



CROSS COUNTRY MEDICAL PLAN (CCMP) TERMS AND CONDITIONS

*For Eligible Azpas Health Insurance
Policyholders*

Assuria Medische Verzekeringen N.V.
October 2026



Continuous Improvement



Integrity



Customer Centricity



Care for People and Planet

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IMPORTANT

CCMP is provided at no additional premium. It is a cross-border access and direct-billing arrangement and is not a separate insurance policy. It does not create separate or additional insured benefits or benefit limits. All medical treatment and expenses remain subject to the applicable Azpas Health Policy, Schedule of Benefits and these Terms and Conditions.

These Terms and Conditions form part of the contractual framework governing access to the Cross-Country Medical Plan (CCMP). By activating and using CCMP, the Policyholder and Eligible Member agree that the provisions below apply in addition to the applicable Azpas Health Policy.

ARTICLE 1: PURPOSE, NATURE AND APPLICATION

- 1.1 These Terms and Conditions govern access to the Cross-Country Medical Plan ("CCMP") by Eligible Members insured under an Azpas Health Policy issued by Assuria Medische Verzekeringen N.V. ("Assuria Suriname").
- 1.2 CCMP facilitates access by Eligible Members to Participating Providers in Guyana and, where applicable, direct settlement of eligible medical expenses through Assuria General (GY) Inc. ("Assuria Guyana").
- 1.3 CCMP is not a separate insurance policy, rider, cash allowance or enhancement of insured benefits. It does not create separate or additional benefits, benefit limits or entitlements. Except where these Terms and Conditions expressly provide otherwise, all terms, exclusions, limitations, waiting periods, claims rules and other provisions of the applicable Azpas Health Policy and Schedule of Benefits continue to apply.
- 1.4 Solely for the purpose of CCMP, eligible medical expenses incurred in Guyana in accordance with these Terms and Conditions may be assessed against and, if approved, charged to the benefits and limits available under the applicable Azpas Health Policy. CCMP does not otherwise extend or amend the geographical scope of the Azpas Health Policy.
- 1.5 Access to CCMP is available only after all applicable activation requirements have been satisfied and Assuria Suriname has confirmed activation.

ARTICLE 2: DEFINITIONS

Term	Meaning
Assuria Suriname	Assuria Medische Verzekeringen N.V., the insurer that issued the applicable Azpas Health Policy.
Assuria Guyana	Assuria General (GY) Inc., which supports the administration of CCMP in Guyana.
Azpas Health Policy	The applicable health insurance policy issued by Assuria Suriname, including its endorsements, riders and applicable policy conditions.
CCMP	The Cross-Country Medical Plan described in these Terms and Conditions

Eligible Member	A member or insured dependent whose coverage under the applicable Azpas Health Policy is active and for whom CCMP has been activated.
Policyholder	The employer, organization or other person or entity that holds the applicable Azpas Health Policy.
Host Country	Guyana, being the country in which treatment under CCMP is received.
Participating Provider	A healthcare provider included on the current CCMP participating-provider list in Guyana.
Schedule of Benefits or SOB	The document issued by Assuria Suriname showing the benefits and limits available to the Eligible Member for the stated validity period.
Direct Billing	The administrative arrangement under which an approved Participating Provider may submit eligible charges through the CCMP process for settlement, subject at all times to final coverage determination by Assuria Suriname.
Guarantee Letter	A written authorization issued or expressly approved by Assuria Suriname confirming that specified treatment may be provided up to the amount and subject to the conditions stated in that authorization.
Eligible Medical Expenses	Medical expenses that qualify for coverage under the applicable Azpas Health Policy, SOB and these Terms and Conditions.
Emergency Treatment	Medically necessary treatment required urgently because of an unforeseen illness or injury where delay could reasonably result in serious deterioration of health.
Prior Approval	Approval required from Assuria Suriname before specified treatment, services, medicines or expenses are incurred.
Benefit Limit	The maximum amount, number of treatments or other applicable limit available for a benefit under the Azpas Health Policy or SOB.

