



Employee Benefit Guide

EU Top-up Plans

Valid from 1st July 2023

Welcome

You can depend on Allianz Care, as your international health insurer, to give you access to the best care possible.

This guide has two parts: 'How to use your cover' is a summary of all important information you are likely to use on a regular basis; 'Terms and conditions of your cover' explains your cover in more detail.

To make the most of your top-up plan, please read this guide together with your Insurance Certificate and Table of Benefits.

How to use your cover

Support services	5
Understanding how your cover works	9
Seeking treatment?	11
Additional information about claiming for your expenses	12

Terms and conditions of your cover

Terms and conditions	15
Administration of your policy	16
Paying premiums	18
The following terms also apply to your cover	19
Data protection	21
Complaints procedure	22
Definitions	23
Exclusions	26

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.

AWP Health & Life SA, acting through its Irish Branch, is a limited company governed by the French Insurance Code. Registered in France: No. 401 154 679 RCS Bobigny. Irish Branch registered in the Irish Companies Registration Office, registered No.: 907619, address: 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA.

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: **+353 1 630 1301**

For our latest list of toll-free numbers, please visit: www.allianzcare.com/en/pages/toll-free-numbers.html

 Email: **client.services@e.allianz.com**

 Fax: **+353 1 630 1306**

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 three 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 that is in your Table of Benefits.

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

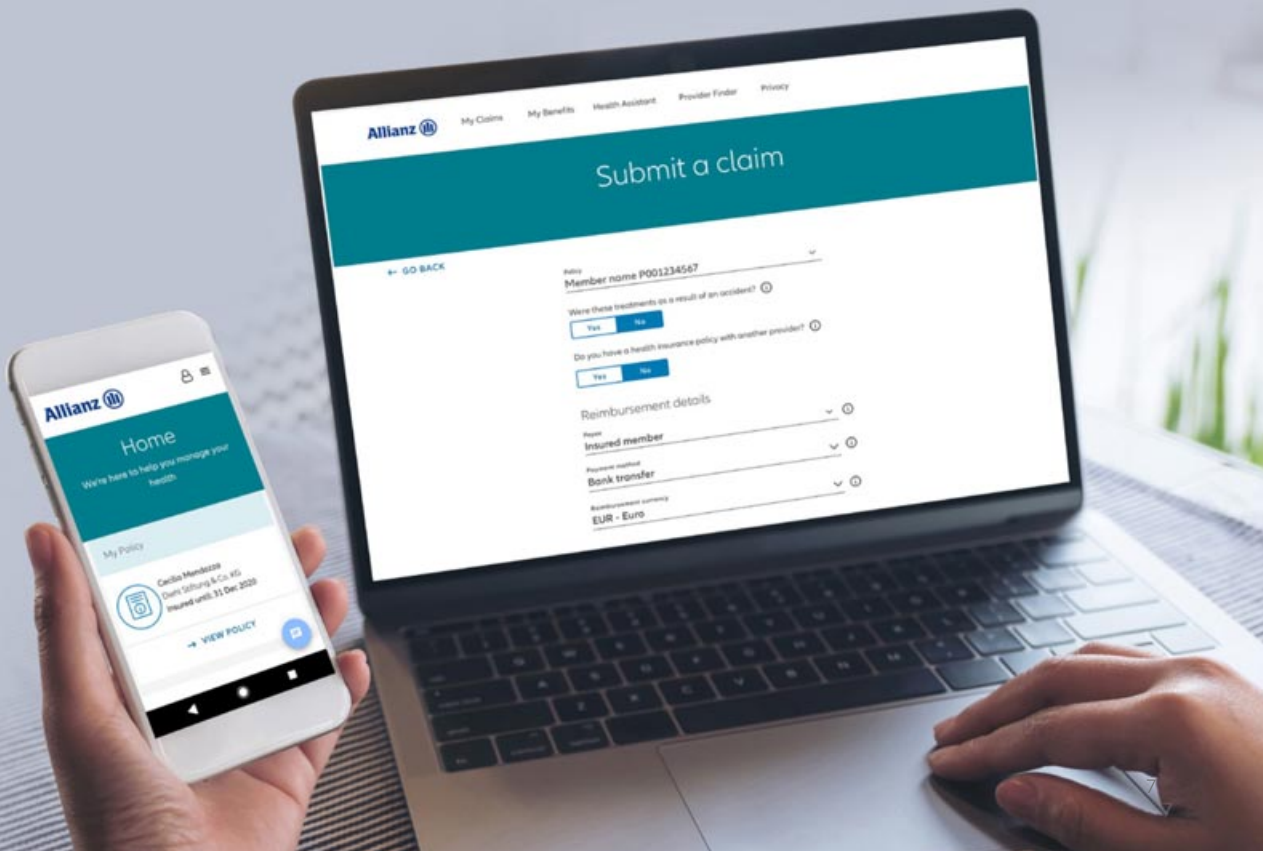
Getting started:

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

What am I covered for?

As a resident in a European country you may have a primary health insurance cover provided by a local insurer or social security. The EU Top-Up plan provides additional cover according to the benefits outlined in the Table of Benefits. This policy does not fulfil any local statutory requirements regarding the compulsory health insurance in the country of residence.

You 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.

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.

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

What are benefit limits?

Your cover may be subject to a **maximum plan benefit**. This is the maximum we will pay in total for all benefits included in the plan per member, per Insurance Year.

If your plan has a maximum plan benefit, it will apply even where:

- the term 'Full refund' appears next to the benefit.
- a specific benefit limit applies – this is when the benefit is capped to a specific amount (e.g. € 180).

Benefit limits may be provided on a "per Insurance Year" basis, on a "per lifetime" basis or on a "per event" basis (such as per trip or per visit).

In some instances, in addition to the benefit limit, we will only pay a percentage of the costs for the specific benefit (e.g. 80% refund).



Seeking treatment?

We understand that seeking treatment can be stressful. Follow the steps below so we can look after the details – while you focus 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. However, you can always call our Helpline if you have any queries.

Claiming for your out-patient, dental 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.



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

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 (via our MyHealth app or online portal) 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.

- **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 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 do not support us in getting the information we need.

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 that we have paid for, you will need to repay that amount (and any interest) to us.



Terms and conditions of your cover



Terms and conditions

This section describes the benefits and rules of your health insurance policy. Please read it together with your Insurance Certificate and Table of Benefits.

- Your **Insurance Certificate** details the plan(s) and geographical area of cover that your company chose for you. It also states the start date and renewal date of your cover. Please note that we will send you a new Insurance Certificate if we need to record any changes to your policy. These may be changes that your company requests or changes we are entitled to make. They may also be changes that you request – provided your company approves and we accept.
- Your **Table of Benefits** outlines the plan(s) selected by your company and the benefits available to you. It confirms any benefits to which specific benefit limits apply. Your Table of Benefits will be in the currency agreed with your company.

For full details of your company's insurance contract, please contact your company's Group Scheme Manager. Please note that the terms and conditions of your cover may be changed from time to time by agreement between your company and us.

Administration of your policy

When cover starts for you

Your insurance is valid from the start date shown on the Insurance Certificate and will continue until the group renewal date (which is also stated on the Insurance Certificate). Generally, this is one Insurance Year, unless we and your company decide otherwise or if you started your policy mid-year. At the end of this period, your company can renew the insurance on the basis of the policy terms and conditions applicable at that time. You will be bound by those terms.

Changing country of residence

It is important that you contact our Helpline and notify your Group Scheme Manager to let us know when you change your country of residence. This may affect your cover or premium, even if you are moving to a country within your geographical area of cover, as your existing plan may not be valid there. Cover in some countries is subject to local health insurance restrictions, particularly for residents of that country. It is your responsibility to ensure that your health cover is legally appropriate. If you are not sure, please get independent legal advice, as we may no longer be able to cover you. The cover we provide is not a substitute for local compulsory health insurance.

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.

Renewal of cover

The renewal of your cover is the decision of your company.

Ending your cover

Your company can end your cover by notifying us in writing. We cannot backdate the cancellation of your cover. It will automatically end:

- at the end of the Insurance Year, if the agreement between your company and us is terminated.
- if your company decides to end or not to renew your cover.
- if your company does not pay premiums or any other payment due under the Company Agreement with us.
- when you stop working for your company.
- upon the death of the insured employee.

