



Health Insurance for short term travel
Valid from 1st April 2019

SHORT TERM Healthcare Plan

Welcome

You can depend on Allianz Care, as your international health insurer, to give you access to the best care possible in the event of a medical emergency – wherever you travel in the world.

This guide consists of 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 international healthcare plan, please read this guide, which includes your Table of Benefits, in conjunction with your Insurance Certificate. For full details of your company’s insurance contract, please contact your company’s Group Scheme Manager.

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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.

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HOW TO USE YOUR COVER



MEMBER SERVICES

We believe in making a difference by providing you with the superior level of service that you deserve, anytime, anywhere!

Emergency Assistance Service

In the event that you require emergency medical treatment in a hospital or clinic, you should contact our Helpline as soon as possible. This will give us the opportunity to arrange the direct settlement of your hospital bills, where possible, and will ensure that your claim can be processed without delay.

Our Emergency Assistance Service is available 24 hours a day, 365 days a year.

@ Email: client.services@allianzworldwidecare.com

☎ Helpline: **+353 1 630 1301**

📠 Fax: **+353 1 630 1306**

For our latest list of toll-free numbers, please visit: www.allianzworldwidecare.com/toll-free-numbers.

Please note that in some instances the toll-free numbers are not accessible from a mobile phone. In this case, please dial one of the Helpline numbers listed above.

Web-based member services

On our website you can search for medical providers, download forms and access our BMI calculator. You are not restricted to using the medical providers listed on our website.

🌐 www.allianzworldwidecare.com/members

Did you know...

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

COVER OVERVIEW

What am I covered for?

This plan is specifically designed to cover the **emergency healthcare needs** of employees while they travel abroad on business. In case of a medical emergency, we cover acute emergency treatments, accidents and any other event outlined in the Terms and Conditions.

Any **ongoing or further treatment** that is required after the emergency situation is not covered by this policy.

What is a medical emergency?

By **medical emergency** we mean an accident, a disaster or any sudden beginning or worsening of a severe illness, resulting in a medical condition that presents an immediate threat to your health and therefore requires urgent medical measures. Only medical treatment by a physician, medical practitioner/specialist or hospitalisation that **commences within 24 hours of the emergency event** will be covered.

Where can I receive treatment?

The insured persons are covered Worldwide for trips outside their principal country of residence or country of primary employment.

For how long am I covered?

Your cover has a maximum duration that may be one of the following:

- 90 travel days per Insurance Year.
- 180 travel days per Insurance Year.

Your specific duration of cover is indicated on your personal Insurance Certificate. If you are not sure about your duration of cover, please contact our Helpline.

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. Although many benefits included in your Table of Benefits are covered in full, some are capped to a specific amount (e.g. €20,000). This specific amount is a benefit limit.

For further information on benefit limits please refer to the “Benefit limits” section of this guide.



SEEKING TREATMENT

We understand that seeking treatment can be stressful. By following the process below, we can look after the administration and you can 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 which benefits are available to you, however, you can always call our Helpline if you have any queries.

Some treatments require pre-authorisation

Your Table of Benefits will indicate what treatments are subject to pre-authorisation through submission of a Treatment Guarantee Form. The Treatment Guarantee process helps us to assess each case, organise everything with the hospital before your arrival and facilitate direct payment of your hospital bill, where possible.

Getting in-patient treatment

While Treatment Guarantee is not required in advance of emergency in-patient treatment, either you, your physician or a colleague needs to **inform us about the hospital admission within 48 hours of the event.**

Full details of our Treatment Guarantee process can be found in the Terms and Conditions section of this document.

Claiming for your out-patient, dental and other expenses

If your treatment does not require pre-authorisation, unless you have been informed of a different settlement arrangement, just pay the bill and claim the expenses from us. In this case, simply 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 by completing and submitting a Claim Form, downloadable at:

www.allianzworldwidecare.com/members

You will need to complete section 5 and 6 of the Claim Form only if the information requested in those sections is not already provided 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). We recommend you to ensure that the payment details you supply on the Claim Form are correct to avoid delays to claims settlement.

Please refer to "Medical Claims" in the Terms and conditions of your cover section of this guide for additional information about our claims process.