ARTICLE 3: ELIGIBILITY AND ACTIVATION

- 3.1 An Eligible Member must have active coverage under the applicable Azpas Health Policy at the time treatment is received, subject to the premium-payment and coverage requirements of that policy.
- 3.2 The Policyholder must sign and return the CCMP Acceptance and Indebtedness Undertaking before CCMP may be used, where such undertaking is required by Assuria Suriname.
- 3.3 CCMP access begins only after Assuria Suriname confirms activation for the relevant policy or Eligible Member.

- 3.4 Eligibility does not create an unconditional right to treatment from any particular Participating Provider. Access remains subject to provider's availability, capacity, applicable medical requirements and compliance with these Terms and Conditions.
- 3.5 CCMP access is subject to the continued availability of the programme. Assuria Suriname may update the participating-provider list and reasonable operating procedures from time to time.
- 3.6 If the underlying Azpas Health Policy or the Eligible Member's coverage is suspended or terminated, CCMP access shall cease from the effective date of that suspension or termination, subject to Article 13.5.
- 3.7. The SOB can be issued for a maximum period of **one month**, but never beyond the validity period of the underlying policy.
- 3.8. If a policy is unexpectedly terminated while a SOB is still within the stated validity period, Assuria will advance the payment. If necessary Assuria will recover the amount from the customer/company.

ARTICLE 4: COST AND USE OF EXISTING BENEFITS

- 4.1 No additional premium is charged for access to CCMP unless Assuria Suriname expressly agrees otherwise in writing.
- 4.2 Any Eligible Medical Expenses approved and settled under CCMP shall be charged against and reduce the corresponding benefits and Benefit Limits available under the Eligible Member's Azpas Health Policy and SOB.
- 4.3 No separate or additional Benefit Limit is created by CCMP.
- 4.4 Once the applicable Benefit Limit has been exhausted, no further entitlement to Direct Billing or reimbursement arises under CCMP in respect of that benefit, unless the Azpas Health Policy expressly provides otherwise.

ARTICLE 5: BEFORE TRAVEL

- 5.1 Before travel, the Eligible Member should obtain or confirm the current list of Participating Providers in Guyana and the applicable support contacts.
- 5.2 The Eligible Member must ensure that the Assuria Suriname medical card, a valid government-issued identification document and a valid SOB are available for presentation.
- 5.3 The SOB describes the applicable benefits and Benefit Limits but does not guarantee that any service, treatment, medicine or provider will be available in Guyana.
- 5.4 Unless otherwise stated by Assuria Suriname, the SOB is valid for one (1) month from its date of issue and shall display its validity or expiry date. If the stay extends beyond that period, the Eligible Member must request a renewed or extended SOB before the existing SOB expires. Renewal or extension is subject to approval and does not extend the underlying policy period or benefits.

5.5 In the case of Emergency Treatment where prior notification was not reasonably possible, the Eligible Member or a representative must contact Assuria Suriname or Assuria Guyana as soon as reasonably practicable.

ARTICLE 6: ACCESSING TREATMENT IN GUYANA

6.1 Before treatment, the Eligible Member must present the Assuria Suriname medical card, valid SOB and valid identification to a Participating Provider, except where this is not reasonably possible in case of an emergency.

6.2 The Participating Provider may verify the documents, applicable benefits, available limits and any Prior Approval requirements through the approved CCMP process.

6.3 Treatment may proceed through Direct Billing only within applicable benefits and available limits and subject to all policy terms and required approvals.

6.4 The Participating Provider submits the claim through the approved Guyana host-country process.

6.5 Assuria Suriname performs the final coverage and payability review before settlement. Presentation of a medical card, SOB or other eligibility document does not guarantee payment itself. Medical necessity alone does not establish insurance coverage.

6.6 A Participating Provider is an independent healthcare provider and is not an agent, employee or representative of Assuria Suriname or Assuria Guyana in relation to medical diagnosis, advice or treatment.

6.7 Assuria does not direct or control medical diagnosis or treatment and is not responsible for the professional acts or omissions of an independent healthcare provider, except to the extent that liability cannot lawfully be excluded or limited.

ARTICLE 7: TREATMENT ABOVE A STATED LIMIT OR REQUIRING PRIOR APPROVAL

7.1 A Participating Provider must not extend CCMP Direct Billing above the applicable Benefit Limit or for treatment requiring Prior Approval unless a valid Guarantee Letter has been issued or the approval has otherwise been formally communicated through the approved Assuria process.

