



# Health Insurance Guide

ECB

Valid from 1st January 2022



EUROPEAN CENTRAL BANK

EUROSYSTEM

# Welcome

You and your family can depend on Allianz Care, as the administrator of the ECB's Health Insurance, to give you access to the best care possible.

We know that Health Insurance can be difficult to understand and this guide is intended to provide you with important information you are likely to use on a regular basis.

Our role as administrator of the ECB Health Insurance is to assist you if you ever need medical treatment by providing you with customer support, claims handling, reimbursement and other dedicated support and assistance services through online information and our in-house Medical Team and Member Helpline.

To make the most of your International Healthcare Plan, please read this guide in conjunction with Annex III of the ECB Staff Rules (the European Central Bank Health Insurance Rules), your Insurance Certificate and the Table of Benefits.

**The Annex III of the ECB Staff Rules ('ECB Health Insurance Rules') is the most important and legally binding document relating to your ECB Health Insurance and this guide is not intended to change or override any of these rules.**

If you would like to receive confirmation on whether or not a specific treatment is covered, please call us on +353 1 518 7818 or via the toll-free numbers from Germany and Belgium provided at page 5 of this Guide and we will be glad to assist you. We would always advise you to check your cover with us before undergoing any procedure or treatment or being admitted to a medical facility.

## What is included in this brochure?

This guide summarises the key features of your ECB Health Insurance plan and the most relevant information to get a necessary medical treatment and to contact Allianz Care.

At the start of your ECB Health Insurance administrated by Allianz Care you will receive a welcome email with links and instructions on how to access our MyHealth Digital Services.

Your insurance documents such as the Table of Benefits, the ECB Health Insurance Guide and an Insurance Certificate will be available through your personal account on the MyHealth Digital Services.

Please register as soon as possible on the MyHealth Digital Services and keep your personal information up to date at all times. This will help us to provide you with relevant documents, updates on the reimbursement of your claims and general information on Allianz Care's health services for yourself and your family.

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Allianz Care and Allianz Partners are registered business names of AWP Health & Life Services Limited.

# How to use your cover



# Member services

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

In the following pages we describe the full range of member services we offer.

## 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 case of an emergency.

 Helpline	+ 353 1 518 7818
Toll free from Germany	0800 071 3543
Toll free from Belgium	0800 89 005
 Email:	ECB.Helpline@allianz.com
 Fax:	0032 22 10 65 06

### Did you know...

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

## Know your Allianz Care numbers – What is the fastest way to get to my language of choice?

The order of the language options on the Allianz Care Helpline menu for ECB members is based on expected ECB usage

1. English
2. German
3. Italian
4. Spanish
5. French
6. Dutch
7. Polish
8. Romanian
9. Portuguese

Please note that you do not have to wait for all options being announced before making your choice. Please press the relevant number for your language of choice immediately after the welcome message and you will be connected with a Helpline officer speaking the selected language.

For quick access to your personal data please also have your policy number at hand whenever you call the Allianz Care Helpline.

## Web-based member services

On [www.allianzcare.com/members](http://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

## 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 3 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.



#### Find a hospital

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 which is in your Table of Benefits

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

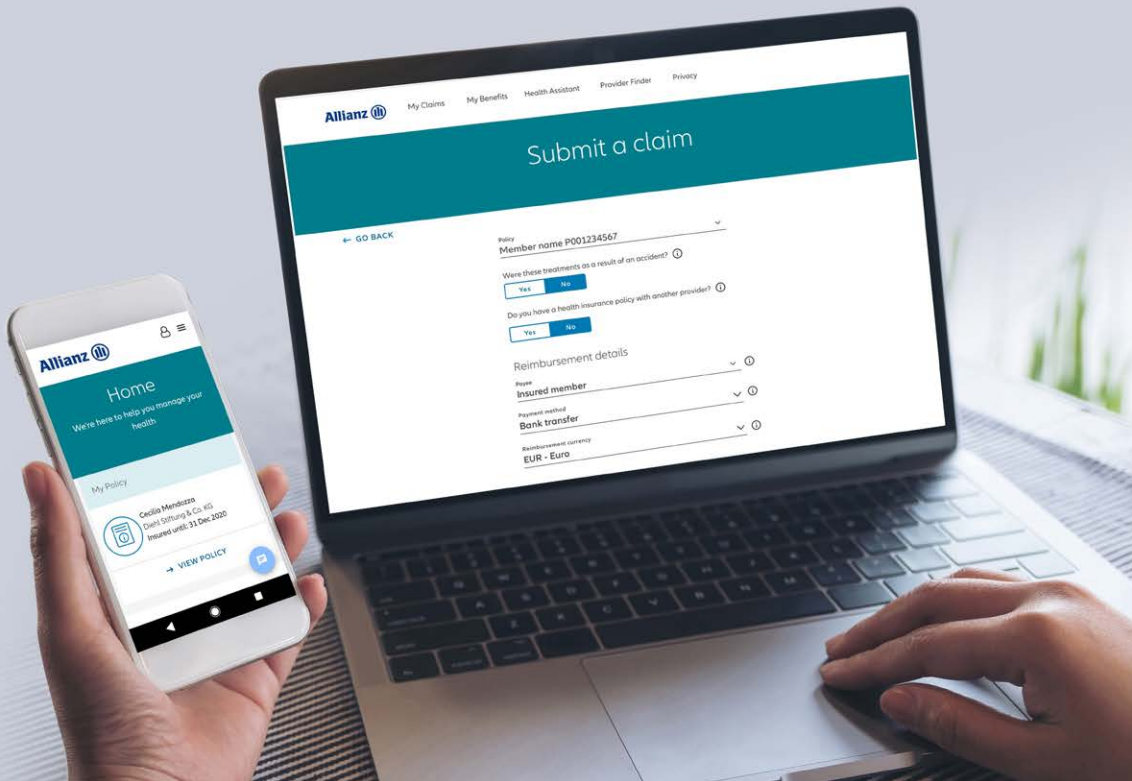
## Getting started:

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](http://www.allianzcare.com/en/myhealth.html)






## Video consultation services via Telehealth Hub\*\*

If an Out-patient plan is included in your cover, you have direct access to online doctor appointments (video consultation services) where a provider is available in your geographical location.

With the Telehealth Hub, you can save time by seeing a doctor via video from the comfort of your own home or office. Offering a secure and confidential service, our telehealth network of doctors can provide medical advice, recommend treatments and offer prescriptions for non-emergency concerns.

The service is accessible via MyHealth portal or directly via our TeleHealth platform at:

 [www.allianzcare.com/telehealthhub](http://www.allianzcare.com/telehealthhub)

An appointment can be made to speak to a medical practitioner in English, subject to availability. Some third party providers may offer the service in additional languages.

Depending on your geographical location, local country regulations and insurance plan coverage, the teleconsultation service may also offer prescriptions.

In countries where a teleconsultation service is not yet available, you can always call our 24/7 medical advice helpline – this service is offered in English, German, French and Italian. The phone number is available on TeleHealth Hub.



## Employee Assistance Programme (EAP)\*\*

When challenging situations arise in life or at work, our Employee Assistance Programme provides you and your dependants with immediate and confidential support. EAP, where provided, is shown in your Table of Benefits.

This professional service is available 24/7 and offers multilingual support on a wide range of challenges, including:

- Work/Life balance
- Family/Parenting
- Relationships
- Stress, depression, anxiety
- Workplace challenges
- Cross-cultural transition
- Cultural shock
- Coping with isolation and loneliness
- Addiction concerns

### Support services include:



#### Confidential professional counselling

Receive 24/7 support with a clinical counsellor through live online chat, face to face, phone, video or email.



#### Critical incident support

Receive immediate critical incident support during times of trauma or crisis. Our wide-ranging approach provides stabilization and reduces stress associated with incidents of trauma or violence.



#### Legal and financial referral services

Whether it's help buying a home, handling a legal dispute or creating a comprehensive financial plan, we will refer you to a third-party advisor who can help answer your questions and reach your goals.



#### Access to the wellness website and app

Discover online support, tools and articles for help and advice on health and wellbeing.

## Let us help:

 +1 905 886 3605

*This is not a free phone number. If you need a local number, please access the wellness website and you will find the full list of our 'International Numbers'.*

*Your calls are answered by an English-speaking agent, but you can ask to talk to someone in a different language. If an agent is not available for the language you need, we will organise interpreter services.*

 <https://www.allianzcare.com/eap-login> (available in English, French and Spanish)

 Download the Lifeworks app in Google Play or Apple Store:



Login on the website or the app using the following details:

Username: AllianzCare

Password: Expatriate

*\*\* Certain services which may be included in your plan are provided by third party providers outside the Allianz Group, such as the Employee Assistance Programme, Travel Security services, HealthSteps app, Second Medical Opinion and tele-medicine services. 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 the terms and conditions of your policy and the terms and conditions of the third parties. These services may be subject to geographical restrictions. The HealthSteps app does not provide medical or health advice and the wellness resources contained within Olive are for informational purposes only. The HealthSteps app and the wellness resources contained within Olive shouldn't be regarded as a substitute for professional advice (medical, physical or psychological). They are also not a substitute for the diagnosis, treatment, assessment or care that you may need from your own doctor. You understand and agree that AWP Health & Life SA (Irish Branch) and AWP Health & Life Services Limited 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.*

# Cover overview

**We understand the importance of your own and your family's health. Below is a summary to help you understand the scope of your health cover.**

## What am I covered for?

You are covered for all reasonable and customary expenses arising from medically necessary treatment for all benefits set out in the ECB Health Insurance Rules and indicated in the present ECB Health Insurance Guide. If you are unsure about any aspect of your cover please contact the multilingual Allianz Care Helpline.

The main areas of cover provided by your ECB Health Insurance are:

1. Doctor's consultation – 85% reimbursement\*
2. Out-patient surgery – 100% reimbursement\*
3. In-patient hospitalisation – for most expenditure types 100% reimbursement\*
4. Organ or tissue transplantation – 100% reimbursement\*
5. Palliative care – 100% reimbursement\*
6. Serious illness – 100% reimbursement\*
7. Prevention and early detection screening programmes – 100% reimbursement\*
8. Medication – 85% to 100% reimbursement\*
9. Dental benefit – 80% reimbursement\*
10. Radiology, analysis, laboratory tests and other forms of diagnosis – 85% reimbursement\*

For other areas of cover please refer to your ECB Health Insurance Rules and to the Table of Benefits.

