as required under international regulations.*

39	International Emergency Medical Evacuation *(subject to Our approval)*	NA	25,000 Euros	In Full	In Full	In Full	*In the event of an emergency whereby the local medical facilities are unsatisfactory and unable to provide the level of medical care you need. We will pay to either evacuate you to the nearest medical centre or to repatriate you to your home country/country of residence. The most appropriate means of transport available locally will be used (ie. regular scheduled, charter airline, or a specially chartered air ambulance). We will arrange and pay the reasonable travel costs of one person to accompany the Insured Person; in addition, We will pay for that person's overnight accommodation up to EUR 50 each night for a maximum of 10 nights. We will arrange for Repatriation to your Home Country once fit to travel.*

	PREVENTIVE TREATMENT						
40	Health Screening	NA	Optional (100 Euros)	NA	500 Euros	750 Euros	*From age 2 to turning 10 years we will pay towards one annual health screen incl. vaccinations once you have been a member for 10 consecutive months. From age 10 and up we will pay towards one annual health screen once you have been a member for 10 consecutive months.*
41	Baby Wellness	NA	NA	NA			*We will pay towards 4 health screenings incl. vaccinations per year up until your child reaches the age of 2.*
42	Vaccinations	NA	NA	NA	200 Euros	350 Euros	*From age 10 years and up we pay towards vaccinations and immunizations including travel vaccinations*

	OPTIONAL PLAN DENTAL						
1	Preventive	NA	NA	2,500 Euros	2,500 Euros	2,500 Euros	*We will pay towards costs of preventative dental treatment after you have been covered for 6 months on this option. 0% co-pay for this. (ie: check-up, X-ray, scale and polish, mouth guard)*
2	Routine and Restorative						*We will pay towards costs of routine and restorative dental treatment after you have been covered for 6 months on this option. 20% co-pay for this. (ie: fillings, root canal treatment, crowns/bridge, implant, anesthesia)*
3	Orthodontic						*We will pay towards costs of orthodontic treatment up to the age of 18 after you have been covered for 2 years on this option. 50% co-pay for this. (ie: dental braces/retainers)*

Note: NA means "not applicable"

General Exclusions

The following exclusions apply to all sections of the Policy. We will not pay for any sum /claim:

1. in excess of 500 Euros where We have not given prior approval. If We authorise Treatment which ultimately transpires to have been related to a condition excluded by the policy, for example, treatment for an undeclared and unaccepted pre-existing medical condition, the insured person will be responsible for all costs, including those settled by Us. In such cases, the insured person must repay all costs We have paid.

2. received by us more than 6 months after the date of treatment or service was given, or any expenses where the supporting documents are not available.

3. arising from a Pre-existing Medical Condition, diseases or known symptoms, with exception of the ones declared in the application form and accepted by Us.

4. expense, treatment, medical or dental condition or procedure relating thereto not specifically stated in this policy as being insured.

5. sums in excess of the policy limits.

6. deductible specified in your certificate of insurance.

7. costs arising after expiry of the current period of insurance, unless this policy has been renewed for a subsequent 12 months

8. intentional, fraudulent, illegal, criminal acts by the insured person, including misrepresentation or concealment or their consequences.

9. medical treatment and/or care for alcoholism, drug and substance abuse/dependency including any medical condition and/or bodily injury directly or indirectly arising from such abuse or dependency.

10. medical treatment and/or care for any addictive, compulsive, social, behavioural or eating disorders.

11. cost or treatment from any suicide, attempted suicide, deliberate self-inflicted injury, negligent or reckless behaviour and/or needless self-exposure to peril, except in an attempt to save human life.

12. investigations or treatment (including cosmetic surgery) for obesity, eating disorders, weight problems or weight loss whether or not resulting from any medical or psychological condition.

13. testing or medical treatment for learning difficulties, autism, hyperactivity, attention deficit disorder, speech therapy for childhood speech impediments, social or behavioural problems or child development.

14. cosmetic, remedial treatment and/or surgery or any kind of consequent treatment which is carried out to restore your appearance as a result of any medical or psychological condition, injury or previous surgery. Reconstructive surgery will be considered, if it is a direct result of any disfiguring accident or surgery for cancer (such as breast cancer) providing the accident or cancer occurs and treatment is provided during the period that you are covered by the policy.

