



Member Guide

European Institutions Trainees
Valid from 1st July 2023

Welcome

This Member Guide sets out the standard benefits and rules of your health insurance policy. This should be read in conjunction with the Table of Benefits which outlines the benefits available to you and specifies any benefits/treatments which require submission of a Treatment Guarantee Form – additionally, it confirms any benefits to which specific benefit limits, waiting periods and/or co-payments apply. The amounts indicated in your Table of Benefits are in Euros.

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AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of €72,104,026 governed by the French Insurance Code, with its registered office at 7 Rue Dara Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA.

The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at Bd Roi Albert II 32, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159. Allianz Care and Allianz Partners are registered business names of AWP Health & Life Services Limited.

How to use your cover



Support services

We believe in providing you with the top-quality service that you deserve. In the following pages we describe the full range of services we offer. Read on to discover what is available to you.

Talk to us, we love to help!

Our multilingual Helpline is available 24 hours a day, 7 days a week, to handle any questions about your policy or if you need assistance in an emergency.

Helpline



Phone: +32 2 210 6501

For our latest list of toll-free numbers, please visit:

www.allianzcare.com/en/pages/toll-free-numbers.html



Email: igohelpline@e.allianz.com



Fax: +32 2 210 6506

Did you know...

...that most of our members find that their queries are handled quicker when they call us?

MyHealth Digital Services

Through MyHealth, available as a mobile app and online portal, you have easy and convenient access to your cover, no matter where you are or what device you are using.

MyHealth app and online portal features



My policy

Access your policy documents and membership card on the go.



My claims

Submit your claims in 3 simple steps and view your claims history.



My contacts

Access our 24/7 multilingual Helpline. Live chat is also available (in English and on the online portal only).



Symptom checker

Get a quick and easy assessment of your symptoms.



Provider finder

Locate medical providers nearby.



Pharmacy aid

Look up the local equivalent names of branded drugs.



Medical term translator

Translate names of common ailments into 17 languages.



Emergency contact

Access local emergency numbers worldwide.

Additional useful features

- Update your details online: email, phone number, password, address (if it's the same country as the previous address), marketing preferences, etc.
- View the remaining balance of each benefit which is in your Table of Benefits

All personal data within MyHealth Digital Services is encrypted for data protection.

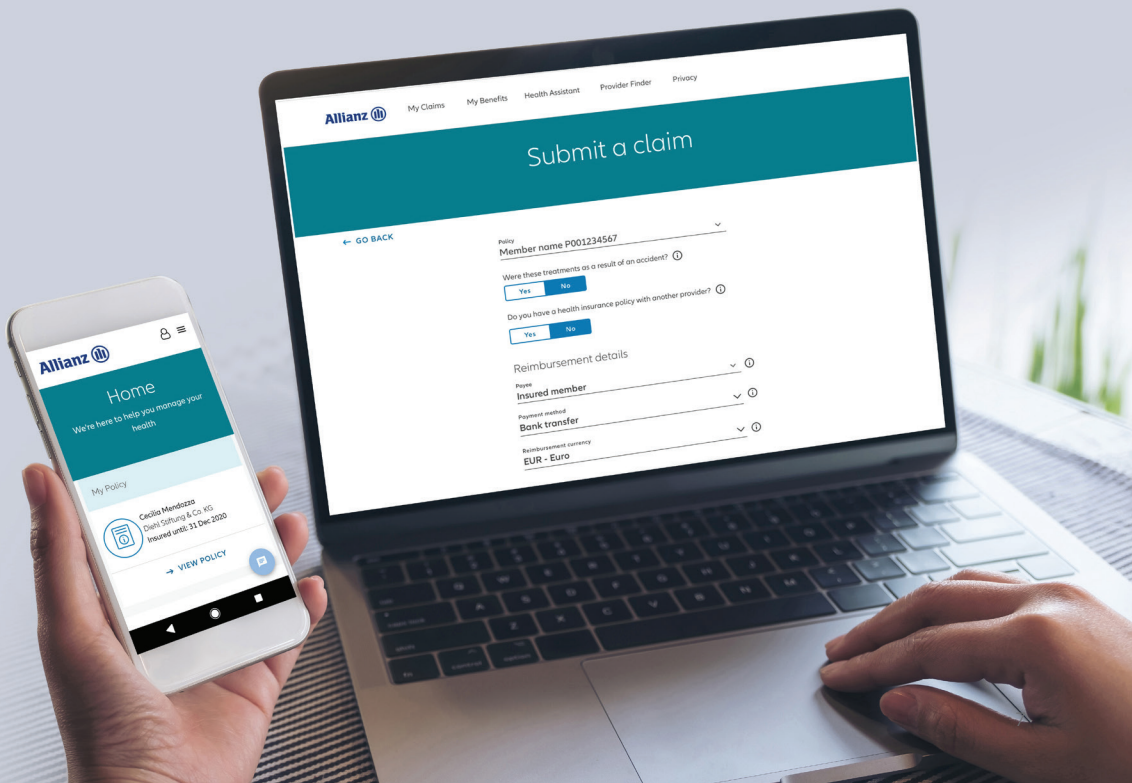
Getting started:

1. Login to MyHealth online portal to register. Go to <https://my.allianzcare.com/myhealth>, click on "REGISTER HERE" near the bottom of the page and follow the on-screen instructions. Be ready to provide your policy number, which you can find in your Insurance Certificate.
2. As an alternative, you can register via our MyHealth App. To download it, search for "Allianz MyHealth" on the Apple App Store or Android's Google Play service.



3. Once set up, you can use the email (username) and password you provided during registration to login to MyHealth online portal or app. The same login details are used for both and in the future, if you change login details for one, it will automatically apply to the other. You don't need to change them in both places. We also offer a biometric login option for the app, for example Touch ID or Face ID, where supported by your device.

For more information, please visit www.allianzcare.com/en/myhealth.html



Web-based services

On www.allianzcare.com/members you can:

- Search for medical providers (you are not restricted to using the providers listed in our directory)
- Download forms
- Access our Health Guides
- Access our "My expat life" hub – from planning to move, to settling down in your new country, you'll find everything you need to know about moving overseas



Understanding how your cover works

Your Policy documents

Once your enrolment is processed, your traineeship office will provide you with a letter which indicates the link to the dedicated Allianz Care Trainees webpage and our contact details.

Your policy number will be communicated to you after submitting your first claim with the claim settlement documents. Claims can be submitted via email, post or fax.

When you claim or call us for the first time, please identify yourself as a EUROTRAINEE, state the name of the EU institution and give your full name.

From your second claim onwards, you can avail of our mobile MyHealth app for fast and easy claims submission. Further information can be found in the following link:



www.allianzcare.com/en/myhealth

What am I covered for?

You and your dependants are covered for medically necessary treatment and related costs, services and/or supplies as indicated in the Table of Benefits. These are subjected to:

- Policy definitions and exclusions (available in this guide).
- **Costs being reasonable and customary:** these are costs that are usual within the country of treatment. We will only reimburse medical providers where their charges are in accordance with standard and generally accepted medical procedures. If we consider a claim to be inappropriate, we reserve the right to decline or reduce the amount we pay.

We generally cover pre-existing conditions (including pre-existing chronic conditions) unless we say otherwise in your policy documents. If in doubt, please check your Table of Benefits to confirm if pre-existing conditions are covered.

If you are uncertain whether your planned medical treatment is covered under your plan, please contact our Helpline.

When cover starts for you and your dependants

Your insurance is valid from the start date and will continue until the group renewal date.

Cover for dependants (if applicable) may continue for as long as you remain a member of the European Institution's scheme and, for children, as long as they remain under the defined age limit. Child dependants can be covered under your policy up until the day before their 18th birthday; or up until the day before their 24th birthday if they are in full-time education. At that time, they can apply for their own policy.

Where can I receive treatment?

You can receive treatment in any country within your area of cover, as shown in your Insurance Certificate.

If the treatment you need is available locally but you choose to travel to another country in your area of cover, we will reimburse all eligible medical costs incurred within the terms of your policy; except for your travel expenses.

If the eligible treatment is not available locally, and your cover includes "Medical evacuation", we will also cover travel costs to the nearest suitable medical facility. To claim for medical and travel expenses incurred in these circumstances, you will need to complete and submit the Treatment Guarantee Form before travelling.

You are covered for eligible costs incurred in your home country, provided that your home country is in your area of cover.