\* Please note that the above reimbursement rates are displayed for indicative purposes only, as a summary of the respective ECB Health Insurance Rules and subject to full terms and conditions of the ECB Health Insurance. For further details on what is covered and what reimbursement rates apply please refer to the ECB Health Insurance Rules or contact the Allianz Care Helpline.

## Who can I contact if I require information on the ECB Long Term Care insurance?

If you wish to receive further information on the ECB Long Term Care insurance, please send an email to

@ [ECB.ltc@allianz.com](mailto:ECB.ltc@allianz.com)

or, alternatively, call Allianz Care 24/7 Helpline.

## Is your family changing? We have you covered!

Is your family changing or are you getting married or going to have a baby?

You can add eligible spouses and recognised partners and children for cover under the ECB Health Insurance upon application to the ECB. The ECB will then register any changes and confirm this to Allianz Care for implementation which will include Allianz Care issuing Membership Packs and cards for the new members.

Please refer to Section II – Insured persons of the ECB Health Insurance Rules which describes eligibility criteria and process in more detail.

## I had an accident at work, what should I do?

In case of a work-related accident, please inform immediately your HR Department in accordance with the ECB HR procedures.

When you claim the expenditure with Allianz Care, please inform us that this claim relates to an accident at work. You will receive full reimbursement as soon as the ECB HR Department confirms to us that the case has been reported and recognised as a work-related accident.

## What is medical necessity?

Medical necessity is founded on evidence-based medicine and must be designed to cure or alleviate symptoms of the underlying medical condition, not excessive and provided by a medically qualified person. The assessment, whether a treatment is considered medically necessary, is made in accordance with national standard treatment protocols in the respective country of care.

## Where can I receive treatment?

The insured persons covered by the ECB Primary Cover (see Articles 2 and 3.1 of the ECB Health Insurance Rules for more information) have freedom of choice of the medically qualified person, pharmacist or hospital and direct access to be treated by a specialist.

The insured persons covered by the ECB Top-Up Cover (see Article 3.3 of the ECB Health Insurance Rules for more information) have only access to the ECB Health Insurance after having exhausted the possibilities of claiming under their primary insurance or social security scheme.

Expenditure for treatment in Germany is eligible for reimbursement insofar as it is based on the relevant official fee scales ('Gebührenordnung') at the time of treatment.

Treatment outside of Germany but within the EEA is eligible for reimbursement based on the national scales applicable at the time and in the country of treatment, or if it is otherwise reasonable and customary.

Expenditure for medical and dental emergencies in the rest of the world is eligible during private travel to the same extent as is expenditure for treatment outside of Germany but within the EEA.

For insured members working in ECB offices or on external secondment outside Germany and the EEA, an enhanced factor applies against the basic fee scales.

For further detail please consult Section V of the ECB Health Insurance Rules which describes 'Reimbursement principles and rules'.

## What is a waiting period?

Some of your benefits are subject to a waiting period which means that you have to be insured for a certain period of time before you can avail of the benefit. In the event of cessation of insurance cover for one year or less, such waiting period shall be suspended. In the event of cessation of insurance cover for more than one year, a new waiting period shall commence. One example of such a benefit is expenditure incurred for Dental Prostheses which requires that a person has been insured for more than one year.

For more information please check the Table of Benefits.

## What is a 'serious illness' and what should I do if I suffer from such a condition?

Your ECB Health Insurance provides additional cover for expenses related to conditions considered to be serious illnesses. If you require treatment for such serious illnesses, we will reimburse 100% of the costs incurred in respect of the illness.

Appendix III of the ECB Health Insurance Rules provides a full list of medical conditions that qualify for serious illness cover. Other comparably serious conditions may be eligible provided they **fulfil at least two of the following criteria:**

- (i) Unfavourable vital forecast.
- (ii) Chronic evolution.
- (iii) Need for onerous diagnostic and/or therapeutic measures.
- (iv) Risk of serious handicap.

Further aspects will be taken into account as set in more detail in the ECB Health Insurance Rules under Article 1 and Article 22.

If you suffer from any such condition, we recommend that you apply for recognition of serious illness status with Allianz Care and provide information such as medical report(s) stating the exact diagnosis and date of diagnosis, stage of the illness and treatments required and any other medical information you and your doctor consider relevant.