7.2 The provider should contact Assuria Guyana, which will coordinate with Assuria Suriname. The Eligible Member may also contact Assuria Suriname directly.

7.3 A Guarantee Letter applies only to the treatment, amount, period and conditions expressly stated in it. It does not guarantee payment of charges outside its stated scope or of amounts above the approved amount.

7.4 If complications, additional procedures or other circumstances arise that may cause charges to exceed the authorized scope or amount, additional approval must be requested as soon as reasonably practicable. Any additional amount remains subject to final coverage determination.

7.5 If no required Guarantee Letter or approval is issued, the unapproved amount is not eligible for Direct Billing under CCMP and may remain the responsibility of the Eligible Member, subject to any rights under the Azpas Health Policy.

ARTICLE 8: PARTICIPATING PROVIDERS AND CASH CLAIMS

8.1 The CCMP Direct Billing arrangement is available only through Participating Providers.

8.2 Where an Eligible Member receives treatment from a non-participating provider, it is required to make payment directly, or voluntarily elects to pay a provider directly, the Eligible Member must settle the provider's charges and may thereafter submit a claim to Assuria Suriname in accordance with the reimbursement procedures applicable under the Azpas Health Policy.

8.3 Reimbursement remains subject to policy terms, eligible charges, required documentation, Benefit Limits, currency-conversion practices and applicable claim-submission deadlines. Submission of a claim does not guarantee reimbursement of all or any amount paid.

ARTICLE 9: NON-COVERED AND EXCESS EXPENSES

9.1 The Eligible Member remains responsible for deductibles, co-insurance, co-payments and expenses that are excluded, exceed available Benefit Limits, are not eligible under the policy, are not properly approved, are unsupported by required documentation, or otherwise fall outside the Azpas Health Policy, SOB, CCMP process or applicable Guarantee Letter.

9.2 Unless expressly covered under the Azpas Health Policy or approved in writing, the Eligible Member is also responsible for room or service upgrades, non-medically necessary services, travel and accommodation expenses, expenses of accompanying persons, cancellation or no-show charges, non-covered administrative charges, charges incurred after exhaustion of a Benefit Limit and any other non-covered provider charges.

ARTICLE 10: POLICYHOLDER UNDERTAKING AND RECOVERY OF INDEBTEDNESS

10.1 As a condition of participation, and to the extent permitted by applicable law, the Policyholder undertakes to pay Assuria Suriname amounts arising from CCMP utilization by its Eligible Members where Assuria Suriname, Assuria Guyana or a Participating Provider has paid, advanced, guaranteed or otherwise incurred an amount that is ultimately determined not to be payable under the applicable Azpas Health Policy or these Terms and Conditions.

10.2 Recoverable amounts may include excluded or ineligible charges, amounts above available Benefit Limits, deductibles, co-insurance, co-payments, amounts obtained through materially inaccurate, incomplete or misleading information, services provided without required approval and charges outside an applicable Guarantee Letter.

10.3 Assuria Suriname shall provide written notice and reasonable supporting particulars of any amount claimed. Unless the amount is disputed in good faith under Article 10.4 or Assuria Suriname agrees otherwise in writing, the Policyholder shall pay the amount due within twenty-one (21) days after receipt of the notice.

10.4 If the Policyholder disputes all or part of a claimed amount, it must notify Assuria Suriname in writing within fourteen (14) days after receipt of the notice, stating the basis of the dispute. The parties seek to resolve the disputed amount in good faith. Any undisputed amount remains payable within the period stated in Article 10.3.

10.5 Any recovery by the Policyholder from an Eligible Member is subject to applicable law and any legally valid authorization or agreement between the Policyholder and the Eligible Member. Nothing in these Terms and Conditions authorizes deductions from salary or other employee entitlements contrary to applicable law.

10.6 Assuria Suriname may suspend CCMP access for the relevant Eligible Member or, where reasonably justified, the Policyholder while an undisputed amount remains overdue, without thereby terminating the underlying Azpas Health Policy.

ARTICLE 11: CLAIMS REVIEW, INFORMATION AND COOPERATION

11.1 The Eligible Member and Policyholder must provide complete and accurate information reasonably required to administer CCMP, verify coverage, review claims, coordinate care, prevent and investigate fraud, reconcile cross-border payments and recover amounts due.

