

TABLE OF BENEFITS

VALID FROM
1ST MARCH 2018

Your Table of Benefits specifies the benefits available under your cover, which is subject to our policy definitions, exclusions and benefit limits.

You will find further details about our benefits in the "Definitions" section of this guide, however if you have any queries regarding what you are covered for, please do not hesitate to call us.

I. SURGERY VISITS AND HOME CALLS

Fees for surgery visits and home calls are refunded at the rate of 100%, the maximum reimbursement being:

General practitioners

Visit to the doctor's surgery	€16.91
Call at the patient's home	€17.85
Call at night, on Sunday and/or public holidays, emergency call (as defined by local custom)	€28.33

Specialists

Visit to the doctor's surgery	€26.57
Call at the patient's home	€36.44
Call at night, on Sunday and/or public holidays, emergency call (as defined by local custom)	€38.80

Psychological examination

Carried out as part of medical treatment	€100.27
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Remarks

If practitioners apply charges (in addition to their fees) for the distance they have to travel to the patient's home, or where a person covered by the scheme is obliged to call in a practitioner living outside their place of employment/residence or the place where he is staying, we will reimburse up to 100% of the travelling expenses incurred, the limit being 20 km (including the return journey).

II. SURGICAL OPERATIONS

These expenses are reimbursed at the rate of 100%, with a maximum refund per case per insured person, once the medical consultant of the Insurer has given his/her opinion:

Category AA	Maximum refund: €283.00
Category AB	Maximum refund: €565.00
Category B	Maximum refund: €649.00
Category C	Maximum refund: €1,875.00
Category D	Maximum refund: €2,457.00

Remarks

The list of surgical operations (divided into categories) appears at the end of this Table of Benefits. Please note that:

- Any surgical operation not mentioned in the list will be treated in the same way as that operation listed which, in the opinion of the medical consultant of the Insurers, is of a comparable nature.
- Operations of plastic surgery are subject to pre-authorisation by the Insurer, once their medical consultant has given his/her opinion. Also, operations of plastic surgery considered as purely esthetical are not reimbursed.
- Surgical expenses only include surgical fees. Expenses incurred for anaesthesia, the use of the operating theatre, plaster room, dressings and other expenses in respect of any general care pertaining to the surgical operations listed in categories AA, AB, B, C and D is reimbursed at 100% within the applicable category limits indicated above.
- In the event of a major surgical operation, the Insurer may take a special decision on the advice of their medical consultant. In such cases the actual expenses incurred are reimbursed at the rate of 100% irrespective of the maximum refund normally allowed.

III. HOSPITALIZATION

The costs of a stay in a nursing home or hospital (in the case of surgical operation or in-patient treatment) is reimbursed at the rate of 100% up to a maximum amount of €248.00 per day. The cost of a stay comprises the costs of board, service and taxes.

The surgical operation expenses as specified in section I, as well as expenses incurred for the use of the operating theatre, plaster room, dressings and any other expenses in respect of any general care pertaining to the surgical operation, medical fees for visits and calls, laboratory analyses and tests, X-rays, medicines and other types of diagnosis and treatments are paid separately in accordance with the provisions concerning the reimbursement of each of these categories of expenses. The expenses incurred shall be reimbursed at the rate of 100% if the fixed price per day in an hospital centre comprises the cost of the stay mentioned above, as well as all or part of the expenses listed above.

Remarks

Where, in view of his/her age and nature of illness, a person covered by the scheme requires special family assistance and is accompanied in hospital on the practitioner's prescription by a member of his/her family, the cost of the latter's stay may, by way of exception and after consultation of the Insurer's medical consultant, be reimbursed at the rate of 100%, subject to a maximum limit of € 38.05 per day.

IV. SPECIAL CASES

- a) The expenses incurred in relation to tuberculosis, poliomyelitis, cancer, mental illness and any other diseases recognized by the Insurer's medical consultant as of comparable gravity are reimbursed at the rate of 100%. However, reimbursements in any one of such cases for services referred to in paragraph b) of point VI and in point XIII may not exceed an amount equal to twice the maximum amount provided for therein. All applications for such recognition, as referred to in the above paragraph, must be sent to the Insurer accompanied by a report from the practitioner treating the patient. The decision shall be taken by the Insurer's medical consultant.
- b) The cost of detection examinations shall be fully reimbursed provided that they are recognized by the Insurer's medical consultant.