Apply by email at

@ Ecb.medical@allianz.com

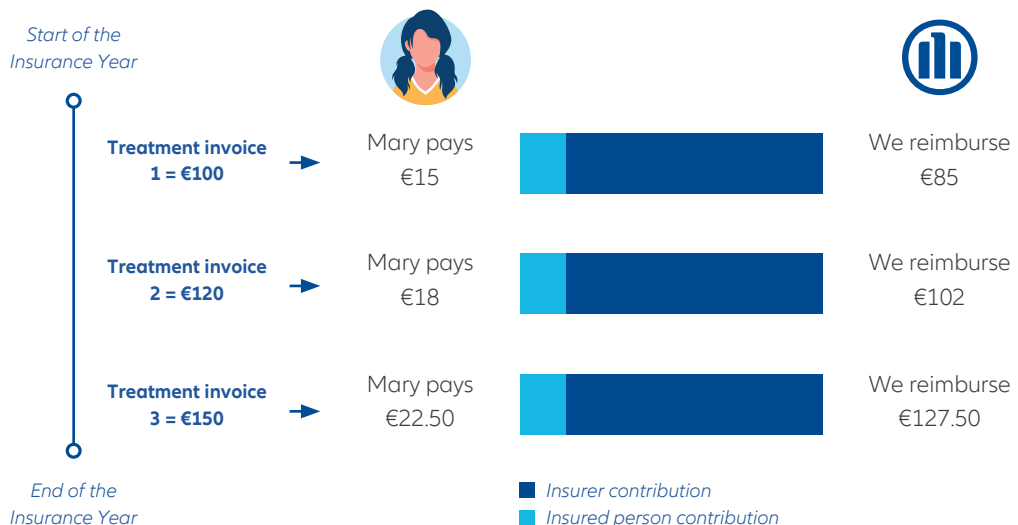
Please apply for recognition of a serious illness as soon as possible to ensure that you receive full reimbursement of your expenditure from the time of acceptance. We will guide you throughout the application process and let you know how once the application is accepted.

If we are of the opinion that the application should not be accepted, we will first consult with the ECB's medical adviser and then make a decision on the basis of that guidance.

## What are the co-payments?

Some benefits may be subject to co-payments by you, which means that you pay a percentage of the expenditure. For example, when an 85% reimbursement level applies, 15% of the costs are payable by the insured person. The total amount payable may also be subject to a maximum benefit limit.

In the following example, Mary requires several doctor's consultations throughout the first year of her insurance. The ECB doctors and specialists consultations benefit has an 85% reimbursement rate, which means that we will refund 85% and Mary will pay 15%. The co-payment on eligible expenditure such as the amount paid by Mary in the example below will then count towards Mary's policy out-of-pocket expenses which are reimbursed once the €1,000 threshold is met.



## What are the benefit limits?

Benefit limit is the maximum amount payable for that specific benefit. Limits may be applied based on a time limit (e.g. per lifetime / year / day / night), an event (e.g. per session / visit) or others (e.g. per pair / ear). Per year means per calendar year unless otherwise stated in the ECB Health Insurance Rules. There are treatment types such as chiropractic treatments where the number of treatments per calendar year is limited.

If the member is working in an ECB representative office outside the EEA they can avail of up to 500% of the standard benefit limit for treatment received in the country where the respective office is located (factor of 5).

Expenditure for treatment outside of Germany but within the EEA and emergency treatment during private travel outside of the EEA is eligible on the basis of the relevant national scales. Medical and dental costs incurred for treatments, which are not covered by a relevant national scale, is eligible for reimbursement only insofar as it does not exceed 150% of the standard limits referred in Annex III Staff Rules.

Expenditure for other treatment in the rest of the world is limited to the relevant German scales and the standard benefit limits apply. If members move location within the year and have treatment in different locations, any previous expenditure incurred in the same year is taken into account in respect of benefit limits.

Benefit	Standard Limit	Maximum for insured person working in an ECB office outside EEA
Laser eye surgery to correct myopia or hypermetropia	€1,750 per eye	€8,750 per eye
Cost of stay for a person accompanying an insured person	Max. €45 per day	Max. €225 per day
Annual medical check-up	Max. €750 per year	Max. €3,750 per year
Kinesiotherapy, physiotherapy and similar treatments	Max. €50 per session	Max. €250 per session
Aerosol therapy, inhalation, insufflation, irrigation, nebulisation or spray treatment	Max. €40 per session	Max. €200 per session
Infra-red radiation, ultrasound therapy	Max. €40 per session	Max. €200 per session
Radium therapy, radiotherapy, röntgenotherapy	Max. €40 per session	Max. €200 per session
Acupuncture performed by a medically qualified person	Max. €40 per session	Max. €200 per session
Chiropractic treatments	Max. €40 per session	Max. €200 per session
Osteopathy	Max. €40 per session	Max. €200 per session
Laser therapy	Max. €40 per session	Max. €200 per session
Ultraviolet radiation	Max. €40 per session	Max. €200 per session



Medical chiropody-podology	Max. €40 per session	Max. €200 per session
Mesodermal microinjection therapy	Max. €40 per session	Max. €200 per session
High energy focused shock wave therapy performed by a doctor	Max. €160 per session	Max. €800 per session
Alternative therapeutic treatments and medicine	Max. €500 per year	Max. €2,500 per year
Prescribed hearing aids	Max. €1,725 per apparatus	Max. €8,625 per year
Orthopaedic footwear	Max. €600 per pair	Max. €3,000 per pair
Orthopaedic soles	Max. €150 per pair	Max. €750 per pair
Anti-allergic duvet & pillow covers, mattress	Max. €100	Max. €500
Spectacle frames	Max. €210 per 3 years	Max. €1,050 per 3 years
Hard contact lenses	Max. €250 per year	Max. €1,250 per year
Soft contact lenses	Max. €150 per year	Max. €750 per year
One psychological exam per cycle	Max. €120	Max. €625
Individual psychotherapeutic treatment, examinations and analysis	Max. €100 per session	Max. €500 per session
Family psychotherapeutic treatment, examinations and analysis	Max. €150 per session	Max. €750 per session
Group psychotherapeutic treatment, examinations and analysis	Max. €50 per session	Max. €250 per session
In Vitro Fertilisation	€2,500 per attempt	€12,500 per attempt
Medical nursing attendance at home after hospitalisation	Max. €95/120	Max. €475/600
Medical stays at a facility for the preservation or recovery of health (3 treatment levels)	Max. €45 per day	Max. €225 per day
Funeral expenses	€2,585	€12,925
Dental benefits	€2,000/3,500/5,000	€10,000/17,500/25,000

For details on benefit limits and eligible expenditure, please review the respective section of the ECB Health Insurance Rules or of the Table of Benefits.

## How do we apply annual limits if you have been insured for less than the full year?

In cases where the insurance cover starts or ends over the course of a calendar year, we will pro-rate the applicable benefit limits or number of treatment limits with reference to the number of months of insurance coverage in the respective Insurance Year.

If, for example, John is insured for six months in 2018, the maximum number of eligible chiropractic treatments in that year for John will be halved from 24 treatments to a maximum of 12.

## What if I have the Top-Up Cover?

Insured persons shall first claim reimbursement of expenses or benefits under their other Health Insurance or social security scheme. The combined amount of reimbursements from the ECB Health Insurance and the other Health Insurance shall never exceed the actual expense incurred.

In the following example, Paul is a member of the German statutory Health Insurance scheme 'GKV' and has Top-Up cover through the ECB Health Insurance. He undergoes hospital treatment in Germany with a total cost for hospital accommodation and surgery fees of €5,000.

- 1 Paul claims the full expense through his GKV Health Insurance and receives a reimbursement of €2,000.
- 2 Paul claims the full expense through his ECB Health Insurance with Allianz Care and provides:
  - The name of the other health insurance.
  - The amounts received.
  - The settlement note provided by the other health insurer.
- 3 Allianz Care settles the claim by paying €3,000 after taking into account the reimbursement received by Paul from his other health insurer.

## What is 'out-of-pocket expenditure' and how do I claim for this?

Out-of-pocket expenditure under the ECB Health Insurance is the part of eligible expenditure incurred that is not reimbursed under the rules for basic reimbursement. For example, if you are paying €20 as a co-payment for a medical invoice of €100 that we reimburse at 80%, the amount paid by yourself would be included in your out-of-pocket expenses.

Non eligible expenditure does not count for the purpose of out-of-pocket expenditure. An example of such an expenditure would be the cost of a personal TV subscription that you may enjoy while in hospital or dental expenditure exceeding the annual maximum benefit amounts. Please also note that some expenditure is not considered out-of-pocket expenditure, for example co-payments for therapy sessions that exceed the numbers of approved sessions.

For a full list of these exclusions please see Article 23.3 of the ECB Health Insurance Rules.

Under the out-of-pocket expenditure rule, the members of the ECB Health Insurance receive full reimbursement from the moment their total out-of-pocket expenses including those of insured dependants exceeds €1,000 during a calendar year.

This benefit will be paid to you as part of the regular claim reimbursement process, you don't need to submit any specific request. Allianz Care will keep you informed about the balance of your out-of-pocket expenditure in respect of the threshold.

For further detail on this subject please refer to Article 23 of the ECB Health Insurance Rules.

## Chronic Condition Management Programme

Chronic Condition Management is a systematic coordinated support service provided by the Allianz Care Medical Service team to help patients with certain chronic conditions. The aim is to help those who have been diagnosed with such conditions understanding their condition better and improving their quality of life and health.

The programme is open to staff members and their families / dependants who have been diagnosed with the following chronic conditions: diabetes, coronary artery disease (heart attack, angina, chest pain, arrhythmia and congestive heart failure), HIV, hypertension, COPD (Chronic Obstructive Pulmonary Disease) and breast cancer.

For further information about the Programme and enquiries to enrol please write to

Ⓐ [ECB.medical@allianz.com](mailto:ECB.medical@allianz.com)

# 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 if your plan covers the treatment you are seeking. The ECB Health Insurance Rules and this ECB Health Insurance Guide will confirm which benefits are available to you. However, you can always call our Helpline if you have any queries.

## Some treatments require prior authorisation

The ECB's Health Insurance provides for the reimbursement of reasonable and customary medical and dental expenses on a global basis. The coverage includes dependent children, spouses and recognised partners in as registered by the insured staff member.

Reimbursement of psychotherapy and psychoanalysis is covered by the ECB's medical scheme but subject to prior authorisation by Allianz Care (an initial cycle of 5 sessions does not need prior authorisation).

Prior authorisation must be obtained before the start of a treatment for the reimbursement of the related expenditure. To obtain prior authorisation, insured persons need to send a medical report to Allianz Care, outlining a diagnosis and a treatment plan.

Doctor's consultations and physiotherapy sessions are covered in the ECB's Health Insurance without prior authorisation by Allianz Care being required.

The Schedule of Benefit of the ECB Health Insurance Rules indicates all treatments that are subject to prior authorisation. Examples of these are plastic surgery, orthodontic treatment, some pregnancy related benefits, In Vitro Fertilisation, some medical aids and equipment, and others.

For more information see also the Table of Benefits.

The prior authorisation process helps us to assess each case and to organise everything with the provider in order to facilitate direct payment of your bill, where possible. This means that you don't have to advance the expenses and we can help lowering your out-of-pocket expenses where applicable through preferential rates and discounts we have negotiated with our global network of medical providers. We will respond to your prior approval request within 5 business days from receipt of the complete request.

## Getting in-patient treatment (where prior authorisation applies)



Download a Prior Authorisation Form through the dedicated ECB page:  
<https://www.allianzcare.com/ecb>



Send the completed form to us at least **5 working days before** treatment

- Email to: [ecb.medical@allianz.com](mailto:ecb.medical@allianz.com)
- Fax: 0032 2 210 65 97 or
- Mail to: Medical Services Department, Allianz Care, 15 Joyce Way, Park West Business Campus, Dublin 12, Ireland



We will contact your medical provider directly to arrange settlement of your bills wherever possible and keep you informed on progress.

We can also take Prior Authorisation Form details over the phone if treatment is taking place within 72 hours. More details on our Prior Authorisation process can be found in the Terms and Conditions section of this document.

### If it's an emergency:

Get the emergency treatment you need and call us if you need any advice or support.

Either you, your physician, one of your dependants or a colleague needs to call our Helpline to inform us of the hospitalisation. Prior Authorisation Form details can be taken over the phone when you call us.

## Claiming for your out-patient, dental and other expenses

An out-patient treatment is a 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.

If your treatment does not require prior authorisation, 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 via our MyHealth app or online portal ([www.allianzcare.com/en/myhealth.html](http://www.allianzcare.com/en/myhealth.html)).

Simply enter a few key details, add your invoice(s) and press 'submit'.

The above paperless claiming services are a valuable contribution to a healthier environment and save you a great deal of time. They also avoid the potential delays and complications caused by postal services.

However, if you need to send us originals under Top Up Cover or prefer to use a postal service please send the Claim Form and all supporting documentation, invoices and receipts and settlement notes from other Health Insurance or social security schemes for claims under Top-Up Cover as described above to us by email, fax or post. You will find details for this service on the Claim Form and at page 18 of this guide.

Please also refer to "Medical Claims" in the Terms and conditions 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 five working days, when all required information has been submitted. However, without the reason for seeking medical treatment (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 reason for seeking medical treatment on your claim!

We will email or write to you to let you know when the claim has been processed and you can follow the claims status through the MyHealth Digital Services if you have submitted the claim through these services.



## And if I need treatment in the USA?

If you are permanently based in the USA, you will have access to cover in line with the ECB Health Insurance Rules.

Further, all persons insured under the ECB Health Insurance plan have coverage for the treatment of medical emergencies which occur during business or holiday trips.

Cover is provided up to a maximum period of 90 days per trip within the maximum benefit amount and includes treatment required in the event of an accident, or the sudden beginning or worsening of a severe illness which presents an immediate threat to your health. Treatment by a physician, medical practitioner or specialist must commence within 24 hours of the emergency event.

### To find a provider

If you wish to locate a medical provider in the USA, simply go to:

 <https://azc.globalexcel.com/>



### For more information or an appointment

If you have a query about a medical provider, or if you have selected a provider and wish to arrange an appointment, please call us.

 (+1) 800 541 1983 (toll-free from the USA)

### For a prescription

If you are permanently based in the USA you will be provided with a Caremark pharmacy card, which allows you to get certain drugs and pharmacy products in the US on a cashless basis. If your plan includes it, you will receive the card separately. This card is also available in digital format via CVS Caremark app or portal. Download CVS Caremark app from the App Store, Google Play or simply access their portal via your browser and create your personal account. The portal is accessible at:

 [www.caremark.com](http://www.caremark.com)