11.2 Original or verifiable copies of invoices, receipts, medical reports, prescriptions, referrals and other supporting documents may be required.

11.3 Failure to provide reasonably requested information or documentation may delay or prevent authorization, Direct Billing, claim assessment or reimbursement, subject to applicable law and the Azpas Health Policy.

ARTICLE 12: CURRENCY AND SETTLEMENT

12.1 Benefits remain governed by the policy currency and applicable Benefit Limits.

12.2 Where currency conversion is required, Assuria Suriname shall apply the exchange rate and conversion methodology generally used by it for foreign medical claims on the date the claim is processed or settled, as applicable.

12.3 Bank charges, exchange-rate differences and non-covered provider charges do not constitute additional insured benefits unless expressly stated in the Azpas Health Policy.

12.4 Any currency risk arising between the date treatment is received and the date a claim is processed or settled shall be dealt with in accordance with Assuria Suriname's applicable claims and settlement methodology.

ARTICLE 13: SUSPENSION, AMENDMENT AND TERMINATION

13.1 CCMP access may be suspended or terminated where the underlying coverage ends or is suspended, the Policyholder withdraws from CCMP, an undisputed amount remains overdue, there are reasonable grounds to suspect fraud or misuse, operational or regulatory requirements make continuation impracticable, or CCMP is amended or withdrawn.

13.2 Assuria Suriname may suspend access immediately where reasonably necessary because of suspected fraud, misuse, material breach, regulatory requirements, provider-network disruption or other circumstances requiring urgent action.

13.3 For general programme amendments or withdrawal, Assuria Suriname shall provide reasonable prior notice where practicable.

13.4 Termination or suspension of CCMP does not by itself terminate the underlying Azpas Health Policy.

13.5 Suspension, amendment or termination of CCMP shall not prejudice the assessment of claims relating to eligible treatment properly authorized and received before the effective date of such suspension, amendment or termination, subject always to the Azpas Health Policy and applicable Benefit Limits.

ARTICLE 14: ORDER OF PRECEDENCE AND GOVERNING LAW

14.1 In the event of inconsistency, the following order of precedence applies: (a) mandatory provisions of applicable law; (b) the Azpas Health Policy and endorsements, insofar as insured benefits are concerned; (c) the applicable SOB; (d) these Terms and Conditions, insofar as the operation of CCMP is concerned; and (e) a Guarantee Letter, solely in respect of the treatment, amount, period and conditions specifically authorized in it.

14.2 These Terms and Conditions and any non-contractual obligations arising from or in connection with CCMP are governed by the laws of the Republic of Suriname.

14.3 The dispute-resolution and jurisdiction provisions of the applicable Azpas Health Policy continue to apply unless mandatory law requires otherwise.

ARTICLE 15: EMERGENCY TREATMENT

15.1 In an emergency, the Eligible Member should obtain medical treatment without unreasonable delay.

15.2 Where prior contact or approval was not reasonably possible, the Eligible Member or a representative must notify Assuria Suriname or Assuria Guyana as soon as reasonably practicable and provide the information required to assess coverage and coordinate further care.

15.3 Emergency Treatment remains subject to the terms, exclusions and Benefit Limits of the Azpas Health Policy. Emergency circumstances do not by themselves create coverage for an otherwise excluded or non-covered expense.

ARTICLE 16: MEDICAL PROVIDER INDEPENDENCE AND QUALITY OF CARE

16.1 Participating Providers are independent healthcare providers. Inclusion in the CCMP network facilitates access and administration and does not constitute a guarantee by Assuria of the quality, availability, outcome or suitability of medical treatment.

16.2 Clinical decisions are made by the treating healthcare professional and the Eligible Member. Assuria's authorization or payment decision concerns insurance coverage and administration and does not constitute medical advice or a direction to provide or withhold treatment.

16.3 Nothing in this Article excludes or limits liability to the extent such exclusion or limitation is prohibited by applicable law.

ARTICLE 17: PRIVACY, CONFIDENTIALITY AND CROSS-BORDER INFORMATION

17.1 For the administration of CCMP, personal and medical information may be collected, used, disclosed and transferred between Assuria Suriname, Assuria Guyana, Participating Providers, treating professionals and authorized service providers to the extent reasonably necessary and permitted by applicable law.

