



Global Healthcare Solutions

Guaranteed access to exceptional healthcare

Individuals & Families



Visit us at www.ghi.care

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Disclaimers:

The information provided in this brochure is for indication purposes only and may change.
This brochure contains a summary of benefits only. It is not your insurance policy.
Your policy is your insurance contract. If there are any discrepancies between this brochure and your policy,
the terms of the policy prevail.

Visit ghi.care for more information.

Your Journey with GHI Starts Here

GHI – General Health International
is about people and excellence

Our goal is to make sure that you and your family can access first-class healthcare to live a healthier and longer life.

Our comprehensive medical insurance plans and guaranteed lifetime renewability ensure that you can trust us for life.

Why do you need our plan?

When you live outside of your country of origin, GHI – General Health International comprehensive insurance solutions take care of your family, because:

- Your country of residence requires to have private medical insurance;
- Good quality local healthcare is too expensive – so you want a secure way to protect your financial situation with predictable payments;
- The quality of local healthcare does not meet your standards;
- You wish to top-up cover for the social security system or local restricted private health plans;
- You want to be able to choose freely where to receive high quality health care.

About us

We at GHI – General Health International are committed to servicing customers across the globe, by providing an extensive range of high-quality, insurance products and services. GHI health plans help customers enjoy the peace of mind that comes from our dedication and passion for what we do.

GHI Global Healthcare Solutions are insured by the VYV Group and administered by GHI – General Health International Ltd.



Our Partnerships — Ensuring Quality and Reliability

The strength of GHI – General Health International is the solid partnerships we build and cultivate. Starting from the top-rated insurance carriers we work with, to our ongoing collaboration with leading industry providers and insurance advisors, we all share the same corporate values including:

- **Respect:** mutual trust, treat people thoughtfully and kindly;
- **Quality:** high-quality products and services that are constantly being improved to provide access to best healthcare;
- **Simplicity:** simple and easy to understand insurance plans and processes.

Financial strength ratings:

The policies are insured by Groupe VYV with a Fitch A+ rating.



UMG Groupe VYV

We are the largest health insurer in France, second largest in Europe, with a turnover of €9 billion and 40 000 employees, 10 million customers, among those 500 000 under the international mobility insurance plans. VYV has operated on the European market for more than 70 years.



GHI – General Health International

We are focused on creating an exclusive and distinctive range of health insurance products with the aim to achieve the highest level of customer satisfaction and direct access to healthcare services across the globe.

Working together, we provide the best guarantees for your healthcare coverage all over the world. Our customers benefit of:

- ✓ 24 hours a day, 365 days a year support from a team of experts;
- ✓ Excellent financial security;
- ✓ Long-term premium sustainability;
- ✓ Dedicated customer care teams;
- ✓ A worldwide network of over 10,000 first class medical providers;
- ✓ Cashless payments for treatments;
- ✓ Simplified claims submission;
- ✓ Personalised health journey supported by our medical concierge;
- ✓ Worldwide emergency assistance services.

Our Commitment

There is nothing more important than your health

We have been at the forefront of the drive to improve service standards across medical insurance, developing innovative products that improve and preserve your health.

Our commitment as a medical insurance expert has always been to best quality and best practice.

Our priority is to reflect this commitment into the experience of our clients.



More than medical insurance

Global

- Superior level of cover and service;
- Free choice of medical providers: hospitals, clinics, doctors and specialists, with a private room in any licensed healthcare facility;
- Direct billing with 10,000+ medical providers available in more than 120 countries. With no out-of-pocket and no paperwork.

Reliable

- Cover for life to the same conditions once medically underwritten;
- Second medical opinion;
- Medical evacuation and repatriation included.

Personalised

- Various insurance plan options according to the needs, including outpatient care, maternity, dental and optical cover;
- A dedicated customer care team who has a complete picture of your health, supporting you at every step;
- Medical concierge services.