15. surgery or procedure to correct myopia, hyperopia or any other vision or refraction defect, unless caused as a result of an accident or medical condition occurring during the period of insurance. This exclusion will not apply to vision defects arising from keratoconus.

16. investigations into, and treatment of, loss of hair and any hair replacement unless the loss of hair is due to cancer treatment.

17. accommodation and treatment costs in hydro, spa, nature clinic, health farm or the alike.

18. investigations or treatment for sleep disorders (including sleep apnea and insomnia).

19. costs in connection with treatment, service or drug therapy that is deemed by us to be experimental or unproven based on generally accepted medical practice or provided by an unlicensed physician or any immediate family member.

20. procedures or treatment related to genetic testing.

21. cost relating to artificial heart implantation.

22. costs relating to artificial life maintenance including life support machine use where such maintenance is judged by treating doctor that it will not result in recovery or restore you to your previous state of health.

23. expenses related to the harvesting of stem cells, sperm, eggs, or umbilical cord blood for future use.

24. investigations and treatment of any sexual problems or dysfunction and any treatment for sexually transmitted diseases (STDs).

25. costs related to contraception, infertility and any related condition, sterilisation or any other form of assisted reproduction, surrogacy (if you or anyone else acts as surrogates) or family planning.

26. treatment including counselling and psychotherapy or any surgical procedure which is directly or indirectly associated with gender reassignment.

27. claim resulting from either travel or physical activity which has been undertaken against medical advice.

28. claim arising as a result of participation in professional sporting activities (not including recreational or amateur participation) or any hazardous sport or activity including, but not limited to: kite-surfing, mountain biking, rock or cliff climbing, mountaineering, yachting outside territorial waters, motor sports, aerial activities and sports, bungee jumping, scuba diving (to a depth greater than 30 metres or where a current PADI certificate is not held), any sport involving animals, speed competition, skiing off-piste (unless in a recognised and authorised area) and racing of any form other than on foot.

29. expenses relating to search and rescue operations to find an insured person in mountains, at sea, in the desert, in the jungle and similar remote locations including air/ sea rescue charges for evacuation to shore from a vessel or from the sea.

30. travel outside the area of coverage specified on the certificate of insurance for more than the number of days shown in the table of benefits in any one period of insurance.

31. treatment required as a result from exposure to asbestos.

32. claim arising from the insured person being under military authority or engaged in activities involving the use of firearms or physical combat or in an area of military conflict, except during leave or in an authorised shooting range.

33. claim which was caused or contributed to by the use, release or threat of any nuclear weapon, device or chemical or biological agent.

34. claim resulting from war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or taking part in civil commotion or riot of any kind.

35. bodily injury or illness caused by an act of terrorism, except where such injury/illness is sustained as an innocent bystander excluding any act of terrorism involving the use of nuclear weapons or devices, chemical or biological agents. For the purpose of this exclusion, an act of terrorism means 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 or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/ or to put the public, or any section of the public, in fear.

36. costs incurred where the insured person has travelled to a country or specific area which their government or embassy (in home country) have advised against travelling to under any circumstances.

37. administration charges applied by any medical practitioner or facility.

38. expense which at the time of happening is paid by any other insurance policy, benefit or state scheme. If there is any other cover in effect which may pay in respect of the event for which the insured person is claiming, the insured person must tell us at the time he / she first contacts us.

39. losses which are not directly covered by the terms and conditions of this policy (examples of losses We will not pay for include loss of earnings due to being unable to work as a result of Illness or Injury.

40. costs incurred directly or indirectly due to natural calamities (earthquake, flooding, storms, mudslides, landslides etc), epidemics, pandemics.

Administration and General Information

Insurance Contract

The insurance contract is governed by the policy conditions, special / additional clauses if expressly mentioned in the insurance policy, the certificate of insurance, member card, annexes, the declarative/ additional documents, application form and other written agreements, all part of the contract.

