

FAQ**Case studies****Sign up**

Frequently Asked Questions

▲ Can you walk me through how this insurance works?

First, you will arrange treatment or doctor's appointments with your preferred doctor or clinic. For all treatments and visits under \$250 USD, you will pay your provider directly after the treatment or visit. Before you leave the office, please collect medical notes detailing what the treatment was for and the date you received treatment.

You will also need to request an invoice or receipt for the amount paid. Then you will log onto your SafetyWing online dashboard, click "make a claim," and fill out the form. It will only take you a few minutes.

The form will ask you for details of why you needed the treatment, what the treatment was, your medical notes and receipts, and your banking information for reimbursement.

Reimbursements should take 21 days or less.

For any treatment over \$250 USD or pre-planned costly procedures, you can contact us and request pre-approval and direct billing.

To do so, submit a treatment plan, medical notes, and estimated costs using [this form](#). The information will go directly to our medical team to get the claim pre-approved and direct payment arranged with your provider. Whenever possible, please start this

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▲ **Is a 'gap cover' applicable to these plans, or will that be dependent on the gap cover provider?**

This would be dependent on the gap cover provider. On the Remote Health plan, any expensive treatments or visits can be pre-approved and have direct billing arranged.

If the charges are outside of what is considered 'reasonable' for the area (UCR), you can choose another provider and we will get pre-approval and direct billing set up with them. Or you can choose to pay the difference in cost, though this is relatively rare.

▲ **Remote Health provides worldwide coverage. Does that include any accidents that may happen during vacations, or are we covered only while in our home country?**

Yes, you are also covered while you travel! Travel can be for any reason, business or pleasure. The only exceptions are Hong Kong, Singapore, and the United States. In those three countries, coverage is limited to 30 days per trip, not to exceed 183 days per year. The coverage is limited to emergency or non-elective coverage only.

There are a few countries where we cannot arrange direct billing for hospital stays. They are listed [here](#).

For all other countries, your full coverage will stay the same.

▲ **Do you do a health checkup prior to the start of the insurance? Do you exclude pre-existing conditions?**

No health checkups are required! We do not exclude pre-existing conditions as long as they are not listed as a general exclusion. So, for example, if you have a pre-existing case of TMJ, it would not be covered only because it is excluded in the overall policy.

▲ **What are the benefit amounts?**

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plan, no co-insurance with other plans).

The following benefits are included only in Premium and Premium Plus Maternity:

- Dental max \$1,500,
- Vision max \$500,
- Screening & vaccines max \$500,
- Maternity max \$7,500.

These amounts are in USD per policy year.

▲ **How do I know when my coverage is active?**

The coverage will start on the date you request in the Activate Member form. After we initiate your policy and create your online SafetyWing dashboard, then you will receive a second email from us letting you know your policy is active!

▲ **Can I travel to Hong Kong and/or Singapore without the add-on?**

Yes! You can travel to Hong Kong and Singapore for up to 30 days and have coverage. It is not possible to add more days, and it is for emergency coverage only (not routine).

▲ **Do I need to notify Remote Health if I need to have surgery?**

All inpatient and outpatient surgeries must be pre-authorized in advance.

If you plan to pay and claim for your surgery, please provide 72 hours notice.

Please provide two weeks' notice if you want Remote Health to pay your provider directly.

FAQ**Case studies****▲ What is the difference between Remote Health and Nomad Insurance?**

The main difference is that Remote Health is comprehensive medical insurance but without non-medical travel benefits. Therefore, it is not a direct alternative.

Remote Health will cover more medical needs than Nomad Insurance, such as elective treatment, pre-existing conditions, cover for cancer treatment, etc. Remote Health has a \$0 deductible and includes added benefits like outpatient, dental, vision, and screenings and vaccines (depending on your plan). It can be used as your primary health insurance and has a maximum coverage limit of \$1.5 million USD.

Remote Health does not have a network! This means that you are free to see any licensed provider or hospital, public or private. We can also provide direct billing when your claim is \$250 USD or more.

Remote Health can also provide you with health coverage while you are travelling outside of your home country.

Nomad Insurance does provide medical and travel benefits. The medical maximum benefit is \$250,000, including a \$250 deductible. You can use this coverage for hospital care, urgent care, and more while you are travelling outside of your home country. Nomad insurance cannot cover cancer treatment or pre-existing disease or illness.

Nomad Insurance also provides travel benefits, such as trip interruption coverage, travel delays, and lost checked luggage.

▲ I noticed that the United States, Hong Kong, and Singapore are outside of the geographical area of coverage. Can I still visit these countries? Will I have any coverage if I need medical attention during my stay?

