

Table of Benefits

Pre-authorisation may be required for some benefits as indicated by a '1' or a '2' in the tables below. Please refer to the 'Notes' section for further details. All benefit amounts are per person, per year of cover, unless otherwise indicated.

Core Plan	CERN MPA
Maximum plan limit EUR (€)	€ 2,500,000
In-patient benefits - please refer to notes for more information on pre-authorisation	
Hospital accommodation ¹	General ward
Prescription drugs and materials ¹ <small>In-patient and day-care treatment only Prescription drugs are those which legally can only be purchased when you have a doctor's prescription</small>	Full refund
Surgical fees, including anaesthesia and operating theatre charges ¹	Full refund
Physician and therapist fees ¹ <small>In-patient and day-care treatment only</small>	Full refund
Diagnostic tests ¹ <small>In-patient and day-care treatment only</small>	Full refund
Emergency in-patient dental treatment	Full refund
Day-care treatment ²	Full refund
Out-patient surgery ²	Full refund
Pre-hospitalisation tests <small>Covered when they are needed in the 72 hours before in-patient or day-care treatment</small>	Full refund
Post-hospitalisation treatment <small>Covered when it is needed in the 90 days following discharge from in-patient or day-care treatment for the same acute medical condition</small>	Full refund
Local ambulance	Full refund
CT and MRI scans <small>In-patient and out-patient treatment</small>	Full refund
PET ² and CT-PET ² scans <small>In-patient and out-patient treatment</small>	Full refund
Routine maternity <small>In-patient and out-patient treatment</small>	Full refund
Complications of pregnancy and childbirth	Full refund
Emergency treatment outside area of cover <small>For trips of a maximum period of six weeks</small>	Full refund
Additional Core Plan Services	
Expat Assistance Programme* <small>Offers access to a range of 24/7 multilingual support services as follows:</small> <ul style="list-style-type: none"> Confidential professional counselling (in-person, phone, video and chat) Legal and financial support services Wellness website access 	Services available
Travel Security Services* <small>Offers 24/7 access to personal security information and advice for all your travel safety queries. This includes:</small> <ul style="list-style-type: none"> Emergency Security Assistance Hotline (not a free phone number) Country intelligence and security advice Daily security news and travel safety alerts 	Services available

Core Plan	CERN MPA
Olive* Our Health & Wellness support program includes, for example: <ul style="list-style-type: none"> • Fitness app • Access to wellness resources 	Services available
Digital Health App* Reimbursement for one digital health app of your choice for the prevention, detection and management of a disease or condition.	Up to € 50
MyHealth Digital Services <ul style="list-style-type: none"> • Manage your cover online with our app or portal anytime, anywhere • Submit and track progress of claims • Access your policy documents, health services, payment details and more 	Services available
Second Medical Opinion Service* Offers access to expert help on the best treatment options available, if you have been diagnosed with a serious illness or had surgery recommended.	Services available

Out-patient Plan	CERN MPA
Maximum plan limit	€ 9,000
Out-patient benefits	
Video consultation services* Accessed via our TeleHealth Hub	Full refund
Medical practitioner fees	90% refund
Prescription drugs Prescription drugs are those which legally can only be purchased when you have a doctor's prescription	90% refund
Specialist fees	90% refund
Diagnostic tests	90% refund
Vaccination	Full refund
Prescribed physiotherapy	90% refund
Chiropractic and osteopathy treatment Max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit	90% refund
Well child test Up to and including six years of age	€ 500
Psychiatry and psychotherapy Referral from doctor required for psychotherapy	6 visits
Prescribed medical aids	Full refund, up to € 1,400
Emergency out-patient dental treatment	90% refund
Prescribed glasses and contact lenses Only in case of breakage	90% refund, up to € 280

Repatriation Plan	CERN MPA
Medical evacuation ²	Full refund
Repatriation of mortal remains in Europe ²	€ 5,000
Repatriation of mortal remains outside Europe ²	€ 10,000
Medical repatriation ²	Full refund

Plan deductibles

Members opting for a 12 month contract can reduce their premium by selecting an optional deductible from the list below. Read across to find the relevant premium discount. Where a deductible is selected it is payable per person, per Insurance Year.

Optional Plan Deductibles	Premium discount
No deductible	0% premium discount
€ 400 deductible (applied as € 200 deductible on Core plan and € 200 on Out-patient plan)	9% premium discount

* Certain services that may be included in your plan are provided by third party providers. If included in your plan, these services will show in your Table of Benefits. These services are made available to you subject to your acceptance of your policy's terms and conditions, as well as the service's terms and conditions as set out by the relevant third party service provider. By accepting the third party service providers' terms and conditions, you enter a separate contractual relationship directly with them. Their services may be subject to geographical restrictions. Full details of the third party service providers' terms and conditions are available in their websites and in the relevant application and/or platform where services may be hosted. The third party service providers are independent data controllers, and we recommend that you review their privacy notices to understand how they process your personal data. The third party service providers offer non-insurance services that are not intended to be a substitute for in-person medical consultations, diagnosis, treatment, assessment or care. You understand and agree that the insurer, its reinsurer and their administrators are not responsible or liable for any claim, loss or damage, directly or indirectly resulting from your use of any of these third party services.

