

The background of the top half of the page is a photograph of the European Union flag, featuring twelve gold stars in a circle on a blue field, waving against a clear blue sky. The flag is partially obscured by a dark blue horizontal bar at the bottom of the image area.

HOSPI SAFE BENEFIT OVERVIEW GUIDE

Valid from the 1st of January 2021

The information below shows details of the cover provided under the Supplementary Healthcare plans. Benefit amounts shown are per insured person, per Insurance Year.

The maximum plan benefit for treatment outside the EEA is €25,000. There is no maximum plan benefit for treatment within the EEA.

Please refer to the JSIS exclusions section for costs that your supplementary insurance plan does not cover.

Hospi Safe Sickness covers you for treatment (hospitalisation and other related costs) incurred as a result of an illness or a maternity.

Hospi Safe Sickness & Accident¹ covers you for treatment (hospitalisation and other related costs) incurred as a result of an illness or an accident or a maternity. Under both of these plans the following applies:

- Health care costs during hospitalisation either related to an illness or an accident, including at least one night of inpatient care, as well as surgical intervention costs **as listed in the JSIS** (accommodation charges including a single room, medical and paramedical service fees, surgery fees, operating room fees, plaster room fees, treatment room fees, medical imaging room fees, etc.).
- Surgical procedures provided in the appendices of the JSIS may also be performed in outpatient care (One Day Clinic) and are considered as at least one night of inpatient care.
- Outpatient health care fees (medical consultations, prescribed medicine) are covered if directly related to the cause of hospitalisation and administered within two months prior or six months following hospitalisation, as described in the JSIS.
- Transportation fees for necessary medical purposes directly related to the hospitalisation.
- Medically necessary post-operative physical rehabilitation stays carried out in the six months following the covered hospitalisation.
- Health care and inpatient care in hospital emergency departments can be reimbursed provided they are related to the hospitalisation as described above and occurred within two months before or six months after hospitalisation.

These treatments are reimbursed at the following level:

The difference between the cost of the eligible treatment and the reimbursement made by the Joint Sickness Insurance Scheme is reimbursed in full for the benefits covered on both of these Hospi Safe plans, up to the maximum plan benefit (for example, €800 for the Dental Plan) or up to maximum benefit limit (for example, €50 per person and per calendar year for dietary treatments), if one applies. Please note that medically necessary post-operative physical rehabilitation stays must not exceed 20% of the costs incurred.

Hospi Safe Plus covers you for all the treatment included in Hospi Safe Sickness and Hospi Safe Sickness and Accident or a maternity. In addition it covers other benefits, some of which are in addition to the reimbursement by JSIS, and others which are independent of JSIS.

(a) Reimbursable expenses in addition to the reimbursement of the JSIS

- Consultations, medical examinations and prescribed pharmaceutical products.
- Dental care (including orthodontic care, prostheses and dental equipment, bridges, crowns and implants, etc.).
- Various treatments listed in Chapter 8, point 2 of the general implementing provisions for the reimbursement of medical expenses relating to the JSIS.
- Health care and medication related to eye diseases, frames and spectacle lenses, contact lenses and ocular prostheses.
- Health care and devices directly related to hearing.
- Orthopaedic devices (including orthopaedic shoes, elastic stockings for varicose veins, artificial limbs and their segments, crutches, wheelchairs and suitable and/or similar auxiliary devices, etc.).
- Clinical biology, radiology and medical imaging fees.
- Treatment and medical examination expenses incurred during thermal cures in compliance with the JSIS rules.

We will reimburse these treatments at the following level:

- For health care referred to under Hospi Safe Plus, the reimbursement for eligible treatments must be at least equal to 80% of the difference between the costs incurred and the reimbursements obtained by the JSIS.
- For consultations, medical examinations, pharmaceutical products and for clinical biology, radiology and medical imaging fees, the maximum reimbursement amount is €1,250 per person and per calendar year with a yearly excess, depending on the age of the insured person on the first of January, of:
 - €0 for children up to and including the age of 18.
 - €50 for persons between 19 and 60 years of age included.
 - €100 for persons over 61 years of age.

In addition, coverage limits apply as part of the Hospi Safe Plus option as follows:

- €200 (after reimbursement by the JSIS) per spectacle frame.
- €20 per day for treatment and medical examinations costs incurred during thermal cures.

¹ New name of the Hospi Safe plan and valid since the 31.12.2019.