You can visit the United States, Hong Kong, and Singapore, and be covered for accidents and emergency non-elective treatment.

You're covered up to 100% UCR for injuries up to a maximum of USD \$50,000 and up

FAQ**Case studies****▲ Does the age limit of 74 apply to all plans?**

Yes, the age limit is 74 for all of our plans. However, this only applies to new members –if you are 73 and enrolled in the plan, you will be eligible for coverage for as long as you wish.

▲ Can you cover members in the USA or Canada?

Unfortunately, we currently cannot offer coverage to members who reside in the United States or Canada.

▲ What counts as one's home country?

Your home country is where you plan on spending the most time in the next 12 months.

▲ Can citizens of the United States enroll in Remote Health?

There is a restriction that prevents a US citizen from being eligible for Remote Health if they are a resident of the United States when they apply for coverage. You can view the entire list of countries with restrictions [here](#).

▲ Can you please explain what the 10% outpatient co-insurance means on the Standard Plan?

This is a cost-sharing insurance term. 10% co-insurance means that if you have a \$100 invoice for an outpatient service, you will be responsible for \$10 (10% of the total invoice).

▲ Is there a deductible?

FAQ**Case studies****▲ What does a 5K outpatient limit mean?**

A maximum limit is the maximum amount of money that Remote Health will cover for eligible claims during the policy year (\$5,000 for all outpatient benefits). This amount restarts on the renewal date of your policy.

For example: if your Remote Health policy ends on July 1, 2022, your benefits will renew on August 30, 2023. In other words, when the policy renews, your benefit maximums are reset.

▲ I'm located in Germany, and we are legally obliged to prove that we have health insurance. Do you know if Remote Health qualifies in this case?

This depends on if you're a local German national or an expat.

Remote Health can be bought as a top-up to the local plan if you're a local German national.

Here are some reasons why members use Remote Health as top-up insurance:

- Faster treatment: reduced wait times to get the treatment you need by not joining public waiting lists.
- Freedom to choose the hospital you want: using a public health service can often restrict the hospitals you can visit. Remote Health gives you access to any public or private hospital.
- Eligible for cash payout: get paid up to \$150/night when staying in a free public hospital or when your treatment is covered by different insurance.
- Global coverage: use this coverage wherever you live, move, or work, so if you are a nomad or traveling, you don't need another insurance to cover your medical care.
- A referral from your general practitioner is not required before seeking care with a specialist.

If you're an expat, you may buy this as a primary plan only after the local immigration office approves your visa.

▲ What if I don't have a general practitioner in my country?

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Yes, if Remote Health is considered secondary insurance in your country, the primary insurance would cover first, and Remote Health would work as a top-up.

For any dispute, the insurance company will attempt to solve this with the other insurance company without requiring anything from the member.

▲ Are there any waiting periods?

Remote Health coverage begins the same day as your start date! There are no waiting periods if your plan is provided and **paid for by your employer**.

If **you are paying** for your own plan as an **individual**, there is a 10-month waiting period for maternity benefits and a 36-month period for HIV/AIDS treatment.

▲ Does Remote Health qualify as travel health/emergency insurance when traveling to countries that might require it for entry?

Remote Health is not travel insurance. However, if you are traveling, we can provide you with your certificate of coverage, a benefits letter, and a letter explaining your COVID-19 coverage.

▲ What is a policy year?

The policy year is 364 days, beginning on your policy start date. For example, a policy year could be from May 12, 2022 - May 11, 2023. On the 365th day your policy will renew.

▲ What is a deductible?

The amount of money you have to pay before your insurance benefits start covering your treatment.

Having a \$0 deductible means you don't need to pay anything out of pocket before your insurance kicks in.

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Remote Health is different from a local or state-run insurance, as it is a global insurance plan. We provide members with worldwide coverage where members can go to any clinic or hospital.

In contrast, local plans may be subject to networks and restrictions. You may need to buy separate private insurance for extra benefits, and these plans tend to be inflexible and bureaucratic.

With Remote Health, you can go to any clinic or hospital without worrying about eligibility requirements. Your treatment options remain consistent wherever in the world you travel and in 185+ countries of residence. It can be used as a top-up coverage (e.g., dental, vision) in countries with local insurance requirements and tax considerations. We cannot provide advice on tax implications or visa requirements for every country we operate in.

Remote Health would be treated as a benefit like any other from a company taxation standpoint.

Notable exceptions: In the following countries, local regulations may restrict members from using Remote Health as their primary health insurance. Fortunately, it can still be used as a top-up plan for extra benefits like dental, vision, and maternity care.