Notes

Area of cover

We offer the following geographical cover:
Worldwide excluding USA

Pre-authorisation

The treatments/benefits which require pre-authorisation through submission of a Pre-Authorisation Form are indicated in the Table of Benefits with a either a 1 or a 2. The pre-authorisation process helps us to assess each case and facilitate direct settlement with the hospital. Please note that if pre-authorisation is not obtained for the benefits indicated, we reserve the right to decline your claim. If the respective treatment is subsequently proven to be medically necessary, we will only pay **80%** of the eligible benefit for benefits listed with a **1**, and for those listed with a **2**, we will only pay **50%** of the eligible benefit. For further details please refer to our Benefit Guide, or simply contact our Helpline.

In case of emergency:

- (i) Get the emergency treatment you need and call us if you need any advice or support.
- (ii) Either you, your doctor, or one of your dependants needs to call our Helpline (**within 48 hours** of the emergency) to inform us of the hospitalisation. Pre-authorisation Form details can be taken over the phone when you call us.

Waiting Periods

No waiting periods apply.

Chronic Conditions

Chronic conditions are covered within the terms of your policy. Please refer to the 'Definitions' section of our Benefit Guide for further information or simply contact our Helpline.

Pre-existing Conditions

Pre-existing conditions are covered within the terms of your policy. For further details please refer to the 'Definitions' section of our Benefit Guide or simply contact our Helpline.

Benefit Limits

There are two kinds of benefit limits:

- The **maximum plan limit**, which applies to certain plans, is the maximum we will pay for all benefits in total, per member, per Insurance Year, under that particular part.
- Some benefits also have a **specific benefit limit**, which may be provided on a 'per Insurance Year' basis, a 'per lifetime' basis or on a 'per event' basis, such as per trip, per visit or per pregnancy. In some instances we will pay a percentage of the costs for the specific benefit e.g. '65% refund, up to € 5,000'.

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

- a specific benefit limit applies, or
- where the term 'Full refund' appears next to the benefit.

All limits are per member, per Insurance Year, unless your Table of Benefits states otherwise.

Policy Terms and Conditions

The Table of Benefits outlines the cover we offer under your policy. Please note that cover is subject to our standard policy definitions, limitations and exclusions. These are detailed in our Benefit Guide, which is issued to you upon policy inception.

Policy Endorsement(s)

There are also some policy terms and conditions unique to your policy and these are listed below. Please read these carefully in conjunction with your Benefit Guide.

Prescribed glasses and contact lenses (only in case of breakage) refers to cover to replace damaged or broken or damaged lenses or glasses to be replaced.

Repatriation of mortal remains in/outside Europe is the transportation of the insured member's mortal remains from the country of death to the country of burial. We cover costs such as: embalming, a container legally appropriate for transportation, shipping costs and the necessary government authorisations. Cremation costs will only be covered if the cremation is required for legal purposes. We do not cover costs incurred by anyone accompanying the remains unless this is listed as a specific benefit in your Table of Benefits.

There are two types of cover:

- **Within Europe:** includes coming from or going to Europe.
- **Outside of Europe:** includes coming from or going to outside of Europe.

In terms of 'Hospital accommodation', as listed under the in-patient benefits, you'll note that it says 'General Ward'. If the member chooses accommodation which is outside the 'General Ward' level of cover provided (for example, semi-private or private room), treatment will be covered up to the cost that would apply if the equivalent treatment was received under 'General Ward' accommodation. Any additional costs must be covered by the member.

Please note that the type of accommodation covered under **Routine Maternity and Complications of Pregnancy and childbirth** will be 'General Ward'.

Accident is a sudden, unexpected event that causes injury and is due to a cause external to the insured person. The cause and symptoms of the injury must be medically and objectively definable, allow for a diagnosis and require therapy. This includes accidents that incur at the place of work. Medical expenses incurred as a result of a private or occupational accident are covered within the terms of your policy.

Talk to us, we love to help!

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

Helpline

 English: + 32 2 210 6501

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

 Fax : + 32 2 210 6506

 Email: IGOhelpline@e.allianz.com

 Address: Allianz, Bd Roi Albert II 32, 1000 Brussels, Belgium.

 www.allianzcare.com