Quick claim processing

We can process a claim and issue payment instructions to your bank within 48 hours, when all required information has been submitted. However, without the diagnosis, we cannot process your claim promptly, as we will need to request these details from you or your doctor. Please make sure you include the diagnosis on your claim!

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



Evacuations

At the first indication that a medical evacuation is required, please call our 24 hour Helpline and we will take care of everything. Given the urgency of an evacuation, we would advise that you call us, however, you can also contact us by email.

When emailing, please include "*Urgent – Evacuation*" in the subject line. Please contact us before talking to any alternative providers, even if approached by them, to avoid potentially inflated charges or unnecessary delays in the evacuation process. In the event that evacuation services are not organised by us, we reserve the right to decline the costs.

 +353 1 630 1301

 medical.services@allianzworldwidecare.com





A hand is visible on the left side, blowing dandelion seeds into the air. The background is a warm, golden-brown color with a bokeh effect of out-of-focus light circles. The text is centered in the lower half of the image.

TERMS AND CONDITIONS OF YOUR COVER



TERMS AND CONDITIONS

This section describes the standard benefits and rules of your group short term health insurance policy. Please read it in conjunction with your Insurance Certificate and Table of Benefits (included in this guide).

- Your **Insurance Certificate** details the plan and geographical area of cover that your company has chosen for you as well as 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 requested by your company or which we are entitled to make, or if, with your company's approval and our acceptance, you request a change.
- Your **Table of Benefits** outlines the plan selected by your company and the associated benefits available to you. In addition, it confirms any benefits to which specific benefit limits apply. Your Table of Benefits will be issued using the currency agreed with your company (or with you, if you pay for the insurance premium).

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 membership may be changed from time to time by agreement between your company and us.

YOUR COVER EXPLAINED

The Table of Benefits below lists all the benefits you are covered for and any applicable limits. For an explanation of how your benefit limits apply to your plan, please see the “Benefit limits” paragraph.

Your benefits are also subject to definitions and exclusions (also available in this document).

Table of Benefits

The table below shows details of the cover provided under the Short Term Healthcare Plan. Benefit amounts shown are per insured person per Insurance Year.

Treatment Guarantee is required for all benefits indicated with a * in the following table. For further important details regarding Treatment Guarantee, please read the paragraph after this table.

You are covered for **emergency treatment** only, subject to the benefit limits stated:

Maximum plan benefit

GBP (£)	£166,000
EUR (€)	€200,000
USD (\$)	\$270,000
CHF	CHF260,000

In-patient benefits

Hospital accommodation	Private room
Intensive care	Full refund
Prescription drugs and materials (in-patient and day-care treatment only) (prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	Full refund
Surgical fees, including anaesthesia and theatre charges	Full refund
Physician and therapist fees (in-patient and day-care treatment only)	Full refund
Diagnostic tests (in-patient and day-care treatment only)	Full refund
Physiotherapy	Full refund
Emergency in-patient dental treatment	Full refund

Other benefits

Day-care treatment	Full refund
Out-patient surgery	Full refund
Local ambulance	Full refund
Medical evacuation*	Full refund

Repatriation of mortal remains*	£16,600/€20,000/ \$27,000/CHF26,000
CT and MRI scans (in-patient and out-patient treatment)	Full refund
PET and CT-PET scans (in-patient and out-patient treatment)	Full refund
Out-patient benefits	
Medical practitioner and specialist fees	Full refund
Diagnostic tests	Full refund
Prescription drugs (prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	Full refund
Emergency out-patient dental treatment	Full refund

Treatment Guarantee

Certain costs require you and your physician to complete the relevant sections of a Treatment Guarantee Form and submit it to us in advance. Following approval by Allianz Care, cover for these required costs can then be guaranteed.

Please note that a Treatment Guarantee Form must be submitted for approval prior to:

- Medical evacuation
- Repatriation of mortal remains

Download a Treatment Guarantee Form from our website:

www.allianzworldwidecare.com/members

Send the completed form to us via scan, fax or post (details on the form)

While Treatment Guarantee is not required in advance of emergency in-patient treatment, either you, your physician or a colleague needs to inform us about the hospital admission within 48 hours of the event.

If we are not informed about the hospitalisation within 48 hours, or if Treatment Guarantee is not obtained for the benefits listed with a * in the Table of Benefits (and stated above), we **reserve the right to decline a claim**. Where Treatment Guarantee has not been obtained, and access to the benefit is subsequently proven to have been medically necessary, we will pay only **50%** of the eligible benefit.