- Germany
- Switzerland
- Netherlands
- Australia

▲ What is the company application time frame? How long before a company is signed up?

Once everything is filled out, turned in, and verified, the approval process takes up to a week. During that time, we will introduce you to your account manager, who will create the custom dashboards and set up meetings with your team to show how the system works, confirm that all members are added, and be ready to start using your

FAQ**Case studies****▲ What if I have another insurance?**

You can enroll in Remote Health as a top-up plan.

The advantages of also using Remote Health with another insurance include:

- Faster treatment: reduced wait times to get the treatment you need by not joining public waiting lists.
- Freedom to choose the hospital you want: using a public health service can often restrict the hospitals you can visit. Remote Health gives you access to any public or private hospital.
- Eligible for cash payout: get paid up to \$150/night when staying in a free public hospital or when your treatment is covered by different insurance.
- Global coverage: use this coverage wherever you live, move, or work, so if you are a nomad or traveling, you don't need another insurance to cover your medical care.
- A referral from your general practitioner is not required before seeking care with a specialist.

▲ What are the extra benefits if an employee already has public healthcare in their country of residence?

In countries with public systems (for example, the UK and Norway), SafetyWing has an added advantage: it can be used in addition to a country-specific plan.

SafetyWing's added benefits include visiting any private hospital for the best and quickest service.

If your public healthcare system covers your hospital treatment, you receive a \$150 cash bonus per night in a public hospital in your home country (up to 30 nights).

Your company may also have a private health insurance plan provided by a third-party health insurer.

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▲ **Will the insurance also cover other short-term trips? Should I notify you if I want to use the insurance in a country different from my residence?**

Remote Health will cover short trips! You don't need to notify us if you're traveling to a country different from your residence.

Please note that some countries like the United States, Hong Kong, and Singapore have restricted coverage. This means that you will be covered for up to 30 days for accidental and emergency coverage. The maximum benefit for illness is \$50,000 and \$500 for outpatient.

▲ **What are the perks of purchasing a group plan such as Remote Health?**

Team members' medical history is disregarded. There will not be any questions about pre-existing conditions, and the team members will be covered for pre-existing conditions, provided they are not part of the general policy exclusions. There are no waiting periods.

Note: Our Affinity Plan application includes three simple health questions that form the medical evaluation part of the application process. While we strive to be inclusive, we reserve the right to deny coverage based on the applicant's responses.

▲ **How is Remote Health different from other insurance plans?**

We offer a complete global health plan that allows our members to spend as much time abroad as they please. Our members can have peace of mind while traveling, knowing that their health needs are covered.

Our plan also offers full coverage in the member's home country and no exclusions for pandemics! Regardless of where our members are, we are here to help in any time zone. We offer a fast and easy claims process, and our team is at their service to assist with coverage and claims questions anytime they need help.

FAQ**Case studies****▲ Where can I see a general overview of the Community Plan?**

You can read an overview [here](#).

▲ Are individuals subject to any taxation on their benefits?

With both admitted and non-admitted policies, individuals are potentially subject to tax laws of the resident country on their benefits. The member would deal with this individually, depending on their country.

▲ How you can assist with benefit in-kind, or employee tax reporting requirements?

Currently, we are unable to assist with many major tax questions. We encourage you to seek advice from your accountant or legal counsel.

▲ Do you have a list of countries where employer-funded medical insurance is classed as a taxable benefit, such as benefit in-kind?

Currently, we do not, unfortunately.

▲ Who decides if something is “medically necessary”?

Treatment, medical services, or medical supply is deemed medically necessary by Remote Health in mutual agreement with the member’s provider to diagnose and/or treat an injury or illness.

The following is not considered to be medically necessary: provided as a matter of convenience to the insured or the hospital/physician; not appropriate for the diagnosis or treatment of the condition; exceeds the level of care required for the diagnosis or

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- ▲ **You mentioned this covers us when we travel abroad. Does that include any accidents that may happen during vacations? Or would coverage be limited to work-related events only?**

Yes, you are also covered while you travel! Travel can be for any reason, business or pleasure. The only exception is in Hong Kong, Singapore, and the United States. In those three countries, coverage is limited to 30 days per trip, not to exceed 183 days or half of the year.

The coverage is limited to emergency or non-elective coverage only. There are a few countries where we cannot arrange direct billing for hospital stays. They are listed [here](#).

- ▲ **Are we able to use this as travel health insurance?**

This plan is a global medical insurance: you can carry it with you where you travel, and you'll be covered. We have a separate travel plan called Nomad insurance for things like lost luggage and travel delays.

- ▲ **Are there any countries where coverage is limited or restricted?**

You can view a list of countries with restricted coverage [here](#).