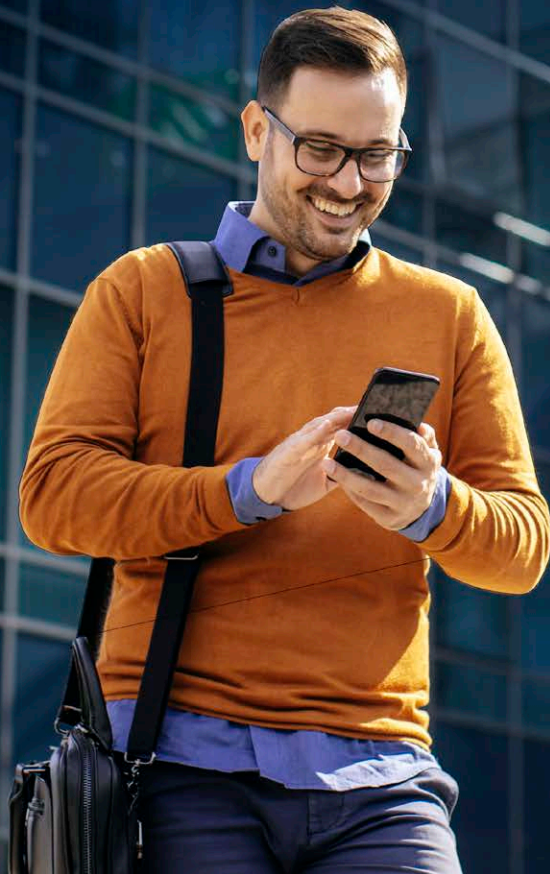




Show this card to your Caremark pharmacy. The pharmacist will tell you if you need to pay anything. Please ensure that the prescriptions you present have the date of birth of the person that the prescription is for. Whether or not you have a Caremark card, you can also apply for a discount pharmacy card which can be used any time your prescription is not covered by your plan. To register and obtain your discount pharmacy card, simply go to the following website and click on "Print Discount Card":

 <https://azc.globalexcel.com/find-a-pharmacy/>

# Terms and conditions of your cover



# Terms and conditions

This section describes the benefits and rules of your group Health Insurance policy. Please read it in conjunction with your Insurance Certificate, the ECB Health Insurance Rules and the Table of Benefits.

- Your **Insurance Certificate** details the plan(s) that the ECB has chosen for you and your dependants (if applicable) 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 the ECB or which we are entitled to make, or if, with the ECB's approval and our acceptance, you request a change, for example adding a dependant.
- The **ECB Health Insurance Rules** and the **Table of Benefits** outline the benefits available to you. In addition, it specifies any benefits/treatments which require submission of a Prior Authorisation Form and confirms any benefits to which specific benefit limits, waiting periods, and/or co-payments apply.

Please note that the Terms and Conditions of your membership may be changed from time to time by agreement between the ECB and us to reflect any changes of the ECB Health Insurance Rules.

# Your cover explained

**The cover provided through the ECB Health Insurance plan is set out in the ECB Health Insurance Rules and your Table of Benefits, which list all the benefits and the applicable rules and limits. For an explanation of how your benefit limits apply to your plan, please review these documents.**

## What we cover

Your policy provides cover for medical treatment, related costs, services and/or supplies (as indicated in the ECB Health Insurance Rules and 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 and the ECB Health Insurance Rules. If a claim is deemed by us to be inappropriate, we reserve the right to reduce the amount payable by us.

## When cover starts for you and your dependants

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

Cover for spouses and recognised partners and children ('dependants') will start on the effective date shown on your most recent Insurance Certificate which lists them as a dependant. Their membership may continue for as long as you remain a member of the group scheme or as long as the dependants remain eligible under the ECB Health Insurance Rules and the defined age limits (if applicable).

# Claims and Prior Authorisation Process

## Medical claims

In relation to medical claims, please note that all reimbursements will be governed by the principles and rules of Section V of the ECB Health Insurance Rules and that:

- a) All claims shall be made by the insured member in respect of themselves or their insured dependants in accordance with Article 30 of the ECB Health Insurance Rules.
- b) All claims should be submitted (via our MyHealth Digital Services or Claim Form) no later than twelve months following the date of the treatment or within three months following the date of receipt of the invoice (or the date of your settlement note from a third-party insurer, if applicable), whichever comes later. Beyond this time, we are not obliged to settle the claim.
- c) Submission of a separate claim (via our MyHealth Digital Services or Claim Form) is required for each person and for each medical condition being claimed for. Please note that as well as our hard and soft copy claim forms, members can avail of our MyHealth Digital Services for fast and easy claims submission.
- 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 six months from the date of the settlement in accordance with ECB Health Insurance Rules Article 17. 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 in accordance with the above provisions. 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 note that we reimburse any expenditure in euros, irrespective of which currency the expenditure is incurred in. Any conversion is carried out on the basis of the euro foreign exchange rates published by the ECB with reference to the date on which the relevant invoice was issued.
- f) Only costs incurred as a result of treatment will be reimbursed within the limits of the ECB Health Insurance Rules, after taking into consideration any prior authorisation requirements. Any co-payments or out-of-pocket expenditure outlined in the ECB Health Insurance Rules and your Table of Benefits will be taken into account when calculating the amount to be reimbursed.

- 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 and your dependants agree to assist us in obtaining all 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, in accordance with the terms of the ECB Health Insurance Rules request a medical examination by our medical representative when we deem this to be necessary. All information will be treated in strict confidence. We reserve the right to withhold benefits if you or your dependants have not honoured the obligations of the ECB Health Insurance Rules and to recover any undue reimbursements in accordance with Article 24 of those rules.

## 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 inform us as soon as possible and cooperate with us in accordance with Article 21 of the ECB Health Insurance Rules; 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 to us.

## Prior authorisation

Some of the benefits available to you require prior authorisation through submission of a Prior Authorisation Form in accordance with Article 16 of the ECB Health Insurance Rules and as described at pages 20-21.

Examples of these are plastic surgery, orthodontic treatment, some pregnancy related benefits, In Vitro Fertilisation, some medical aids and equipment, and others.

Use of the Prior Authorisation Form helps us to assess each case and facilitate direct settlement with the hospital.