What we cover

Your policy provides cover for medical treatment, related costs, services and/or supplies as indicated in the Table of Benefits, that we determine to be medically necessary and appropriate to treat a patient's condition, illness or injury. We will only reimburse medical providers where their charges are reasonable and customary in accordance with standard and generally accepted medical procedures. If a claim is deemed by us to be inappropriate, we reserve the right to reduce the amount payable by us.

Benefit limits

There are two kinds of benefit limits shown in the Table of Benefits:

- The **maximum plan benefit**, which applies to certain plans, is the maximum we will pay for all benefits in total, per member, per Insurance Year, under that particular plan.
- Some benefits also have a **specific benefit limit**, which is applied separately, for example "Repatriation of mortal remains".

Where a specific benefit limit applies or where the term "Full refund" appears next to certain benefits, the refund is subject to the maximum plan benefit. All limits are per member, per Duration of Cover, per Insurance Year, unless otherwise stated in your Table of Benefits.



CLAIMS



Medical claims

In relation to medical claims, please note that:

- a) All claims should be submitted via Claim Form **no later than six months after the end of the Insurance Year. If cover is cancelled during the Insurance Year, claims should be submitted no later than six months after the date that your cover ended. Beyond this time, we are not obliged to settle the claim.**
- b) Please note that some costs require submission of a Treatment Guarantee Form prior to treatment taking place. Please refer to the Table of Benefits to check which benefits require Treatment Guarantee.
- c) Claims are only covered if they result from an eligible medical emergency, are medically necessary, are delivered by an officially recognised physician, dentist or other therapist, are generally medically accepted and are incurred during an insured event.
- d) It is your responsibility to retain any original supporting documentation (e.g. medical receipts) where copies are submitted to us, as we reserve the right to request original supporting documentation/receipts up to 12 months after claims settlement, for auditing purposes. We also reserve the right to request a proof of payment by you (e.g. bank or credit card statement) in respect of your medical receipts. We advise that you keep copies of all correspondence with us as we cannot be held responsible for correspondence that does not reach us for any reason that is outside of our reasonable control.
- e) Please **specify on the Claim Form the currency in which you wish to be paid.** Unfortunately, on rare occasions, we may not be able to make a payment in the currency you requested on the Claim Form due to international banking regulations. In this instance we will review each case individually to identify a suitable alternative currency option. If we have to make a conversion from one currency to another, we will use the exchange rate that applies on the date on which the invoices were issued, or we will use the exchange rate that applies on the date that claims payment is made.

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

- f) Only costs incurred as a result of eligible treatment will be reimbursed within the limits of your policy, after taking into consideration any Treatment Guarantee requirements.
- g) If you are required to pay a deposit in advance of any medical treatment, the cost incurred will only be reimbursed after treatment has taken place.
- h) You agree to assist us in obtaining all the necessary information 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 physician. We may, at our own expense, request a medical examination by our medical representative when we deem this to be necessary. In addition, we may request an autopsy where this is not forbidden by law. All information will be treated in strict confidence. We reserve the right to withhold benefits in cases where the employee has not honoured his/her obligations under the policy.
- i) Claims will be settled directly with the member. Whenever possible, we will seek to pay in-patient treatment expenses directly to the hospital. The incurred costs will be reimbursed per person within the limits of the policy, after taking into consideration the required Treatment Guarantee.
- j) **Upon expiry of your insurance cover, your right to reimbursement ends** (for more details, please refer to the section on "Policy expiry").

Treatment needed as a result of somebody else's fault

If you are claiming for treatment that is needed when somebody else is at fault, you must write and tell us as soon as possible; e.g. if you need treatment for an injury suffered in 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 so that we can recover, from the other insurer, the cost of the treatment paid for by us. If you are able to recover the cost of any treatment for which we have paid, you must repay that amount (and any interest) to us.



PAYING PREMIUMS

The following section provides you with general information on paying your premiums and details other important aspects of your membership.

Your company is responsible for the payment of premiums to us for your membership under the Company Agreement, together with any amount that may be due and payable in respect of your membership (such as Insurance Premium Tax).