V. PHARMACEUTICAL PRODUCTS (ISSUED ON PRESCRIPTION)

Pharmaceutical products issued on prescription or prescribed on a "repeated" basis for a period of up to six months are reimbursed at the rate of 100%; this does not cover mineral waters, tonic wines and beverages, infant food, haircare products, cosmetics, irrigators, syringes, aromatherapy, hygiene and dietary products, herb teas, thermometers and similar products and instruments. However, if the pathological condition of an infant or child requires special dietetic measures involving the insured in additional expenses, these are reimbursed as laid down in the first paragraph provided that it relates to the purchase of special diet food which in this instance can be regarded as a medicinal preparation essential to the survival of the infant or child.

VI. DENTAL TREATMENT, DENTAL PROSTHESIS, ORTHODONTIC TREATMENT

- a) Dental treatment (extractions, fillings, maxillary or gum treatment and generally all strictly dental medical treatments) are reimbursed at the rate of 100%.
- b) Dental prosthesis are reimbursed at the rate of 100% on the basis of the following and provided that pre-authorisation has been granted on the basis of an estimate:

Fixed prosthesis:

Gold crown, resin jacket	€267.97
Resin bridge tooth element	€244.79
Gold inlay, cast dummy	€244.79
Pivot crown	€207.61
Veneer or Richmond crown or ceramo-metallic crown, ceramo-metallic bridge device	€368.87
Gold and porcelain bridge tooth element	€267.97
Spring attachment	€267.97
Hinge	€96.68

Removable prosthesis:

Full set of dentures, upper or lower (14 teeth, resin plate)	€507.31
Partial set of dentures with resin plate	
- base plate	€112.67
- per tooth	€35.20
- per clasp	€25.29

Supplement per metal plate (stainless steel) (upper or lower)	€127.17
Supplement for suction system (Lausap, Fixomatic, Vacuum, Matic, etc.)	€127.17
Metal prosthesis (chrome cobalt)	
- plate and clasp	€311.97
- per tooth	€104.36

Repairs will be reimbursed at the rate of 100% on the basis of the following:

Repair to the resin base	€45.12
Addition of a tooth or clasp on resin base	€50.69
Rebasing (upper or lower)	40% of cost of the full set of dentures (max. €201.66)
Remounting (upper or lower)	75% of cost of the full set of dentures (max. €380.52)

- c) Subject to the conditions laid down above, the cost of temporary prostheses shall be reimbursed up to a maximum of 50% of the limit set for the same permanent prosthesis made of resin. Costs of repairs, rebasing, remounting and renewals of prostheses which have already been reimbursed, can only be reimbursed following preauthorization (except for the repairs) in case of a duly established emergency.
- d) If the costs of impressions and fittings are separately invoiced, they shall be reimbursed at the rate of 100%.
- e) The cost of orthodontic treatment is not covered under this policy.

VII. RADIOLOGY, ANALYSES, LABORATORY TESTS AND OTHER FORMS OF DIAGNOSIS

The above costs are reimbursed at the rate of 100%.

VIII. CONFINEMENTS

For normal confinements, fees for doctor/midwife and for anaesthesia are reimbursed at the rate of 100%, up to a maximum of €665.00. The costs of a labour room, assistance of a kinesiologist and all other expenses for treatment directly connected with the confinement shall be separately reimbursed at the rate of 100%. In case of a twin birth, the maximum amount that may be reimbursed shall be increased by 50%.

In case of a difficult confinement requiring obstetrical treatment or surgical operation or prolonged stay in hospital for post-partum ailments, the costs referred to above shall be reimbursed, subject to the approval of the Insurer's medical consultant, if deemed necessary, up to 100% of the rates for surgical operations, hospital medical treatment and special treatments. The phrase "difficult confinement requiring special obstetrical treatment ..." covers all confinements which are not in the medical sense normal confinements.

For all confinements, 80% of the costs of the stay in a nursing home or maternity home shall be reimbursed separately up to a maximum amount of €76.00 per day. For a normal confinement, the maximum stay is 10 days, if there are no complications.