- ▲ **What about travel insurance?**

We also offer a travel medical plan, Nomad Insurance, that can protect your members in emergencies outside of their home country. Nomad Insurance also includes some travel benefits for lost luggage and delays. It can be purchased on a subscription or using fixed dates. Feel free to read more about Nomad Insurance [here](#).

- ▲ **Can I use Remote Health to apply for a Schengen visa?**

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will require a Certificate of Insurance and Insurability letter which we can provide by request to any member with an active Remote Health contract.

▲ How do I sign up?

Once your company adds you to the group plan, you will receive a welcome email from SafetyWing, and the email will contain a link to activate your insurance.

You must activate your coverage **within the first 30 days** of receiving the welcome email. *Delays in creating your member profile could impact your start date of coverage.*

▲ When can I add my family members (dependents)?

We will ask you about your dependents when you activate your insurance after receiving the welcome email. You have 30 days from your start date to add a spouse, partner, or child (biological, step-child, or minor in your home that you have legal guardianship over).


▲ Does the maximum policy benefit of \$1.5M include dependents?

The maximum benefits are not shared amongst the family. Each member will have their own benefits! That means that each member on the plan will have a \$1,500,000 maximum benefit per policy year.

▲ Who can be considered a dependent that I can add to my plan? Are they on the same plan as I am?

Eligible dependents include your spouse, domestic partner (only requirement is you reside in the same home), biological children, legally adopted children, step-children.

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Each family member  will have their own policy, so that the maximum benefit limit applies to each member, not the entire family.

- ▲ **I do not have a passport which is a required field to sign up for SafetyWing. Can I provide an alternative ID?**

You can use a government-issued ID number to enroll.

- ▲ **I used my expired passport to sign up, is it better to replace it with an actual and valid document from my country?**

It is best to provide a valid form (non-expired) form of ID. You can share a government issued ID number. Our customer service specialists can help you change your ID via the live chat on our website.

- ▲ **I'm married, and we have children. My spouse has their own insurance coverage, but I would like to include my kids. Is this possible?**

If you only wish to cover your children and not have your spouse on your Remote Health coverage, you can do this!

- ▲ **Are same-sex partners allowed?**

Legally married or domestic partnerships can be covered as dependents of the main policyholder, regardless of their gender.

- ▲ **Can I add a dependent at any time?**

New members (dependents) can be added within 30 days of the main member enrolment or at any time if there is a life event with no restrictions, such as birth.

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If you leave your team during the contract, your Remote Health coverage will be canceled.

▲ **How can I get a visa letter confirming my coverage?**

Get in touch with the SafetyWing customer service team through the live chat widget on our website, and we can send this to you!

▲ **Can I change/customize the Standard and Premium Community Plans? Add-ons? Maternity?**

When we built our Community Plans, we analyzed what our members want and need the most. As a result, we created the best plan we could imagine for an incredible cost.

The plans are fixed and do not allow custom add-ons. If you are looking for the most coverage possible, we suggest the Premium Plus Maternity Plan. The only add-on available for any plan is the add-on for coverage in Hong Kong or Singapore.

▲ **Can I switch between the Standard Plan and Premium plan? Especially if I decide to add on dependents?**

Switching plans mid-policy year (twelve months) is not currently an option. You must add dependents either at the sign-up time or within 30 days of the policy start date.

▲ **Can I decide to add on dependents mid-way through my plan?**

You must add dependents at the time of sign-up, within 30 days of the policy start date, or as a result of a new life event (i.e., marriage or birth).

▲ **If I add a dependent to my plan, I will pay for the cost of coverage. Is this a**

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- ▲ **If a member has Standard plan, but then gets married and wants his wife to have Premium+Maternity, would this be a qualifying event that would allow him to change plans mid-policy year?**

Plan upgrades or changes to your existing plan can only be made at renewal or within the first 15 days of your contract starting. A life-changing event like marriage or birth does qualify for your spouse or baby to be added to your plan throughout the policy year, but your plan will stay the same until your renewal.

- ▲ **What happens if I have to undergo surgery? Would those be covered within the \$5,000 outpatient limit or is it in a separate budget?**

Most surgeries are covered under the Core Plan as you are typically admitted to the hospital. Our plan includes up to 100% UCR for inpatient surgery and \$500,000 for outpatient surgery, sometimes called day surgery. This would not come out of your \$5,000 outpatient benefits.

If you need surgery, you must provide advanced notice by filling out [this form](#). Please provide at least two weeks' notice if you're requesting direct billing.