Our Service Standards

Your time is precious. We understand you need to know how quickly we will handle your requests. That is why we have made six promises about how fast we can deliver key services, to provide you with peace of mind. These are:



Customer service response on written request provided within 1 working day



Majority of treatments paid directly by GHI or via the GHI Transactional Card



Underwriting completed within 3 working days



Emergency guarantee of payment issued within 1 hour



Claims processed within 2 working days



Certificate of Insurance issued within 24 hours



GHI is Different

**Invest in securing a healthy tomorrow
for you and your family**

Lifetime renewability

With GHI, your insurance policy renewability is guaranteed, regardless of age or health condition. You can be assured that you and your loved ones will be covered for life. Year after year.

Free choice of hospitals and doctors

With health, there is no room for compromise. It is vital to have the freedom to choose access to the best health facility for treatment or health checks, wherever this facility is located within your selected area of cover, so your needs are effectively met. That is why we provide you both with a free choice of healthcare facility and access to an international healthcare network of more than 10,000 top-rated hospitals.

Personalised health journey supported by our medical concierge

We guide you to the best quality of treatment anywhere in the world when you need it most. Professional assistance gives you that priceless peace of mind to help throughout the treatment and the recovery period.



We provide you with the proper health coverage that helps you live a longer and healthier life and protects you from financial hardships.

Easy access to healthcare

A GHI health plan does not require a referral from your primary care doctor to go and see a specialist. In addition, our customers can easily access treatment on direct billing at various providers via our extensive network around the world. Therefore you can get the care you need faster and more conveniently.

Swift claims processing

With GHI, the majority of claims are settled directly with the service providers, making life easier for you.

Second Opinion

To ensure you get the right diagnosis and the best treatment, we are offering customers access to a second medical opinion at no extra cost, providing you with great peace of mind. It is important to us that you and your family experience the most appropriate care.

Select Your Plan

We offer a flexible approach to your requirements.
Whatever your needs, we have the best insurance plan for you

Everyone has different requirements when it comes to medical insurance.
Our range of health plans lets you weigh the balance between price and coverage
to find the plan that best meets both your needs and your budget.



We offer four plans under Global Healthcare Solutions. This means you can select the level of coverage you prefer to suit your lifestyle, from hospitalisation only plan, to a comprehensive package. Each health plan can be shaped by adding optional coverage and choosing from several plan options.

VITAL EUR / GBP / USD 1,500,000

inpatient (private room), day-patient care, rehabilitation, oncology care, chronic condition treatment, medical evacuation

EXCELLENT EUR / GBP / USD 2,000,000

inpatient (private room), day-patient care, rehabilitation, oncology care, chronic condition treatment, medical evacuation, extended outpatient, preventive care

PRIME EUR / GBP / USD 2,000,000

inpatient (private room), day-patient care, rehabilitation, oncology care, chronic condition treatment, medical evacuation, extended outpatient, preventive care, maternity

EXCLUSIVE EUR / GBP / USD 2,500,000

inpatient (private suite), day-patient care, rehabilitation also at health resorts, oncology care, chronic condition treatment, medical and non-medical evacuation, extended outpatient, preventive care and maternity

GHI plans include all **most important features** as standard. Whatever your choice is, you are covered for:



Inpatient and day-patient care



Rehabilitation



Complications of pregnancy



Organ transplant



Mental Health



Palliative care



Oncology treatment



Psychiatric care



Evacuation and repatriation

Dental and Vision

You can add the following options of routine and complex dental treatment and optical care: Comfort, Plus and Ultra.

Note: Ultra is applicable only for the EXCLUSIVE plan.

Deductible and coinsurance options

By default all plans are with nil deductible and 0% coinsurance.

The following deductibles are available:

- 1 000 EUR / GBP / USD; or
- 2 000 EUR / GBP / USD; or
- 5 000 EUR / GBP / USD.

The following coinsurance options are available:

- 10% with 2200 EUR / GBP / USD out-of-pocket maximum for outpatient only; or
- 20% with 2200 EUR / GBP / USD out-of-pocket maximum for outpatient only.

GHI Plan Benefits At-A-Glance

VITAL is the most affordable plan that covers essential needs for people who want to be sure they can access care when they need it most.

EXCELLENT is the plan, which is fully insured for inpatient, day-patient and outpatient care. Treatments performed by complementary medical practitioners, preventive care including vaccinations and check-ups are covered as well.

PRIME offers a comprehensive set of benefits, including maternity, which helps you manage your and your family's health.