For home confinements nursing fees for 10 days shall be reimbursed at the rate of 100%; where complications arise, the period for which reimbursement is made shall be extended.

IX. PHYSIOTHERAPY, KINESITHERAPY (AND SIMILAR TREATMENT), MEDICAL APPLIANCES

Costs related to the following treatments, prescribed by the practitioner are reimbursed at the rate of 80% and are subject to a ceiling of €2,500 per calendar year, provided that the treatment is carried out by a professionally qualified practitioner.

- a) Radio and radium therapy, X-rays, medical prenatal and postnatal gymnastics.
- b) Ultra-violet rays, physiotherapy, infrared rays, ultrasounds, electrotherapy, hydrotherapy, medical massage, medical gymnastics (except prenatal and postnatal), mechanotherapy, mud-bath, medical chiropody, speech therapy, kinesitherapy and similar treatment, prescribed by a practitioner, shall be reimbursed at the rate of 80% subject to Treatment Guarantee Form submitted to the Insurer's medical consultant.
- c) Treatment of chiropractic and acupuncture, osteopathy, medical pedicure are subject of the same Treatment Guarantee procedure.

Remarks

The authorization required for the various forms of treatment mentioned in Section IX must be obtained before the treatment is begun. In the event of failure to comply with the above provision, owing to the distance of the person from the headquarters of the Institution, or in cases of duly established "force majeure", the cost of the treatments provided for in Section IX shall be reimbursed only if, in the opinion of the medical consultant, it is justified by the nature of the illness.

X. CURES

- a) If a cure is considered strictly necessary by the medical consultant and carried out under medical supervision, its costs shall be reimbursed at the rate of 80%, subject to Treatment Guarantee and up to the following limits:

Convalescence or post-operative treatment, for a maximum period of 21 days per annum; however, in the case of a relapse or a new illness the preauthorization may be renewed.	Reimbursement: €22.00 per day
Cure at a watering-place for a maximum period of 21 days per annum. Accommodation expenses incurred in connection with such a cure may in no circumstances be regarded as hospital expenses.	Reimbursement: €15.50 per day
Cure for delicate children up to the age of 16 years and for a maximum period of six weeks per year, apart from exceptional cases.	Reimbursement: €23.00 per day

- b) The cost of the treatment and medical supervision incurred during cures shall be reimbursed at the rate and within the limits of the maximum amounts provided for each service.

Remarks

Treatment Guarantee Forms relating to a cure at a watering-place must, without fail, be submitted to the Insurer at least six weeks before the cure is expected to begin. The Treatment Guarantee Form must be accompanied by a detailed medical report, intended for the medical consultant, justifying the strict necessity of the cure.

Applications for reimbursement of the costs of residence, treatment and medical supervision incurred during a cure must be supported by a medical report drawn up for the Insurer's medical consultant at the end of the cure giving details of the treatment followed and the results observed.

XI. PROSTHESES ON MEDICAL PRESCRIPTION

Spectacles

Corrective lenses on medical prescription and non-corrective tint A (12% coloration) lenses, excluding lenses solely for protection against the sun.	Reimbursement of 100%
Frames provided with the lenses referred to under point 1 above (the cost of repairing frames shall be reimbursed, provided the conditions laid down for the renewal of frames are fulfilled. The amount reimbursed for repairs shall be deducted from the maximum refundable amount in cases where a new frame is obtained during the same period).	Reimbursement of 100% up to a maximum of €49.00 per frame

Contact lenses

Reimbursement of 100% when prescribed by an ophthalmologist.

Contact lenses renewal	Reimbursement of 100% (only when 36 months have elapsed since the last time a pair of contact lenses was obtained, and except where a variation in the conditions of sight is medically attested)
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Artificial eyes

Reimbursement of 100%.

Hearing aids

Cost of hearing aids prescribed by an otorhinolaryngologist and cost of repairs thereto	Reimbursement of 100% (maximum refundable amount is €703.00)
Cost of batteries for hearing aids	Reimbursement of 100%

Remarks

The periods for renewal shall be as follows :

Glasses	1 year
Frames	2 years (1 year for children up to 18 years)
Contact lenses	2 years
Hearing aids	5 years

In the event of medically attested changes in vision and hearing and in other approved cases, lenses and hearing aids, etc. may be replaced subject to preauthorization and on the advice of the Insurer's medical consultant, if this is deemed necessary.