The insurance contract is concluded between Us (Generali Romania) and the Policyholder, the Policyholder having the obligation of informing the insured persons about the terms and conditions of the policy. The insurance contract is concluded nominal, for all eligible group members updating the personnel lists and including the new members in the group, with respect to the provisions of the CSA (currently ASF) Order no. 23/2009 with subsequent modifications and additions. The coverage is valid only for the nominated persons.

Form and Proof of Contract
The insurance contract must be concluded in writing and can't be proven by witnesses, even if beginning of written proof exists. If the insurance documents have disappeared due to force majeure or fortuity case and there is no possibility to obtain a duplicate, the existence and content of the insurance documents can be proven with any mean of evidence.
The provisions of the above paragraph apply to all modifications of the insurance contract.
The conclusion of the insurance contract is established through the policy wording/ certificate of insurance issued by Us (Generali Romania), and also through the payment of insurance premium.
The documents that attest the conclusion of an insurance can be signed and certified by electronic means.

The Object of Insurance
MediHelp International Plan is an insurance plan which offers cover for one or more benefits presented in the Table of Benefits according to the option of the policyholder.
MediHelp International Plan is not a saving/ capitalization plan therefore it does not serve as a compensation plan and cannot be transformed into an insurance with limited amount.

Eligibility
The MediHelp International Plan is designed for individuals and companies.

Any person who wishes to be covered by the policy is potential eligible subject to us receiving the relevant application and provided they are aged under 70 at their date of application.

The cover is annual and will continue until we receive a termination request, from the contacting party (you or your employer (if on a company paid scheme). When the insurance starts, the policyholder has the obligation to send Us (Generali Romania) the list with eligible members with details like: first name and surname of the insured, personal identification numbers (CNP), employment starting date, date of joining the group.

We are entitled to refuse or accept an application submitted by you or by any dependent and also reserve the right to ask for evidence of age, state of health (including medical records) and employment status at any time.

Start of cover and renewal of cover
Your cover under the MediHelp International Plan starts after you confirm your first payment, date shown on your certificate of insurance. The policy is renewed annually, or after one contract year. This is normally 12 months unless otherwise agreed between us and you/ your employer.
Your policy is automatically renewed, regardless of your age or state of health. We will inform you about any changes to the benefits provided and the premium payable.

Cooling off period
If, when reading the policy, you decide that it does not meet your requirements, please notify us within 30 days of the start/ renewal date. On condition that you have not already made a alaim and accept that you cannot make one later, We will refund (Generali Romania) any premium you have paid. The contract between you and Us (Generali Romania) will be annulled, which means it will be treated as if it had never existed.

Adding/Removing Insured /Dependents
Please contact MediHelp if you want a dependant to be covered/removed by/from the policy.
Joiners and leavers will be added/ deleted from the plan from the date of notification or from such later date notified.
Cover for a dependant is effective from the date stated on the amended certificate of insurance.

Premiums due or refundable in respect of such insured persons shall be charged or credited on a daily pro-rata basis. No refund of the premium will be paid if a claim has been made.

Newborn babies are covered from birth provided you give us written notification within 30 days from the date they were born. If you notify Us after this period then We will add the newborn child from the date We receive a fully filled in application form and not their date of birth.

Adding a newborn can normally be done without filling out details of their medical history in the first 30 days from birth, however we will require their medical history if they are born as a result of any method of assisted conception or have been adopted. In such circumstances we reserve the right to apply particular restrictions to the cover we offer and may decline cover for babies born as a result of assisted conception until they reach 3 months of age.

Death of the principal member
Should the principal member die, their partner or spouse (provided they are already covered by the policy) will automatically become the principal member.

Insurance Premiums
You/your employer have taken out the policy with Us (Generali Romania) and are responsible for paying the premiums due under the policy. If you fail to pay those premiums or comply with the terms and conditions of the policy we may terminate the policy and refuse to pay claims.
The first payment must be made until the date you wrote on the Application Form which will be the starting date of your policy. The starting date of the policy should be in a maximum 3 months period from the date you signed the Application Form. If the first payment is not made until the starting date mentioned on the Application Form, the policy will be automatically cancelled by Us (Generali Romania) with immediate effect.
The following payments must be made on the due dates mentioned on the payment notification.
Premiums become due in a period of 30 days after the payment notification is issued. If the premium is not paid until its due date, the policy will be suspended and remains as such for a period of 30 days. If premium is still not paid, the policy will be automatically lapsed. In this grace period no pre-authorisation is made or claim paid. Once you have paid your premiums, but no later than the end of the grace period, and your membership

suspension has ended, we will consider your claims.
The premium can be paid annually, quarterly or monthly according to the application form. The instalments should be made according to the due dates mentioned on the payment notification. The policyholder is responsible for paying the premiums. The payments of premiums can be made by bank transfer/ direct debit in the account specified by Us on the payment notification.
The premiums are paid in euro.

