



INTERNATIONAL HEALTHCARE PROGRAMME

FAQs

INFORMATIVE DOCUMENT

International Healthcare Programme

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Disclaimer - For more detailed information regarding the International Healthcare Programme, please refer to the Handbook. To know more about the illnesses that are covered by the Programme please [click here](#).

What is the difference between this International Healthcare Programme and other types of insurance (health insurance, life insurance, critical illness insurance)?

The International Healthcare Programme (the Programme) provides access to specialists and treatment in medical centers outside your country of residence/employment.

BDU takes care of everything the Insured Member requires to receive treatment outside the country of residence/employment, which normally includes: searching for the best specialist and medical facility; arranging medical appointments; coordinating travel logistics such as transport and accommodation; and handling billing directly with the medical facility.

Why may the Insured Member need the International Healthcare Programme policy?

Treatment for the Covered Illnesses and Medical Procedures covered by this Policy can be very costly if the Insured Member requires treatment with the best specialist/international healthcare facility outside the country of residence/employment.

In the event that the Insured Member requires treatment for any of the Covered Illnesses or Medical Procedures he/she may only be able to consider options within his/her economic reach. This Policy extends that reach to access the best international medical care and treatment.

What is the value of the Programme for employees?

The main value of this Programme is to access the best international medical care and treatment in the case of serious illness, and to ensure all the operative issues, travel costs and allowances are covered in advance for you and a companion.

Who can join the Programme?

All employees, under an open-ended employment relationship with one of Intesa Sanpaolo's entities covered by this Programme.

How is it possible for the specialist to give a second medical opinion without seeing the patient?

The medical information and tests results are analyzed as requested by the Programme medical team, whose job it is to verify that these are relevant and of sufficient detail so that the specialist may analyze them without needing to see the Insured Member.

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If my specialist is abroad, how do we communicate?

The Insured Member does not need to communicate directly with the international specialist. The Programme team takes care of everything necessary for the second medical opinion process.

The Case Manager assigned to the case will be the Insured Member's main point of contact. He or she will explain the different steps involved in the process, as well as the findings from the Best Doctors® InterConsultation® report, which will be translated into your language.

How long will the Programme take in providing a second medical opinion to the patient?

The maximum response time for the evaluation of the medical information available and the delivery of the expert second opinion report is 10-15 working days after the collection of the member's medical records.

How does the Programme team choose the most suitable specialist for analyzing each case?

The Programme works with a database of more than 50,000 international experts, considered by their professional peers to be the best in their specialty. Detailed analysis of the available medical information allows them to determine the most appropriate specialist for each case, according to his/her expertise and professional experience.

Experts are selected via an on-going peer nominated methodology that enables Best Doctors to build a respected and unique network of specialists who are internationally recognized as the best in their field.

During the InterConsultation® process will the Insured Member have a face-to-face consultation with the international specialist?

The InterConsultation® process does not include face-to-face consultations with the recommended specialist before the start of the treatment. BDU's sound experience with Best Doctors' solutions is the best guarantee when it comes to choosing the most appropriate specialist for each case.

How is the most suitable option for treatment abroad defined?

BDU's wide experience as a medical services provider allows them to identify the best international specialists and medical facilities. BDU will provide a minimum of 3 options for receiving the treatment recommended by the international specialist, and will help you to choose the most suitable one.

If an Insured Member has been diagnosed with a serious illness, how will he or she know which option to receive treatment abroad is the best?

When an Insured Member who is facing a serious illness contacts our [call center](#), the first step is to perform an InterConsultation®, the expert second medical opinion service provided by the Programme.

The international specialist chosen to review and confirm the diagnosis will recommend the most suitable treatment. BDU then offers the Insured Member various international facilities outside the country of residence/employment considered to be the best options for receiving the recommended treatment.

If the specialist is based in the country of residence/employment of the Insured Member, would he/she be able to receive treatment locally?

No, the Programme exclusively covers treatment outside the country of residence/employment.

Are the sums insured sufficient for treatment abroad?

This insurance has been designed for treatment in prestigious international facilities, without compromising quality. The sums are based on BDU's wide experience as a medical services provider and expertise in the insurance sector.

What if a Visa is required to travel to another country, will BDU provide support?

Yes, the Case Manager will direct the Insured Member towards an organization that can provide you with all the assistance needed to organize a visa. The Programme will cover all the costs involved. In the event that a visa cannot be obtained for a particular destination, other alternative options for treatment will be offered.

What will happen if a medical follow up or additional treatments are necessary?

Follow-up or additional treatments can be arranged, provided that the treatments are covered by the Programme and are within the established limits:

- 500,000 EURO / insurance year per Insured Member; and
 - 1,000,000 EURO / lifetime limit (assuming the Policy is renewed).
- There is no limit on the number of treatments received, nor on the number of days spent in hospital.