We can end your cover if there is reasonable evidence that you 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 can join the scheme
- what premiums your company has to pay
- whether we have to pay any claim

Policy expiry

Please note that upon the expiry of your policy, your right to reimbursement ends. For up to six months after the expiry 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 policy.

In case you obtain treatment following the expiry of membership, we reserve the right to recover the full amount of any treatment expenses from you and/or the company.

Paying premiums

Your company is responsible for paying the premiums for you under the Company Agreement. Your company may also pay other taxes and charges associated with your cover (such as Insurance Premium Tax). However you may be liable to pay tax in respect of the premiums paid by your company. For details, please check with your company.

The following terms also apply to your cover

Applicable law: Your policy is governed by the laws and courts of the country as set out in the Company Agreement, unless otherwise required by law.

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 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 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. This is called subrogation. We may take legal proceedings in your name, at our expense, to achieve this.

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 that 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 anyone acting on your 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 your company of any fraudulent activity.

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

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


 +353 1 630 1301

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:

 +353 1 630 1301

 client.services@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

The following definitions apply to the EU Top-up plans. The benefits you are covered for are listed in your Table of Benefits. If your plan includes any benefit not defined below, the definition will appear in the “Notes” section at the end of your Table of Benefits. Wherever these words/phrases appear in your policy documents, they will always have the following meanings:

A

Acute

Sudden onset of symptoms or a medical condition.

C

Chiropractic treatment

A manual therapy where an application of forces to bones, joints and muscles is used to restore regular joint motion and to improve the body's physical function. Cover may be limited to a number of sessions or another limit, as is stated in the Table of Benefits.

Company

Your employer as named in the Company Agreement.

Company Agreement

The agreement we have with your employer, which allows you to be insured with us. This agreement sets out who can be covered, when cover begins, how it is renewed and how premiums are paid.

Complementary treatment

Treatment that exists outside of traditional Western medicine. Please refer to your Table of Benefits to confirm whether any of the following complementary treatment methods are covered: chiropractic treatment, osteopathy, podiatry, homeopathy, Chinese herbal medicine, acupuncture and ayurvedic treatment as practised by approved therapists. If available, consultation costs will also be covered under this benefit.

D

Dental cleaning

Dental cleaning that must be carried out by a trained oral prophylaxis assistant, a qualified dental assistant, a dental hygienist or a dentist. Tartar and plaque are removed with the help of a scraping knife or ultrasonic device, the interdental space is cleaned with dental floss and at the end of the treatment a fluoride gel, foam or varnish is applied onto the teeth.

Dental implants

Prostheses that interface with the bone of the jaw or the skull to support a dental prosthesis such as a crown, bridge or denture. Cover is only provided where your plan includes a specific ‘Dental implants’ benefit.

Dental practitioner

A person who:

- has attained primary degrees in dentistry and/or dental surgery by attending a dental and/or medical school recognised by a relevant accredited professional body, and
- is licensed by the relevant authority to practice dentistry and/or dental surgery in the country where the treatment is given.

Dental prescription drugs

Drugs prescribed by a dentist for the treatment of dental inflammation or infection. The prescription drugs must be proven to be effective for the condition and recognised by the pharmaceutical regulator in a given country. They do not include mouthwashes, fluoride products, antiseptic gels and toothpastes.

Dental prostheses

Crowns, inlays, onlays, adhesive reconstructions/restorations, bridges, dentures and implants as well as all necessary and ancillary treatment required.

G

General advice

Any medical opinion or medical recommendation from a relevant accredited professional body in relation to a medical condition or treatment that confirms, in our reasonable opinion, an established medical practice or opinion.

Group Scheme Manager

The designated representative of your company, who acts as the point of contact between the company and us for matters relating to the administration of the plan such as enrolment, premium collection and renewal.

H

Home country

A country for which you hold a current passport or which is your principal country of residence.

I

Insurance Certificate

A document we issue that outlines the details of your cover. It confirms that your company has a group insurance policy with us.