Please be aware that you may be liable for payment of tax in respect of the premiums paid by your company. For details, please check with your company.



ADMINISTRATION OF YOUR POLICY

Starting membership

The insurance shall be valid as of the start date on the Insurance Certificate.

Duration of the insurance / renewal

The term of your policy depends on the Duration of Cover chosen for you by your company (90 or 180 days). Please refer to your Insurance Certificate to confirm this.

Treatment covered by another insurance scheme

You must write to tell us if you have any other insurance cover for the cost of the treatment or benefits you have claimed from us. If you do have other insurance cover, we will only pay our share of the cost of the treatment.

Changing your address/email address

All correspondence will be sent to the details we have on record for you unless requested otherwise. Any change in your home, business or email address should be communicated to us in writing as soon as possible.

Correspondence

Written correspondence between us must be sent by email or post (with the postage paid). We do not usually return original documents to you, unless you specifically request us to do so at the time of submission.

Ending your membership

Your cover will automatically end:

- When you return to your principal country of residence or country of primary employment after a trip abroad.
- After either 90 or 180 travel days abroad within the Insurance Year, depending on the duration of cover selected by your company.
- If your company decides to end the cover or does not renew your membership.

- If your company does not pay premiums or any other payment due under the Company Agreement with Allianz Care.
- If you are an individual payer and you do not pay premiums or any other payment due under the Company Agreement with Allianz Care.
- When you stop working for the company.
- Upon the death of the insured employee.

Policy expiry

Please note that upon the expiry of your policy, your right to reimbursement ends. Any eligible expenses incurred during the period of cover shall be reimbursed up to six months after the expiry date of the policy. However, any on-going or further treatment that is required after the expiry date of your policy will no longer be covered.



ADDITIONAL TERMS

The following are important additional terms that apply to your policy with us:

- 1. 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.
- 2. Economic sanctions:** This policy does not provide any cover or benefit for any business or activity to the extent that either the cover, benefit, the underlying business or activity would violate any applicable sanction law or regulations of the United Nations, the European Union or any other applicable economic or trade sanction law or regulations.
- 3. Eligibility:** Only those employees as described in the Company Agreement are eligible for cover.
- 4. Liability:** Our liability to the insured person is limited to the amounts indicated in the Table of Benefits and any subsequent policy endorsements. In no event will the amount of reimbursement, whether under this policy, public medical scheme or any other insurance, exceed the amount of the invoice.
- 5. Other parties:** No other person (except an appointed representative or the Group Scheme Manager) is allowed to make or confirm any changes to your membership on your behalf, or decide not to enforce any of our rights. No change to your membership will be valid unless it is specifically agreed between your company and us.
- 6. Third party liability:** If you are eligible to claim benefits under a public scheme or any other insurance policy or from any other third party, which pertains to a claim submitted to us, we reserve the right to decline to pay benefits. You must inform us and provide all necessary information if and when you are entitled to claim benefits under a public scheme or any other insurance policy or from any other third party. You and the third party may not agree any final settlement or waive our right to recover outlays without our prior written agreement. Otherwise, we are entitled to recover the amounts paid from you and to cancel the policy. We have full rights of subrogation and may institute proceedings in your name, but at our expense, to recover, for our benefit, the amount of any payment made or due under a public scheme or any other insurance policy or made by or due from any other third party. We will not make any contribution, wholly or in part, to any third-party insurer if any claim under this insurance is also covered wholly or in part under any other insurance, except in respect of any excess beyond the amount which would have been covered under such other insurance had this insurance not been effected.
- 7. Force majeure:** We shall not be liable for any failure or delay in the performance of our obligations under the terms of this policy, caused by, or resulting from, force majeure which shall include, but is not limited to: events which are unpredictable, unforeseeable or unavoidable, such as 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, expropriation by governmental authorities and any other act or event that is outside of our reasonable control.
- 8. Cancellation and fraud:** If any claim is false, fraudulent, intentionally exaggerated or if fraudulent means or devices have been used by you or anyone acting on your behalf to obtain benefit under this policy, we will not pay any benefits for that claim. The amount of any claim settlement made to you before the fraudulent act or omission was discovered, will become immediately due and 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. This is an important notice which outlines how we will process your personal data and should be read by you before the submission of any personal data to us. To read our Data Protection Notice visit:

 www.allianzworldwidecare.com/en/privacy

Alternatively, you can contact us on the phone to request a paper copy of our full Data Protection Notice.

