

Global Healthcare Solutions

Guaranteed access to world-class care

Individuals & Families

GHI GENERAL HEALTH INTERNATIONAL

ASN International Insurance

Visit us at www.ghi.care

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Disclaimer:

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

Visit ghi.care for more information.

Boundless Protection for Discerning Standards

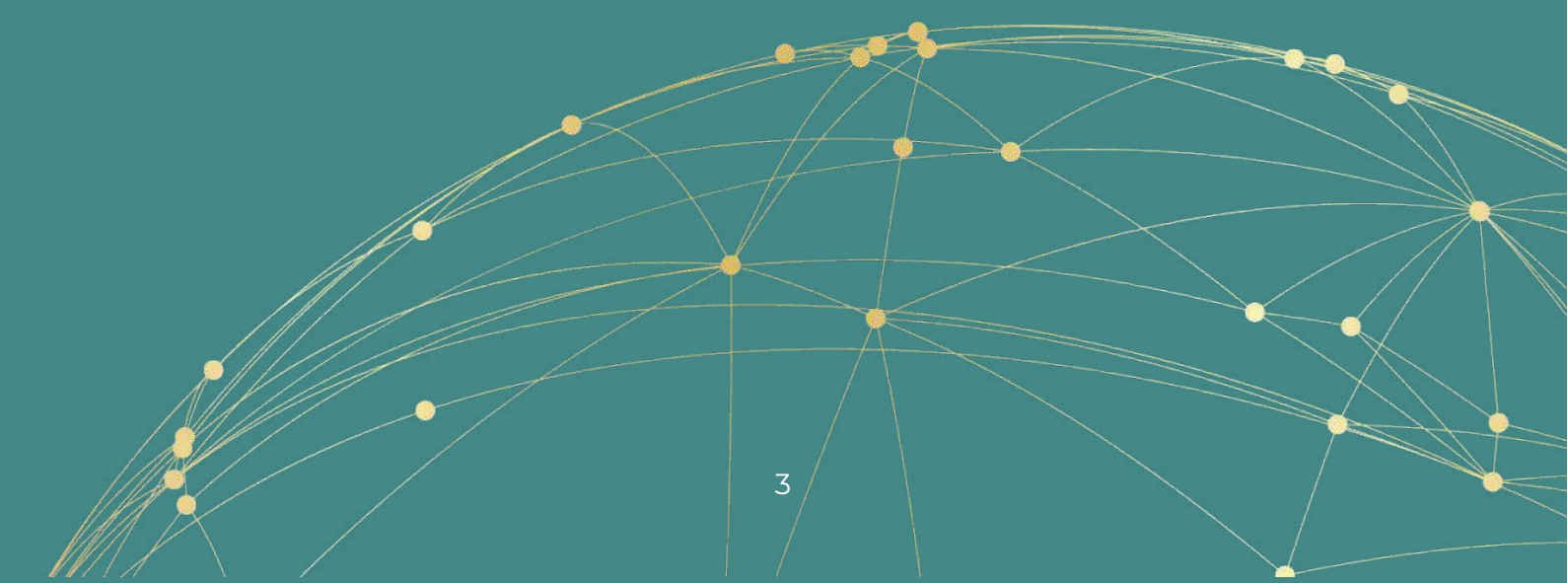
GHI Global Healthcare Solutions — Excellence in Service of Your Health

Our commitment is to ensure you and your family enjoy privileged access to world-class medical care across the globe. Through bespoke solutions and guaranteed lifetime renewability, we provide an enduring foundation for your long-term health and financial peace of mind.

Tailored Protection for Your International Life

Your life moves across borders — your healthcare protection should do the same. We designed GHI plans to give you complete peace of mind worldwide, especially when you value:

- **Complete freedom of choice:** The unrestricted selection of specialists, clinics, and hospitals — both in your home country and across the globe;
- **Supplementary premium protection:** A seamless extension of local statutory schemes or private domestic plans into an international scope of cover;
- **Mandatory private cover:** Satisfying local requirements whenever your country of residence obliges you to hold private health insurance;
- **Predictable financial security:** Complete protection against volatile, excessive overseas treatment costs through reliable direct settlement;
- **Uncompromising clinical excellence:** Direct access to premier centres of medical excellence whenever the local healthcare infrastructure falls short of your standards.



Why Choose Us

Boutique Specialist in Global Insurance

Excellence as a Standard

GHI – General Health International is a managing general underwriter specialising in medical insurance. As a boutique specialist, we deliver bespoke solutions and white-glove services to an exclusive international clientele. Excellence is our benchmark.

30+ Years of Global Expertise

We are an independent, founder-led private organisation with over three decades of experience in developing and managing healthcare protection for globally mobile individuals.
Built on long-term stability, personal accountability, and institutional excellence, we align solely with financially robust and operationally proven partners.

AT A GLANCE

30+ Years
Industry Leadership

Fitch A+
Financial Strength Rating

€9 Billion
Annual Group Turnover

500,000+
International Mobility Members



Our Partnerships — Ensuring Quality and Reliability

The strength of GHI – General Health International derives from 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, all share the same enduring values:

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

Financial Strength

We combine bespoke private client care with the balance-sheet strength of a European leader, delivering maximum financial protection when it is needed most.

GHI Global Healthcare Solutions are underwritten by **UMG Groupe VYV** through **MGEN Portugal - Companhia de Seguros, S.A.**, holding an **A+ financial strength rating from Fitch Ratings**.

As France's largest health insurer and the second-largest in Europe with over 10 million total insured members, UMG Groupe VYV brings over 70 years of European market leadership, backed by 40,000 employees.

Together, we deliver international health protection of the highest calibre.

Our customers benefit from:

- **24/7/365** support from a team of experts;
- **Exceptional financial security** and sustained long-term premium stability;
- **A dedicated private client concierge team** for personalised support;
- **An elite global network** of over 10,000 premier medical providers;
- **Direct cashless settlement** and guaranteed payment for approved care;
- **Frictionless, rapid claims processing** without administrative burden;
- **Personalised medical case management** through our Medical Concierge;
- **Worldwide emergency assistance** with immediate response coordination.

Our Commitment

Your health, our absolute priority

For years we have been at the forefront of the drive to improve service standards across health insurance, crafting innovative solutions dedicated to preserving and enhancing your health. As industry specialists, our commitment is defined by uncompromising standards of service and clinical excellence.



More than medical insurance

Global

- Superior level of cover and service;
- Free choice of healthcare facility: hospitals, clinics, doctors and specialists;
- Direct billing with over 10’000 medical providers across more than 120 countries, free from upfront costs and administrative burden.

Reliable

- Cover for life;
- Second medical opinion;
- Medical evacuation and repatriation.

Personalised

- Various insurance plan options tailored to your lifestyle;
- A dedicated customer care team supporting you at every step;
- Medical concierge services.

Our Service Commitments

When every detail matters, response times are paramount. We make six clear commitments regarding our key services:



Customer service response to written enquiries within 1 business day



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



Medical underwriting completed within 3 business days



Emergency guarantee of payment issued within 2 hours



Claims processed within 2 business days



Certificate of Insurance issued within 1 business day



Lifetime renewability

Your GHI Global Health Solutions cover is guaranteed renewable for life. This ensures continuous protection for you and your family regardless of your age, the benefits that you have drawn under our insurance or any changes in your health condition.

Free choice of hospitals and doctors

We provide the freedom to choose the best healthcare facilities with the highest standards of treatments or check-ups in any country, within your selected area of cover.This will ensure that you will never have to compromise on the quality of your care.

Medical concierge

Our medical concierge service connects you to high-quality treatment worldwide, providing a personalised health journey throughout your recovery.



We design bespoke healthcare solutions to support your longevity and safeguard your family's wealth.

Direct access to healthcare

GHI health plans offer direct access to specialists without requiring a primary care referral. The extensive direct billing network offers members access to over 10,000 leading medical centres and more than 600,000 outstanding physicians worldwide. Additionally, the GHI Transactional Card helps minimise upfront costs.

Prompt claims processing

To ensure you can focus entirely on your well-being, we combine advanced technology with dedicated specialist support to make claims resolution effortless. Our streamlined process eliminates administrative friction, delivering swift and reliable reimbursement.

Second Medical Opinion

To ensure absolute certainty regarding diagnoses and treatment plans, we offer access to an independent second medical opinion at no additional cost.

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 health insurance. Our suite of healthcare solutions enables you to strike the perfect balance between extensive benefits and premium efficiency, tailored to your lifestyle.



We offer four plans under Global Healthcare Solutions: VITAL, EXCELLENT, PRIME and EXCLUSIVE. All GHI plans include the **most important features** as standard. Whatever your choice is, you are covered for:


In-patient and day-patient care


Rehabilitation


Complications of pregnancy


Organ transplant


Mental health


Palliative care


Oncology treatment


Home nursing


Evacuation & repatriation

You can select the health plan level you prefer to suit your lifestyle, from the hospitalisation only plan, to a more comprehensive package.

VITAL EUR / GBP / USD 5'000'000

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

EXCELLENT EUR / GBP / USD 5'000'000

in-patient (private room), day-patient care, rehabilitation, oncology care, chronic condition treatment, medical evacuation and repatriation, **+ out-patient, preventive care**

PRIME EUR / GBP / USD 5'000'000

in-patient (private room), day-patient care, rehabilitation, oncology care, chronic condition treatment, medical evacuation and repatriation, out-patient and preventive care, **+ maternity**

EXCLUSIVE EUR / GBP / USD 5'000'000

in-patient (**private suite**), day-patient care, rehabilitation also at health resorts, oncology care, chronic condition treatment, repatriation and medical **+ non-medical evacuation, extended out-patient, extended preventive care & maternity**

Each health plan can be shaped by adding optional benefits and choosing from several options.

Dental and Vision

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

Deductible and co-insurance options

Our standard plans are with nil deductible and 0% co-insurance.

The following optional deductibles are available:

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

The following co-insurance options are also available:

- 10% with 2'200 EUR / GBP / USD out-of-pocket maximum for out-patient only; or
- 20% with 2'200 EUR / GBP / USD out-of-pocket maximum for out-patient only.

GHI Plan Benefits At-A-Glance

VITAL is our basic plan, offering in-patient and day-patient care without a limit. It covers the essential needs of people who want to be sure they can access treatment when they need it most.

EXCELLENT is the plan which covers not only in-patient and day-patient care, but also out-patient treatment. Services performed by complementary medical practitioners, preventive care including vaccinations and check-ups are included as well.

PRIME offers in addition to the benefits of the EXCELLENT plan, 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 benefits available in the market covering 100% of eligible costs with minimal sub-limits on select benefits.



✔ In full ✔ Sublimits × Not available O Optional

	VITAL	EXCELLENT	PRIME	EXCLUSIVE
Annual overall maximum per Insured Person	€$£ 5'000'000	€$£ 5'000'000	€$£ 5'000'000	€$£ 5'000'000
In-patient & day-patient care	✔	✔	✔	✔
Pre- and Post-hospitalisation Treatment	✔	✔	✔	✔
Oncology Treatment	✔	✔	✔	✔
Chronic Conditions	✔	✔	✔	✔
Complications of Pregnancy	✔	✔	✔	✔
Congenital Conditions	✔	✔	✔	✔
Kidney Dialysis	✔	✔	✔	✔
Durable Medical Equipment	✔	✔	✔	✔
Road and Air Ambulance	✔	✔	✔	✔
In-patient Mental Health	✔	✔	✔	✔
Evacuation and Repatriation	✔	✔	✔	✔
Organ and Bone Marrow Transplant	✔	✔	✔	✔
In-patient Physiotherapy	✔	✔	✔	✔
Home Nursing	✔	✔	✔	✔
Rehabilitation	✔	✔	✔	✔
Palliative and Hospice Care	✔	✔	✔	✔
Emergency dental treatment (pain relief and accident)	✔	✔	✔	✔
Doctors' and medical personnel's fees incl. home visits	×	✔	✔	✔
Tests, CT, PET & MRI Scans	×	✔	✔	✔
Out-patient prescribed medicines and dressings	×	✔	✔	✔
Out-patient Mental Health	×	✔	✔	✔
Traditional Chinese Medicine	×	✔	✔	✔
Physiotherapy	×	✔	✔	✔
Hormone Replacement Therapy	×	✔	✔	✔
Complementary and Alternative Medicine	×	✔	✔	✔
Preventive Care	×	✔	✔	✔
60+ Care	×	✔	✔	✔
Maternity Care	×	×	✔	✔
Dental & Vision Care	O	O	O	O

This table provides an overview. For full details, please refer to the Policy Documentation.

Area of Cover

With GHI plans you are covered worldwide. For elective treatments you can choose your preferred geographic area, within which you can be confident that we will be able to support you everywhere. The cost of your cover will vary depending on the chosen area of cover.





Extensive out-of-area cover

Your plan provides comprehensive emergency medical cover when you are visiting a location outside your selected area of cover. The cover is provided for up to 90 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

A Transparent Onboarding Experience

We believe clarity from day one is the foundation of exceptional healthcare protection. Our underwriting approach is transparent, consultative, and designed to provide absolute certainty regarding pre-existing conditions through two distinct pathways:

Full Medical Underwriting (FMU)

Upon application, you complete a one-time medical declaration. Should you have any pre-existing conditions, we liaise directly with your attending physicians where necessary to determine optimal terms of cover. This ensures you benefit from total transparency and complete peace of mind regarding the exact scope of your protection from day one.

Continued Personal Medical Exclusions (CPME Transfer)

Transitioning to GHI from an existing provider is seamless. Provided your previous policy offers a comparable level of benefits, you can transfer your cover without undergoing renewed medical underwriting—carrying forward any existing terms and exclusions uninterrupted. Contact your trusted insurance advisor to confirm your eligibility.



Comprehensive Welcome Pack

Once you have joined GHI, we will send you your policy documentation electronically within **24 hours**. You have access to your documentation via your mobile app or online portal. As part of our commitment to sustainability, we operate on a digital-first basis.

Your welcome pack includes the following:

Certificate of Insurance

Summary of your selected plan and all covered members

Membership Guide

Complete guide to your benefits, network access, and concierge support

General Policy Conditions

The binding contractual terms and regulatory framework of your cover

Member and GHI Transactional Cards

Proof of cover and direct cashless payment solution



Accessing treatment

When you need to access your plan, we have engineered every step of the process to be entirely seamless.

In-patient or Day-patient Care

For planned hospital admissions, simply contact us in advance. We will issue a Guarantee of Payment (GoP) to the medical facility, sending you a confirmation copy, or load your GHI Transactional Card within 48 hours – requiring no out-of-pocket payment.

Out-patient Care

With out-patient cover, you enjoy complete freedom to consult any recognised clinic or medical practitioner within your selected area of cover. Consultations and treatments are handled on a pay-and-claim basis for prompt reimbursement. For major or high-cost out-patient procedures, you may contact us and our concierge team will gladly arrange direct settlement with the medical provider.

Preventive Care

Where preventive care is included, you enjoy access to comprehensive health screenings, diagnostic assessments, and vaccinations. Routine care is covered on a pay-and-claim basis for prompt reimbursement. For high-cost screenings you may contact us ahead of your appointment so we can arrange direct payment.

24/7 Emergency Assistance

Our global assistance team stands ready around the clock for immediate clinical support, emergency hospital admissions, medical evacuation, and repatriation. You, your attending physician, or a family member can reach our specialists at any time.



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 the GHI Transactional Card



The GHI Transactional Card provides seamless access to private healthcare facilities worldwide. It offers a convenient, cashless way to pay for covered medical expenses whenever a hospital or clinic does not accept a standard Guarantee of Payment (GoP).

Cashless Settlement: Pay directly at any healthcare facility accepting Mastercard® via point-of-sale—completely eliminating upfront out-of-pocket expenses.

Real-Time Funding: Your digital card is loaded instantly on demand, enabling immediate, real-time settlement wherever and whenever care is required.



Contact GHI Customer Care Team

Receive instant real-time card funding

Settle medical expenses directly and cashlessly

Submitting claims

Please submit any claims promptly to ensure seamless processing and swift reimbursement. Complete guidance on arranging medical care and submitting claims can be found in the Membership Guide included in your welcome pack.

Key Exclusions

EXCLUSIVE, PRIME, EXCELLENT and VITAL plans contain specific 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 and general exclusions 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;
- Contraception;
- Costs related to abortion (except in the case of medical necessity);
- Stem cell transplants;
- Sexually transmitted diseases;
- Psycho-geriatric conditions;
- Eating disorders;
- Weight loss treatment (except in the case of medical necessity);
- Treatment by a family member;
- Charges in excess of reasonable and customary rates, or treatments deemed not medically necessary.

This list is not exhaustive. The complete list can be found in the Policy Documentation.

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?

i. Who is eligible to enrol?
GHI plans are designed for expatriates and their family members.

ii. Are any age limits applicable for enrolment?
For individuals, normally the age limit set for enrolment is 70.

iii. What is the shortest period of cover?
The minimum duration of the insurance plan is 12 months.

iv. Do I need to have a medical examination to join the plan?
No, you only need to complete the application form including the health declaration. If we need any further information to evaluate your application fairly, we may request a medical report from your doctor.

v. Which form do I complete to enrol?
For Full Medical Underwriting enrolment, please complete the application form with the health declaration fully and accurately. Failing to do so may invalidate the plan.

vi. Can I switch from another insurer to a GHI plan?
Switching to GHI is seamless, even if you already hold existing private cover. You can apply to transfer to a GHI plan without medical underwriting. Our dedicated advisers ensure a seamless transition and will handle all administrative formalities on your behalf.

How can I manage my plan?

vii. How can I renew my insurance plan?

Your medical insurance will be automatically renewed at the end of every insurance year to enjoy continuous cover. Renewal information will be sent to you not later than 45 days prior to the renewal date.

viii. Can I change my health plan level or area of cover?

Downgrading or upgrading your plan and options is possible at the renewal date. In the case of upgrading, a new application form including the health declaration must be completed. A change of area of cover is always possible in relation to the country of expatriation by submission of the application form without a health declaration.

ix. How can I pay my premium?

Premiums are payable annually in advance, usually by bank transfer. Semi-annually and quarterly payments are also available, an administration fee may apply. If you would like to pay online, please let your advisor know.

x. 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 in-patient, out-patient 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.

xi. What is co-insurance?

Co-insurance (expressed as a percentage) is an additional portion of medical expenses for out-patient benefits for which you may be responsible.

xii. When can family members be added to the plan?

Addition of a spouse or partner is possible, provided that the relevant application form including the health declaration is submitted within two months after becoming eligible for the insurance. Addition of a newborn is possible, provided that the application form without health declaration is submitted within 90 days after birth.

Premiums for newborn babies are payable from the date of birth.
A health declaration must be submitted when the newborn is declared more than 90 days after birth and/or the birth parent has been insured with us for less than 10 continuous months.
Adopted children may also be included in the plan, subject to full medical underwriting.

What is covered?

xiii. Am I covered for in-patient treatment?

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

xiv. What is the difference between an out-patient, a day-patient and an in-patient?

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 in-patient is a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.
An out-patient is a patient who attends a hospital, consulting room or an out-patient clinic and is not admitted as a day-patient or an in-patient.

xv. Are alternative therapies covered?

Yes, GHI plans offer a wide range of complementary and alternative therapies as standard. These include Traditional Chinese Medicine, chiropractic treatment, osteopathy, acupuncture, and homeopathy provided by the medical practitioners 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 medical practitioner.

xvi. Are complications of pregnancy covered?

The following complications of pregnancy are covered in the same way as any other medical condition, and the sub-limits for maternity benefits do not

apply. These are the examples of the treatments of complications which are insured at 100%:
• miscarriage;
• stillbirth;
• abnormal cell growth in the womb;
• ectopic pregnancy;
• post-partum haemorrhage;
• retained placental membrane.
Complications of pregnancy are subject to the waiting period for all medical expenses related to the benefits block "Parent and baby care", unless otherwise specifically outlined in the Certificate of Insurance.

xvii. Are pregnancy and child-delivery expenses covered?

Yes, these are covered under the PRIME and the EXCLUSIVE plans. There is a 10 month waiting period for all medical expenses related to the benefits block "Parent and baby care", meaning that only expenses incurred as from the 11th month after acceptance into the insurance plan are eligible for reimbursement (unless otherwise specifically outlined in the Certificate of Insurance).

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

Your insurance takes effect on the day following your acceptance or on the date chosen by you. 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 there is a waiting period of 10 months;
• for dental, including orthodontic treatment and dental prostheses, you have a waiting period starting from 3 months.

xix. Am I insured if I stay outside of my country of residence (country of expatriation)?

Yes, you are covered worldwide for emergencies (with a maximum of 90 days per period of cover outside the selected area of cover). You can receive elective treatments indicated by your plan in your selected area of cover.

xx. Will I be covered for any chronic conditions?

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

xxi. Are pre-existing conditions covered?

Your cover for treatment of conditions you were aware of or had already had when you joined depends on what you told us about your medical history when applying with us.
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 to assess your health history and determine optimal terms of inclusion (any agreed specific terms will be clearly detailed on your Certificate of Insurance);
• Continued personal medical exclusions (CPME Transfer) – we take over the same conditions granted by your previous insurer.

xxii. Are preventive care benefits included in my plan?

GHI EXCELLENT, GHI PRIME and GHI EXCLUSIVE plans have preventive care benefits (no waiting period applies) like:
• child and adolescence wellbeing;
• 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 (women aged over 35),
- one PSA-test every 2 years (men aged over 50) and additional preventive screenings.
For details, please refer to the Table of Benefits in the Membership Guide.

xxiii. 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 insurance plan, the anticipated cost of healthcare and your required contribution, please contact us.

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

Your insurance 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?

xxv. 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, we will reimburse costs of covered expenses or we can suggest an alternative and make an appointment for you if you wish.

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

Whenever possible, in-patient treatment and other major medical expenses will be settled directly with the hospital or provider. 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.

xxvii. 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.

xxviii. 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 Guide 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 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 declined or subject to a reduction in benefits of up to 50%.

xxix. 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.

xxx. How do I claim?

Claims should be submitted as soon as possible. Eligible claims are typically processed and reimbursed within 2 business days.

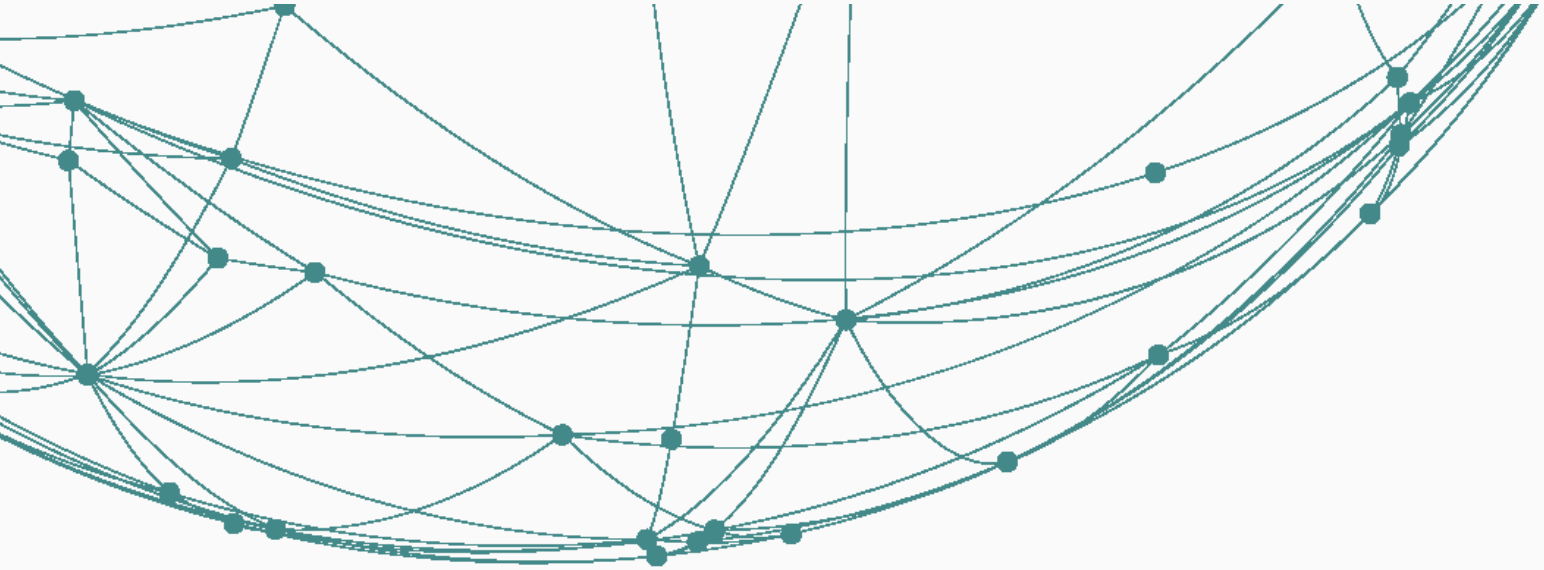
Notes

Securing Your Health, Today and Tomorrow

Take the next step toward comprehensive health cover and total peace of mind.

Your dedicated advisor remains at your disposal to answer any questions regarding GHI Global Healthcare Solutions.





GHI GENERAL HEALTH INTERNATIONAL

GHI – General Health International
(Insurance Underwriting Brokerage Services) Ltd

c/o ASN, Advisory Services Network AG
P.O. Box 1575
8027 Zurich,
Switzerland

+41 43 399 89 89

info@ghi.care

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