- ▲ **For the vision benefit, what if your glasses cost over \$500? Can members use the outpatient amount to cover the excess? What about Lasik?**

The vision benefit includes one set of frames every 24 months and one set of lenses or contact lenses every 12 months. You can submit vision claims for up to \$500 USD, and any extra cost would be a personal expense.

You cannot use outpatient benefits to cover claims related to vision. **Lasik** is not a covered benefit because it is an elective procedure.

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Over-the-counter medications are not eligible for reimbursement.

▲ **What is the coverage for chemotherapy/cancer treatment?**

Cancer tests, medication, and treatment (chemotherapy and/or radiotherapy) are covered under the base plan up to 100% of the UCR for either inpatient or outpatient care. It is subject to the policy maximum benefit of USD\$1,500,00 per policy year, including all your other claims.

▲ **Is special equipment for a medical condition covered? For example, if I have to wear special boots due to a foot condition, are the boots covered by my Remote Health coverage?**

Remote Health does provide coverage for medical equipment, but advance notice is required.

Please fill out [this form](#) to let us know when a medical device is needed.

▲ **How would coverage work for specialists and surgical procedures?**

Specialist: It isn't necessary to have a referral from your general practitioner to seek treatment with a specialist. Unless you are admitted to the hospital, specialist fees will be covered under the outpatient benefit (max \$5000 per policy year).

Surgical procedures: some treatments like surgery require you to provide advance notice. Fill out [this form](#) to notify us of your surgery. After receiving the information about your surgery, our team will get started right away to pre-authorize the treatment. Please give as much notice as possible as well as all medical notes. Most direct billing can be arranged within two weeks. As soon as we receive all documents required, direct billing can be arranged within 72 hours.

▲ **How does the coverage handle pre-existing conditions? For example, if**

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Generally, pre-existing conditions are covered as long as they are not excluded in the overall policy.

The application for the plan will ask if any new members have a major medical condition already in treatment, such as cancer or heart issues. If the answer is yes, please let our team know of the condition or treatment. It could result in the application being denied or a waiting period.

For new members added mid-policy term, the admin won't be asked if the member has pre-existing conditions, but if the admin has information about the major undergoing treatment, they should let us know.

▲ What conditions and treatments are covered?

[Here](#) is a complete list of coverage in our most comprehensive plan, Premium Plus Maternity. It includes add-ons that may not be part of your plan if you're an existing customer on a Standard or Premium plan.

▲ Does Remote Health cover extreme activities like scuba diving or bungee jumping?

There are no exclusions for specific sports, but if you're training or practicing a sport for which you receive compensation, it would be excluded.

▲ What does the outpatient benefit cover?

This benefit has a \$5,000 maximum limit per policy year. It covers doctor's visits for medically necessary treatment (nothing routine), specialist visits, physical therapy, prescription medications, and lab tests or diagnostic studies outside of hospital stays.

The Standard plan has a 10% co-insurance for outpatient benefits. This means that members are responsible for 10% of the total cost of each claim. There is no co-insurance for our Premium or Premium Plus plans.

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life-threatening and critical, and treatment cannot be available at their current location.

Evacuation must be arranged/pre-approved in advance.

Repatriation benefit covers a return ticket in economy class on a commercial airline flight for the insured and one (1) companion to the place from which the insured was evacuated, provided that the trip is made within ninety (90) days of discharge and is approved in advance.

▲ **What does the vision benefit cover?**

It covers eye exams, lenses, frames, and contacts up to a maximum of \$500 per policy year.

▲ **What does the dental benefit cover?**

It covers routine dental care such as cleanings, x-rays, fillings, and procedures such as crowns, dentures or inlays, up to a maximum of \$1,500 per policy year.

▲ **What does the screenings & vaccine benefit cover?**

It covers yearly physicals, routine check-ups, routine blood work, and vaccinations, up to a maximum of \$500 per policy year.

▲ **Does the plan cover medication?**

Prescription medications are covered under the \$5k outpatient benefit.

Over-the-counter medications are not covered.

▲ **What mental health benefits are available through Remote Health?**

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One benefit is coverage for inpatient psychiatric treatment. This covers 100% of the cost for up to 30 days.

The second benefit is covered through outpatient services. This allows you to be seen in-person by a psychologist, therapist, or licensed medical doctor for mental health concerns. You have 10 visits per policy year, covered at 100% of the UCR.

Telehealth/virtual doctors' visits are not covered for mental health, only for in-person outpatient.

▲ **If I need to use more than 10 physiotherapy sessions, can I have special authorization for more sessions?**

Remote Health comes with two different benefits for physiotherapy.