Orthopaedic appliances, bandages and other prostheses

The cost of the items listed below (acquisition or rent) which have been prescribed by a practitioner, as well as the cost of repairing items 3. and 4., shall be reimbursed at the rate of 100%.

Nevertheless, prior authorization given after advice of the Insurer's medical consultant is required for the acquisition of orthopaedic footwear and items listed in point 4; the demand of preauthorization for orthopaedic footwear shall be accompanied by an estimate.

Orthopaedic footwear and soles (2 pairs every 12 months),	Reimbursement of 100%, up to a maximum reimbursable of €288.00 per pair
Elastic bandages: - elastic stockings for varicose veins (three pairs every 12 months) - others, i.e. maternity belts, knee bandages, ankle supports, lumbar girdles	Reimbursement of 100%
Artificial limbs and segments thereof, crutches, walking sticks	Reimbursement of 100%
Wheel chairs and similar auxiliary appliances, provided that an estimate has been submitted.	Reimbursement of 100%

XII. TRANSPORT COSTS

- a) The cost of transporting the patient may be reimbursed at the rate of 80% of the actual cost, if the Insurer's medical consultant agrees that it is absolutely necessary.
- b) Travelling expenses incurred in order to receive treatment outside the country of employment or residence shall be reimbursed only in exceptional circumstances subject to preauthorization and on the advice of the medical consultant of the Insurer.

XIII. FUNERAL EXPENSES

The allowance towards funeral expenses shall be €1,785.00. It will be covered on presentation of written evidence.

XIV. HOME ATTENDANCE AND HOME TREATMENT BY MEDICAL AUXILIARIES

These services shall be reimbursed at 80% provided that they have been prescribed by the practitioner and carried out by persons legally authorized to furnish these services.

- a) The cost of attendance after an operation, or in other essential cases outside the normal nursing-home service, and the cost of attendance at home expressly prescribed by the practitioner, shall be reimbursed at the rate of 80% on preauthorization granted following an examination of each particular case by the medical consultant of the Insurer.
- b) Nevertheless, the reimbursements referred to in point a) above shall not exceed €60.00 per attendant per each day or night, and €120.00 per each 24-hour period of attendance, provided that these services are carried out by persons legally authorized to furnish such attendance.
- c) No reimbursement shall be made for board and lodging for an attendant or other person acting as such.

XV. FINAL REMARKS

- Expenses relating to services which are not mentioned in the above provisions, shall be reimbursed at the rate of 80% on the advice, where necessary, of the medical consultant of the Insurer. Maximum amounts, however, may be fixed in each case.
- Expenses relating to treatments considered by the medical consultant of the Insurer to be non-functional, excessive or unnecessary shall not be reimbursed.
- Fees for visits to leading specialists considered to be necessary by the medical consultant of the insurer shall be reimbursed at the rate of 100% subject to a maximum refundable amount three times the limit set for visits to specialists.

The fee for the first emergency home call made by a leading specialist shall be reimbursed at the rate of 100%. The fees for the next visits are reimbursed at the rate of 100%, subject to a maximum refundable amount three times the limit set for home calls by specialists after preauthorization granted on advice of the medical consultant of the Insurer.
- When reimbursement is subject to preauthorization, the member must send the certificate issued by the practitioner in support of the application in a sealed envelope to the medical consultant of the Insurer.

LIST OF SURGICAL OPERATIONS (BY CATEGORY)

CATEGORY AA (MAXIMUM REIMBURSEMENT: €283.00)

