



keyfacts

The Financial Conduct Authority

Morgan Price International Healthcare Ltd is authorised and regulated by the Financial Conduct Authority (FCA) under license number 313738.

You can check this on the FCA website www.fca.org.uk/register

Whose products do we offer?

We offer our own products for expatriate medical insurance, also known as International Medical Insurance.

This is a Morgan Price International Healthcare Ltd (Morgan Price) policy. Morgan Price are responsible for the plan design, the sales, administration (including issue of policy documents and collection of premiums) and general management of this policy.

The Insurer is named on the certificate of insurance and underwrites all the benefits provided under the policy. The insurer will be Astrenska Insurance Limited of PO Box 637, Sussex House, Perrymount Road, Haywards Heath, West Sussex, England, RH16 1WR.

Astrenska Insurance Limited Registered office: Sussex House, Perrymount Road, Haywards Heath, West Sussex, RH16 1DN. England. Registered No. 00758979.

Our Service to you

We will not provide you with advice or a recommendation. We will provide you with details of our products and you will need to make your own decision about whether to proceed. We recommend that you obtain the advice of an independent intermediary if you are looking for a range of alternative options.

What you will pay for our services

We will provide you with a quotation based upon your particular details and this will show the insurance premium and any applicable taxes payable by you and on what frequency. You will pay no charges for the quotation stage.

Complaints

We aim to provide a first class service at all times. However, if you have a complaint please contact us as detailed below:

For complaints about the way this policy was sold to you or about how it has been administered, please contact:

- Morgan Price International Healthcare Limited, 11a Forge Business Centre, Upper Rose Lane, Palgrave, Diss, Norfolk IP22 1AP, England, United Kingdom.

For all other complaints, including the claims service, please contact:

- Quality Department, Astrenska Insurance Limited, PO Box 637, Haywards Heath, West Sussex, RH16 1WR, England, UNITED KINGDOM, Email: quality@astrenska.com

We will aim to provide you with a full response within four weeks of the date we receive your complaint and our response will be our final decision based on the evidence presented. If for any reason there is a delay in completing our investigations, we will explain why and tell you when we hope to reach a decision. In any event, should you remain dissatisfied or fail to receive a final answer within eight weeks of us receiving your complaint, you may have the right to refer your complaint to an independent authority for consideration. That authority is the Financial Ombudsman Service (FOS).

POLICY SUMMARY

IMPORTANT – PLEASE READ

This policy summary has been designed to provide you with key information and it is important that you read this information carefully. This summary does not contain the full standard terms and conditions that apply to this product which are contained in the policy wording.

Non standard terms may apply, and each customer must complete an application form prior to being accepted by us for cover under the policy.

Summary

1. The underwriters

The insurance is underwritten by the insurer as named on the certificate of insurance. The insurer is Astrenska Insurance Limited.

2. Type of insurance and what is covered

The Insurance cover provided is for medical and associated treatment costs which include emergency evacuation benefits.

3. Benefits

A summary of key benefits follow:

	STANDARD	STANDARD PLUS	COMPREHENSIVE	PREMIUM	ELITE
	£/\$/€	£/\$/€	£/\$/€	£/\$/€	£/\$/€
Annual Limit	500,000	750,000	1,000,000	1,500,000	2,000,000
Accommodation	Full refund	Full refund	Full refund	Full refund	Full refund
Specialists	Full refund	Full refund	Full refund	Full refund	Full refund
Diagnostics	Full refund	Full refund	Full refund	Full refund	Full refund
Road ambulance	Full refund	Full refund	Full refund	Full refund	Full refund
Home Nursing	Not covered	3 weeks	12 weeks	26 weeks	26weeks
Psychiatric	Not covered	15 nights	15 nights	30 nights	30 nights
Organ Implantation	Not covered	100,000	200,000	250,000	300,000
Acute episodes of chronic conditions	Full Refund	Full Refund	Full refund	Full refund	Full refund
Routine maintenance/palliative care of a chronic condition	Not covered	2,500	5,000	7,500	10,000
AIDS/HIV	Not covered	Not covered	2,500	5,000	7,500
Radio and chemotherapy	Full refund	Full refund	Full refund	Full refund	Full refund
Physicians and specialists	Full refund	Full refund	Full refund	Full refund	Full refund
Out-Patient Surgery	Full refund	Full refund	Full refund	Full refund	Full refund
GP & specialist fees, prescription drugs & dressings	Not covered	1,000	5,000	10,000	Full refund
Diagnostics	Not covered	500	Full refund	Full refund	Full refund
Complementary Medicine	Not covered	500	1,000	1,500	2,000
Routine health checks	Not covered	100	200	500	1,000
Dental	Not Covered	Not Covered	750	1,000	1,500
Maternity	Not covered	Not covered	Not covered	7,500	10,000
Evacuation & Repatriation	Full Refund	Full Refund	Full Refund	Full Refund	Full Refund

