

EXPATRIATE HEALTH INSURANCE POLICY

THE POLICY HOLDER, by a proposal and declaration, has applied to SOLARELLE INSURANCE PRIVATE LIMITED (hereinafter called the Company) for the Insurance contained in this Policy and Policy schedule and Endorsements incorporated herein, and has paid or agreed to pay the Premium as consideration for such insurance.

SOLARELLE INSURANCE PRIVATE LIMITED, subject to the terms, conditions, limitations, exclusions and definitions, contained in this Policy, Policy schedule and any Endorsements herein, will indemnify the Policy Holder during the Period of Insurance for the Medical expenses incurred in the manner and to the extent hereinafter provided. The proposal and declaration made by the Policy Holder and this Policy, Policy schedule and any Endorsements incorporated herein or thereafter and issued by SOLARELLE INSURANCE PRIVATE LIMITED, shall be read jointly as one insurance document and shall form the basis of this contract.

You are recommended to examine your policy to ensure that it has been prepared in accordance with your requirements.

DESCRIPTION OF COVER

All covers described in this Policy are applicable within the geographical limits of Republic of Maldives.

This Policy reimburses the Medical and/or Surgical and Hospital Expenses, incurred by any Life Insured, in a Hospital or a Private Registered Nursing Home, as a result of:

- (a) Sustaining Accidental Bodily Injury
- (b) Any Sickness or Illness contracted after the commencement of the Policy.
- (c) Any Surgery which is not specifically excluded.

The amount payable will not exceed the actual costs of medical expenses and the maximum liability of the Company shall not exceed the limits of cover less any Co-Pay that has to be borne by the Insured as stated in the schedule attached hereto. The limits of cover and the Co-Pay are shown in the benefits Schedule.

Benefit Schedule

Overall Annual Limit (Per Person)	MVR 100,000.00
In-Patient Benefits	
Daily Ward and Boarding Charges at Medical Facility (Excluding Private Room charges) - Limited to MVR 200.00 per day.	Maximum of 30 days
Doctor's, Surgeon's and Anesthetists' charges, Radiologist's fees, Special Consultant's charges, House officer's charges and Assistant Doctor's charges.	Up to the Overall Limit
Operation Theatre charges, Hospital Supplies and Service, Medicines, Laboratory Charges and Bills, Ambulance fee, pre-hospital diagnostic services, pre-hospital specialist treatment (within 31 days from discharge) and any other expenses related to medical treatment.	Up to the Overall Limit
Outpatient Benefits: (Medical expenses other than In-Patient) -Pharmacy bills & any prescribed medical bills.	MVR 2,000.00
Repatriation of Mortal Remains/ Burial in Maldives	Up to the Overall Limit
Additional Benefits: COVID19 hospital benefits as an In-patient (excluding PCR Test)	Up to the Overall Limit
Co-Pay – Government Hospitals & Health Centers:	
OPD Claims: 5% On each and every claim	
IPD Claims: Nil	
Co-Pay – Other Hospitals & Clinics:	
OPD & IPD Claims: 15% On each and every claim	

Inpatient Benefits

- (1) Admission Fees
- (2) Daily Ward and Boarding Charges - MVR 200.00 per day up to a maximum of 30days
Intensive Care Unit charges up to a maximum of 30 days provided the Doctor in attendance has recommended that the patient should be confined to an Intensive Care Unit.
- (3) Doctor's, Surgeon's and Anesthetists' charges, Radiologist's fees, Special Consultant's charges, House officer's charges and Assistant Doctor's charges up to and within overall limit.
- (4) Operation Theatre charges, Hospital Supplies and Service, Medicines, Laboratory Charges and Bills, Ambulance fee, pre-hospital diagnostic services, pre-hospital specialist consultation, post hospitalization treatment (within 31 days from discharge) and any other expenses related to medical treatment up to and within overall limit.

Outpatient Benefits

Medical expenses other than In-Patient treatments and/or Pharmacy bills & any prescribed medical bills, excluding Consultation Fees

Repatriation of Mortal Remains/ Burial in Maldives.