Adding dependants

You may apply to include any member of your family as a dependant if you are allowed to under the agreement between the European Institution and us. To add a dependant, please notify the European Institution traineeship, unless otherwise stated.

How do I add a newborn to my policy?

To ensure that cover starts from birth, please notify the European Institution traineeship office within four weeks from birth.

What happens if I don't notify the traineeship office within four weeks?

If we are notified four weeks or more after the date of birth, newborn children will be accepted for cover from the date of that notification.

Changing your postal address or email address

We will send all correspondence to the address we have on record for you unless requested otherwise. You need to inform us in writing as soon as possible of any change in your home, business or email address.

Correspondence

When you write to us, please use email or post (with the postage paid). We do not usually return original documents to you, but if you ask us to, we will.

Ending your cover

The European Institution can end your cover or that of any of your dependants by keeping their list updated on the dedicated website tool. We can backdate the cancellation of your cover with a maximum of 30 days. Your cover will automatically end:

- At the end of the period of cover, if the agreement between the European Institution and us is terminated.
- If the European Institution decides to end or not to renew your cover.
- If the European Institution does not pay premiums or any other payment due under the agreement with us.
- If you are an individual payer and you do not pay premiums or any other payment due under the Company Agreement with us.
- When you stop working for the European Institution.
- Upon the death of the insured member.

We can end your cover and that of your dependants if there is reasonable evidence that you or they have misled or attempted to mislead us. For example giving us false information, withholding information, or working with another party to give us false information, either intentionally or carelessly, which may influence us when deciding:

- Whether you (or they) can join the scheme
- What premiums the European Institution has to pay
- Whether we have to pay any claim

Traineeship insurance expiry

Please note that upon the expiry of your traineeship insurance period, your right to reimbursement ends. For up to two years after the treatment date, we will reimburse any eligible expenses incurred during the period of cover. However, we will no longer cover any on-going or further treatment that is required after the expiry date of your insurance period.

Applying for cover once your Traineeship ends – Continuation option

Trainees who were covered under the Health Insurance provided by Allianz Care can extend their cover for one month, up to one year. Cover will start immediately after their traineeship ends (without interruption) and premium will be payable on a monthly basis.

If you wish to continue with your cover please send us your application:

@ IGOservices@e.allianz.com

You must submit the application for this continuation of cover at the latest one month after the end of your traineeship.

The start date of your cover will be the first day following the end of your traineeship. By paying a monthly premium of EUR 44.65, you will remain insured under the same conditions.

Seeking treatment?

We understand that seeking treatment can be stressful. Follow the steps below so we can look after the details – while you concentrate on getting better.

Check your level of cover

First, check that your plan covers the treatment you are seeking. Your Table of Benefits will confirm what is covered. We do not recommend providers, but we do offer an easy-to-use "Provider Finder" on our website and MyHealth app. You may need to pay for some treatments upfront and claim the expenses back from us afterwards. You can always call our Helpline if you have any queries.

Some treatments require our pre-approval

Your Table of Benefits will show which treatments require our pre-approval (via a Treatment Guarantee Form). These are mostly in-patient and high cost treatments. The pre-approval process helps us assess each case, organise everything with the hospital before your arrival and make direct payment of your hospital bill easier, where possible.

Getting in-patient treatment (pre-approval applies)



Download a Treatment Guarantee Form from our website:
<https://www.allianzcare.com/en/group-hub/eurotrainees.html>



Complete the form and send it to us at least **five working days before** treatment. You can send it by email, fax or post to the address shown on the form.



We contact the hospital to organise payment of your bill directly, where possible.

If it's an emergency:

Get the emergency treatment you need and call us if you need any advice or support.

If you are hospitalised, either you, your doctor, one of your dependants or a colleague needs to call our Helpline (**within 48 hours** of the emergency) to inform us of the hospitalisation. We can take Treatment Guarantee Form details over the phone when you call us.

We can also take Treatment Guarantee Form details over the phone if treatment is taking place within 72 hours. Please note that we may decline your claim if pre-approval is not obtained.



Claiming for your out-patient and other expenses

If your treatment does not require our pre-approval, you can simply pay the bill and claim the expenses from us. In this case, follow these steps:



Receive your medical treatment and pay the medical provider.



