FOR MEMBERS

you're covered. *here's how to use it.*

your employer holds international medical cover for you. deronda is where you find out what that means — and what to do on the day you need it.

WHAT'S YOURS ALREADY

most people never use these, because nobody mentions them.

- **virtual gp** — any timezone, no referral needed
- **second opinion** on any serious diagnosis
- **annual health check** — costs you nothing, tax-free
- **assistance line** — confidential, always open

SUPPORT FOR MIND AND BODY

cover is for the ordinary weeks too, not only the frightening ones.

BEFORE ANY PLANNED TREATMENT — THREE CHECKS, TEN MINUTES

1. **is it covered?**
   your cover page answers most cases. anything ambiguous — ask, or call the insurer, before you book.
2. **does it need pre-authorisation?**
   all hospital treatment does. one call before admission and the hospital is usually paid directly — you never see the bill.
3. **do you have the referral?**
   specialists need a gp referral letter, and the virtual gp counts. get it in writing before the appointment, not after.

where claims actually happen

claims go to your insurer, not to deronda. planned treatment: call them first and they usually settle with the hospital directly. costs you paid yourself: keep the itemised invoice and the referral letter, and submit both within 90 days. an emergency: get treated first — someone tells the insurer within 48 hours, and emergency care never waits for authorisation.

what your employer sees

that you have an account, and nothing else. never what you read, what you ask, or what you claim. claims reach them as totals for the whole company, and if there are fewer than three even the totals are withheld.

getting in

your hr team sends you a link. you choose your own password — nobody at your employer or at deronda ever sees it. the link works once and expires after fourteen days.