When the loss of life of an insured person as a result of covered sickness/illness or injury, policy will indemnify for the preparation and the transportation of the mortal remains of the assured from the place of death to the country of permanent residence, or for the preparation and local burial of the mortal remains of an insured person up to limit stipulated in the schedule.

Additional Benefit(s)

In-patient medical treatments related to COVID19 excluding PCR Test up to and within overall limit.

EXCLUSIONS

Unless specifically included in the Policy schedule or by an endorsement the Company shall not extend the Policy to provide benefit for expenses incurred for any disability:

1. As a result of an injury sustained or a sickness contracted outside the Geographical limits of Republic of Maldives.
2. Occasioned by or happening through: War, Invasion, Act of Foreign Enemies, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Conspiracy Military or Usurped Power, Mutiny, Direct participation in Strikes or Riots
3. Arising as a result of AIDS (Acquired Immune Deficiency Syndrome) and ARC (Aides Related Complex) or any type of Venereal Disease.
4. Arising as a result of Medical treatment obtained for which payment is not required OR to the extent which another Insurer is liable to make payment.
5. Arising as a result of Cosmetic Surgery, Cosmetic Treatment, Eye Glasses, Lens Implants and Hearing Aids except necessitated by injuries occurring wholly during the Period of Insurance.
6. Arising as a result of an injury or disease arising out of consumption of Alcohol or Narcotics or similar drugs or agents.
7. Congenital Conditions.
8. Mechanical or Chemical contraceptive methods of Birth Control or treatment pertaining to Infertility/Sub Fertility & Abortion.
9. Professional Fees charged by a member of the Insured's immediate family or by a person normally resident in the household of the Insured.
10. Psychotic, Mental or Nervous disorders leading to Insanity.
11. Routine physical examinations, health check-ups or tests not incidental to treatment or diagnosis of a covered disability, or any treatment which is not medically necessary.
12. Services of a non-medical nature provided by a Hospital such as television, telephones, telex services, radios and other similar facilities.
13. Sickness or injury arising from Hunting, Racing of any kind, Water skiing, mountaineering, underwater activities requiring breathing apparatus and illegal activities.
14. Suicide, attempted suicide or intentionally self-inflicted injuries.
15. A Life insured suffering from any Physical Defect of Infirmity that existed prior to enrolment under the Policy unless notice is given to and accepted by the Company.

16. Eye Tests, Cost of Spectacles or Lenses, Dental care, dental diseases and its related treatment.
17. and all complications arising therefrom
18. Medical Expenses from any country other than Maldives
19. Private room accommodation in the hospital

DEFINITIONS

RELATING TO CONTRACTUAL DETAILS

Policy Holder - Shall mean a Person or Corporate Body in whose name the Policy has been issued in respect of cover for persons specifically identified as Insured Persons or Lives insured.

Name of Insured or Lives Insured - Shall mean those persons, whose names appear. on the Policy Schedule.

Policy year - Shall mean, a period of 365 days including the date of commencement of the Policy or the one-year period following the renewal of the Policy.

Renewal or Renewed Policy - Shall mean a policy that has been renewed within 7 days from the date of expiry of the preceding policy year.

Per Event - Shall mean expenses incurred per hospitalization or per Sickness/ Illness/ Accident. Recurrent attacks of symptoms arising out of the same condition shall be considered as one accident or one Sickness / Illness as the case may be.

RELATING TO INSURANCE COVER

ACCIDENT - Shall mean any event of Violent, Accidental, External and Visible means which shall independently of any other cause be the sole cause of bodily injury.

CONGENITAL CONDITIONS - Shall mean known medical abnormalities existing at the time of birth, as well as neonatal physical abnormalities developing within 6 months of birth. They will include Hernias of all types and epilepsy, except when caused by an Accidental Injury which had occurred after the date that the Insured was continuously covered under the policy

CO-PAY - Shall mean, the portion of the claim that has to be borne by the Insured for each and every disability that occurs within a policy year.

