# EURO HEALTH VIP

PRO PLAN



INDIVIDUAL AND FAMILY PLAN OVERVIEW



## ABOUT VUMI® INSURANCE EUROPE LIMITED

**VUMI®** Insurance Europe Limited is the newest addition to the prestigious VIP Universal Medical Insurance (**VUMI®**) Group.

**VUMI®** spans the globe, with a dominant presence in Latin America, and is rapidly expanding across Asia, the Middle East, North Africa — and now Europe. **VUMI® Europe** offers major medical and travel insurance plans, and VIP Medical Services® to individuals, corporate clients and expatriates residing in Europe.

With a variety of plans to choose from, **VUMI® Europe** helps protect both your physical and financial health by offering high-quality medical insurance tailored to your needs. More importantly, VUMI's extensive global cover gives you the peace of mind that comes with knowing you and your loved ones are covered at all times — anywhere in the world.

**VUMI®** is privately owned and part of a global healthcare management group with nearly **40 years** of experience in the healthcare industry.

All **VUMI®** Europe plans include the following key advantages:

- Access to an extensive network of domestic and international hospitals and healthcare providers across five continents
- Expertise in international claims management
- A 24/7 multilingual response team delivering top-class medical care across countries and cultures
- Strict cost-control oversight and in-house administration of benefits
- VIP Medical Services®, including our Second Medical Opinion VIP® and Global Telemedicine
- Renewal guaranteed for life



## SUMMARY OF BENEFITS

Benefits are offered per insured, per policy year in which the chosen deductible applies, unless stated otherwise. All amounts are expressed in euros (EUR). The benefits are limited to the medical expenses that are covered under the policy, and are subject to the usual, customary and reasonable (UCR) costs, as defined in the policy. All benefits are subject to the terms, conditions, and exclusions outlined in the policy's Conditions of Cover.

#### **DEDUCTIBLE OPTIONS\***

| OPTION I | OPTION II | OPTION III | OPTION IV  |
|----------|-----------|------------|------------|
| EUR 0    | EUR 2,500 | EUR 5,000  | EUR 10,000 |

<sup>\*</sup>Only one (1) deductible per person, per policy year applies. For family policies, a maximum of two (2) deductibles accumulated per policy, per policy year will be applied. For more information, please refer to the Conditions of Cover of the policy.

#### GENERAL PLAN INFORMATION

| Maximum cover per person, per policy year | EUR 4,000,000   |
|---|---|
| Age limit to apply                        | Up to 75 years of age   |
|   | The policyholder can choose geographical area of cover restrictions as follows:   |
| Geographical cover options                | Any treatment received outside the geographic area of cover is limited to the emergency non-elective treatment benefit. |
|   | Area 1: European Union  |
|   | Area 2: Worldwide excluding USA   |
|   | Area 3: Worldwide   |
| Waiting period                            | 30 days   |
| Payment frequency options                 | <ul><li>Annual</li><li>Semi-annual</li><li>Quarterly</li></ul>  |

# INPATIENT BENEFITS

| DESCRIPTION  | COVER   |
|--|---|
| Standard private room (room and board)   | 100% UCR  |
| Adult companion accommodation expenses of a hospitalized insured under 18 years of age | 100% UCR  |
| General practitioner and specialist fees   | 100% UCR  |
| Same-day treatment   | 100% UCR  |
| Prescription drugs   | <ul> <li>100% UCR while hospitalised</li> <li>100% UCR max. of 60 days before or after inpatient treatment</li> </ul> |
| Psychiatric treatment  | 100% UCR max. of 30 days  |
| Inpatient prescribed medical rehabilitation  | 100% UCR max. of 30 days per medical condition  |

# **OUTPATIENT BENEFITS**

| DESCRIPTION  | COVER  |
|--|--|
| Overall outpatient maximum cover                             | EUR 10,000   |
| General practitioner and specialist fees                     | 100% UCR up to outpatient max.   |
| Outpatient prescription drugs, up to                         | EUR 2,000  |
| Nurse care or therapist services at home                     | 100% UCR up to outpatient max., max. of 90 days                          |
| Outpatient prescribed medical rehabilitation                 | 100% UCR up to outpatient max., max. of 30 days per<br>medical condition |
| Physiotherapy, chiropractic and osteopathy treatments, up to | EUR 500 max. of 5 sessions   |
| Psychotherapy, up to   | EUR 500 max. of 5 sessions   |

# **OUTPATIENT BENEFITS**

| DESCRIPTION   | COVER                                  |
|---|--|
| Psychiatric treatment, up to  | EUR 5,000                              |
| Complementary therapy: homeopathy, Traditional Chinese Medicine (TCM), ayurvedic and acupuncture treatment, up to | EUR 500 max. of 5 sessions             |
| Routine management of pre-existing conditions, up to  | EUR 5,000 when declared in application |
| Hormone replacement therapy to relieve the symptoms of menopause, up to   | EUR 250                                |
| Travel vaccinations, up to  | EUR 250                                |