Alterations to the Policy
We may change the premium rates, benefits and terms and conditions of the policy but any such changes will not apply until the next renewal date following the introduction of such changes. Any premium review is due to international factors, such as the rising cost of medical treatment, as well as personal ones given by the changing of your age band.

Insurance termination
We shall not cancel this policy for covered medical reasons, unless We decide not to continue to underwrite this type of insurance in the insured person's country of residence. If this does occur, We shall give the policyholder not less than 120 days' notice in writing prior to the next annual renewal date.

Your cover will end in each of the following situations:
a) You/ your employer have/ has failed to pay any premium as per premium and policy terms and conditions. At our discretion, We may reinstate cover if the outstanding premium is paid to us although we reserve the right to make any variation in the cover provided.
b) Where you have misled Us either by misstatement or concealment of a material fact or otherwise failed to act in good faith.
c) Where you have failed to observe or breached the terms and conditions of the policy.
d) Where you have either acted in a fraudulent manner or submitted an exaggerated claim.
e) On the date your employer advises us that you are no longer to be covered by the policy.
f) By unilateral termination by one of the contracting parties, with prior 20 days written notification sent to the other party before termination. The restitution of the insurance premium is made according to the legal provisions and the applicability of the policy conditions, for the period following the unilateral termination, respectively pro-rata temporize, except for cases where it is provided otherwise.
g) In case of force majeure according to the current laws.
h) Upon the withdrawal of the Insurer's authorization by the Financial Supervisory Authority;
i) If the policyholder /insured/ dependant personal identification data is found in the Official Lists of individuals and legal entities suspected of committing financing terrorist acts or on the list with persons with international sanctions. The personal identification data are those provided by the CSA Order (now ASF) no. 24/2008 with subsequent modification (Order 5 /2011) on the implementation of the Norms on preventing and combating money laundering and terrorist financing through the insurance market. The Insurer shall have the right to terminate the Certificate of Insurance unilaterally by means of a registered letter addressed to the policyholder in the event of such circumstances. The policy shall cease to be valid at 0:00 am of the calendar day immediately following the date of dispatch of the letter sent by the insurer informing the policy holder of the termination of the Policy.

j) If the policyholder /insured's/ dependants refuses to give information or documents regarding their identification accordingly with CRS reglementations (Common Reporting Standard) or any other legal valid reglementations.

We will have no liability to pay for treatment received after the date the policy is terminated even if treatment has already been pre-authorised but not received as at the date of termination.

Medical Underwriting Terms and Conditions

Full Medical Underwriting (FMU): this applies if, at the time of application for this policy (which includes a statement of health), declaring any pre-existing medical condition or symptom; no claim arising directly or indirectly from such conditions will be covered unless or until We have accepted them in writing.

If the insured person has been accepted for cover under this policy under Full Medical Underwriting conditions you must have declared to Us on the application form any and all known pre-existing medical conditions or symptom (as defined).

Such pre-existing medical conditions or symptom as declared by the insured person are subject to the special terms, conditions, exclusions and/ or limitations specified on the certificate of insurance or endorsed on this policy.

Medical History Disregarded (MHD): this applies if the insured person has joined this plan as a member of a group or company scheme of more than 10 employees, and the group or company has selected MHD underwriting terms. No pre-existing medical conditions will be excluded under this plan.

Continued Personal Medical Exclusions (CPME): this applies if the insured person has had insurance until joining this plan. With CPME terms you can carry your current personal medical exclusions across with you.

Emergency Treatment Outside the specified Area of coverage

When the insured person is travelling outside the countries of the area of coverage specified on the certificate of insurance issued to the insured person We will pay for Emergency Inpatient Treatment only.