DISABILITY - Shall mean a sickness, Illness and/ or injuries arising out of a single or continuous series of Accidents.

HOSPITALISATION - Shall mean a continuous stay in a Hospital for at least 3 hours for medically necessary treatment for a covered disability, except for a surgery where the 3 hours' period is waived off.

INJURY - Shall mean bodily damage caused solely by an Accident.

INTENSIVE CARE UNIT- Shall mean that part of a Hospital/Nursing Home, permanently reserved for the confinement of the critically ill, who need constant audio and visual observation.

MEDICALLY NECESSARY - Shall mean a medical service which is consistent with the Diagnosis and customary medical treatment for a covered disability; in accordance with standards of good medical practice; or for the convenience of the Insured or the Physician, and for which the charges are fair and reasonable for the disability.

PRE-EXISTING CONDITIONS - Shall mean those disabilities that existed, before the date the Insured was continuously covered under this policy, and for which the Insured:

- a) received medical treatment during the 3 year period prior to the commencement of this policy and
- b) Showed/was aware or should have reasonably been aware of the symptoms of the conditions, on or before the date of commencement of the policy.

SICKNESS, DISEASE OR ILLNESS - Shall mean a physical condition marked by a Pathological deviation from the normal healthy state.

RELATING TO MEDICAL SUPPLIES

HOSPITAL/ NURSING HOME - Shall mean an establishment duly constituted and registered as a Nursing Home/Hospital for the care and treatment for sick and injured persons as In patients, and which:

- a) has facilities for diagnosis and to perform major surgeries.
- b) provides 24 hours Nursing Service by trained registered Nurses.
- c) is under the supervision of a Physician.
- d) is not a Clinic, a place for Alcoholics or Drug Addicts, a Nursing Rest or Convalescent Home or a Home for the Aged or similar establishment.

PHYSICIAN OR SURGEON - Shall mean only a person qualified by a Degree in Western and duly licensed or registered to practice within the geographical limits of the policy which a service is provided.

PRESCRIBED MEDICINES - Shall mean medicines ordered by a Physician or a Specialist, in respect of treatment needed for a covered disability.

SPECIALIST- Shall mean a Medical or a Dental Practitioner, registered and licensed within the geographical limits of the policy, who is practicing, and classified by the Health Authorities as a person with Superior and Special Expertise in specified fields of Medicine and Dentistry.

CONDITIONS

NOTICE - Written notice shall be given to the Company within 7 working days of the occurrence of the injury or of the commencement of the sickness in respect of which a claim or expenses is to be made.

RECEIPT - No payment in respect of any premium shall be deemed to be payment to the Company unless a printed form of receipt for the same, signed by an Authorized Officer of the Company, shall have been given to the Insured.

CHANGE IN RISK -The Insured Person shall give immediate notice in writing to the Company of any change in his or her occupation, business, duties or pursuits and pay any additional premium that may be required by the Company. Before each renewal of the Policy, the Insured Person must notify the Company in writing of any injury, disease, physical defect or infirmity of which the Insured Person has become aware or been affected

REASONABLE CARE -During the course of the employment of the members insured by him, the Insured shall take reasonable precautions to prevent accidents and shall comply with all statutory obligations relating to such employment.

AGE LIMIT - This policy does not cover any person over the age of 65 years unless:

a. Such person has been continuously covered under the policy prior to completing 65 years.

Or

b. Company has decided to accommodate such person on an enhanced premium with a compulsory excess, which will have to be borne by the Life Insured on each and every claim submitted. The percentage of the Co-Pay will be decided by the Company

ALTERATIONS - No alterations in the terms of this Policy nor any Endorsements hereon shall be considered valid unless same are signed or initialed by an authorized representative of the Company.

EFFECTIVE DATE OF COVER - This Policy shall become effective as of the date stated in the Policy Schedule.

RENEWALS - The Company shall not be bound to:

a) Accept any renewal of this policy.

b) Send any renewal notice of the Renewal Premium becoming due.