Insurance Year

It applies from the effective date of your policy, as shown on the Insurance Certificate and ends at the expiry date of the Company Agreement. The following Insurance Year coincides with the year that is defined in the Company Agreement.

Insured person

You as stated on your Insurance Certificate.

L

Laser eye treatment

The surgical improvement of the refractive quality of the cornea using laser technology, including the necessary pre-operative investigations.

M

Medical necessity

Medical treatment, services or supplies that fulfil all of the following:

- Essential to identify or treat your condition, illness or injury.
- Consistent with your symptoms, diagnosis or treatment of the underlying condition.
- In accordance with generally accepted medical practice and professional standards of care in the medical community at the time (this does not apply to complementary treatment methods if they form part of your cover).
- Required for reasons other than the comfort or convenience of you or your doctor.
- Proven and demonstrated to have medical value (this does not apply to complementary treatment methods if they form part of your cover).
- Considered to be the most appropriate type and level of service or supply.
- Provided at an appropriate facility, in an appropriate setting and at an appropriate level of care for the treatment of your medical condition.
- Provided only for an appropriate duration of time.

In this definition, the term 'appropriate' means taking patient safety and cost effectiveness into consideration. In respect to in-patient treatment, 'medically necessary' also means that diagnosis can't be made or treatment can't be safely and effectively provided on an out-patient basis.

Medical practitioners

Doctors who are 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.

P

Periodontics

Dental treatment related to gum disease.

Prescribed drugs and dressings

Drugs when prescribed by a doctor to:

- treat a confirmed diagnosis or medical condition.
 - compensate a lack of vital bodily substances.
- Prescribed drugs must be clinically proven to be effective for the diagnosed condition. They must also be recognised by the pharmaceutical regulator in the country where you use the prescription. Even if you can legally buy a medication without a doctor's prescription in that country, you must get a prescription for these costs to be covered. You can claim for a supply of up to three months from the prescription date, subject to length of time remaining on the policy.

Prescribed glasses and contact lenses including eye examination

Cover for a routine eye examination carried out by an optometrist or ophthalmologist (one check-up per Insurance Year) and for lenses and glasses to correct vision.

Prescribed medical aids

Any device that is prescribed and medically necessary to enable you to carry out everyday activities. Examples include:

- Biochemical aids such as insulin pumps, glucose meters and peritoneal dialysis machines
- Motion aids such as crutches, wheelchairs, orthopaedic supports/braces, artificial limbs and prostheses
- Hearing and speaking aids such as an electronic larynx
- Medically graduated compression stockings
- Long-term wound aids such as dressings and stoma supplies

We do not cover costs for medical aids that form part of palliative care or long-term care.

Prescribed physiotherapy

Treatment provided by a registered physiotherapist following referral by a doctor. Physiotherapy (either prescribed, or a combination of non-prescribed and prescribed treatment) is initially restricted to 12 sessions per condition, after which treatment must be reviewed by the doctor who referred you. If you need further sessions, you must send us a new progress report after every set of 12 sessions, indicating the medical necessity for more treatment. Physiotherapy does not include therapies such as Roling, massage, Pilates, Fango and Milta.

Principal country of residence

The country where you live for more than six months of the year.

R

Routine dental treatment

It includes an annual check-up, simple fillings related to cavities or decay, root canal treatment and dental prescription drugs.

T

Therapist

Chiropractor, osteopath, podiatrist, Traditional Chinese Medicine practitioner, homeopath, acupuncturist, ayurvedic practitioner, physiotherapist, speech therapist, occupational therapist or oculomotor therapist, who is qualified and licensed under the laws of the country in which treatment takes place.

Treatment

Medical procedure needed to cure or relieve illness or injury.

W

We/Our/Us

Allianz Care.

Y

You/Your

The person working for the company named on the Insurance Certificate.

Exclusions

Expenses incurred for the following treatments, medical conditions, procedures, behaviours or accidents are not covered under the policy unless confirmed otherwise in the Table of Benefits or in any written policy endorsement.

COMPLEMENTARY TREATMENT

Complementary treatment, with the exception of those treatments shown in the Table of Benefits.