AA.1. SURGERY

1. Incision of superficial abscess, furuncle (boil) or subcutaneous paronychia (whitlow).
2. Incision of several abscesses or furuncles.
3. Incision with drainage of an osseous paronychia or the surrounding tissues.
4. Incision of a deep abscess.
5. Incision of an abscess in the pouch of Douglas.
6. Incision of a purulent inflammation of soft parts or excision (removal) of a carbuncle.
7. Removal of a palpable superficial foreign body lying under the skin or under a mucous membrane.
8. Excision of a small tumour situated in or under the skin or a mucous membrane or biopsy of such a superficially situated tumour (e.g. in lips, skin, mucous membrane).
9. Excision of a large tumour (e.g. ganglion, neuroma, lymph gland, aponeurotic tumour) without opening a cavity.
10. Treatment by means of injections to correct varicose veins or haemorrhoids; ligature of haemorrhoids.
11. Surgical operation on a joint of the fingers, carpus (wrist), toes or tarsus (ankles).
12. Osteotomy of a small bone or trephine biopsy of a bone.
13. Taking of a bone graft.
14. Setting of a fracture of the nose.
15. Setting of a fracture of a face bone.
16. Setting of a fracture of the clavicle (collar bone).
17. Setting of a fracture of the scapula (shoulder blade) or sternum (breast bone).
18. Setting of a fracture of the upper arm.
19. Setting of a fracture of the forearm.
20. Setting of a simple fracture of the pelvis.
21. Setting of a fracture of a finger, toe, metacarpus, metatarsus, carpus (wrist) or tarsus (ankle).
22. Setting of a fracture of the patella (kneecap).
23. Setting of a fracture of the lower leg (tibia and/or fibula).
24. Removal of the material for pinning and/or ringing a bone.
25. Reduction of a dislocation of the lower jaw.
26. Reduction of a dislocation of the clavicle (collar bone) or the patella (knee-cap).
27. Reduction of a dislocation of the elbow or the knee
28. Reduction of a dislocation of the thumb.
29. Reduction of a dislocation of a finger or toe.
30. Disarticulation of a finger or toe.
31. Partial or total amputation of a finger or toe.
32. Amputation of a metacarpal or metatarsal.
33. Tracheotomy.
34. Correction or attempted correction of a strangulated hernia.
35. Operation for an anal or rectal fissure.
36. Operation for a rectal fistula.
37. Correction of a rectal prolapse.
38. Removal via the anus of a foreign body from the rectum.
39. Operation for phimosis.
40. Dilation of the urethra.
41. Operation for a urethral polyp.
42. Bloodless extraction of a foreign body from the urethra.
43. Puncture of the bladder.
44. Vasectomy.

AA.2. OPHTHALMOLOGY

1. Removal of a foreign body from the conjunctiva, the cornea or the sclera.

2. Removal of a tumour from an eyelid, the conjunctiva or the sclera.
3. Enucleation of a chalazion.
4. Opening of a lachrymal canal.
5. Treatment for stenosis of a lachrymal canal.
6. Operation for inflammation of the lachrymal sac.
7. Removal of a lachrymal sac.
8. Operation on a lachrymal gland.
9. Operation for a strictured or enlarged palpebral fissure.
10. Operation for an ectropion or an entropion.
11. Laser treatment.

AA.3. OTORHINOLARYNGOLOGY (ear, nose and throat operations)

1. Removal of a foreign body.
2. Simple removal of easily operated polyps or other nasal tumours.
3. Opening of a maxillary sinus.
4. Adenoidectomy.
5. Bloodless extraction of a foreign body from the larynx.
6. Bloodless removal of a polyp or other tumour from the larynx.
7. Laryngeal biopsy.
8. Operation of the external auditory canal.
9. Extraction of foreign body from the external auditory canal or from the middle ear.
10. Removal of a polyp or other tumour from the external auditory canal or from the middle ear.
11. Trans-tympanic drain.

AA.4. GYNAECOLOGY

1. Correction of a retroverted uterus.
2. Removal of a polyp from the cervix uteri.
3. Biopsy of the cervix uteri.
4. Operation for a partial perineal rupture.
5. Surgical operation on the external female genital organs (e.g. removal of a vaginal cyst or a Bartholin's gland).