 **+353 1 630 1301**

If you have any queries about how we use your personal data, you can always contact us by email.

 AP.EU1DataPrivacyOfficer@allianz.com



COMPLAINTS PROCEDURE

Our Helpline is always the first number to call if you have any comments or complaints. If we have not been able to resolve the problem on the telephone, please email or write to us at:

☎ **+353 1 630 1301**

@ **client.services@allianzworldwidecare.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 detailed at:

🌐 **www.allianzworldwidecare.com/complaints-procedure**

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



DEFINITIONS

The following definitions apply to the benefits included in our range of Healthcare Plans and to some other commonly used terms. The benefits you are covered for are listed in your Table of Benefits. If any unique benefits apply to your plan(s), the definition will appear in the “Notes” section at the end of your Table of Benefits. Wherever the following words/phrases appear in your policy documents, they will always be defined as follows:



A

Accident is a sudden, unexpected event which 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.

Acute means the sudden beginning or worsening of a medical condition.

C

Chronic condition is defined as a sickness, illness, disease or injury that either lasts longer than six months or requires medical attention (check-up or treatment) at least once a year. It also has one or more of the following characteristics:

- Is recurrent in nature.
- Is without a known, generally recognised cure.
- Is not generally deemed to respond well to treatment.
- Requires palliative treatment.
- Requires prolonged supervision or monitoring.
- Leads to permanent disability.

Company is your employer whose name is mentioned in the Company Agreement.

Company Agreement is 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.

Country of primary employment is the country in which the employee pays taxes and social security contributions.

D

Day-care treatment is treatment received in a hospital or day-care facility during the day, including a hospital room and nursing, that does not medically require the patient to stay overnight and where a discharge note is issued.

Dental prescription drugs are those prescribed by a dentist for the treatment of a 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. This does not include mouthwashes, fluoride products, antiseptic gels and toothpastes.

Diagnostic tests are investigations such as x-rays or blood tests, undertaken in order to determine the cause of the presented symptoms.

E

Emergency can be affirmed in case of an accident, disaster, any sudden beginning or worsening of a severe illness resulting in a medical condition that presents an immediate threat to your health and therefore requires urgent medical measures. Only medical treatment by a physician, medical practitioner/specialist or hospitalisation that commences within 24 hours of the emergency event will be covered.

Emergency in-patient dental treatment refers to acute emergency dental treatment due to a serious accident requiring hospitalisation. The treatment must be received within 24 hours of the emergency event. Please note that cover under this benefit does not extend to follow-up dental treatment, dental surgery, dental prostheses, orthodontics or periodontics.

Emergency out-patient dental treatment is treatment received in a dental surgery/hospital emergency room for the immediate relief of dental pain caused by an accident or an injury to a sound natural tooth, including pulpotomy or pulpectomy and the subsequent temporary fillings, limited to three fillings per Insurance Year. The treatment must be received within 24 hours of the emergency event. This does not include any form of dental prostheses, permanent restorations or the continuation of root canal treatment.

G

Group Scheme Manager is the designated representative of the company acting as the key 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

Hospital is 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 medical practitioner. The following establishments are not considered hospitals: rest and nursing homes, spas, cure-centres and health resorts.

Hospital accommodation refers to standard private or semi-private accommodation as indicated in the Table of Benefits. Deluxe, executive rooms and suites are not covered.

I

In-patient treatment refers to treatment received in a hospital where an overnight stay is medically necessary.

Insurance Certificate is a document outlining the details of your cover and is issued by us. It confirms that an insurance relationship exists between your company and us.

Insurance Year applies from the effective date of the insurance, as indicated on the Insurance Certificate and ends at the expiry date of the Company Agreement. The following Insurance Year coincides with the year defined in the Company Agreement.

Insured event is the medically necessary emergency treatment received by you due to a disease or accident, in accordance with the terms of the policy.

L

Local ambulance is ambulance transport required for a medical emergency to the nearest available and appropriate hospital or licensed medical facility.