Please email your prior authorisation requests to

Ⓔ [ecb.medical@allianz.com](mailto:ecb.medical@allianz.com)

# Administration of your policy

## 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 email address should be communicated to us in writing or through the MyHealth Digital Services 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

The ECB can end your membership or that of any of your dependants by notifying us in writing. Your membership will automatically end:

- At the end of the Insurance Year, if the agreement between Allianz Care and your company is terminated.
- If the ECB decides to end the cover or does not renew your membership.
- If you cease to qualify for membership or opt out of membership under Section II of the ECB Health Insurance Rules.

## Policy expiry

Please note that upon the expiry of your policy, your right to cover ends. Any eligible expenses incurred during the period of cover shall be reimbursed up to a maximum of twelve months after the date of the treatment or within three months following the date of receipt of the invoice, whichever comes later. However, any on-going or further treatment that is required after the expiry date of your policy will no longer be covered.

## Applying for cover if group membership ends

If your cover under the ECB Health Insurance comes to an end, you can apply for cover under one of our Healthcare Plans for Individuals, by simply sending us an email (details below). Your policy may be subject to underwriting. We reserve the right to decide on the acceptance of your application. The application must be submitted within one month of leaving the group scheme. The commencement date, if accepted for cover, will be the first day after leaving the group scheme.

@ [individual.sales@allianzworldwidecare.com](mailto:individual.sales@allianzworldwidecare.com)



# Additional terms

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

**Applicable law:** the administration of your membership is governed by a contract between the ECB and Allianz Care as the Administrator under German law unless otherwise required under mandatory legal regulations. Any complaints and appeals are governed by Section VIII of the ECB Health Insurance Rules.

**Eligibility:** only those group members (and dependants) as defined in the ECB Health Insurance Rules are eligible for cover.

**Liability:** our liability to the insured person is limited to the amounts indicated in the ECB Health Insurance Rules and 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.

**Economic sanctions:** this Agreement does not provide any cover or benefit for any business or activity to the extent that either the cover or benefit or 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.

**Other parties:** no other person (except an appointed representative of the ECB) 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 the ECB and us.

**Third party liability:** if you or any of your dependants 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, the stipulations of Article 21 Subrogation of Rights of the ECB Health Insurance Rules apply.

**Circumstances outside of our control (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 subject to the terms of the Contract For The Provision Of Claims Administration Services with the ECB.


**Fraud:** if any claim is false, fraudulent, intentionally exaggerated or if fraudulent means or devices have been used by you or your dependants or anyone acting on your or their behalf to obtain benefit under this policy, we will not pay any benefits for that claim. The amount of any undue reimbursement made to you before the fraudulent act or omission was discovered, will become immediately due and owing to us. The rules of Section VI 'Undue or irregular reimbursements' of the ECB Health Insurance Rules apply and we will inform the 'Coordinator' appointed by the ECB Executive Board of any irregularities or breach of professional obligations.

**Use of Medi24:** Please note that Medi24 and its health-related information and resources are not intended to be a substitute for professional medical advice or for the care that patients receive from their doctors. It is not intended to be used for medical diagnosis or treatment and information should not be relied upon for that purpose. Always seek the advice of your doctor before beginning any new treatment or if you have any questions regarding a medical condition. You understand and agree that Allianz Care is not responsible or liable for any claim, loss or damage directly or indirectly resulting from your use of this advice line or the information or the resources provided through this service. Calls to Medi24 will be recorded and may be monitored for training, quality and regulatory purposes.


# Complaints procedure

We are always delighted to hear from you if we are doing well, and also on the hopefully rare occasions when we do not so well.

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 within six months of the cause for your complaint at:

 +353 1 518 7818

 ECB.Helpline@allianz.com

 Customer Advocacy Team,  
Allianz Care,  
15 Joyce Way,  
Park West Business Campus,  
Nangor Road,  
Dublin 12, Ireland

We will make every effort to resolve the issue to your satisfaction, however should this not be possible your complaint will be handled according to the ECB Health Insurance Rules. As a first step we will confirm receipt of your complaint in writing and allocate a unique reference number to the complaint.

We are committed to provide you with a written response and explanation for the decision regarding your complaint within 10 working days.

Should you still not be satisfied with the outcome, you have then a further two months to request the escalation of your complaint to the Risk Carrier who will re-examine the complaint in an impartial manner and provide the insured member with a final written response within two months. The Risk Carrier may also consult with the ECB depending on the nature of the complaint.

# Definitions


The definitions set out in the ECB Health Insurance Rules apply to the benefits you are covered for under the ECB Health Insurance. Where different words or phrases appear in any of your Allianz Care policy documents, they are only intended to illustrate the administration of your ECB Health Insurance and do not alter the ECB Health Insurance Rules.



# 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


 Helpline: + 353 1 518 7818  
Toll free from Germany: 0800 071 3543  
Toll free from Belgium: 0800 89 005

 Email: [ECB.Helpline@allianz.com](mailto:ECB.Helpline@allianz.com)





 Fax: 0032 22 10 65 06

*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*

*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 their identity.*

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

 [www.allianzcare.com](http://www.allianzcare.com)

 [www.facebook.com/AllianzCare/](https://www.facebook.com/AllianzCare/)  
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