The Policy shall not be renewable:

a) If the policy has lapsed for a period of over 7 days.

b) In respect of any Life Insured after the end of the period of insurance during which such Life Insured has attained the age of 65 years.

CERTIFICATION INFORMATION & EVIDENCE -All Certificates, information, medical reports and evidence as required by the Company shall be furnished at the expenses of the Insured and in such a form that the Company may require. All information required should be addressed to the Company. An Insured shall at the Company's request and expense, submit to a medical examination whenever such is deemed necessary.

MIS-STATEMENT OF FACTS - Should any of the significant facts pertinent to the issue of the policy or to the cover therein, be shown to have been misstated in respect of any Life Insured, the liability of the Company to such Life Insured shall be null and void.

INSURANCE WITH OTHER INSURERS - The insured shall inform the Company of any other Medical Insurance cover which is in force during the term of this Policy.

CONTRIBUTION - If at the time of a claim submitted on a member here in insured, there be any other subsisting insurance or insurances, whether effected by the Insured or by any other person or persons, covering the same life, the Company shall not be liable to pay or contribute more than their ratable proportion of such claim

OWNERSHIP OF POLICY - Unless otherwise, expressly provided for by an endorsement in the Policy, the Company shall be entitled to treat the Policy Holder as the Absolute Owner of the Policy. The Company shall not be bound to recognize any equitable or other claim to or interest in the Policy, and the receipt of the Policy or a claim payment by the Policy Holder (or by his legal or authorized representative) alone shall be an effective discharge of all obligations and liabilities of the Company. The Policy holder shall be deemed to be the responsible Principal or agent of the. Persons covered under this Policy.

TERMINATION OF COVER - The cover under this Policy shall terminate at such time the cover elected shall have been exhausted or at midnight on the last day of the Period of Insurance, provided that the Insured is confined to a hospital for a covered disability at the time of such termination, then the time of such termination shall be extended to the time he is discharged from hospital for the said hospitalization.

POLICY, SCHEDULE AND ENDORSEMENTS ARE TO BE READ AS ONE CONTRACT - If a special meaning is attached to any word or expression in this Policy, Schedule or Endorsement it will continue to bear such meaning throughout this contract.

CANCELLATION - This policy may be cancelled unilaterally by the insurer in accordance with the terms of this policy and once this policy is cancelled for any reason what so ever, the premium levied against this policy shall be non-transferable or refundable.

APPLICABLE LAW

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed, determined and enforced in accordance with the law of Maldives and the Maldivian courts shall have exclusive jurisdiction hereto.

ARBITRATION - All differences arising out of this Policy shall be referred to the decision of an arbitrator to be appointed in writing by the parties in difference, or, if, they cannot agree upon a single arbitrator, to the decision of two disinterested persons as arbitrators, of whom one shall be appointed in writing by each of the parties within one calendar month after having been required so to do in writing by the other party, in case either party shall refuse or fail to appoint an arbitrator within one calendar month after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint a sole arbitrator and in case of disagreement between the arbitrators, the difference shall be referred to the decision of an umpire who shall have been appointed by them in writing before entering on the reference and who shall sit with the arbitrators and preside at their meeting. The death of any party shall not revoke or affect the authority or powers of the arbitrator, arbitrators or umpire respectively and in the event of the death of an. Arbitrator or umpire, another shall in each case be appointed in his stead by the, party or arbitrators (as the case may be) by whom the arbitrator or umpire so dying was appointed. The costs of the reference and of the award shall be at the discretion of the arbitrator, arbitrators or umpire making the award and it is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator, arbitrators or umpire shall be first obtained. If the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been referred to arbitration under the provisions herein contained, then the claims shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

OBSERVANCE OF TERMS AND CONDITIONS - The due observance and the fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Insured and each Life Insured is so far as they relate to anything to be done or complied with by the Insured shall be conditions, precedent to any liability of the Company, here under.

INTIMATION & ASSISTANCE

Please contact Solarelle Insurance at least 48 hours prior to an event, which might give rise to a claim for plan hospitalization. For any emergencies, kindly contact Solarelle Insurance within 24 hours of the event.