

“Medica” INSURANCE

eurolife

Insurance Product Information Document

Company: Eurolife Ltd.

Product: Medica

Eurolife Ltd. is an insurance company registered in Cyprus with registration number HE36247.
It is regulated by the Insurance Companies Control Service.

This document provides only a summary of the key features of the Insurance product Medica and does not form part of the contract. Full terms and conditions can be found in the Policy documentation.

What is this type of insurance?

Eurolife's medica health program has been created to cover the needs of persons who may become ill or may be injured in an accident, and to cover the financial loss of the insured and their families. It offers Worldwide cover and is available to people who reside in the Republic of Cyprus.



What is insured?

Maximum Annual Limit €2.000.000 for each insured person. There is also a sublimit for specific benefits (see below)

Hospital Treatment

- ✓ Hospital Charges
- ✓ Doctors' Fees
- ✓ Diagnostic Tests

Out-of-Hospital Benefits

- ✓ Pre-surgical Diagnostic Tests
- ✓ Post-surgical Expenses
 - Physiotherapy (Up to €250 for each operation)
 - Diagnostic Tests & Medicinal Drugs (Up to €200 for each operation)
- ✓ Out-patient Surgical Operation
- ✓ Out-patient Cancer Therapy
- ✓ First Treatment of an Accident.

Other Benefits

- ✓ Maternity Allowance
 - Under GHS (€1.000)
 - Not under GHS:
 - Normal Delivery (€1.500)
 - Caesarian Section (€2.500)
- ✓ Critical Illness Allowance (€10.000)
- ✓ Transportation by Ambulance (Up to €600 each year)
- ✓ Daily Allowance for Free of Charge Treatment (Up to 90 days)
 - In Cyprus: €100 per day
 - Abroad: €250 per day
- ✓ Hospitalization without Treatment (For 1 day)
- ✓ Stay of Parent (Abroad)
- ✓ Expenses for Transportation of Corpse Abroad (Up to €3.500)
- ✓ Premium Protection

Travel Medical Aid Abroad

- ✓ Medical Aid
- ✓ Transportation for medical reasons
- ✓ Return of Corpse to Cyprus
- ✓ Return of Minors to Cyprus
- ✓ Return of the Rest of the Family Members to Cyprus
- ✓ Visit by a Relative and Overnight Stay Expenses (Up to 7 overnight stays with €120 maximum for each day)

“Second Medical Opinion” Service

Medical Call Centre

- ❖ *For more information regarding insurance coverage, please see the product Regulations*



What is not insured?

- × Προ-υπάρχουσες Ιατρικές Καταστάσεις
- × Genetic and congenital abnormalities and / or diseases and developmental abnormalities
- × Routine Medical Examinations and preventive medicine
- × Optical Treatment
- × Dental Treatment
 - Unless this is due to an Accident that is covered by the Programme as an In-Patient Benefit
- × Pregnancy / sterility / conception / contraception
- × Sexual Conditions
- × Plastic / Cosmetic Therapies
- × Addiction to or Abuse of drugs and / or other substances
- × Self-inflicted injury / suicide attempt
- × Dangerous activities / conditions
- × Other further Exclusions

- ❖ *Additional exclusions apply. For a list of all exclusions, please see the product Regulations.*



Are there any restrictions on the Cover?

- ! The Insured must reside in the Republic of Cyprus for a total period of at least nine (9) months each year
- ! Special Terms may be imposed on your Policy based on underwriting of the insured
- ! Compensation will be based on Customary and Reasonable charges. Any charges beyond those considered Customary and Reasonable, will not be compensated.
- ! Regarding maternity cover, there is a requirement that the childbirth take place at least twelve (12) months after the Registration Date
- ! Specific treatments / surgeries (e.g., for musculoskeletal disorders, meniscus, tendons, ligaments, tonsils, gynecological problems, all form of cysts, any kind of hernias including the hernia of the intervertebral disc) are not covered for the first twelve (12) months from the date of Registration of the insured with the programme.
- ! If an Annual Claims Excess Amount exists, the payment starts when the claims exceed that amount.

- ❖ *For more information, please see the product Regulations.*



Where am I covered?

- ✓ Worldwide cover including USA and Canada.



What are my obligations?

- To make timely payment of your premium
- To describe in all honesty the condition of your health and that of your Proposed Insured Dependents
- To provide us with all the details required to evaluate the insurance risk that we undertake
- To notify us of any change in your information and in the information of your Insured Dependents that affect the Policy
- To act in Utmost Good Faith



When and how do I pay?

The Premium is payable in advance. Payment can be made on an annual basis or in half-yearly, quarterly or monthly instalments. You can pay by cash, cheque, bank transfer or direct debit, apart from monthly premium instalments which are only accepted through direct debit.



When does the cover start and end?

The duration of the policy is for one Year. Your Policy start date and end date is noted on your Insurance Certificate. Upon payment of your new Premium, the Policy will automatically be renewed, and we will consider that you accept its renewal with the revised Regulations, Benefits and the Premiums that apply on the Renewal Date, as well as any Special Terms.



How do I cancel the contract?

You can terminate the Policy at any time by giving us notice in writing/.

If you terminate your Policy, we will return the Premium which corresponds to the period after the termination of the Policy for which you have paid.

You also have the right of withdrawal from your Policy within 30 days from the date of receipt of your Policy. In the event of withdrawal, we will return the Premium you have paid, after deducting any expenses we have incurred with regard to the Policy.