The rehabilitation and physio coverage under the outpatient benefit is covered at 100% of the UCR, up to the maximum of the overall benefit (\$5,000). This treatment must be approved in advance.

You'll need to fill out [this form](#) and submit a treatment plan, estimated costs, and medical notes from your provider.

The 10 sessions under complementary therapy can also be used for physiotherapy.

▲ **Can I see my doctor for routine care, like a yearly physical?**

Routine care, like a yearly physical, is covered under the Premium screenings and vaccines benefit. If you have this benefit included in your plan, you're covered!

▲ **Are tests like an MRI or CT scan covered?**

Medically necessary tests such as an MRI or CT scan are covered.

Please note that we need advance notice of any major procedures, such as MRIs, CT

FAQ**Case studies****▲ What is covered in the complementary therapy benefit?**

You are covered for up to 10 visits per policy year up to \$60 per visit for physiotherapy, osteopaths, chiropodists, podiatrists, chiropractors, homeopaths, dieticians, and acupuncture.

▲ Is the COVID-19 vaccine covered?

We do not cover COVID-19 vaccines.

▲ My glasses broke. Are my new frames covered?

If you need new frames, you can purchase them and submit your claim for reimbursement. Please attach your proof of payment to your claim. New frames are covered once every 24 months, and new lenses every 12 months.

▲ Are blue light lenses for glasses covered?

Standard lens enhancements like blue light lenses (ultraviolet (UV) coating) are covered once every 12 months.

▲ Are contacts covered?

Contacts are covered in lieu of eyeglasses once every 12 months.

▲ Are frames covered?

Frames are covered once every 24 months, and lenses are covered one time every 12 months.

FAQ**Case studies****▲ Are eyesight tests or vision correction covered?**

With the vision benefit (under Premium and Premium+ plans), you can be seen once every 12 months for an eye exam.

It also includes coverage for glasses and frames or contact lenses.

Eye surgery to correct vision, such as Lasik, is excluded. However, eye surgery to repair an eligible medical condition is covered with pre-authorization.

▲ Can I go to the dentist for routine care, like a cleaning?

Routine dental care, including cleanings, is covered under the dental benefit, which also includes fluoride, x-rays, and exams.

▲ If I have a cavity is a filling or crown covered?

Fillings and crowns are covered under the dental benefit.

▲ Does Remote Health cover braces?

Unfortunately, all orthodontic treatment is excluded, so braces are not covered.

▲ What if I need to have a tooth removed?

The dental benefit includes coverage for extractions.

▲ Does Remote Health cover chiropractic care?

Under the complementary therapy benefit, you're covered for up to 10 visits with a chiropractor, or similar, per policy year. Each visit is covered for up to \$60 USD.

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Yes! Remote Health provides coverage for high-altitude sports like hiking, motorcycling, driving, etc.

▲ **Does Remote Health cover volunteering/working with animals and any injuries sustained from that?**

Yes, there are no relevant exclusions that would apply to working with animals.

▲ **Is driving a motorized vehicle restricted in any way?**

To be covered for a medical condition incurred by driving a motorized vehicle (car, motorcycle, scooter, etc.), there are two relevant exclusions:

1. Self-inflicted injury ([Exclusion 7.25](#)). For example, reckless driving or driving under the influence of drugs and/or alcohol.
3. Professional sport ([Exclusion 7.23](#)). For example, if you are a professional race car driver or being paid for a race.

▲ **I plan to get a tattoo soon, and while the infection rate is very low, it would be nice to know that I am covered should something happen.**

Remote Health does not have an exclusion for pigments or body ink. Therefore, should a member get a tattoo and has the misfortune of getting an infection, we would cover the treatment of the infection and symptoms under the outpatient benefit.

▲ **I play soccer on a professional team. If I'm injured, will my treatment be covered?**

If you are participating in any sport professionally, claims resulting from injuries or illness are not covered by Remote Health. See [exclusion 7.23](#).

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with the outpatient benefit, there's coverage for complementary therapies, USD \$500 per visit up to 10 visits per policy year, which includes physiotherapy, osteopathy, chiropractics, homeopathy, dietician and acupuncture, as well as therapies administered by a recognized traditional Chinese or an Ayurvedic medical practitioner.

▲ Is search and rescue covered?

Under the evacuation benefit, search and rescue is covered if you're at a recognized ski resort or similar winter sports resort. Search and rescue at sea or during off-site winter sports is not covered.

▲ Are things like an ACL tear, past sports injury, torn rotator cuff, etc. considered pre-existing conditions?

As long as your pre-existing condition is not a general policy exclusion, it will not affect your coverage under Remote Health.

▲ Can I be covered in my home country?

