



Guide to your Health Plus Plan

Welcome to Allianz Care

Microsoft has partnered with Allianz Care to provide you and your family with easy access to supplemental healthcare cover in your country of employment.

Allianz Care specialises in international health cover and is backed by the resources and expertise of Allianz SE, one of the world's leading insurance companies, to provide you a service that is fast, flexible and totally reliable.

Eligibility

If you are eligible under your local Microsoft plan in participating countries, you and your dependants are also entitled to the Health Plus Plan (HPP). The HPP supplements your local plan covering higher benefit limits and additional treatments and services.

Depending where you are located you may be entitled to cover under group **49078** or **49076**. Please refer to the HPP country list available on your HRweb. **You will need to provide us your group number when contacting us.**

How to use your Health Plus Plan

Check your level of cover

First, check that you are covered for the treatment you are seeking under your eligible group, **49078** or **49076**. The Table of Benefits of your group will confirm what is covered.

You will need to provide us your group number in all communication with us.

Are you covered by your local insurer?

Prior to submitting any claim to us you will need to contact your local insurer requesting the following:

- **Insurance statement** displaying the renewal date and reimbursement obtained in relation to the treatment you are claiming for (it is important for us to verify if your local insurance partially covers the costs of your treatment).
- **Copy of declinature reason** (if you have been declined cover under your local plan), indicating why your local insurance can't cover the costs.

Your first treatment

You'll need to complete and submit a **Declaration Form** together with your first claim or Treatment Guarantee request in order to get your policy number setup in the system. Once your Declaration has been validated, we will issue your personal policy number which you will need to use on any future communication with us. A Declaration Form will also need to be completed for each dependent claiming for the first time.

Please note that your first claim/treatment guarantee may take up to 7 working days to be processed as we will need to set you up on our system first.

Some treatments require pre-approval from Allianz Care

If you are planning to have in-patient or high cost treatment you will need to request pre-approval from us. 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.

Examples of treatments that require pre-approval are: All in-patient benefits, Day-care treatment, Out-patient surgery, PET (Positron Emission Tomography) and CT-PET scans, Oncology (in-patient and day-care treatment only).

Treatment pre-approval process

In the event that you or any of your dependants need to be hospitalised or have high cost treatment, please follow the steps below. Our Medical Team will then be able to verify your cover and facilitate smooth admission into care:



Contact your local insurance provider to request an insurance statement indicating your renewal date and the benefits you're covered for, including any limits that apply (if the treatment you're seeking is not covered by your plan please ensure this is indicated too).



Download a HPP Treatment Guarantee Form from your dedicated member hub:
www.allianzcare.com/Microsoft



Submit the **HPP Treatment Guarantee Form** along with all supporting documentation and **Declaration Form** (if applicable, see "Your first treatment" above) at least **seven working days*** before treatment to: MicrosoftHPP@allianz.com



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

Once we receive all information we need, our Medical Team will review the information provided and will issue a Guarantee of Payment to the medical provider, authorising the treatment (provided you are eligible for the treatment). **If we need more information** we may need to contact you, your doctor or your medical provider and this may delay the process.

Pay and claim process

When your treatment has already occurred and you have settled the invoice

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



Contact your local insurance provider to request an insurance statement indicating your renewal date and the benefits you're covered for, including any limits that apply (if the treatment you're seeking is not covered by your plan please ensure this is indicated too).



Get an invoice from your medical provider. The invoice must clearly state:

- a. Your name
- b. Treatment date(s)
- c. Medical condition treated and type of treatment
- d. Date you first experienced the symptoms
- e. Treatment cost



Complete the **HPP Claim Form** available for download on your dedicated member support hub or on HRweb.



Submit the completed HPP Claim Form to **MicrosoftHPP@allianz.com** along with all supporting documentation and **Declaration Form** (if applicable, see “Your first treatment” above).



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 provided all the required information. Otherwise, we will need to request the details from you or your doctor.

* Please note that the turnaround time to process your first claim/treatment guarantee form submission may take up to 7 working days as we will need to set you up on our system first.



Additional information about claiming for your expenses

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

- **Claiming deadline:** You must submit all no later than six months after the end of the Insurance Year. If cover is cancelled during the Insurance Year, you should submit your claim no later than six months after the date that your cover ended. After this time, we are not obliged to settle the claim.
- **Claim submission:** You must submit a separate claim for each person claiming and for each medical condition being claimed for.
- **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.

- **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.

Frequently asked questions

Do I have to pay for the Health Plus Plan coverage?

No, the cost of the plan is fully paid by Microsoft.

Will the Health Plus Plan (HPP) reimburse the shortfall on my local insurance resulting from a co-payment or deductible?

No, the plan is only aimed to cover you when your local benefits are exhausted, or when part of the benefit is not covered locally but applicable to the Health Plus cover, or where no cover is available by your local plan.

Any request for reimbursement of local co-payments or deductibles will be declined.

Will I receive a personal policy number?

We will issue your personal policy number once you submit your **Declaration Form** along with your first Claim or **Treatment Guarantee Form**. You will need to use this policy number on any future communication with us.

How to submit claims for my dependents?

You will need to fill out the **Declaration Form** and **Claim Form**, complete PART 1 – EMPLOYEE & PATIENT INFORMATION. Patient information relates to the person who receives the treatment and whose name appears on the invoices, prescriptions, etc. We will then process the request and include the dependent under your existing personal policy number (if you have already claimed) or we will create a personal policy number in your name and include your dependent accordingly.