CONSULTATIONS PERFORMED BY YOU OR A FAMILY MEMBER

Consultations performed and any drugs or treatments prescribed by you, your spouse, parents or children.

DENTAL VENEERS

Dental veneers and related procedures.

DRUG ADDICTION OR ALCOHOLISM

Care and/or treatment of drug addiction or alcoholism (including detoxification programmes and treatments to stop smoking), death associated with drug addiction or alcoholism, or the treatment of any condition that in our reasonable opinion is related to, or a direct consequence of, alcoholism or addiction (e.g. organ failure or dementia).

EXPERIMENTAL OR UNPROVEN TREATMENT OR DRUG THERAPY

Any form of treatment or drug therapy that in our reasonable opinion is experimental or unproven, based on generally accepted medical practice.

FAILURE TO SEEK OR FOLLOW MEDICAL ADVICE

Treatment required as a result of failure to seek or follow medical advice.

INJURIES CAUSED BY PROFESSIONAL SPORTS

Treatment or diagnostic procedures for injuries arising from taking part in professional sports.

INTENTIONALLY CAUSED DISEASES OR SELF-INFLICTED INJURIES

Care and/or treatment of intentionally caused diseases or self-inflicted injuries, including a suicide attempt.

MEDICAL ERROR

Treatment required as a result of medical error.

PARTICIPATION IN WAR OR CRIMINAL ACTS

Death from or treatment for any illnesses, diseases or injuries resulting from active participation in the following, whether war has been declared or not:

- War
- Riots
- Civil disturbances
- Terrorism
- Criminal acts
- Illegal acts
- Acts against any foreign hostility

PRESCRIPTION DRUGS, MEDICAL PRACTITIONER FEES AND SPECIALIST FEES

Prescription drugs, Medical practitioner fees and Specialist fees except where directly related to a hospitalisation event or a surgical procedure. Only expenses incurred for treatment taking place within two months prior to and up to six months following the relevant hospitalisation or surgical procedure will be covered.

PRODUCTS PURCHASED WITHOUT A PRESCRIPTION

Products that are purchased without a doctor's prescription.

SLEEP DISORDERS

Treatment of sleep disorders, including insomnia, obstructive sleep apnoea, narcolepsy, snoring and bruxism.

SUBSTANCES, PERSONAL PRODUCTS AND DIETARY SUPPLEMENTS

Substances, personal products and dietary supplements including vitamins and minerals (except during pregnancy or to treat diagnosed vitamin deficiency syndromes), mouthwash, toothpaste, antiseptic lozenges and sprays, shampoo, sunscreen, cosmetic products, sanitiser, gloves, masks, visors, thermometers, children's food, baby supplies and infant formula given orally. These products are excluded even if they are medically recommended, prescribed or acknowledged as having therapeutic effects. Costs incurred as a result of nutritional or dietary consultations are also not covered, unless a specific benefit shows in your Table of Benefits.

TRAVEL COSTS

Travel costs to and from medical facilities (including parking costs) for eligible treatment.

TREATMENT IN THE USA IN THE FOLLOWING CASES

Treatment in the USA 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.
- 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.

TREATMENT OUTSIDE THE GEOGRAPHICAL AREA OF COVER

Treatment outside the geographical area of cover unless for emergencies or authorised by us.

BENEFITS THAT ARE NOT IN YOUR TABLE OF BENEFITS

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

 English:	+353 1 630 1301
German:	+353 1 630 1302
French:	+353 1 630 1303
Spanish:	+353 1 630 1304
Italian:	+353 1 630 1305
Portuguese:	+353 1 645 4040

Toll free numbers: www.allianzcare.com/toll-free-numbers

If you are not able to access the toll-free numbers from a mobile phone, please dial one of the Helpline numbers listed above.

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 identity.

 **Email:** client.services@e.allianz.com

 **Fax:** + 353 1 630 1306

 **Address:** Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland.

 **www.allianzcare.com**

 www.facebook.com/allianzcare

 www.twitter.com/AllianzCare

 www.youtube.com/user/allianzworldwide

 www.instagram.com/allianzcare/

 www.linkedin.com/company/allianz-care

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