M

Medical evacuation applies where the necessary treatment for which the insured person is covered is not available locally or if adequately screened blood is unavailable in the event of an emergency. We will evacuate the insured person to the nearest appropriate medical centre (which may or may not be located in the insured person's principal country of residence, or country of primary employment) by ambulance, helicopter or aeroplane. The medical evacuation, which should be requested by your physician, will be carried out in the most economical way having regard to the medical condition. Following completion of treatment, we will also cover the cost of the return trip, at economy rates, for the evacuated member to return to his/her principal country of residence.

If medical necessity prevents the insured person from undertaking the evacuation or transportation following discharge from an **in-patient episode of care**, we will cover the reasonable cost of hotel accommodation up to a maximum of seven days, comprising of a private room with en-suite facilities. We do not cover costs for hotel suites, four or five star hotel accommodation or hotel accommodation for an accompanying person.

Where an insured person has been evacuated to the nearest appropriate medical centre for ongoing treatment, we will agree to cover the reasonable cost of hotel accommodation comprising of a private room with en-suite facilities. The cost of such accommodation must be more economical than successive transportation costs to/from the nearest appropriate medical centre and the principal country of residence. Hotel accommodation for an accompanying person is not covered.

Where adequately screened blood is not available locally, we will, where appropriate, endeavour to locate and transport screened blood and sterile transfusion equipment, where this is advised by the treating physician. We will also endeavour to do this when our medical experts so advise. Allianz Care and its agents accept no liability in the event that such endeavours are unsuccessful or in the event that contaminated blood or equipment is used by the treating authority.

Members must contact Allianz Care at the first indication that an evacuation is required. From this point onwards Allianz Care will organise and coordinate all stages of the evacuation until the insured person is safely received into care at their destination. In the event that evacuation services are not organised by Allianz Care, we reserve the right to decline all costs incurred. Please note that **Treatment Guarantee is required**.

Medical necessity refers to medical treatment, services or supplies that are determined to be medically necessary and appropriate. They must be:

- a) Essential to identify or treat a patient's condition, illness or injury.
- b) Consistent with the patient's symptoms, diagnosis or treatment of the underlying condition.
- c) In accordance with generally accepted medical practice and professional standards of medical care in the medical community at the time. This does not apply to complementary treatment methods if they form part of your cover.
- d) Required for reasons other than the comfort or convenience of the patient or his/her physician.
- e) Proven and demonstrated to have medical value. This does not apply to complementary treatment methods if they form part of your cover.
- f) Considered to be the most appropriate type and level of service or supply.
- g) Provided at an appropriate facility, in an appropriate setting and at an appropriate level of care for the treatment of a patient's medical condition.
- h) Provided only for an appropriate duration of time.

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

Medical practitioner is a physician who is licensed to practice medicine under the law of the country in which treatment is

given and where he/she is practising within the limits of his/her licence.

Medical repatriation is an optional level of cover and where provided will be confirmed on the Insurance Certificate. This benefit means that if the necessary treatment for which you are covered is not available locally you can choose to be medically evacuated to your principal country of residence or country of primary employment for treatment, instead of to the nearest appropriate medical centre.

Members must contact Allianz Care at the first indication that repatriation is required. From this point onwards Allianz Care will organise and coordinate all stages of the repatriation until the insured person is safely received into care at their destination. In the event that repatriation services are not organised by Allianz Care, we reserve the right to decline all costs incurred.

O

Out-patient surgery is a surgical procedure performed in a surgery, hospital, day-care facility or out-patient department that does not require the patient to stay overnight out of medical necessity.

Out-patient treatment refers to treatment provided in the practice or surgery of a medical practitioner, therapist or specialist that does not require the patient to be admitted to hospital.

P

Pre-existing conditions refer to any sickness, disease or bodily injury, or any symptom linked to such sickness, disease or bodily injury, for which medical advice or treatment has been sought or received at some point prior to your travel abroad, or which you knew about and did not seek medical advice or treatment for, before the commencement of your trip.

Prescription drugs refers to products, including, but not limited to, insulin, hypodermic needles or syringes, which require a prescription for the treatment of a confirmed diagnosis or medical condition or to compensate vital bodily substances. The prescription drugs must be clinically proven to be effective for the condition and recognised by the pharmaceutical regulator in a given country.

Principal country of residence is the country where you live for more than six months of the year.