CATEGORY AB (MAXIMUM REIMBURSEMENT: €565.00)

AB.1. SURGERY

1. Sanguineous removal of an embedded foreign body from the soft parts or from a bone.
2. Tongue biopsy in deep tissues (adipose tissue, fascia and muscle) or in organs without opening a cavity.
3. Simple skin grafting or simple flap grafting.
4. Reduction of a dislocation of a hand or foot.
5. Operation for a simple harelip.
6. Wedge-shaped excision at the tongue.
7. Operation for a salivary fistula or operative removal of a salivary calculus.
8. Operation for rectal polyps.
9. Operation for a coccygeal fistula.
10. Resection of the coccyx.
11. Incision of a perinephric abscess.
12. Operation for a urethral fistula.
13. Bloodless surgical operation on the bladder (e.g. to remove a foreign body or a small tumour).
14. Removal of osteo-synthesis material.
15. Varicocele, hydrocele.
16. Epididymectomy.
17. Operation for cryptorchidism or ectopia testis.
18. Simple laparoscopy.
19. Operation for a breast tumour.
20. Chemical nucleolysis of prolapsed intervertebral disc.
21. Operation on the carpal tunnel.

AB.2. OPHTHALMOLOGY

1. Plastic surgery on an eyelid partially adhering to the eyeball.
2. Operation for a pterygium.
3. Suture of a lesion of the cornea or the sclera.
4. Iridotomy.
5. Treatment for a prolapse of the iris or the ciliary body.
6. Aspiration of a vitreous body.

AB.3. OTORHINOLARYNGOLOGY (ear, nose and throat operations)

1. Tonsillectomy.
2. Plastic surgery by a flap method to close a retroauricular fistula or a fistula of the maxillary sinus.
3. Plastic surgery on the outer ear.

AB.4. GYNAECOLOGY

1. Curettage of the uterus.
2. Uterotubal insufflation and/or injection of contrast media of hysterosalpingography.
3. Plastic surgery on the cervix uteri.
4. Amputation of the cervix uteri.

CATEGORY B (MAXIMUM REIMBURSEMENT: €649.00)

B.1. SURGERY

1. Difficult skin graft or difficult graft by a flap method.
2. Bone graft.
3. Operation for an aneurysm.
4. Arterial embolectomy.
5. Lumbar sympathectomy.
6. Thoracic sympathectomy.
7. Radial surgery for Dupuytren's contracture.
8. Resection of a maxillary joint or a joint of the hand or foot.
9. Arthroplasty or a maxillary joint or a joint of the hand or foot.
10. Surgical operation on a maxillary joint.
11. Removal of a foreign body from a shoulder, elbow or knee joint.
12. Meniscectomy.
13. Operation for habitual dislocation of the shoulder or knee.
14. Osteotomy of a small bone with implantation of a tendon.
15. Reduction of vertebral fracture.
16. Open reduction of a fractured clavicle (collar bone).
17. Reduction of a fractured femur.
18. Reduction and ringing of a fractured patella (kneecap).
19. Open reduction of a fracture of the upper arm, forearm or the lower leg (tibia and/or fibula).
20. Open reduction of a wrist or ankle fracture.
21. Operation for pseudarthrosis.
22. Operation for the resetting of a wrongly knit fracture.
23. Reduction of a hip dislocation.
24. Reduction of a vertebral dislocation.
25. Disarticulation of the upper arm.
26. Disarticulation of the thigh.
27. Disarticulation of the forearm or the lower leg (tibia and/or fibula).
28. Disarticulation of the hand or foot.
29. Simple amputation of the upper arm.
30. Simple amputation at the thigh.
31. Simple amputation at the forearm or the lower leg (tibia and/or fibula).
32. Reduction of a fracture of both bones of the forearm.
33. Simple amputation through a metacarpal or metatarsal.
34. Opening of the cranium with puncture of the brain.
35. Reconstruction of the nose.
36. Operation on a complicated harelip.