Non-emergency Treatment is not covered at all outside the area of coverage specified on the certificate of insurance.

Other insurance

If there is any other insurance covering any of the benefits that are provided under the policy for which a claim is made, then you must disclose this to us at the time of submitting the claim. In these circumstances, We will not be liable to pay or contribute more than our proper ratable proportion.

If it transpires that you have been paid for all or some of the claim costs by another source or insurance We have the right to a refund from you. We reserve the right to deduct such refund from you from any impending or future claim settlements or to cancel your policy from the inception date without a refund of premium.

Subrogation

If We feel it is appropriate we may exercise rights of subrogation. This means that if you have suffered an injury or loss that has resulted in a claim under the policy We may take over your right to seek compensation from the party that caused the injury of loss.

Help and intervention
Our provision of help and intervention under the policy is subject to national and international laws and the availability of qualified medical facilities. Whilst we will do our best to overcome any local restrictions, there may be times when these either prevent us from providing help and intervention, or limit our ability to do so.

Data protection
The Insured person has all rights covered by the legislation in force concerning the protection of individuals with regard to the processing of personal data and the free movement of such data, and from 25 May 2018, Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data. The Insured person may exercise his rights by submitting to the Insurer, Generali Romania Asigurare Reasigurare SA, a written, dated and signed request. In the request, the Insured person may indicate whether he wishes the information to be communicated to him at a particular mailing address or mailing service to ensure that personal information is handed over directly to him.

Regulatory information
Your MediHelp International Plan is an International Private Medical insurance underwritten by Generali Romania Asigurare Reasigurare S.A. which is a Member of Generali Group, listed *within the register of the Insurers groups administrated by IVASS under No. 26, based on a two-tier management system, Registered Office in Bucharest 011857, 1st District, 15th Charles de Gaulle Square, 6th-7th floors, Phone +4021 312 36 35, Fax +4021 312 37 20, Call Center: +40372 010 202, www.generali.ro, E-mail: info.ro@generali.com, Authorized by Insurance Supervisory Authority, Unique Code RA-002, EN ISO 9001: 2008 - Certified Quality Management System, Trade Register Number: J40/17484/2007, Fiscal Identification Code: RO 2886621,Code LEI : 213800J9BYTZ1Z4YK783, Registered Capital: 178.999.221,7 Lei, Registered with ANSPDCP, no. 15699.*
The Generali Group is a leading player in the global insurance and financial markets, present in more than 60 countries worldwide with over 65 million customers and 77.000 employees. The Group's Parent Company, Assicurazioni Generali S.p.A., was founded in 1831 in Trieste, Italy. Generali Group, with 500 billion EUR in assets under management, is one of the leading insurers in the world.

Generali Global Health (GGH) provides international private health insurance to globally mobile people. Through its worldwide network of customer service centers, medical professionals and facilities, GGH gives its members access to the best healthcare services in the world.
GGH is a specialist division of Generali Group which operates in over 120 countries worldwide, providing insurance and assistance for both individuals and groups. And through its association with Generali Employee Benefits, GGH has access to the world's leading employee benefits network – so GGH can support its clients in more destinations across the globe.

Governing law, other provisions
The policy has been issued in accordance with and is governed by the laws of Romania. The policy is governed by the provisions of the Civil Code, by Law 237/2015 regarding the authorization and supervision of insurance and reinsurance activity, Order 23/2009, with subsequent amendments and completions, for the implementation of the Norms on information on which insurers and insurance intermediaries have to provide to customers, as