Get an invoice from your medical provider. This should state your name, treatment date(s), the diagnosis/medical condition that you received treatment for, the date of onset of symptoms, the nature of the treatment and the fees charged.

When claiming for the first time

Claim back your eligible costs by completing and submitting a Claim Form. The form is available on www.allianzcare.com/en/group-hub/eurotrainees.html

You don't need to complete sections 5 and 6 if the information requested in those sections is already shown on your medical invoice.

Please send the Claim Form and all supporting documentation, invoices and receipts to us by email, fax or post (details on the form).

From your second claim onwards

Claim back your eligible costs via our MyHealth app or online portal (www.allianzcare.com/en/myhealth).

Simply enter a few key details, add your invoice(s) and press 'submit'.



Quick claim processing

Once we have all the information required, we can process and pay a claim within 48 hours. However, we can only do this if you have told us your diagnosis, so please make sure you include this with your claim. Otherwise, we will need to request the details from you or your doctor.

We will email or write to you to let you know when the claim has been processed.

Additional information about claiming for your expenses

Medical claims

Before submitting a claim to us, please pay attention to the following points:

- **Claiming deadline:** You must submit all claims no later than two years after the end of the Insurance Year. If cover is cancelled during the Insurance Year, you should submit your claim no later than two years after the date that your cover ended. After this time, we are not obliged to settle the claim.
- **Claim submission/Claim form:** You must submit a separate claim for each person claiming and for each medical condition being claimed for. Please note that as well as our hard and soft copy claim forms, you can now avail of our mobile MyHealth app for fast and easy claims submission after submitting your first claim. As your policy number is provided only after you claim for the first time, please identify yourself as a EUOTRAINEE and state the name of the EU institution in the claim form.
- **Supporting documents:** When you send us copies of supporting documents (e.g. medical receipts), please make sure you keep the originals. We have the right to request original supporting documents/receipts for auditing purposes up to 12 months after settling your claim. We may also request proof of payment by you (e.g. a bank or credit card statement) for medical bills you have paid. We advise that you keep copies of all correspondence with us as we cannot be held responsible for correspondence that fails to reach us for any reason outside of our control.
- **Currency:** Please specify the currency you wish to be paid in. On rare occasions, we may not be able to make a payment in that currency due to international banking regulations. If this happens, we will identify a suitable alternative currency. If we have to make a conversion from one currency to another, we will use the exchange rate that applied on the date the invoices were issued, or on the date that we pay your claim.

Please note that we reserve the right to choose which currency exchange rate to apply.

- **Reimbursement:** We will only reimburse (within the limits of your policy) eligible costs after considering any pre-approval requirements, deductibles or co-payments outlined in the Table of Benefits.
- **Reasonable and customary cost:** We will only reimburse charges that are reasonable and customary in accordance with standard and generally accepted medical procedures. If we consider a claim to be inappropriate, we reserve the right to decline your claim or reduce the amount we pay.

- **Deposits:** If you have to pay a deposit in advance of any medical treatment, we will reimburse this cost only after treatment has taken place.
- **Providing information:** You and your dependants agree to help us get all the information we need to process a claim. We have the right to access all medical records and to have direct discussions with the medical provider or the treating doctor. We may, at our own expense, request a medical examination by our doctors if we think it's necessary. All information will be treated confidentially. We reserve the right to withhold benefits if you or your dependants do not support us in getting the information we need.

Claims for dental treatments

Your dentist must complete and submit the "Dental Cost Estimate Form" before you start any dental prosthetic treatment (crowns, bridges, implants, etc.). This form is available from <https://my.allianzcare.com/myhealth/login>.

After we approve your treatment, cover can then be guaranteed.

Treatment needed as a result of someone else's fault

If you are claiming for treatment that you need when somebody else is at fault, you must write and tell us as soon as possible. For example, if you need treatment following a road accident in which you are a victim. Please take any reasonable steps we ask of you to obtain the insurance details of the person at fault. We can then recover from the other insurer the cost of the treatment paid for by us. If you are able to recover directly the cost of any treatment which we have paid for, you will need to repay that amount (and any interest) to us.

Seeking treatment in the USA

If you have worldwide cover, we offer you simple access to medical care in the USA, through our local third-party partner, supporting your access to medical providers in the country.

