

Medical Insurance

Insurance Product Information Document



Company: Cosmos Insurance Company Public Ltd Product: CyprusChoice

This document is a summary for information purposes of the CyprusChoice Insurance policy. All terms and conditions of cover are included in our policy wording, specimen of which you may request by your insurance intermediary or at our offices. The Company has the right to accept, amend or reject the standard terms of cover.

What is this type of insurance?

This is an insurance policy that provides cover to your family and you in respect of medical expenses occur following an accident or illness.



What is Covered?

- ✓ Annual maximum limit of €75.000/€125.000/€1.000.000/€2.000.000 per insured person during insurance period and any sub limits for the expenses occurred in relation to a medical treatment of disease, illness or injury, which is specifically outlined to the policy and Table of Benefits.

Hospital Charges

- ✓ Room & Board
- ✓ Hospital expenses as in-patient, day-patient or out-patient
- ✓ Hospital Cash
- ✓ Parent Accommodation
- ✓ Operating Theatre, drugs and dressings & internal appliances
- ✓ Post Hospital Expenses
- ✓ Intensive & high dependency care
- ✓ Surgery costs, surgeons' and anesthetists' fees
- ✓ Physician and nurse fees
- ✓ CT/MRI/PET Scans
- ✓ External prosthesis
- ✓ Home modifications
- ✓ Out-patient surgery
- ✓ Cancer treatment
- ✓ Chronic Conditions
- ✓ Accidental dental treatment
- ✓ Transplant services
- ✓ Renal dialysis
- ✓ Psychiatric treatment and psychotherapy
- ✓ Emergency cover outside geographical area of coverage (€10.000/€25.000/€40.000/€70.000)

Rehabilitation and palliative care following discharge

from hospital

- ✓ Home nursing
- ✓ Palliative care/ hospice fees
- ✓ Rehabilitation services
- ✓ Rehabilitation expenses

Evacuation & Repatriation Services

- ✓ Medical Evacuation
- ✓ Medical repatriation
- ✓ accompanying person expenses
- ✓ Incidental Expenses
- ✓ Repatriation of mortal remains
- ✓ Compassionate travel
- ✓ Local road & air ambulance

Complications in pregnancy and other post-birth benefits

- ✓ Pregnancy related medical conditions
- ✓ New born care
- ✓ Child accommodation

Vision, Dental and Maternity (optional benefits)



What is not Covered?

- ✗ Any medical expense related to the below are excluded unless it is otherwise specified to the Table of Benefits and Certification of Insurance
- ✗ Developmental disorders
- ✗ Suicide/self-inflicted injury /negligent or reckless behavior
- ✗ Dietitian/Nutrition consultations/ Eating Disorders
- ✗ Sleep disorders
- ✗ Conflict/acts of terrorism
- ✗ Criminal acts
- ✗ Epidemics
- ✗ Hazardous activities
- ✗ Fertility Treatment/birth control
- ✗ Medical error
- ✗ HIV/AIDS
- ✗ Alcohol and substance abuse
- ✗ Unlicensed/ unrecognized/Experimental treatment/non-clinical facilities
- ✗ Chemical contamination and exposure
- ✗ Sexual/gender issues/Sexually transmitted diseases
- ✗ Congenital conditions
- ✗ All exclusions are defined to the policy wording, certification of insurance and any other special terms and/or endorsements.



Are there any restrictions on cover?

- ! The annual deductible amount of €50 that each insured person must pay per period of cover before the policy will pay for eligible claims under the Core or/and Out-patient plan
- ! Expenses that exceed the annual maximum limits stated to the Table of Benefits
- ! Benefits that are not provided under the chosen plan
- ! The amount that you have chosen to pay for each insured person per period of cover
- ! The percentage that you have chosen as co-insurance for each treatment undertaken
- ! Pre-existing conditions and any other condition which is personally excluded
- ! Expenses that we were not pre-authorized before you seek treatment (for specific services listed to the table of benefits)
- ! Waiting period of 12 months for new-born care. We will pay for treatment of any eligible medical condition that manifest themselves within 30 days after birth.

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What is Covered?

Out-patient Plan

- ✓ Out-patient consultations
- ✓ Routine Chronic management
- ✓ Diagnostic Tests
- ✓ Medicines
- ✓ Physiotherapy
- ✓ Complementary Treatment
- ✓ Durable medical equipment (Medical Aids)
- ✓ Annual health assessment, well-baby checks and vaccinations
- ✓ Sick Leave benefit due to illness or accident



Are there any restrictions on cover?

- ! Expenses that are not medically necessary or reasonable and customary.
- ! 12 months waiting period for maternity benefit and complications of pregnancy
- ! 6 months waiting period for annual health assessment and vaccination
- ! 6 months waiting period for optional benefits of Vision and Dental
- ! 18 months waiting period for Laser Eye Surgery
- ! All restrictions are defined to the policy wording, certification of insurance and any other special terms and/or endorsements.



Where am I covered?

- ✓ You are covered within the geographical area of cover that you have chosen and it is shown on your Certification of Insurance and policy. Geographical area options are Cyprus, Europe & Israel, Worldwide excluding USA or Worldwide. In case that you are travelling in a country outside of your geographical area of cover you will be covered for an emergency incident with a maximum limit as it is stated to your Table of Benefits.



What are my responsibilities?

- To pay the premium, according to the frequency agreed and shown on the Policy Schedule
- To ensure that the information, details and descriptions provided are accurate and truthful and that you have not withheld or misrepresented any event
- Receive a pre-authorization for the benefits stated to your Table of Benefits
- In the event of any claim to provide accurate and truthful information and submit all relevant documentations and any further information requested which are necessary for the evaluation of the claim
- To follow the terms and conditions of your policy



When and how do I pay?

The premium is payable on the due date according to the frequency agreed and shown on the Policy Schedule.

The premium can be paid:

Monthly (only with direct debit), Quarterly, Semi-Annually and Annually

The method of payment can be:

Cash or a credit/debit card, cheque, direct debit or wire transfer



When does my insurance cover start and end?

Cover is provided within the period of insurance stated to your policy (Certification of Insurance, Policy Schedule). The policy has a duration of 12 months and renewable.



How can I cancel my insurance contract?

You have 14 days upon receipt of your policy to review your cover and ensure it meets your requirements. During this period you may cancel your policy by sending us a written notice with guarantee of a full refund as long as you have not been reimbursed for any claims during this time. At such case you have to return the policy.

After this period, you may cancel your policy with a written notice from the Policyholder but you will not be eligible for a refund.