R

Repatriation of mortal remains is the transportation of the deceased's mortal remains from the country in which the insured is located to the country of burial. Covered expenses include, but are not limited to, expenses for embalming, a container legally appropriate for transportation, shipping costs and the necessary government authorisations. Cremation costs will only be covered in the event that this is required for legal purposes. Costs incurred by any accompanying persons are not covered unless this is listed as a specific benefit in your Table of Benefits. All covered expenses in connection with the repatriation of mortal remains must be pre-approved by us using Treatment Guarantee.

S

Specialist is a qualified and licensed medical physician possessing the necessary additional qualifications and expertise to practice as a recognised specialist of diagnostic techniques, treatment and prevention in a particular field of medicine including but not limited to neurology, paediatrics, endocrinology, obstetrics, gynaecology and dermatology.

T

Treatment refers to a medical procedure needed to cure or relieve acute illnesses or injuries.

W

We/Our/Us Is Allianz Care.

Y

You/Your refers to the eligible employee stated on the Insurance Certificate.

EXCLUSIONS

Although we cover most healthcare emergencies, expenses incurred for the following treatments, medical conditions and procedures are not covered under the policy.



Chemical contamination and radioactivity

Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material whatsoever, including the combustion of nuclear fuel.

Chronic conditions

Chronic conditions as described in the relevant definition included in this document.

Complementary treatment

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

Consultations performed by you or a family member

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

Dental treatment

Dental treatment other than emergency in-patient/out-patient dental treatment as defined.

Dental veneers

Dental veneers and related procedures.

Drug addiction or alcoholism

Any illnesses, accidents or the consequences thereof, as well as cases of death resulting from the consumption of drugs or alcohol by the insured person.

Experimental or unproven treatment or drug therapy

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

Infertility, sterilisation, sexual dysfunction and contraception

Treatment arising from infertility, sterilisation, sexual dysfunction and contraception (including the insertion and removal of contraceptive devices).

Intentionally caused diseases or self-inflicted injuries

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

Laser eye treatment

Treatment to change the refraction of one or both eyes (laser eye correction).

Medical aids

Medical aids such as hearing aids, speaking aids (electronic larynx), crutches or wheelchairs, orthopaedic supports/braces, artificial limbs, stoma supplies, graduated compression stockings or orthopaedic arch supports.

Medical evacuation or repatriation of mortal remains

Medical evacuation or repatriation of mortal remains that has not been pre-authorised by us.

Non-prescription drugs

Drugs that legally do not require a prescription in order to be purchased.

Nursing at home

Nursing at home and the administering of any health services by any member of the medical profession in the residence of the insured person.

Optical

Contact lenses and glasses.

Organ transplant

Organ transplants or any consequence thereof.

Participation in war or criminal acts

Treatment for any illnesses, diseases or injuries, as well as instances of death resulting from active participation in war, riots, civil disturbances, terrorism, criminal acts, illegal acts or acts against any foreign hostility, whether war has been declared or not.

Physiotherapy

Out-patient physiotherapy.

Plastic surgery or elective surgery

Elective/voluntary surgery and/or cosmetic/plastic surgery unless medically necessary after an accident.

Pre-existing conditions

Pre-existing conditions are not covered if:

- a) The treatment abroad was the reason for travelling.
- b) It was highly likely that the treatment would have to take place during the trip.

Pregnancy and childbirth

Pregnancy, childbirth and any consequences thereof.

Professional sports or hazardous activities

Treatment or diagnostic procedures for injuries arising from an engagement in professional sports or hazardous activities.

Psychiatric treatment

Psychiatric treatment and psychotherapy.

Sex change

Sex change operations and related treatments.

Speech therapy

Speech therapy related to developmental delay, dyslexia, dyspraxia or expressive language disorder.

Stays in a cure centre

Stays in a cure centre, bath centre, spa, health resort and recovery centre, even if the stay is medically prescribed.

Treatment in the country of residence

Treatment in the principal country of residence or country of primary employment.

Vessel at sea

Medical evacuation/repatriation from a vessel at sea to a medical facility on land.

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.allianzworldwidecare.com/toll-free-numbers

Please note that in some instances the toll-free numbers are not accessible from a mobile phone. In this case, 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 their identity.

 Email: client.services@allianzworldwidecare.com

 Fax: + 353 1 630 1306

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

 www.allianz-care.com

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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.

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