To access treatment in the US, simply show your membership card: your medical provider will then contact our third-party partner to sort any paperwork related to your treatment. We will pay the cost of your eligible treatment directly to your medical provider, if applicable; if you are responsible for any part of the costs, your provider will let you know.

For queries or requests for assistance related to treatment in the USA, please find all contact details on the back of your membership card.

For a prescription

If your plan includes access to the Caremark's pharmacy network, you can obtain certain drugs and pharmacy products at these US pharmacies on a cashless basis. All details you need to access the Caremark pharmacy network will be shown either on your membership card or on a separate Caremark card.

Show your membership card (or the separate Caremark card) to the Caremark network pharmacy. The pharmacist will tell you if you need to pay any part of the costs, for example if there is a co-payment. Please ensure that the prescriptions have the date of birth of the person that the prescription is for.

Note

Please note that treatment in the USA is not covered, if we believe that cover was taken out with the purpose of travelling to the USA to get treatment for a condition or symptoms you were aware of:

- before being insured with us, or
- before having the USA in your region of cover.

If we paid any claims in these circumstances, we reserve the right to seek reimbursement from you.

The following terms also apply to your cover

Applicable law: Your membership is governed by the laws and courts of France, unless otherwise required under mandatory legal regulations. Any dispute that cannot otherwise be resolved will be dealt with by courts in France.

Economic sanctions: Cover is not provided if any element of the cover, benefit, activity, business or underlying business violates any applicable sanction law or regulations of the United Nations, the European Union or any other applicable economic or trade sanction law or regulations.

Who is covered: Only those group members (and dependants) as described in the Company Agreement are eligible for cover.

The amounts we will pay: Our liability to you is limited to the amounts indicated in the Table of Benefits and any policy endorsements. The amount reimbursed, whether under this policy, public medical scheme or any other insurance will not exceed the figure stated on the invoice.

Who can make changes to your policy: No one, except an appointed representative or the Group Scheme Manager is allowed to make changes to your policy on your behalf. Changes are only valid when agreed by your company and us.

When cover is provided by someone else: We may decline a claim if you or any of your dependants are eligible to claim benefits from:

- A public scheme
- Any other insurance policy
- Any other third-party

If that is the case, you need to inform us and provide all necessary information. You and the third-party cannot agree any final settlement or waive our right to recover expenses without our prior written agreement. Otherwise, we are entitled to get back from you any amount we have paid and to cancel your cover.

We have the right to claim back from a third-party any amount we paid for a claim, if the costs were due from or also covered by them. We may take legal proceedings in your name, at our expense, to achieve this. This is called subrogation.

We will not make a contribution to any third-party insurer if the costs are fully or partly covered by that insurer. However, if our plan covers a higher amount than the other insurer, we'll pay the amount not covered by them.

Circumstances outside of our control (force majeure): We will always do our best for you, but we are not liable for delays or failures in our obligations to you caused by things which are outside of our reasonable control. Examples are extremely severe weather, floods, landslides, earthquakes, storms, lightning, fire, subsidence, epidemics, acts of terrorism, outbreaks of military hostilities (whether or not war is declared), riots, explosions, strikes or other labour unrest, civil disturbances, sabotage and expropriation by governmental authorities.

Fraud:

We will not pay any benefits for a claim if:

- The claim is false, fraudulent or intentionally exaggerated.
- You or your dependants or anyone acting on your or their behalf use fraudulent means to obtain benefit under this policy.

The amount of any claim we paid to you before the fraudulent act or omission was discovered will become immediately owing to us. We reserve the right to inform the European institution of any fraudulent activity.

Making contact with dependants: In order to administer your policy, we may need to request further information. If we need to ask about one of your dependants (e.g. when we need to collect an email address for an adult dependant), we may contact you as the person acting on behalf of the dependant, and ask you for the relevant information, provided it is not sensitive information. Similarly, for the purposes of administering claims, we may send you non-sensitive information that relates to a family member.