This table further illustrates the dental benefit available under Hospi Safe Plus:

Dental Plan Benefits	Hospi Safe Plus
Maximum plan benefit	€800 for the 1st and 2nd year €1,600 for year 3 €2,400 for year 4 €3,200 for year 5
Dental treatment	80% refund of costs not refunded by the JSIS scheme
Dental surgery	80% refund of costs not refunded by the JSIS scheme
Periodontics	80% refund of costs not refunded by the JSIS scheme
Orthodontic treatment and dental prostheses	80% refund of costs not refunded by the JSIS scheme

(b) Reimbursable expenses independent of JSIS.

- Speech therapy for non-medical reasons (to be justified by the JSIS statement note proving the refusal to reimburse and a copy of the original invoice). This benefit is limited to children up to and including the age of 12.
- Pharmaceutical products for prevention beyond the JSIS scope (to be justified by the JSIS statement note proving the refusal of reimbursement and a copy of the original invoice).
- Dietary treatment or program (to be justified by the original invoice).
- Fitness, sport club or swimming pool membership (to be justified by the original invoice) providing the membership lasts at least 6 months or 26 sessions.

The cost of medical care referred to above (“Reimbursable expenses independent of JSIS”) are reimbursed at the following rates:

- Speech therapy for non-medical reasons: 80% of the bill for a maximum of 30 sessions per person and per calendar year, and €1,250 per person and per calendar year.
- Pharmaceutical products for prevention beyond the limit of the JSIS: 80% of the bill.
- Dietary treatments: reimbursement of 20% of the invoice with a maximum of €50 per person and per calendar year.
- Fitness, sports club or swimming pool membership: 20% refund of the invoice up to €50 per person and per calendar year.

Notes

Chronic conditions

Chronic conditions that arise after the policy commencement date are covered within the limits of your policy. Please refer to the JSIS definitions or simply contact our Helpline.

Pre-existing conditions

For all new Hospi Safe members since January 1st 2020, the entitlement to benefits for all their healthcare expenses incurred as a result of an illness or accident diagnosed before their affiliation will only start at the end of a waiting period of twenty-four (24) months from their date of affiliation.

For all healthcare expenses incurred as a result of an illness or accident diagnosed before the beginning of your cover with us, you will be only entitled to the benefits after twenty-four (24) months (waiting period) from the start date of your cover with us. This waiting period is not applicable if you join this plan within the 13 first months of your entrance in the Institutions as a EU official.

A medical questionnaire is required for any new member who is due to retire within 6 months of joining.

For further details, please refer to our Health Insurance Guide or simply contact our Helpline.

Benefit limits

The Benefit Overview Guide shows two kinds of benefit limits:

- The maximum plan benefit is the maximum we will pay for all medical expenses outside EEA, in addition to the amount reimbursed by the JSIS, up to €25,000 per member, per Insurance Year. No maximum plan benefit applies within the EEA.
- In Hospi Safe Plus, some benefits also have a specific benefit limit, which may be provided on a “per Insurance Year” basis, on a “per length of cover” basis or on a “per age” basis. 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 of the amount not reimbursed by the JSIS, up to €1,250”.

The amount we refund is subject to the maximum plan benefit (if one applies to your plan), even where:

- A specific benefit limit applies or
- The term “Full refund” appears next to the benefit.

All limits are per member and per Insurance Year, unless your Benefit Overview Guide states otherwise.

Policy Terms and Conditions

The Benefit Overview Guide outlines the cover we offer under your policy. Please note that this cover is subject to JSIS definitions, limitations and exclusions. Our Terms and Conditions are available on our Health Insurance Guide, which is issued to you upon policy inception. You can download our current Health Insurance Guide from your MyHealth Digital Services account. Further information is available at www.allianzcare.com/en/myhealth.html

EEA is defined as: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom.

THIS IS A SUPPLEMENTARY COVER PRODUCT ONLY.

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

-  Telephone: 0800 70 528 (toll-free from Belgium)
-  Fax: + 353 1 630 1306
-  Email: igo.assistance@allianzworldwidecare.com

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 visit www.allianzcare.com/en/contact-us.html to find additional contact numbers.

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) can make changes to the policy. Security questions will be asked of all callers to verify identity.

The quickest way to submit your claim is electronically, using the MyHealth app or the MyHealth Online Services. If you wish to send claims by post you may send them to:

 Allianz Care, Place du Samedi 1, 1000 Brussels, Belgium

It will be possible to meet a member of the Allianz Care team in person by appointment.

Details on how to make an appointment will be available on:

www.allianzcare.com/en/group-hub/afiliatys.html

 www.allianzcare.com