Remote Health can cover you in your home country or any where in the world that you travel.

▲ What does “passive war and terrorism” mean?

This refers to injuries sustained as a bystander during a war on terrorism. As long as you aren't engaged in the war on terrorism and are a spectator, injuries sustained are covered 100%.

▲ Is fitness included in any plans?

At this time, no. We'd love to roll out this benefit in the future.

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Birth control unfortunately is not covered on these plans, however, we're looking into offering it in the future.

▲ **Does this plan cover orthodontics?**

No, orthodontics is not covered in this plan.

▲ **What exclusions are there?**

[Here is the full list of exclusions](#), whether they are pre-existing or occur after the plan's start date.

▲ **Does my Remote Health plan include coverage for maternity benefits?**

The Premium Plus Maternity plan includes a \$7,500 maximum benefit for maternity coverage. This includes coverage for maternity checkups, pre and post-natal care, and the baby's birth.

This benefit does include a 20% co-insurance. That means that for maternity claims, you'll cover 20% of each claim. For example, if your claim is \$100, Remote Health will reimburse \$80, and you'll pay \$20.

The Standard and Premium plans do not include coverage for maternity benefits.

▲ **What if you're on the Premium plan but happen to fall pregnant (unplanned)?**

You cannot upgrade or downgrade your plan midway through the policy year. Once you are enrolled in a plan, you must have the same coverage until the policy renews the following year.

▲ **Does this cover chronic meds?**

FAQ**Case studies****▲ Can I see a physical therapist?**

Yes! Medically necessary treatment with a physical therapist is a covered benefit of the policy, provided it's not a result of anything in the exclusions. We do require pre-approval in advance, and you can submit a notification [here](#).

▲ Will I be reimbursed for therapy sessions I do online?

To be eligible for our therapy benefit, the services must take place in the provider's office or the outpatient department of a hospital. The provider should be a psychologist (therapist) or psychiatrist.

▲ What are the benefit amounts?

The base plan comes with \$1.5 million USD in total coverage. Outpatient benefits have a maximum of \$5,000 (10% co-insurance with Standard plan, no co-insurance with other plans).

The following benefits are included only in Premium and Premium Plus Maternity:

- Dental max \$1,500,
- Vision max \$500,
- Screening & vaccines max \$500,
- Maternity max \$7,500.

These amounts are in USD per policy year.

▲ Is dental treatment covered under the 1.5M benefit if it's due to an emergency (e.g. damaged tooth in a car crash)?

FAQ**Case studies**

benefit limit (so that, for instance, you can continue to eat, drink, walk and talk properly following a serious accident). See [this page](#) of the policy document for more info.

▲ Is COVID-19 Testing covered?

COVID tests are covered if there is documentation of exposure or symptoms. If you do not have symptoms and get a negative result, the test would not be covered.

▲ Are hearing tests or hearing aids covered?

Hearing aids are covered under Durable Medical Equipment (pre-approval required), as long as they don't require surgical implantation.

Routine exams for hearing or cochlear implants are excluded from coverage. [View exclusion 7.24.](#)

▲ What happens if I have to undergo surgery? Would those be covered within the \$5,000 outpatient limit or is it in a separate budget?

Most surgeries are covered under the Core Plan as you are typically admitted to the hospital. Our plan includes up to 100% UCR for inpatient surgery and \$500,000 for outpatient surgery, sometimes called day surgery. This would not come out of your \$5,000 outpatient benefits.

If you need surgery, you must provide advanced notice by filling out [this form](#). Please provide at least two weeks' notice if you're requesting direct billing.

▲ What if I need to be seen in the emergency room? Will this be covered?

Emergency room care is eligible for full reimbursement. If you are transported to the

FAQ**Case studies****▲ Is emergency assistance available in different languages?**

Currently, we can provide support in Spanish, English, French and Portuguese.

▲ If I go to the hospital for an emergency and I stay all day, will this be considered an inpatient stay, or do I have to be admitted and stay overnight?

An inpatient hospitalization means that you have been admitted to the hospital for a period of 24 hours or longer to receive medical or surgical care. Medical care limited to the emergency room or urgent care is not considered a hospitalization.

▲ If I'm going to the hospital for an emergency or for inpatient care, how should I present my insurance info to them?

We recommend printing your insurance card and keeping it on you. Your card will be loaded into your online member dashboard. Otherwise, you can pay for treatment, collect the medical notes and invoice and submit a claim on your online member dashboard.

If you need to go to the hospital for a pre-planned treatment, you can notify us in advance. You can learn more about notifications [here](#). You will use [this form](#) to submit a notification.