well as other elements that the policy must contain, completed by Order 11/2010 and Order 1/2012.
Any dispute arising out of or in connection with the insurance contract shall be settled by the courts of Romania from Generali Romania Asigurare Reasigurare SA headquarters.
All expenses, taxes related to this insurance are paid in accordance with the legal provisions.
The provisions of these general terms and conditions are complemented by the legal provisions in the field, including the fiscal legislation (the Fiscal Code and any normative act adopted in its application).
Fiscal deductions: accordingly with the fiscal legislation, the health private insurance is fiscal deductible on a limit of 400 eur/person /year both for the employer as well as for the employee. The present fiscal specifications are valid under the reserve of fiscal code modifications (the Fiscal Code and any normative act adopted in its application).
The Guarantee Fund, as defined by the legislation on insurance and reinsurance in force in Romania, as amended and supplemented, is intended to protect policyholders, insured persons and third parties if the insurance company is insolvent. The Fund is constituted by the contribution of all insurers, being administered according to the legal provisions.
Generali Romania Asigurare Reasigurare S.A. will try to settle amicably any litigation regarding the interpretation of the policy. In this regard, any written complaint filed by the Insured will be carefully analyzed and will be finalized by submitting a written, punctual and reasoned response to the person making the referral within 30 days of the date of receipt. If the dispute can not be settled amicably, the person concerned may address the Financial Supervision Authority, the National Authority for Consumer Protection, the Alternative Dispute Settlement Body SAL-FIN or may refer the matter to the competent courts of law.

Complaints procedure
We aim to provide a first class service at all times. However, if an insured person has any complaint regarding the standard of service received under this policy, the following procedure is available to resolve the situation:
In the first instance the insured person should write to MediHelp International at: 24, Dr. Ctin Caracas Str., 011155 Bucharest, Romania; Telephone: +40 21 222 0593; Email: customer-service@medihelp.ro.
If We cannot give you a final decision within 4 weeks from the date We receive your complaint, We will explain why and tell you when We hope to reach a decision.
Our decision is final and based on the evidence presented. If you feel that there is any new evidence or information that may change Our decision you have the right to make an appeal.
Should the insured person remain dissatisfied or fail to receive a final answer within four weeks* of Us receiving your complaint, you can refer the matter directly to: Generali Romania Asigurare Reasigurare S.A, 6 and 7th floors; Zip code 011857; Telephone: +4021 312 36 35;
Fax: +4021 312 37 20; www.generali.ro; E-mail: info@generali.ro.

Meaning of Words

Certain words and phrases used in this guide and other documentation form part of your Policy. Specific medical or legal meanings are set out below.

accident
a sudden and unforeseen bodily Injury caused by violent or external means.

accidental dental treatment
dental treatment necessary as a result of an accident caused by an extra-oral impact, received within 48 hours from the date and time of the accident for the immediate relief of pain caused by natural teeth being lost or damaged.

act of terrorism
an act, including but not limited to the threat or use of force or violence of any person or group of persons whether acting alone or on behalf of any organisations or governments, committed for political, religious, ideological or similar purposes or reasons including the intention to influence governments and/or to put the public or any section of the public, in fear.

annual renewal date
the day after the expiry date as shown on the certificate of insurance.

ambulance services
the necessary medical transportation to or from the nearest suitable hospital.

application form
the application filled in and signed on his own responsibility by the policyholder, intermediary (if the case may be), which contains the necessary information for the conclusion of the insurance, and also the manifestation of will and consent of the policyholder regarding the conclusion of the insurance contract.

area of coverage
one of the three areas in the world in which you are covered, Europe, Worldwide excluding the US or Worldwide including the US. Your area of coverage is shown on your certificate of insurance.
Europe: Albania, Andorra, Armenia, Azerbaijan, , Austria, Belarus, Belgium, Bosnia Herzegovina, Bulgaria, Channel Islands, Cyprus, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Gibraltar, Great Britain, Greece, Greenland, Hungary, Iceland, Ireland, all islands of the Mediterranean, Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, Vatican State
USA: continental USA, Alaska, Hawaii, Puerto Rico, Northern Mariana Islands, Guam, American Samoa and the Virgin Islands of the United States

certificate of insurance
the document attaching to and forming part of this policy, stating amongst other things, the policyholder, the insured person, the area of coverage,
the period of insurance, the plan and any optional extensions selected and any special provisions which apply to this policy.

childbirth at home
a home childbirth in a non-clinical setting using natural childbirth methods attended by a midwife with expertise in managing home births.

chronic condition
known medical or psychiatric condition, with a long evolution period or which presents frequent relapses, requiring repeated specialized care. This category includes (the list is illustrative, not exhaustive) the following diseases: diabetes mellitus, chronic hepatitis, chronic pancreatitis, rheumatoid arthritis, heart failure, etc. The chronic diseases category includes any other conditions favored by excessive alcohol consumption, toxic substances or drugs or smoking, and other diseases with similar characteristics in terms of clinical outcome.