17.2 Permitted purposes include verifying eligibility and coverage, obtaining medical information, coordinating treatment, administering Direct Billing and claims, preventing and investigating fraud, conducting audit and compliance activities, reconciling payments, recovering due amounts and complying with legal or regulatory obligations.

17.3 Information shall be handled subject to applicable confidentiality, professional-secrecy and data-protection requirements. Where consent or authorization is legally required, the Eligible Member must provide it before the relevant information can be obtained or disclosed, except where law permits otherwise.

17.4 The Policyholder shall not be entitled to receive confidential medical information concerning an Eligible Member except to the extent permitted by law or authorized by the Eligible Member.

ARTICLE 18: FRAUD, MISREPRESENTATION AND MISUSE

18.1 No person may knowingly provide materially false, incomplete or misleading information, misuse another person's medical card or eligibility documents, submit altered or fabricated documents, or otherwise misuse CCMP.

18.2 Where Assuria has reasonable grounds to suspect fraud or material misuse, it may investigate, request supporting information and temporarily suspend CCMP access while the matter is reviewed.

18.3 Where fraud, intentional misrepresentation or material misuse is established, Assuria may exercise any rights available under the Azpas Health Policy, these Terms and Conditions and applicable law, including denial or recovery of improperly obtained amounts and termination of CCMP access.

18.4 Any action under this Article remains subject to mandatory provisions of applicable insurance and other laws.

ARTICLE 19: COMPLAINTS AND DISPUTE RESOLUTION

19.1 Questions or complaints concerning CCMP should first be submitted to Assuria Suriname through the contact details stated in these Terms and Conditions or through Assuria's then-current complaints channel.

19.2 The complaint should identify the Eligible Member, relevant policy or membership details, treatment or claim concerned and the reason for the complaint, together with available supporting documents.

19.3 Assuria Suriname shall review the complaint in accordance with its applicable complaints' procedure and any mandatory legal or regulatory requirements.

19.4 If the matter is not resolved, the dispute-resolution and jurisdiction provisions of the applicable Azpas Health Policy and applicable law shall apply.

ARTICLE 20: NOTICES AND ELECTRONIC COMMUNICATIONS

20.1 Notices and operational communications concerning CCMP may be delivered in writing, including by letter, e-mail, secure electronic portal or other electronic means customarily used by Assuria, to the most recent contact details provided to Assuria.

20.2 The Policyholder and Eligible Member are responsible for keeping relevant contact information current.

20.3 Operational contact details, provider directories and support hours may be updated by Assuria from time to time without requiring amendment of these Terms and Conditions, provided such updates do not reduce insured benefits under the Azpas Health Policy.

ARTICLE 21: GENERAL PROVISIONS

21.1 If any provision of these Terms and Conditions is held to be invalid, unlawful or unenforceable, that provision shall be applied to the maximum extent permitted by law and the remaining provisions shall continue in effect.

21.2 A failure or delay by Assuria to exercise a right does not constitute a waiver of that right. A waiver is effective only if made in writing by an authorized representative of Assuria.

21.3 These Terms and Conditions, together with the applicable Azpas Health Policy, SOB, CCMP Acceptance and Indebtedness Undertaking and any applicable Guarantee Letter, constitute the contractual framework governing CCMP. Nothing in these Terms and Conditions creates benefits beyond those provided under the applicable Azpas Health Policy.

21.4 Headings are for convenience only and do not affect interpretation. References to the singular include the plural where the context permits, and vice versa.

SUPPORT AND CONTACT INFORMATION

Telephone	+ 597 473400
WhatsApp	+597 8277799
E-mail	medische.verzekeringen@assuria.sr

Support contact details and operating hours may be updated by Assuria from time to time. Eligible Members and providers should use the most recent contact directory issued by Assuria.

ACKNOWLEDGEMENT AND ACCEPTANCE

By requesting to activate the Cross County Medical Plan, the policy holder confirms that he/she has read, understood and agreed to the Terms and Conditions and Schedule of Benefits attached to this Plan.

The Terms & Conditions remain available for policy holders and insureds on the website of Assuria and the various Assuria offices. Upon request these Terms & Conditions can be sent to policy holders via email or WhatsApp.