Use of Medi24: The Medi24 advice line and its health-related information and resources is extremely helpful, but it's not a substitute for professional medical advice or for the care that you receive from your doctor. It is not intended to be used for medical diagnosis or treatment and you should not rely on it for that purpose. Always seek the advice of your doctor before beginning any new treatment or if you have any questions about a medical condition. We are not responsible or liable for any claim, loss or damage directly or indirectly resulting from your use of Medi24 or the information or services provided by them. Calls to Medi24 will be recorded and may be monitored for training, quality and regulatory purposes.

Data protection

Our Data Protection Notice explains how we protect your privacy and process your personal data. You must read it before sending us any personal data. To read our Data Protection Notice visit:

 www.allianzcare.com/en/privacy.html

Alternatively, you can contact us on the phone to request a paper copy.


 +32 2 210 6501

If you have any queries about how we use your personal data, please email us at:


 AP.EU1DataPrivacyOfficer@allianz.com

Complaints procedure

Our Helpline is always the first number to call if you have any comments or complaints. If we can't resolve the problem on the phone, please email or write to us:

 +32 2 210 6501

 igohelpline@e.allianz.com

 Customer Advocacy Team,
Allianz Care,
15 Joyce Way,
Park West Business Campus,
Nangor Road,
Dublin 12, Ireland

We will handle your complaint according to our internal complaint management procedure.
For details see:

 www.allianzcare.com/complaints-procedure

You can also contact our Helpline to obtain a copy of this procedure.

Definitions

Wherever the following words/phrases appear in your policy documents, they will always have the following meanings:

A

Accident

Sudden, unexpected event that causes injury and is due to a cause external to the insured person. The cause and symptoms of the injury must be medically and objectively definable, allow for a diagnosis and require therapy.

C

Childbirth expenses

Medical expenses (including double room) incurred for vaginal childbirth or by caesarean if medically necessary or usual in the country where the birth takes place. We will pay for any complication and private room under the "hospitalisation" cover.

Country of origin

The country for which you hold a current passport.

D

Dental prostheses

Prosthetic treatments, including crowns, inlays, onlays and implants, and all the necessary treatments, including the refund of the laboratory and component expenses.

Dependant

Your spouse or partner and unmarried children that are named as dependants on your Insurance Certificate. Children are covered up to the day before their 18th birthday; or up to the day before their 24th birthday if they are in full-time education.

Doctor

A person who is licensed to practise medicine under the law of the country in which treatment is given and where they are practising within the limits of their licence.

E

Emergency

A term used in the event of an accident, natural catastrophe, the beginning of sudden worsening of a serious illness requiring immediate measures and medical treatment for you or one of your dependants. Only the following conditions are considered necessary for reimbursement when occurring within 24 hours of the direct cause of the emergency:

- Medical treatment given by a doctor, generalist or specialist.
- Hospitalisation.

Emergency dental treatment following an accident

A treatment that takes place within 15 days of an accident and involves replacing sound natural teeth that have been lost or damaged.

Expatriation country

The country, outside the country of origin, in which you work for the European Commission.

H

Hospital

Any establishment which is licensed as a medical or surgical hospital in the country where it operates and where the patient is permanently supervised by a doctor.

M

Medical auxiliaries

Nurses, carers and other state-registered medical personnel.

Medical prosthesis

Hearing aid, phonation aid (electronic larynx), wheelchair and personal mobility aid, artificial limb, ostomy product, hernia support, abdominal bandage, elastic support stockings or orthopaedic sole and any other medically prescribed device.

S

Spa treatment

Medical treatment prescribed for a maximum of 21 days making use of mineral spring water and its derivatives. The establishment must provide its patients with regular medical supervision and monitoring.

Talk to us, we love to help!

If you have any queries, please do not hesitate to contact us:

24/7 Helpline for general enquiries and emergency assistance

 Phone: + 32 2 210 6501






 Email: igohelpline@e.allianz.com

 Fax: +32 2 210 6506

 Allianz Care, Bd Roi Albert II 32, 1000 Brussels, Belgium.

 www.allianzcare.com

Calls to our Helpline will be recorded and may be monitored for training, quality and regulatory purposes. Please note that only the policyholder (or an appointed representative) or the Group Scheme Manager can make changes to the policy. Security questions will be asked of all callers to verify their identity.

 www.facebook.com/AllianzCare/
 www.linkedin.com/company/allianz-care
 www.youtube.com/c/allianzcare
 www.instagram.com/allianzcare/
 twitter.com/AllianzCare

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