# GENERAL BENEFITS

(THE FOLLOWING BENEFITS OFFER THE SAME COVER FOR BOTH INPATIENT AND OUTPATIENT PROCEDURES)

| DESCRIPTION   | COVER  |
|---|--|
| Diagnostic study services (laboratory tests, X-rays, CT, PET and MRI scans) | 100% UCR   |
| Surgical procedures   | 100% UCR   |
| Oncology treatments (cancer tests, drugs and treatment)                     | 100% UCR   |
| Gene therapies, up to   | EUR 500,000  |
| Reconstructive surgery  | 100% UCR   |
| Renal failure and dialysis  | 100% UCR   |
| Durable medical equipment   | 100% UCR   |
| External prostheses, up to  | EUR 1,500  |
| Organ transplant  | 100% UCR<br>Up to EUR 50,000 per organ/tissue, per lifetime for<br>donor costs |
| Congenital and hereditary conditions, up to                                 | EUR 150,000 per lifetime   |

# GENERAL BENEFITS

(THE FOLLOWING BENEFITS OFFER THE SAME COVER FOR BOTH INPATIENT AND OUTPATIENT PROCEDURES)

| DESCRIPTION                               | COVER                   |
|---|-------------------------|
| HIV-AIDS treatment, up to                 | EUR 50,000              |
| Terminal illness / palliative care, up to | EUR 75,000 per lifetime |

# OTHER BENEFITS

| DESCRIPTION  | COVER   |
|--|---|
| Preventive health check-up, up to  | EUR 500, no deductible applies  |
| Colon cancer screening, up to  | EUR 1,000 every 10 years for insureds 45+ years of age  |
| Mammography, up to   | EUR 300 for insureds 40+ years of age   |
| Pap smear, up to   | EUR 200 every 3 years for insureds 21-65 years of age   |
| Prostate cancer screening, up to   | EUR 400 for insureds 50+ years of age   |
| Emergency dental treatment   | 100% UCR  |
| Routine dental treatment, up to  | EUR 400, 20% coinsurance  |
| Optical, up to   | EUR 500, 20% coinsurance  |
| Emergency non-elective treatment outside the geographical area of cover, up to                                 | <ul> <li>100% UCR for injuries</li> <li>EUR 50,000 for illnesses, max. of 30 days</li> <li>EUR 500 for outpatient hospital visits</li> </ul>  |
| Hospital cash benefit, up to   | EUR 300 per night, max. of 30 nights  |
| Passive war and terrorism  | 100% UCR  |
| USA elective treatment (only available for insureds who chose the Worldwide geographical area of cover), up to | EUR 1,000,000   |
| VIP Medical Services®  | <ul> <li>Second Medical Opinion VIP®: access to the medical opinion of internationally renowned experts from around the world regarding a condition (no deductible applies)</li> <li>Global Telemedicine</li> </ul> |

# MEDICAL EVACUATION BENEFITS

| DESCRIPTION  | COVER     |
|--|-----------|
| Emergency transportation by air ambulance & emergency medical evacuation | 100% UCR  |
| Emergency transportation by ground ambulance                             | 100% UCR  |
| Non-emergency evacuation, up to  | EUR 2,000 |
| Repatriation or cremation of mortal remains                              | 100% UCR  |

## MATERNITY BENEFITS RIDER\*

(OFFERED AS AN ELECTIVE SEPARATE RIDER WITH TWO OPTIONS)

| DESCRIPTION | COVER  |
|-------------|--|
| Option I    | <ul> <li>Maternity care: EUR 5,000</li> <li>Maternity and birth complications: EUR 50,000</li> </ul> |
| Option II   | <ul> <li>Maternity care: EUR 9,000</li> <li>Maternity and birth complications: EUR 90,000</li> </ul> |

<sup>\*</sup>Only available for Deductible Option I (EUR 0) and Option II (EUR 2,500)

## WAITING PERIODS

| DESCRIPTION   | COVER     |
|---|-----------|
| Dental  | 6 months  |
| Optical   | 6 months  |
| HIV-AIDS  | 36 months |
| Maternity benefits (if the rider has been acquired) | 12 months |



**VUMI® INSURANCE EUROPE LIMITED** 

COMPANY NUMBER: C 112852

AUTHORISED AND REGULATED BY THE MALTA FINANCIAL

SERVICES AUTHORITY TO CARRY ON GENERAL BUSINESS OF INSURANCE

**UNDER THE INSURANCE BUSINESS ACT 1998** 

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