37. Partial resection of the tongue.
38. Laryngotomy.
39. Partial resection of the larynx.
40. Simple mastectomy.
41. Exploratory laparotomy or laparoscopy with intervention.
42. Appendectomy.
43. Opening of an abscess in the abdominal cavity.
44. Opening of a subphrenic abscess.
45. Operation for an inguinal or femoral hernia.
46. Operation for a simple umbilical hernia or a linea alba hernia.
47. Eventration operation.
48. Opening of a stenosis of the rectum.
49. Operation for a prolapse of the rectum by opening of the abdominal cavity.
50. Operation for incompetence of the anal sphincter by means of myoplasty.
51. Electroresection of the prostate or neck of the bladder (endoscopic prostatectomy).
52. Exploratory lombotomy.
53. Decapsulation of a kidney.
54. Nephrostomy.
55. Renal drainage.
56. Nephropexy.
57. Suprapubic opening of the bladder.
58. Operation for an injury to the bladder.
59. Opening of the ischiorectal fossa.
60. Sanguineous extraction of a foreign body from the urethra.
61. Perineal urethrostomy.
62. Suture of the urethra.
63. Plastic surgery on the urethra.
64. Lithotripsy and evacuation of a vesical calculus under visual control per treatment.
65. Endovesical removal of a large tumour of the bladder per treatment.
66. Partial cystectomy.
67. Extraction of a urethral calculus by lasso catheter.
68. Implantation of an artificial cardiac pacemaker.
69. Nerve suture.
70. Operation for a rectal prolapse.
71. Operation for haemorrhoids.
72. Operations listed in category A, if they are combined or complicated.

B.2. OPHTHALMOLOGY

1. Removal of a foreign body from the eye socket.
2. Removal of a tumour from the eye socket.
3. Removal of a tumour from the cornea.
4. Toti's lachrymal sac operation.
5. Operation for the correction of ptosis (drooping of the upper eyelid).
6. Plastic surgery on a partially conserved eyelid.
7. Plastic surgery on an eyelid completely adhering to the eyeball.
8. Operation on the muscles of the eyeball to correct a squint.
9. Plastic surgery on the cornea.
10. Operation for a corneal abnormality.
11. Operation for disease or injury of the crystalline lens.
12. Cyclodialysis, iridectomy or fenestration or operation for glaucoma.
13. Operation to prevent detachment of the retina.
14. Enucleation of the eyeball.
15. Excision of the optic nerve.
16. Operations listed in category A, if they are combined or complicated.

B.3. OTORHINOLARYNGOLOGY (ear, nose and throat operations)

1. Endonasal resection of an osseous choanal obstruction.
2. Endonasal trephination or excavation of nasal sinus.
3. Radical operation on a maxillary or frontal sinus.
4. Removal of a nasopharyngeal fibroma.
5. West's endonasal operation on a lachrymal sac.
6. Bronchoscopy or oesophagoscopy with extraction of a foreign body from the trachea or its ramifications, or from the oesophagus.
7. Trephining of the mastoid.
8. Operation for a tumour of the middle ear.
9. Tympanoplasty.
10. Submucous resection of the nasal septum.
11. Operations listed in category A, if they are combined or complicated.

B.4. GYNAECOLOGY

1. Hysteropexy.
2. Operation for complete rupture of the perineum.
3. Colporrhaphy, with or without perineorrhaphy.
4. Operation for genital prolapse.
5. Vaginal removal of a uterine fibroma.
6. Vaginal or abdominal myomectomy.
7. Removal of part of the adnexa.
8. Operation for incontinence of urine in women.
9. Caesarean.
10. Difficult confinement (vacuum extractor or forceps).
11. Operations listed in category A, if they are combined or complicated.

CATEGORY C (MAXIMUM REIMBURSEMENT: €1,875.00)

C.1. SURGERY

1. Operation for an arterial abnormality.
2. Resection of a shoulder, elbow, knee or hip joint.
3. Arthroplasty of a shoulder, elbow or knee joint.
4. Arthroplasty of the acetabulum.
5. Surgical operation on a hip joint.
6. Repair of the knee ligaments.
7. Operation for a fracture of the neck of the femur.
8. Amputation of the shoulder girdle through the joint.
9. Operation for fractured skull.
10. Unilateral or total resection of a jawbone.
11. Plastic surgery on the soft palate.
12. Complete resection of the tongue.
13. Removal of a salivary gland.
14. Plastic surgery on the larynx with displacement of the vocal cords.
15. Partial or total thyroidectomy.
16. Mastectomy with excavation of the auxiliary glands.
17. Opening Of the pericardium without heart operation.
18. Gastrectomy.
19. Surgical operation on the gall-bladder or the bile ducts.
20. Surgical operation on an organ of the abdominal cavity by laparotomy (e.g. gastroenterostomy, intestinal anastomosis, removal of part of the intestines, removal of the tail of the pancreas, splenectomy).
21. Operation for a strangulated hernia with removal of a part of the intestines.
22. Operation for a large or complicated umbilical or linea alba hernia.
23. Eventration operation with plastic surgery.
24. Removal via the anus of the rectum.
25. Surgical operation on the ureter.

26. Operation for a diaphragmatic hernia.
27. Removal of the prostate and the seminal vesicles by the abdominal route.
28. Opening of the pelvis of the kidney and removal of calculi.
29. Nephrectomy.
30. Resection of a pole of a kidney or section of the isthmus of a "horseshoe" kidney.
31. Plastic surgery on the pelvis of a kidney.
32. Partial resection of the bladder with transplantation of a ureter.
33. Plastic surgery for incontinence of urine.
34. Operation for a slipped disc.
35. Transluminal dilatation of the coronary or other arteries.
36. Destruction of urinary calculi (lithotripsy) by means of extracorporeal shock waves.
37. Sanguineous removal of varicose veins.
38. Operations listed in category B, if they are combined or complicated.

C.2. OPHTHALMOLOGY

1. Plastic surgery for a completely destroyed eyelid.
2. Corneal graft.
3. Cataract operation.
4. Operation for displacement of the crystalline lens.
5. Operation for detachment of the retina.
6. Coagulation or photocoagulation of a tumor of the retina or the choroid.
7. Reconstruction of the lachrymal duct.
8. Operations listed in category B, if they are combined or complicated.

C.3. OTORHINOLARYNGOLOGY (ear, nose and throat operations)

1. Radical operation on several sinuses on the same side.
2. Petromastoid excavation.
3. Fenestration or operation on the auditory ossicles of the middle ear.
4. Operations listed in category B, if they are combined or complicated.

C.4. GYNAECOLOGY

1. Total hysterectomy with or without removal of uterine adnexa.
2. Removal of the uterine adnexa.
3. Vaginal or abdominal total or subtotal hysterectomy without removal of the ovaries or Fallopian tubes.
4. Operations listed in category B, if they are combined or complicated.

CATEGORY D (MAXIMUM REIMBURSEMENT: €2,457.00)

D.1. SURGERY

1. Total prosthesis of the hip.
2. Opening of the skull with surgical operation on the central nervous system.
3. Removal of a tumour of the spinal canal.
4. Surgical operation on the spinal cord.
5. Unilateral resection of the jawbone and excavation of the lymphatic ducts.
6. Opening of the pericardium with surgical operation on the heart, including bypass, heart transplant.
7. Pericardiectomy
8. Surgical operation on the great vessels of the thorax.
9. Removal of a mediastinal tumour.
10. Endothoracic operation on the oesophagus.

11. Resection of the head of the pancreas or removal of the pancreas.
12. Gastrectomy and partial removal of an adjacent organ.
13. Portacaval shunt or similar operation.
14. Abdominoperineal removal of the rectum.
15. Pneumonectomy.
16. Total laryngectomy.
17. Surgical operation on the liver.
18. Operations listed in category C, if they are combined or complicated.

D.2. OPHTHALMOLOGY

1. Operations listed in category C, if they are combined or complicated.

D.3. OTORHINOLARYNGOLOGY (ear, nose and throat operations)

1. Petromastoid excavation and opening of the neurocranium.
2. Trephining of the sella turcica.
3. Operations listed in category C, if they are combined or complicated.

D.4. GYNAECOLOGY

1. Operation for a vesicovaginal or rectovaginal fistula.
2. Plastic surgery for total absence of the vagina.
3. Operations listed in category C, if they are combined or complicated.

MEDICAL NECESSITY AND CUSTOMARY CHARGES

This policy provides cover for medical treatment, related costs, services and/or supplies that we determine to be medically necessary and appropriate to treat a patient's condition, illness or injury. Plus 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.

CONTACT DETAILS

If you have any questions regarding your cover, please do not hesitate to contact us:

24/7 Helpline for general enquiries and emergency assistance

Email: IGOhelpline@allianzworldwidecare.com

Fax: +32 2 210 6598

Telephone: +32 2 210 6501

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.

Address: Allianz Partners, 1 Place du Samedi, 1000 Brussels, Belgium

www.allianzworldwidecare.com