EXCLUSIVE is a top-level plan that offers some of the most extensive levels of cover available in the market, 100% of the costs covered with only a few specific limitations.



✓ Full cover within annual limit ✓ Partial or limited cover ✗ Cover not available ○ Optional cover

	VITAL	EXCELLENT	PRIME	EXCLUSIVE
Overall Annual limit per Insured Person	EUR / GBP / USD 1 500 000	EUR / GBP / USD 2 000 000	EUR / GBP / USD 2 000 000	EUR / GBP / USD 2 500 000
Inpatient & Day Care	✓	✓	✓	✓
Outpatient Care	✓	✓	✓	✓
Oncology Treatment	✓	✓	✓	✓
Chronic Conditions	✓	✓	✓	✓
Complication of Pregnancy	✓	✓	✓	✓
Congenital Conditions	✓	✓	✓	✓
Kidney Dialysis	✓	✓	✓	✓
Durable Medical Equipment	✓	✓	✓	✓
Road and Air Ambulance	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Evacuation and Repatriation	✓	✓	✓	✓
Organ and Bone Marrow Transplant	✓	✓	✓	✓
Inpatient physiotherapy	✓	✓	✓	✓
Rehabilitation	✓	✓	✓	✓
Palliative and Hospice Care	✓	✓	✓	✓
Dental treatment for pain relief and accidental treatment	✓	✓	✓	✓
General practitioner & Specialists	✓	✓	✓	✓
Tests, CT, PET & MRI Scans	✓	✓	✓	✓
Nursing at Home	✓	✓	✓	✓
Outpatient Drugs and Dressings	✗	✓	✓	✓
Doctor Home Visits	✗	✓	✓	✓
Traditional Chinese Medicine	✗	✓	✓	✓
Physiotherapy	✗	✓	✓	✓
Complementary Medical Treatment	✗	✓	✓	✓
Preventive Care	✗	✓	✓	✓
Maternity Care	✗	✗	✓	✓
Dental & Vision Care	○	○	○	○

Please see the Table of Benefits for more details.

Area of Cover

GHI plans are modular with a global reach. You can choose your preferred geographic area for planned treatment and be confident that we will be able to support you.



Europe

Europe including Switzerland and the United Kingdom

Worldwide excluding the USA



Extensive out-of-area cover

Your plan includes, of course, emergency short-term medical coverage when you are visiting a location outside of your selected area of cover. The cover is provided for up to 90 (ninety) days per year for all trips combined.

For example, if you purchase the "Worldwide, excluding the USA" option, you will still be covered for 90 days for emergency treatment during business or holiday trips to the USA.

Welcome to GHI

You can apply for a GHI plan through your insurance advisor

Transparent Enrolment Process

Our approach to underwriting is designed to offer you a clear and fair experience. There are two types of underwriting, which determine how we deal with pre-existing medical conditions.

Full Medical Underwriting

We ask you about your past health and this information is only required once, at the time of application. There may be some pre-existing medical conditions that we agree to include at an additional premium. Our underwriters will determine whether we are able to include a medical condition that would normally have been excluded. All our members know exactly what their cover is from day one.

Continued personal medical exclusions (CPME Transfer)

You can switch from any insurance company to us as long as the previous cover is of a similar benefit level. Contact us or your insurance advisor for more details.



Comprehensive welcome pack

Once you have joined GHI, we will send you your policy documents electronically within 48 hours. You have access to your policy documents via your mobile app or online portal. We encourage you to go paper-free. If you have requested to have printed documents, we will send them to you within 5 working days.

Your policy documents include the following:



Certificate of Insurance

A record of the plan you choose, what and whom it covers



Membership Guide

How your plan works and your guide to the benefits



Policy Rules

The terms and conditions, general exclusions and definitions of your policy in one handy leaflet



Insurance and Transactional Card

Proof of your identity and cover for when you need treatment



Getting treatment

When you need to use your plan, we have designed the process to be as straightforward as possible.

Inpatient or day-patient treatment

If you need to be admitted to hospital for day-patient or inpatient treatment, contact us and we will place a guarantee of payment with the medical provider within 1 day, so you do not need to pay anything. You can find a medical provider in our network on your mobile application or online portal.

Outpatient treatment

If you select a plan that includes outpatient treatment, you can go to any medical practitioner, pay for your visit by yourself and claim or use your GHI Transactional Card. GHI Transactional Card is a debit Mastercard® allowing customers to pay directly for any medical expense covered by their policy, anytime, anywhere, worldwide.

Preventive care

If your plan has preventive care benefits, you will be able to access screening, optical and vaccination benefits to safeguard your and your family's future health. You can pay for your treatment also with your GHI Transactional Card.

Emergency Assistance

Our 24-hour service care team can give you immediate help. This includes hospital admission and emergency evacuation and repatriation. In case of emergency, show the provider your insurance card upon admission. Send us the completed pre-authorisation form before your discharge. The claims manager will deal directly with the facility (hospital, clinic, etc.).



Healthcare Providers Network and Guarantee of Payment

GHI and its partners have agreements with a wide range of healthcare facilities located all over the world. You can consult the list of providers on your mobile applications or online portal.

If you have accessed treatment within our Direct Billing Network or if we have placed a guarantee of payment for you, there is no need to do anything further.

About your GHI Transactional Card



GHI Transactional Card is the digital card that opens doors to the healthcare facility of your choice, worldwide. It is a convenient way to pay for medical expenses covered by your GHI Global Healthcare Solutions plan like doctors' and specialists' fees, diagnostic tests, emergency costs and prescribed medications.

Cashless payment: with the GHI Transactional Card the services are paid to the healthcare facility of your choice as long as it accepts Mastercard™ via point-of-sale – out-of-pocket payments are eliminated.

Real time payment: whenever and wherever needed your GHI Transactional Card will be loaded, allowing you to pay in real-time.



Contact GHI Customer
Care Team



We will load your GHI
Transactional Card



You pay by providing the
details of your digital GHI
Transactional Card.

Reporting claims

Claims should be reported as soon as possible after their occurrence.

Claims must be submitted no later than two years after the event which gave rise to the claim occurred.

The Membership Guide in your welcome pack will tell you everything you need to know about getting treatment and making a claim.

What is not covered

EXCLUSIVE, PRIME, EXCELLENT and VITAL foresee some limitations and standard exclusions, which vary depending on the plan chosen. General exclusions apply in addition to any personal limitations we may detail in your Certificate of Insurance. Once you are enrolled, you will receive a Membership Guide.

It will contain detailed information about benefits, exclusions and limitations to your plan.



This is a partial list of benefits that are not covered under GHI plans:

- Treatment required as a result of war or terrorism (active participation) or contamination by radioactivity or chemicals;
- Self-inflicted injuries;
- Consequences of the insured person participating in any sport as a professional or under a contract providing compensation, as well as any preparatory training to such activities (benefits may be available – please contact us);
- Hazardous sports or pursuits;
- Failure to follow medical advice;
- Alcohol, drug, solvent abuse and other addictive conditions;
- Experimental treatment (limited benefit may be available – please contact us);
- Cosmetic and aesthetic treatment (except restorative treatment following an accident or cancer treatment);
- Alopecia;
- Birth control;
- Costs related to abortion (except in the case of medical necessity);
- Genetic counselling, screening and testing;
- Stem cell transplants;
- Sleep disorders and sleep problems such as sleep apnoea;
- Sexually transmitted diseases;
- Psycho-geriatric conditions;
- Eating disorders;
- Weight loss treatment;
- Treatment by a family member;
- Treatment charges outside of reasonable or not medically necessary.

Frequently Asked Questions

This section sets out the answers to the questions we get asked most frequently about GHI plans. If you cannot find the information you need or wish to speak to our team, please contact us.



How can I subscribe to a GHI plan?

a. Who is eligible to enrol?

GHI plans are open to expatriates and their family members.

b. Are any age limits applicable for enrolment?

For individuals, normally the age limit set for enrolment is 70.

c. What minimum period of time can I be covered for?

The duration of the insurance policy is 12 months.

d. Do I need to have a medical examination to join the plan?

No, you only need to complete a health form. If we need any further information to evaluate your application fairly and

accurately, we may request a medical report from your doctor.

e. Which form do I complete to enrol?

For Full Medical Underwriting enrolment, it is very important that a health form and the application form are completed fully and accurately. Failing to do so may invalidate the policy.

f. Can I switch to a GHI plan from another insurer?

It is easy to join GHI, also if you already have private medical insurance. Our advisers make it simple and hassle-free and will even take care of the paperwork for you.

We will cover you with no change to your previous medical underwriting, subject to the terms and conditions of the new plan you choose.

How can I manage my plan?

a. How can I prolong my insurance policy?

Medical insurance will be automatically renewed at the end of every policy year to enjoy continuous coverage. Renewal information will be sent to you 45 days prior to the renewal date. Cancellation of your policy is possible on the policy anniversary date with one month's notice.

b. Can I change my level of cover?

Downgrading or upgrading plans and options is possible, but only at the renewal date of the policy.

In the case of upgrading, a new health form must be completed. Changing the area of cover is always possible in relation to the country of expatriation. However, it is not possible to change to the worldwide cover for short periods.

c. How can I pay my premium?

Premiums are payable annually in advance, by bank transfer. Semi-annually, quarterly payments are also available subject to an administrative charge.

d. What is a deductible?

The deductible is the amount of out-of-pocket costs for medical services per year per person for which you are responsible. The deductible applies to inpatient, outpatient and day-patient care, and does not apply to assistance benefits, preventive care and dental & vision. Once your annual deductible has been met, your expenses will be covered by us according to the conditions of your plan.

e. What is coinsurance?

Coinsurance (expressed as a percentage) is an additional portion of certain medical expenses for which you may be responsible.

f. When do new dependants need to be added?

Addition of a spouse or legal partner is possible, provided that the relevant application is submitted, and within two months after becoming eligible for the insurance. Addition of a newborn is possible, provided that the application form is submitted within one month of the birth. Premiums for newborn babies are payable from the birth date.

A health form must be completed when the baby is declared to the insurer more than one month after birth and/or the birth parent has been insured with us for less than ten continuous months.

Adopted children may also be included in the policy, subject to full medical underwriting.

What is covered?

a. Am I covered for inpatient treatment?

Yes, you are. Inpatient treatment is included as standard in all GHI plans. It covers you for treatment received as an inpatient when staying overnight in a hospital, or when receiving treatment at the hospital as a day patient.

b. What is the difference between an outpatient, a day-patient and an inpatient?

A day-patient is a patient who is admitted to a hospital or day-patient unit because she/he needs a period of medically supervised recovery but does not occupy a bed overnight.

An inpatient is a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.

An outpatient is a patient who attends a hospital, consulting room or an outpatient clinic and is not admitted as a day patient or an inpatient.

c. Are alternative therapies covered?

GHI plans offer a wide range of alternative therapies as standard. These include chiropractors, osteopaths, acupuncturists, and homoeopaths who are legally qualified, registered and allowed to practise alternative (complementary) medicine by the authorities in the country in which the treatment is received. These treatments must always be prescribed by a doctor.

d. Are complications of pregnancy covered?

The following complications of pregnancy are covered in the same way as any other medical condition, so the limits for maternity benefits do not apply:

- miscarriage or when the foetus has died and remains with the placenta in the womb;
- stillbirth;
- abnormal cell growth in the womb (hydatidiform mole);
- a foetus growing outside the womb (ectopic pregnancy);
- heavy bleeding in the hours and days immediately after childbirth (post-partum haemorrhage);
- afterbirth left in the womb after delivery of the baby (retained placental membrane);
- complications following any of the above conditions.

Complications of pregnancy are subject to the waiting period for all medical expenses related to Delivery and Maternity care, unless otherwise specifically outlined in the Certificate of Insurance.

e. Are maternity, pregnancy and child-delivery expenses covered?

Child-delivery is covered under the PRIME and the EXCLUSIVE plans. Elective caesarean surgery is excluded from cover. There is a 10 (ten) month waiting period for all medical expenses related to Delivery and Maternity care, meaning that only expenses incurred as from the 11th (eleventh) month after acceptance into the insurance plan are eligible for reimbursement (unless otherwise specifically outlined in the Certificate of Insurance).

f. Do I need to wait to get certain treatments?

The insurance cover takes effect on the day immediately following your acceptance by the insurer.

Once enrolled, you may have to wait to get certain treatments, unless otherwise specifically outlined in the Certificate of Insurance:

- for all medical expenses related to Delivery and Maternity care, you have a waiting period of 10 (ten) months;
- for dental, including orthodontic treatment and dental prostheses, you have a waiting period starting from 6 (six) months.

g. Am I covered if I travel away from my area of residence?

Yes, you are covered for your selected area of coverage. There is no geographical limitation during business trips or holidays (max 90 days per insurance year) for emergencies outside your area of cover.

h. Will I be covered for any chronic conditions?

Yes, your medical expenses for chronic conditions will be covered within the terms of your policy.

i. Are pre-existing conditions covered?

Medical insurance is usually designed to cover treatment of new medical conditions that begin after you join. Your cover for treatment for conditions you were aware of or had already had when you joined depends on what you told us about your medical history when you joined.

What is a pre-existing condition? A pre-existing condition means any disease, illness or injury for which you have received medication, advice or treatment, or of which you have experienced symptoms, whether the condition has been diagnosed or not, at any time before the date on which your GHI plan starts.

Cover of pre-existing conditions is also dependent on the type of underwriting terms you join on. There are two different types of underwriting:

- Full Medical Underwriting – we ask you for any pre-existing conditions before you join and we then work out what you will be covered for or not (this will be shown on your Certificate of Insurance);
- Continued personal medical exclusions (CPME Transfer) – we take over the same conditions granted by your previous insurer.

j. Is preventive care covered?

GHI EXCELLENT, GHI PRIME and GHI EXCLUSIVE plans have preventive care benefits (no waiting period applies):

- well baby care;
- medically required vaccinations (adults and children);
- one routine eye test per insurance year;
- one adult physical examination including:
 - One (bilateral) mammogram and one pap-smear test every 2 years (females aged over 35),
 - One PSA-test every 2 years (males aged over 50).

For details, please refer to the Table of Benefits.

k. What are reasonable and customary fees?

Reasonable and customary fees are local or regional norms for the cost of healthcare services. In some cases, doctors, hospitals and other healthcare professionals may charge in excess of reasonable and customary fees. In those instances, you may be responsible for the additional charges. Because of this, it is important to understand the expected fees upfront whenever possible. We encourage you to work with our Customer Care Centre to help coordinate complex care and pre-determine the related pricing. If you are ever in doubt about your coverage, the anticipated cost of healthcare and your required contribution, please contact us.

l. Can my cover be cancelled if I make a high number of claims or because my health deteriorates?

Your cover will not be cancelled because of the number of claims made or a change in the state of your health.

How do I receive services?

a. Can I choose a specific specialist and hospital?

You can consult any doctor of your choice provided this doctor has graduated from a recognised medical school as listed in the WHO Directory of Medical Schools and who is licensed and registered to practise medicine in the country where the treatment is received. Simply call our Customer Care Team and we will tell you whether this specialist is covered by direct billing. If they are not, then we will reimburse costs of covered expenses

or we can suggest an alternative and make an appointment for you if you wish.

b. Does GHI pay the hospital/healthcare provider directly?

Whenever possible, inpatient or other cost services will be paid to the hospital or healthcare provider directly. GHI has direct payment arrangements already established with 10,000+ global providers around the world and maintains relationships with partners who routinely arrange direct payments with healthcare providers.

c. What if my hospital/healthcare provider isn't listed as a direct pay provider? How do I request to have them added?

Where there is no direct payment agreement in place, we will work to establish one on behalf of the patient; however, it should be noted that acceptance of direct payment is at the discretion of the healthcare provider. To initiate this process yourself, please contact the Customer Care Centre at least 10 days in advance of your scheduled service or treatment to request a direct payment for services.

d. Do I need to obtain pre-authorisation before seeking care?

Pre-authorisation is required for certain medical services. It is your responsibility to ensure that pre-authorisation has been received prior to obtaining certain services. For complete details on procedures requiring pre-authorisation, please contact the Customer Care Centre or refer to your Membership Handbook for additional

information.

The pre-authorisation process can be initiated via your mobile app or online portal, email or with a phone call to the Customer Care Centre and requires the sharing of certain medical information by your doctor with GHI in order for services to be approved for payment. **You must notify us at least 5 (five) business days prior to the planned treatment.**

If advance notice cannot be provided due to an emergency, we must receive notification from you or your representative either within 48 hours or by the end of the first business day following the beginning of the service (whichever is the later). If pre-authorisation is not obtained and/or notice of emergency treatment has not been communicated within the time frame indicated above, cover for the services may be subject to a denial or a reduction in benefits up to 50%.

e. What do I do in case of an emergency?

Our emergency helpline is available in a variety of languages and is staffed by medical professionals ready to assist you 24/7/365. Telephone numbers are listed on your Insurance card / Certificate of Insurance provided upon enrolment.

f. How do I claim?

Claims should be reported as soon as possible after their occurrence. Claims must be submitted no later than two years after the event giving rise to the claim occurred. Claims are generally reimbursed within 5 working days.

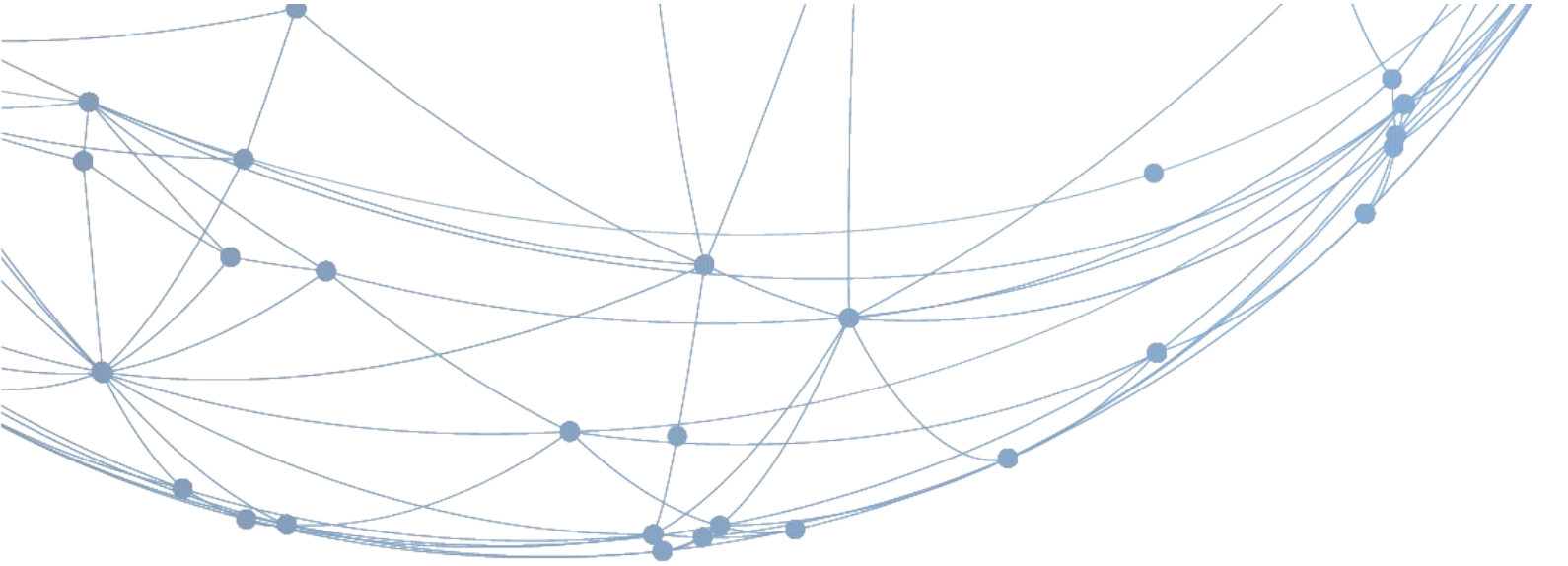
Notes

Join Us Today for a Healthy Tomorrow

Are you ready to start your journey to improved health and wellbeing?

It is easy to obtain a GHI world-class solution serving your needs.
To find out how we can help you, please visit our website **www.ghi.care**
or ask your insurance advisor for more information.





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