Annual Excess / Deductible

Note: The excess applies to all benefits except evacuation and repatriation, wellness, cash and dental benefits. The excess is applied per person, per annum.

See the rate tables for the excess and discount options.

All benefits are applicable per policy year and not per claim unless otherwise stated.

Exclusions

Benefit is not payable for:

- Any medical condition, psychological condition or 'related condition' for which the insured person has received treatment, suffered any symptoms (whether investigated or not) or sought advice prior to their date of entry unless such condition has been declared to us and accepted in writing for insurance by us. A 'related condition' is deemed to be any medical condition that is either an underlying cause of or directly contributable to the medical condition subject to claim.
- The deductible/excess amount of any claim (where applicable).
- General health or well person checks and eye or dental examinations, vaccinations, prescribed drugs and dressings, except where shown in the benefits schedule.
- Cosmetic surgery or remedial surgery unless as a direct result of an accident or surgery for cancer which occurs during the period of insurance and is covered by this policy.
- Routine maternity, except where shown in the benefits schedule.
- Psychiatric conditions, psychological disorders and mental disorders except where shown in the benefits schedule.
- Congenital and birth defects and deformities.
- Dental treatment, except as shown in the benefits schedule.
- Illnesses once they have been diagnosed as either chronic or terminal except where shown in the benefits schedule.
- Treatment and investigations of allergies.
- Impotence and fertility/infertility, including sterilisation and reversal of sterilisation, medically assisted reproduction or any consequence thereof.
- Treatment of any illness or disability which arises in any way from the HIV infection and the AIDS virus, except where shown in the benefits schedule.
- Treatment for which the Insured has travelled specifically outside the area of coverage, or travelled against medical advice unless shown in the benefits schedule.
- Any occupation, sport, pastime or other activity, in which a materially greater risk may be incurred in connection with this plan.
- Treatment resulting from the Insured person's participation in war, riot, civil commotion, or other illegal acts.
- Losses not incurred within the period of insurance and claims submitted later than 3 months after they were incurred.

For a full list of benefits and exclusions please refer to the policy wording.

Duration of cover

The cover is from the date of inception renewable upon payment of the premium due and acceptance of the terms and conditions applicable at the renewal date. The period of cover will be shown on the Certificate of Insurance.

Your rights to cancel

You have the right to cancel the cover within 30 days of the effective date and receive a full refund provided you have not made any claims under the policy. If you have not made a claim then we will refund your premium after deducting a charge for the cover provided from the beginning of the contract until the policy is cancelled. You may cancel at other times and may be entitled to a pro-rata refund provided no claims have been made.

Making a claim

The details of making a claim are shown under section 3 - claims procedures of the policy wording. In summary they are:

- For out-patient claims - you have the treatment, pay the costs yourself and claim back the costs using the prescribed claims form which should be sent to Morgan Price Claims Department, c/o Intana, PO Box 637, Haywards Heath, West Sussex, RH16 1WR, United Kingdom.
- For in-patient and day-patient treatment you will need to contact the claims department on +44 (0) 1444 442865 prior to incurring any costs.
- In a medical emergency you will need to contact our claims department within 48 hours on +44 (0) 1444 442865.