▲ How quick is the direct billing process? If a hospital sends over a bill, how quickly will the hospital get a response from SafetyWing? How long do payouts take?

Direct billing is available for claims greater than \$250 USD.

For routine or pre-planned treatment, please provide at least two weeks advance

FAQ **Case studies**

right away to process the reimbursement. Claims reimbursements are typically issued within 21 days or less from receiving the claim.

To request direct billing, please fill out [this form](#).

▲ **Where can I go for treatment?**

You can use Remote Health at any doctor, hospital, or clinic as long as they are legally licensed in the region.

▲ **How do I use my SafetyWing insurance when I go to the doctor or hospital for treatment?**

Pay upfront for most of your claims and file your claim in your SafetyWing member dashboard. You will need the following documents: a receipt that shows how much you paid and any medical notes that explain what the treatment was for, including diagnosis, treatment plan and/or prescriptions.

Direct billing can be arranged for claims over \$250 USD. However, if are struggling with payment for any amount, please reach out to the Remote Health team at rhnotify@safetywing.com.

For emergency hospitalization or surgery, you can call our 24/7 emergency service at +1 855 276 8864, which will work with the hospital to handle billing directly.

▲ **Which treatments require me to provide advance notice?**

Here is the list:

- All hospital admissions,
- Inpatient and outpatient surgeries

FAQ**Case studies**

- Physical and rehabilitative therapy,
- Home health care,
- Private nurse or therapist,
- Nasal or reconstructive surgery,
- Durable medical equipment or any special medical device,
- Repatriation or cremation of mortal remains.

You can learn more about notifications [here](#). Please use [this form](#) to submit a notification.

▲ Does Remote Health have a network?

Remote Health does not have a network! You can choose any hospital or specialist you like, as long as they are a licensed medical provider.

▲ Which hospitals or doctors have a partnership with SafetyWing?

SafetyWing allows you to choose any hospital, doctor, or clinic as long as they are legally licensed. Since Remote Health is an international product, you are not confined to a network.

▲ What is “UCR”?

UCR stands for “Usual, Customary, and Reasonable Cost.” Based on published industry standards, the UCR is determined based on the expected cost of a procedure in that country.

For example, if the UCR is \$100 for an arm splint and the hospital charges \$120, the

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Member**Company****Making a claim**

If your claim is greater than \$250, direct billing can be arranged, but we need to have advance notice to complete this process.

▲ What documents are necessary to submit a claim?

Please provide a receipt, an invoice, and a diagnosis report. A diagnosis report won't always be necessary. For example, if you buy new glasses (frames), you don't need to submit a note from your provider.

▲ How long does the claims process take?

Claims are usually processed in 21 days or less. If you want an update or have any questions, feel free to get in touch through the live chat widget on our website.

▲ If I go over the maximum benefit, will I need to cover the rest?

Remote Health will cover up to the maximum limit of the benefit, and the member pays for any coverage costs above this limit. For example, if you claim \$600 for vision services, you would receive a reimbursement for \$500 if the claim is approved.

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Reimbursements sent in a different currency than the one you paid in will be made based on the exchange rate between the two currencies on the date of your treatment.

▲ **Does the claim reimbursement include the cost of the wire transfer?**

Yes, we cover the cost of the wire transfer.

▲ **How does the reimbursement process work, and how long does it take?**

Log into your SafetyWing dashboard and click "Make a claim." There is a short form you will fill out and upload your documents, receipts, and medical notes stating the treatment you had and why. Typically claims are reimbursed in 21 days or less.

▲ **In Colombia we don't usually get receipts for what we paid for consultations. Do I have to have a receipt to receive my claim reimbursement? Also, is it ok if my doctor provides me with a handwritten receipt?**

A receipt of some sort is required for reimbursement. It can be handwritten, as long as they provide the receipt on doctor, clinic, or hospital letterhead, and there is a signature.

▲ **If I go to a private doctor, should I pay the invoice myself and then make a claim?**

You will pay for your treatment upfront and file your claim in your member profile. You will be responsible for the difference if your claim exceeds the usual and customary amount (UCR).

▲ **Can I submit multiple claims at once?**

FAQ**Case studies****▲ When requesting a refund for medical expenses, do you need to provide a note from a doctor?**

When you submit a claim, we ask for a diagnosis report (doctor's note) and the receipt of payment. The claim form will ask for a brief description of your treatment, which you can provide in your own words.

▲ Do I need to translate documents from my local language to English?

There is no need to translate documents from any language. The same is also true for claims. You can submit your claim in your local currency or in whatever currency you paid in, and if a conversion is necessary for reimbursement, we will use the exchange rate between the currencies on the date of your treatment.

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