In the case of Organ Transplants, can the International Healthcare Programme facilitate priority for their patients in the waiting list of organ recipients?

It needs to be considered that only Live Donor Transplants are covered by the Policy.

Regarding Bone Marrow Transplants there is a worldwide database of tested potential donors.

In the case of kidney, pulmonary lobe, segment of liver or section of pancreas transplants the most likely scenario points to donors being close relatives to the organ recipient, due to the desired genetic and histologic compatibility that increases the probability of organ acceptance.

In any case, the Case Manager will assist in the testing and investigation process of potential donors.

Why are Cadaveric Organ Donor Transplants not covered by the Programme?

There is a very good reason for this limitation. Sourcing dead donor organs privately in Europe is largely prohibited and can only be done through the respective public healthcare system, while in the USA it requires being a US resident for more than two years and the immediate availability of a recipient. Given these circumstances, it is not possible to provide full coverage under the policy.

Are Prosthesis covered?

Any type of Prosthesis or orthopedic appliances, corsets, bandages, crutches, artificial members or organs, wigs (even where their use is considered necessary during chemotherapy treatment), orthopedic footwear, trusses and other similar equipment or items, are not covered by the Programme.

Please note however that breast prostheses, as a result of mastectomy Surgery, and prosthetic heart valves are in fact covered by the Policy, but only when they are needed as a result of Surgery arranged and paid for under this Policy.

What is considered a Prosthesis in this Programme?

The definition of Prosthesis, as included in our Policy Terms, refers to any device which replaces all or part of an organ or replaces all or part of the function of an inoperative or malfunctioning part of the body.

Are bone insertions, or skin/muscle tissue insertions considered Prosthesis?

No, they cannot be considered Prosthesis based on our approved definition and will not be covered.

In the event of needing Heart Valve Replacement Surgery, is the cost of the heart valve Prosthesis covered?

Yes. As a general rule the cost of Prosthesis are not covered by the Policy, but heart valve Prosthesis are covered in the Medical Procedure of Heart Valve Replacement mentioned in the Policy Terms.

After having received treatment outside the country of residence/employment is the cost of pharmaceutical products and medicines required in the post-care or post-operative treatment of the illness covered if purchased in the country of residence/employment?

Yes, Medication purchased in the country of residence/employment, which had been recommended through BDU by the international Doctor(s) that treated the Insured Member, as necessary for on-going treatment, are covered within a limit of 50,000 Euro per Insured Member.

In the event of needing previous examinations or Doctors consultations required for the approved procedure or Surgery, are these examinations or consultations covered?

Yes, provided these have been properly notified to the Insurance Company and have been approved and noted accordingly in the Preliminary Medical Certificate issued by BDU during the claims process.

What happens if an Insured Member needs to be treated more than once in a year for the same or different illnesses covered? Are these successive treatments covered?

Yes. The coverage yearly limits are calculated on the basis of "insurance years", counting from the Commencement Date of Policy cover, and not on the basis of financial or calendar years.

Within these Policy yearly limits it is irrelevant if the medical expenses are in relation to the same or different Covered Illnesses and Medical Procedures, provided these treatments are approved and noted accordingly in the Preliminary Medical Certificate.

If the Insured Member cannot travel outside the country of residence/employment due to his/her state of health, and this fact is confirmed by BDU, are there any other options for treatment covered by the Programme?

No. If the Insured Member cannot travel outside the country of residence/employment to receive treatment he/she will not be able to receive the benefits of the Programme.

If a complication (not covered by the Programme) occurs during Surgery (as part of covered treatment), which must be immediately addressed with a medical procedure initially not covered under the policy, will this procedure be covered?

If while performing Surgery for a Covered Illness or Medical Procedure, complications which are Medically Necessary to be addressed, appear, these will be considered part of the initial medical procedure and therefore covered under the Policy.

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Will someone help an Insured Member with translation while receiving treatment abroad?

Yes, the Programme will provide medical translation support while you are in the hospital. We will not provide however any interpreter or translation support for non-medical related needs.

Are there any restrictions on who the patient can choose as his/her companion?

No. However, it is highly recommended to choose a companion that could be in a position to make decisions on behalf of the Insured Member receiving treatment in the event that the serious evolution of the treatment does not allow the Insured Member to make these decisions for himself/herself.

In the case an Insured Member needs a transplant, do the travel and accommodation limits cover for the donor?

Yes, in case an Insured Member needs a transplant procedure, travel and accommodation expenses for the donor will be covered. Please note that the Insured Member, companion and donor travel and accommodation expenses will be covered but form part of the total sum insured limits of the Policy.



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