

A woman with blonde hair, wearing a light blue striped shirt, a grey skirt, and a light grey trench coat, is walking in a modern building hallway. She is pulling a black rolling suitcase. The hallway has large windows and a tiled floor with orange and grey patterns.

Health Insurance for short term travel

# Short Term Healthcare Plan

Valid from 1<sup>st</sup> April 2017

**Allianz**   
Worldwide Care

# Welcome to Allianz Worldwide Care

Thanks to a package negotiated by your company, you can now depend on Allianz Worldwide Care, as your health insurer, to give you access to the best care possible in the event of a medical emergency – wherever you travel in the world.

This guide describes in detail how we offer you access to the care you need, when you need it most. It sets out the standard benefits and rules of your health insurance policy. Please read this Benefit Guide, which includes your Table of Benefits, in conjunction with your Insurance Certificate to ensure that you fully understand your cover. For full details of your company's insurance contract, please contact your company's Group Scheme Manager.

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 61, rue Taitbout, 75436 Paris Cedex 09, France

AWP Health & Life SA, acting through its Irish Branch, is a limited company governed by the French Insurance Code. Registered in France: No. 401 154 679 RCS Nanterre. Irish Branch registered in the Irish Companies Registration Office, registered No.: 907619, address: 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. Allianz Worldwide Care is a registered business name of AWP Health & Life SA.

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# Introduction

Details of your insurance cover with us.

This plan is specifically designed to cover the **emergency healthcare needs** of employees while they travel abroad on business. This plan covers acute emergency treatments, accidents and any other event outlined in the terms and conditions.

Please be aware that this cover is subject to the policy definitions, limitations and exclusions provided within this document.

To fully understand your insurance cover with us, please read these pages carefully, in conjunction with your Table of Benefits on pages 4 and 5.

## Emergency Assistance Service

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

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

### Helpline

Email: [client.services@allianzworldwidecare.com](mailto:client.services@allianzworldwidecare.com)

English: +353 1 630 1301  
German: +353 1 630 1302  
French: +353 1 630 1303  
Spanish: +353 1 630 1304  
Italian: +353 1 630 1305  
Portuguese: +353 1 645 4040  
Fax: +353 1 630 1306

For our latest list of **toll-free numbers**, please visit:  
[www.allianzworldwidecare.com/toll-free-numbers](http://www.allianzworldwidecare.com/toll-free-numbers).

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

*Calls to our Helpline will be recorded and may be monitored for training, quality and regulatory purposes.*

Please note that only the policyholder (or an appointed representative) or the Group Scheme Manager can make changes to the policy. Security questions will be asked of all callers, in order to verify their identity.

## Evacuations

At the first indication that a medical evacuation is required, please call our 24 hour Helpline (details on page 2) and we will take care of everything. Given the urgency of an evacuation, we would advise that you call us, however, you can also contact us by email at: **medical.services@allianzworldwidecare.com**. When emailing, please include “*Urgent – Evacuation*” in the subject line. Please contact us before talking to any alternative providers, even if approached by them, to avoid potentially inflated charges or unnecessary delays in the process. In the event that evacuation services are not organised by Allianz Worldwide Care, we reserve the right to decline all costs incurred.

## Hospital, Doctor and Health Practitioner Finder

Our Medical Provider directory is available on the Allianz Worldwide Care website: **www.allianzworldwidecare.com/members**. This online directory allows you to search for hospitals, clinics, doctors and specialists on a country by country basis, with the ability to narrow down the search to specific regions and cities. Users can also search under Medical Practitioner categories e.g. Internal Medicine, as well as on specialism e.g. General Surgery, Neurosurgery or Traumatology, etc. **You are not restricted to using the providers listed in this directory.**

# Table of Benefits

The table below shows details of the cover provided under the Short Term Healthcare Plan. Benefit amounts shown are per insured person, per Insurance Year. Treatment Guarantee is required for all benefits indicated with a 2 in the following table. For further important details regarding Treatment Guarantee, please refer to pages 18 and 19.

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

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

In-patient benefits	
Hospital accommodation	Private room
Intensive care	Full refund
Prescription drugs and materials <small>(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	Full refund
Physician and therapist fees	Full refund
Diagnostic tests	Full refund
Physiotherapy	Full refund
Emergency in-patient dental treatment	Full refund
<b>Other benefits</b>	
Day-care treatment	Full refund
Out-patient surgery	Full refund
Local ambulance	Full refund
Medical evacuation <sup>2</sup>	Full refund
Repatriation of mortal remains <sup>2</sup>	£16,600/€20,000/ \$27,000/CHF26,000
CT and MRI scans <small>(in-patient and out-patient treatment)</small>	Full refund
PET and CT-PET scans <small>(in-patient and out-patient treatment)</small>	Full refund

Out-patient benefits	
Medical practitioner and specialist fees	Full refund
Diagnostic tests	Full refund
Prescription drugs (prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	Full refund
Emergency out-patient dental treatment	Full refund



# What you are covered for

The following is an overview of your emergency healthcare cover.

This section provides an outline of the emergency cover provided under this plan. Please be aware that this cover is subject to our policy definitions (detailed on pages 21 to 23) as well as our policy limitations and exclusions (detailed on pages 11 to 12).

## Extent of cover

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

## Scope of cover

Please note that the purpose of this insurance plan is to provide medical care during **emergency situations**. Any ongoing or further treatment that is required after the emergency situation is not covered by this policy.

## Where you are covered

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

## Maximum duration of cover

The maximum duration of cover is:

- 90 travel days per Insurance Year or
- 300 travel days per Insurance Year

To confirm your duration of cover, please refer to your Insurance Certificate or contact our Helpline (contact details on page 2).



## Benefit limits

There are two kinds of benefit limits shown in the Table of Benefits. The **maximum plan benefit**, which applies to certain plans, is the maximum we will pay for all benefits in total, per insured person, per Insurance Year, under the plan. Some benefits also have a **specific benefit limit** which is applied separately, for example "Repatriation of mortal remains". Where a specific benefit limit applies or where the term "Full refund" appears next to certain benefits, the refund is subject to the maximum plan benefit.

## Medical necessity

As an insurance company, our clients expect us to control medical costs, where possible, in order to maintain affordable health insurance premiums. To do this, our team of highly experienced medical professionals ensures that planned medical interventions are appropriate and medically necessary. By medically necessary we mean treatment that is the most appropriate type and level of service required to treat a patient's condition, illness or injury.

In addition, our team of claims experts will ensure that we only reimburse medical providers where their charges are reasonable and customary. By reasonable and customary we mean that the charges are 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.

# Your Short Term Healthcare Plan explained

The following is an outline of the benefits included in your Short Term Healthcare Plan.

## Maximum plan benefit

The maximum benefit for medical emergencies that can be claimed under this plan is £166,000/€200,000/\$270,000/CHF260,000 per insured person, per Insurance Year, which would include the following treatments:

## In-patient benefits

The in-patient cover provided entitles the insured person to hospital accommodation in a private room. You will also be reimbursed with the limits of your policy for intensive care treatment, prescription drugs and materials, theatre charges, surgical fees including anaesthesia, physician, surgeon and therapist fees, diagnostic tests, physiotherapy and emergency dental treatment.

## Other benefits

### Day-care treatment

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

### Out-patient surgery

Cover is also provided for surgical procedures performed in a surgery, hospital, day-care facility or out-patient department.

### Local ambulance

We will pay for ambulance transport, required due to a medical emergency, to the nearest available and appropriate hospital or licensed medical facility.

### Medical evacuation

In the event of a medical emergency, this benefit provides for ambulance, helicopter or aeroplane transportation to the nearest appropriate medical centre, if the necessary emergency treatment for which you are covered is not available locally, or if adequately screened blood is unavailable.

The medical evacuation will be carried out in the most economical way, having regard to your medical condition. Your physician should request the medical evacuation. Please contact the Allianz Worldwide Care Helpline Team for assistance with this process. **Please note that Treatment Guarantee is required.**

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

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

### Repatriation of mortal remains

In the event of death, we will provide cover as outlined in your Table of Benefits for the cost of transportation of the insured person's mortal remains to the country of burial. Covered expenses include, but are not limited to, expenses for embalming, a container legally appropriate for transportation, shipping costs and the necessary government authorisations. Cremation costs will only be covered in the event that this is required for legal purposes. Costs incurred by any accompanying persons are not covered. **All covered expenses in connection with the repatriation of mortal remains must be pre-approved by us i.e. Treatment Guarantee is required.**

### CT, MRI, PET and CT-PET scans

CT, MRI, PET and CT-PET scans carried out on an in-patient or out-patient basis are fully covered within the limits of your policy.

### Out-patient benefits

In the event of an eligible medical emergency, we will reimburse 100% of the following out-patient expenses, subject to benefit limits:

- Medical practitioner and specialist fees
- Diagnostic tests
- Prescription drugs
- Emergency out-patient dental treatment (further details follow)

## Emergency out-patient dental treatment

Under this benefit, we will refund the full cost of treatment received in a dental surgery or hospital emergency room for the immediate relief of dental pain, caused by an accident or an injury to a sound natural tooth, including pulpotomy or pulpectomy and the subsequent temporary fillings, limited to three fillings per Insurance Year. The treatment must be received within 24 hours of the emergency event. Please note that cover does not extend to any form of dental prostheses or root canal treatment.



# What your Short Term Healthcare Plan does not pay for

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

1. Treatment in the **principal country of residence** or **country of primary employment**.
2. **Pre-existing conditions** are not covered if:
  - The treatment abroad was the reason for travelling.
  - It was highly likely that the treatment would have to take place during the trip.
3. **Chronic conditions** (please refer to the definition of chronic conditions on page 20 of this guide).
4. **Pregnancy, childbirth** and any consequences thereof.
5. Treatment arising from **infertility, sterilisation, sexual dysfunction** and **contraception** (including insertion and removal of contraceptive devices).
6. **Sex change operations** and any consequences thereof.
7. **Elective/voluntary surgery** and/or **cosmetic/plastic surgery** unless medically necessary after an accident.
8. Stays in a **cure-centre, bath centre, spa, health resort recovery centre** or **nursing home**, even if this stay is medically prescribed.
9. Care and/or treatment of **intentionally caused diseases** and **self-inflicted injuries**.
10. Any illnesses, accidents or the consequences thereof, as well as cases of death resulting from the consumption of **drugs** or **alcohol** by the insured person.
11. Treatment for any illnesses, diseases or injuries, as well as instances of death resulting from **active participation in war, riots, civil disturbances, terrorism, criminal acts, illegal acts** or **acts against any foreign hostility**, whether war has been declared or not.
12. **Organ transplants** or any consequence thereof.

13. Any form of **treatment or drug therapy** which in our reasonable opinion is **experimental or unproven** based on generally accepted medical practice.
14. Treatment or diagnostic procedures relating to injuries arising from an engagement in **professional sports or hazardous activities**.
15. **Consultations** performed by you, your spouse, parents or children.
16. **Non-prescription drugs**.
17. Treatment to change the **refraction of one or both eyes (laser eye correction)**, including refractive keratectomy (RK) and photorefractive keratectomy (PRK).
18. **Complementary treatment**.
19. **Nursing at home** and the administering of any health services by any member of the medical profession in the residence of the insured person.
20. **Speech therapy**.
21. **Out-patient physiotherapy**.
22. **Psychiatric treatment and psychotherapy**.
23. **Dental treatment** other than emergency in-patient/out-patient dental treatment as defined.
24. **Dental veneers** and related procedures.
25. **Contact lenses and glasses**.
26. **Medical aids** such as hearing aids, speaking aids (electronic larynx), crutches or wheelchairs, orthopaedic supports/braces, artificial limbs, stoma supplies, graduated compression stockings or orthopaedic arch supports.
27. **Medical evacuation or repatriation of mortal remains** that has not been pre-authorised by us.
28. