



CITIZENS INSURANCE

Short Term Medical Plan

Policy Conditions

Content

	Pages
1. Definitions	3-4
2. Contract of Insurance	4
3. Eligibility	4
4. Extent of cover	4
5. Benefits	4-5
6. Exclusions	5-6
7. General provisions	6-8

Short Term Medical Plan

Definitions;

Company / insurer	Netherlands Antilles & Aruba Insurance Company N.V.
Policyholder	The insured named as such in the policy.
Insured	Any person named in de policy or in the schedule or the list attached to this policy.
Accident	With an accident shall be understood a sudden external involuntary violent impact on the body of the insured.
Adult	Insured person between the age of 13 and 65 years.
Child	Insured person between the age of 0 and 12 years.
Ailment / Sickness	Illness or disease which first manifests itself while this policy is in force. It includes all bodily disorders complications and accidental bodily injuries. All bodily injuries sustained in a single accident, or all illnesses which are due to the same or related cause or causes shall be deemed one ailment.
Certificate / Policy	The document issued by the company which provides evidence of benefits payable under the policy and which includes the application form
Dependent	The insured persons spouse unless legally separated from such a person and or the insured persons unmarried children, older than one month and younger than 18 years of age.
Insured term	The term stated in the policy. Coverage beginning on the policies effective date at 00.00 am local time and automatically ending at the end of the insured term at 12.00. No automatic renewal with the short term medical plan.
Excess / deductible	If applicable, the excess / deductible is the amount shown on the policy that must be paid each year before a benefit becomes payable for that policy year. The insured must pay the deductible in full.
Hospital	An institution for nursing and treating the sick that has been recognized as a hospital by the competent government agencies but excluding rest homes, convalescent homes and nursing homes.
In-patient	A member who is an overnight patient of a hospital, using and being charged for room and board, and as long on medical grounds, nursing, examination and treatment can only be offered in a hospital.
Maximum amount	The maximum amount paid by the insurer.
Medicine / drugs	<p>A medicine that is sold in accordance with the Aruba Laws and that has been supplied by a drugstore or a dispensing physician established in Aruba by order of the family doctor or specialist.</p> <p>Not covered; Medications that are obtainable over the counter, also if these medications have been prescribed, are not covered. Fe. Alternative medications, fortification drugs, foodstuff, weight loss products, tonics, healing wines, tear products, vitamins, band aids and bandages, cough mixtures, cold tablets, anti-histamine not requiring prescription, laxatives, contraceptives, homeopathic medicines or herbs, cosmetics, aspirins, libido and sexual stimulants.</p>

Short Term Medical Plan

Medical necessary	A service or supply which is necessary and appropriate for the diagnoses or treatment of an illness or injury based on generally accepted current medical practice as determined by the company's medical advisor.
Out-patient	A member who receives treatment or surgery for an illness or injury and that does not require overnight stay in a hospital.
Period of confinement	One or more separate or combined periods of confinement in a hospital for the same or related causes not separated by a period of maximum 3 months.
Physician	A family practitioner of healing arts other than you or a member of your immediate family. Such physician must be licensed by the government of Aruba.
Specialist	A physician established in Aruba who is specialized in a certain branch of medicine by means of training received, because of which the necessary acknowledgements have been obtained and who is registered in the registers of physician at the government agencies
Short Term Medical Plan schedule	Part of the policy which mentions the coverages and limits as per insured plan, referred to as schedule.

2. Contract of Insurance

Unless agreed otherwise, the Health Declaration Form with the information in it will apply, whether or not self-written, supplied by the insured, and also possible written data, and if medical examination has taken place, the data supplied by the insured as a basis for this insurance and are considered to constitute the entire contract of insurance.

The company does not owe any reimbursement of costs and is authorized to terminate the insurance at a point in time to be determined if the information on the application form or separate data were contrary to the truth or if circumstance were concealed which are of such nature that the insurance would not have been affected or not under the same condition if the company had knowledge of such.

3. Eligibility

This policy can only be issued to residents of Aruba, included persons applying for a legal permit. The maximum age for coverage under this policy is 65 years of age. The policy shall automatically terminate upon the policy anniversary on which the insured has reached age 66 years of age.

4. Extent of cover

For any insured mentioned in this policy the company will reimburse eligible expenses incurred while the insurance is in effect. With the due observance of what is determined elsewhere in this policy, reimbursement of the expenses will be granted up to a maximum of the amount that is due according to the rates mentioned in the Short Term Medical Plan schedule.

5. Benefits

a. Hospital Room & Board

The hospital room & board expenses during a period of in-patient hospital confinement and up to the maximum number of days per ailment mentioned in the schedule.

With respect to any such expenses incurred for hospital room and board on any one day of such hospital confinement, such payment shall not exceed the maximum daily benefit as stated in the schedule.

With respect to any one period of such hospital confinement, such maximum daily benefits shall not be payable for a period in excess of the number of days states as maximum number of days in the schedule.

b. Hospital Special Services

If a person, as a result of an injury or an ailment, incurs expenses for treatment inside a hospital, these expenses will be paid in accordance with the limits stated in the schedule.

c. Emergency Accident & Out Patient

For services in connection with emergency medical treatment (1e hulp) in the hospital. Because of a sudden accidental bodily injury, or acute illness, the amount of charges actually made in connection with such treatment, with a maximum amount stated in the schedule

d. Surgical Benefits

Expenses for surgical operations performed by a legally qualified and approved surgeon, never more than the limits stated in the schedule.

e. Intensive and Medium Care Benefits

If a person has been confined to the intensive or medium care unit, as a result of a critical ailment, the company will pay the expenses incurred up to the maximum number of days as stated in the schedule.

f. Referred Specialist Consultations

Expenses related to a visit to the specialist, to whom the insured has been referred to by his/her attending physician, but never more than the limits per visit and number of visits per ailment as stated in the schedule.

g. Out of Hospital Doctors Visit

Consultation fees for visits to the physician's office. No more than the limit per visit and the number of visits per insured period. Only one visit per day.

h. Prescribe Drugs out of Hospital

Medicine, prepared by a registered pharmacist in accordance with a prescription issued by the insured's physician or specialist while the insured in not hospitalized, up to the limits stated in the schedule.

i. Diagnostic X Ray and Laboratory Expenses

Expenses incurred for diagnostic X Ray examinations or any microscopic or other laboratory tests and or analysis. Such examinations are made or recommended by a licensed physician or specialist while the insured is not confined in a hospital, the company will reimburse for such an expense up to the maximum per ailment as stated in the schedule.

6.Exclusions

a. There shall be no reimbursement for conditions, illnesses or injury, which already existed or was foreseeable prior to applying for the insurance. Non-disclosure of any pre-existing condition may render this insurance null and void.

b. Costs caused by or arisen from armed conflict, civil war, rebellion, riots and mutiny.

c. Self-inflicted injury or ailment caused by a deliberate act.

d. If and insofar insured costs can be claimed with any other insurance

e. For the cost of normal or prosthetic dental care, costs of cell therapy, vaccination, precautionary injections, immunizations, cost of weight loss, slimming, diet and detoxification cures, sunlamp treatments, ultrasonic treatments, acupuncture, massage, chiropractic treatment, orthopedic treatment, sterilization and non- medical necessary abortion.

Short Term Medical Plan

- f. For dental implants and the costs related to inserting them into the jaw as well as all other dental procedures that are not resulting from an accident or acute illness.
- g. Treatment of nervous or mental disorders including expenses of a psychologist or psychiatrist
- h. Treatment of chronic alcoholism or drug addiction.
- i. For cosmetic surgery, unless it is a matter of mutilation resulting from an accident or acute illness.
- j. Artificial means such as prosthesis or aids.
- k. Preventive treatments, screenings and alternative medicines.
- l. Rest cures, sanatorium or custodial care.
- m. Non-specific anemia
- n. Treatment of allergies
- o. Fertility treatments or undoing of sterilization.
- p. Any drug or treatment sexually related
- r. Over the counter or non-prescription medicines

7. General Provisions

A) Obligations

The Policyholder, respectively the insured, is obliged to see to it;

1. That written notice of claim be given to the company as soon as is reasonably possible.
2. That the claim forms furnished by the company are duly completed and signed by the insured.
3. That only original invoices are submitted of which date shall not be older thanmonths.
4. That all submitted invoices have been specified in such manner on the claim form that without further inquiry it can be concluded to what reimbursement the company is obliged.
5. A separate claim form must be submitted for each ailment.
6. That, if requested, cooperation will be given to the company, its medical advisor or those who are in charge of the control in order to get all the information desired.
7. That any change in the composition of the family and any other change that influences the rights and obligations, pursuant to contract of insurance concluded, shall be reported in writing to the company as soon as possible.

B) Pre-approval

The following expenses must always be pre-approved by the company prior to commencing treatment;

- In patient care
- Surgery or surgical procedure
- Medical equipment
- CAT scan
- Magnetic Resonance Imaging (MRI)
- Transplants

To comply with the pre-approval requirements, the insured must;

- Contact the company as soon as possible, before the expense is to be incurred
- Comply with the instructions of the company and submit any information or documents they require; and notify all physicians, hospitals and other providers that this insurance contains pre-approval requirements and ask them to fully cooperate with the company.

Short Term Medical Plan

If the insured complies with all the pre-approval requirements, and the expenses are pre-approved, the company will pay eligible medical expenses, subject to all terms, conditions, provisions and exclusions herein. If the insured does not comply with the pre-approval requirements, or if the expenses are not pre-approved, reimbursement of eligible medical expenses may be denied or reduced by 50%.

Emergency pre-approval

- In the event of an emergency hospital admission, pre-approval must be made within 48 hours after the admission, or as soon as reasonably possible.
- Concurrent review; for inpatient stays of any kind, the company will pre-approve a limited number of days of confinement. Additional days of in-patient confinement may later be pre-approved if the insured receives prior approval.

Contract Changes

This policy, including endorsements and attached papers, if any, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by the company and unless such approval be endorsed hereon or attached to. No agent nor broker has authority to change this policy or to waive any of its provisions.

Premium

- For each insured term the policyholder shall pay the premium and the costs in advance.

Changes in premiums and or conditions

- The company has the right to change the premium and or the conditions. The policyholder has the right to not agree to those changes.
- If the policyholder does not agree and informs the company in writing, the insurance shall terminate as of the date of change. If the company has not received any notification of the policyholder, the insurance shall be continued on the new terms and conditions.

Automatic termination

The policy will terminate automatically at the end of the insured term and no renewal is possible.

Subrogation

Insured will cooperate with the company in the prosecution of any and all valid claims they may have against third parties arising out of any occurrence which result in a loss payment by the company and to the account for any amounts recovered on the basis that the company shall be entitled to recover first in full any sums paid by them before the insured shares in any amount so recovered. Should the insured fail to prosecute any valid claims against third parties and the company thereupon become liable to make payment under this insurance, then the company shall be subrogated to all rights of the insured. Any amount recovered by the company shall be used to pay expenses of the collection and reimbursement of the company for any amount that it may have paid or become liable to pay under this insurance. Any remaining amounts shall be paid to the insured.

Other insurance

The company shall not pay any claim if there is other insurance which would, or would but for existence of this insurance, pay such a claim. This insurance will apply for expenses in excess of the amount paid or payable under such other insurance.

Misrepresentation and fraud

Application

The company relies on the statements made by the insured on the application whether or not the insured meets the eligibility requirements and the underwriting requirements of the insurance. Any misstatement, concealment or fraud in the insured application, or in relation to any statement or warranty made by the insured or its representative, whether in writing or otherwise, to the company or their representatives, on or in connection with the application shall render this insurance null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to the company.

Claims

The company relies on the statements made by the insured on the claim form and in connection with the submission of any claim hereunder in determining whether or not and to what extent benefits under this insurance may be payable. Any misstatement or concealment in making of any claim hereunder shall render this insurance null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to the company. If any claim under this insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by the insured or anyone acting on behalf of the insured, this insurance shall be null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies to the company.

Refunds

No refunds will be given.