How does the Health Plus Plan work?

Here are a couple of examples of how the Health Plus Plan supplements your local medical cover:

- Jay has been receiving treatment for cancer, but his local medical plan only covers his treatment up to a certain limit. The cost of his treatment is approaching that limit, so he submits the HPP **Declaration Form** and **Treatment Guarantee Form** to Allianz Care who enrolls him in the plan and enables further cover for his cancer treatment.
- May is allowed one cycle of fertility treatment through her medical plan and has exhausted her limit. She checks that she is eligible under the Health Plus Plan, fills out the relevant HPP **Declaration Form** and **Claim Form**, secures relevant confirmation from her local insurer and sends the documentation to Allianz Care. Subject to her request being validated, she receives a personal policy number, and continues receiving fertility treatment covered by the Health Plus Plan.

What if I already have treatment in process? Are pre-existing conditions covered?

Services and treatment related to a pre-existing condition will be covered, but only for treatment dates on or after your eligibility date, as per below:

- Entry date of your employment country into the Microsoft Health Plus Plan scheme; or
- Your date of employment, if your first employment day is subsequent to the entry date of your employment country into the scheme.

How will my doctor know I have this coverage?

The Health Plus Plan coverage is only accessible when your local medical plan is exhausted (or if the treatment is not available on your local plan).

For treatment where you pay and claim, your doctor does not need access to the HPP information. For treatment requiring pre-approval (direct settlement), once we receive all information we need, our Medical Team will review the information provided and will issue a Guarantee of Payment to the medical provider, authorising the treatment (provided you are eligible for the treatment). It is paramount that the relevant section of the **HPP Treatment Guarantee Form** be fully completed by the Doctor/medical provider so we can process your pre-approval request without any delays.

How can I show I've exhausted my local benefits or that my local plan doesn't cover a service?

Your local insurer will provide you with an insurance statement indicating that you have exhausted your local benefit or that the treatment you are seeking is not covered under the plan. You will need to provide this to us when submitting your claim or treatment guarantee form.

If the treatment or medicine I need is not covered by my local medical plan, can I use the Health Plus Plan?

Yes, if the treatment or medicine is covered under your HPP and is considered medically necessary by our medical team. You'll need to obtain an insurance statement from your local insurance indicating that the treatment or medicine is not available or that cover for such costs has been exhausted.

Can I get reimbursed for expenses incurred prior to the start date of the plan?

No, the Health Plus Plan will only cover treatment from the entry date of your employment country into the programme or your date of employment if it is subsequent to the country entry date.

If I have enrolled dependents living outside the country, would their medical expenses be covered under the Health Plus Plan?

The Health Plus Plan only covers treatment received in the country where you are employed, so your enrolled dependents would not be covered for services received out of your country of employment.

What happens to my coverage if I relocate to a country where the Health Plus Plan is not an option?

Your coverage under the Health Plus Plan would end on the date you officially transfer to a country where the HPP is not available.

If private hospitals are not covered in my local medical plan, will the Health Plus Plan cover treatment/medicine in private hospitals?

No, the Health Plus Plan does not cover upgrades. If a particular treatment within the HPP category of conditions is only available in a private hospital, you may contact us to understand your options (always provide copy of the local insurance conditions).

If a specific treatment is not legally allowed in my area but would otherwise be covered under the Health Plus Plan, can I still get the treatment?

No. We will adhere to local regulations but we may seek alternative solutions where feasible and compliant.

If my local plan reimburses me for treatment expenses, can I claim that same amount under the Health Plus Plan, too?

No. The Health Plus Plan coverage would begin once you've exhausted your local medical plan coverage. Any expenses paid under the local medical plan would not also be paid under the Health Plus Plan.

What happens to the coverage if I leave Microsoft?

Coverage under the Health Plus Plan will end if you drop local medical coverage through Microsoft or if your employment terminates, whichever is earlier. You have up to six months after your coverage end date to submit any claims for treatment that occurred while you were still eligible for the plan. If you leave Microsoft or drop local medical coverage, you must notify us of your end date. Failure to do so may result in unpaid claims, which will then become your responsibility.

If I am unsure in relation to the benefits covered under my local insurance plan, can I contact Allianz Care for guidance?

No. The Health Plus Plan works as a supplementary cover to your existing plan and you will need to seek advice from your local insurer in relation to eligibility conditions of your treatment before contacting us with all relevant information to process your claim.

For incoming foreign payments, my bank requires evidence that the funds corresponding to a claim reimbursement are legal and relate to the HPP. What document can I provide?

Upon assessment of your claim, we will send you a statement of account with all the details of the settlement of your claim. This document constitutes formal evidence that the bank should accept.

Did you know you have access to a dedicated member support hub?

We have created a dedicated member support hub where you can access all the information that will help you make the most of your insurance, including:

- Guide to your Health Plus Plan
- Claim Forms
- Table of Benefits
- Frequently Asked Questions
- Contact details







www.allianzcare.com/Microsoft

Contact us, we love to help!

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

Please remember to quote your group number or policy number when you contact us:

- @ Email: MicrosoftHPP@allianz.com
- 🏠 Address: [Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.](#)

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