claim
your request for payment of benefits under this policy.

complementary medicine
acupuncture, homeopathy, chiropractic treatment or osteopathy, recommended and performed by a registered therapist.

complications of maternity
those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, gestational diabetes, post-partum hemorrhage, retained placenta, medically necessary caesarean section, ectopic pregnancy, miscarriage, stillbirth.

congenital condition
any abnormalities, deformities, diseases, illnesses or injuries present at birth whether diagnosed at the time or not.

contract year
this is the period between your effective start or renewal date, and the day before your next renewal date. This is normally 12 months unless otherwise agreed between Us (Generali Romania) and the policyholder.

co-payment
an arrangement whereby you are responsible for paying part of the cost of treatment and we are responsible for paying the remainder.

country of residence
the country where you reside for a period of no less than 6 months per contract year.

day-patient
when you are admitted to hospital for any day related treatment where you are not required to stay overnight.

deductible
the annual amount that each insured person must pay each contract year before the policy will pay certain benefits. Deductible amounts are set out in the certificate of insurance. On Cobalt, Admiral and Royal, the deductible is applied only on In-Patient benefits.

dependant(s)
the principal member's:
• spouse or partner of the same or opposite sex;
• child, step-child or legally adopted child .

durable medical equipment
any items, supplies, equipment or devices used in the course of medical treatment or home care. These may include but are not limited to orthopedic supports and braces (including arch-supports), crutches, wheelchairs, hearing aids, speaking aids and any medical or surgical supplies.

emergency medical transfer or evacuation
the emergency transportation when approved by Our 24-hour assistance centre, and medical care during such transportation, to move an insured person who suffers a critical medical condition to the nearest suitable hospital where appropriate care and facilities are available, which may not necessarily be in the insured person's country of residence.

emergency outpatient treatment
treatment necessary as a result of an accidental injury or sudden illness, received in a casualty/ emergency room within 48 hours of the accident or onset of the illness, but which does not require admission to hospital as an inpatient or day-case patient.

emergency treatment
treatment that commences within 24 hours of an illness or accident causing an immediate threat to health and requiring urgent medical attention.

employer
the company or other organisation that employs you and which has taken out the Policy with Us (Generali Romania).

hereditary condition
any abnormality, deformity, disease or illness present at birth that are only present because they have been passed down through your family.

home country
the country from which you hold a current passport. Where you hold dual nationality, your home country will be the one nominated on the application form completed by you.

hospital/ hospital accommodation
a medical unit with beds whose functioning is authorized by the legal authorities (Ministry of Health) and has adequate medical equipment, medical and auxiliary personnel accredited according
to the regulations in force for the provision of specialized health care.

illness
any sickness, disease, disorder or alteration in the insured person's medical condition diagnosed by a physician.

information confidentiality
the obligation to not disclose the information related to the health state and performed treatment, according to the provisions of the law. For the resolving of the compensation files the Insured automatically empowers the Insurer at the conclusion of the insurance policy to perform any investigation, to request all documents from the doctors and obtain all medical results of the investigation they have performed.

injury
physical damage or harm caused to the body as a result of an accident.

individual benefit limit
the maximum amount that we will cover for selected benefits.

in-patient
a patient who is admitted to hospital and who occupies a bed overnight or longer for medical reasons.

in-patient hospital cash benefit
a daily cash benefit that is paid by Us, if you have received treatment in a hospital which is covered under this plan, you have stayed overnight and you have not received any charges from the hospital.

insured event
an accident or illness occurring during the period of insurance within the area of coverage which entitles the insured person to receive benefits under this policy; insured event is deemed to include accident or illness occurring outside the area of coverage for the purposes of emergency treatment only within the applicable policy limit.

insured person/ you
person designated by the policyholder, member of the group, whose health state represents the insurance object and to whom the benefit of the services included in the present insurance contract are provided.

main member
an individual member or an employee of the employer who we have agreed to cover under the policy.

medical practitioner
any qualified and registered physician, family doctor, consultant, specialist, surgeon, complementary medical practitioner, dental practitioner, psychologist or therapist who provides treatment of any condition.

medically necessary
services to diagnose or treat a patient following illness or accident in keeping with signs and symptoms not required for mere comfort and convenience, and for a medically appropriate duration.

mental health disorders
any disorder associated with substantial distress or impairment which impacts the insured's ability to function in a major life activity, such as employment. These disorders must meet international criteria classification.

newborn care
costs of treatment for a newborn baby up to 30 days after the date of birth.

organ transplant
medical treatment incurred in respect of implantation of a replacement organ such as: kidney, heart, heart-lung, liver, pancreas transplants. This does NOT include the implantation of an artificial heart.

out-patient
a patient who attends a hospital, consulting room or out-patient clinic and is not admitted as a day-patient or in-patient.

overall maximum limit
the maximum we will pay for all benefits in total, per insured person, per contract year.

palliative
treatment, the primary purpose of which is only to offer temporary relief of symptoms rather than to cure the illness or injury causing the symptoms.

physiotherapy
medical treatment recommended by a physician as being medically necessary to treat an illness, bodily injury or medical condition where provided by a licensed and qualified physiotherapist. Physiotherapy does not include ante-natal and maternity exercises, manual therapy or sports massage.

policy
written document, issued by the insurer (Generali Romania), which proves the conclusion of the insurance contract between Us (Generali Romania) and the policyholder.

policyholder
the legal person that concludes, in the name of the insured person, the insurance contract with the insurer (Generali Romania) and who bears the responsibility regarding the payment of the insurance premium.

pre-authorisation
the confirmation needed from us before receiving treatment for selected benefits. Please note that if you fail to obtain pre-authorisation for any treatment with this requirement, we reserve the right of not covering the costs.

pre-existing medical condition
any disease or medical / psychlogical condition for which the insured person has made investigations or has received treatment or suffered any symptoms (whether investigated or not) or sought advice prior to their date of entry in insurance

prescribed drugs and dressings
substances whose sale and use are legally restricted to the order of a physician.

premature baby
a baby born before the start of the 37th week of pregnancy.

preventive treatment
an adult routine examination includes a review and record of the patient's complete medical history, a check of all body systems and a review and discussion of the exam results with the patient.
well-child examinations include a review and record of the child's complete medical history, a check of all body systems in accordance to normal growth and development,and provide immunisation/vaccinations

up to age 10.

prosthesis
an artificial substitute or replacement for part of the body including but not limited to artificial heart valves, eyes, joints and limbs.

rehabilitation
means in-patient treatment(s) designed to facilitate recovery from injury, illness, or disease so as to regain maximum self-sufficiency, form and function in as near normal manner as possible.

routine newborn care
standard and customary examinations of a newborn required to assess the basic integrity and function of the child's organs and skeletal structures.

routine vaccinations
vaccinations provided up to 10 years of age and may include Diptheria, Hepatitis A & B, Measles, Mumps, Pertussis, Polio, Rubella, Tetanus, varicella, Haemophilus Influenza B, Rotavirus, Meningococcus and Pneumoccocal Conjugate.

start date
the date from which you are covered under the policy.

symptom
any manifestation, sensation or change in bodily function, whether physical or psychological, that is declared by the patient or can be found in medical documents prior with 5 years to his date of entry in insurance and that can be correlated from a medical point of view with a pathological condition or a disease process

subrogation
our right to act as your substitute to pursue any rights you may have against a third party who is liable for a claim paid by Us (Generali Romania) under the policy.

table of benefits
the document attaching to and forming part of this policy, stating (amongst other things), the benefits provided under your policy, and the maximum
amounts payable in respect of those benefits.

tissue transplant
medical treatment incurred in respect of bone marrow, cornea and other tissue/ cell transplants as specifically approved by our Medical Team.

treatment
any medical, dental or surgical services (including diagnostic tests) that are needed to diagnose, relieve, manage or cure any condition, illness or injury under the direction of a recognised health care specialist.

we/ us/ our
MediHelp International as assistance and coordination center for insured persons and Generali Romania Asigurare Reasigurare S.A. as the insurer

you/ your
you, the insured person, the main member and your dependents.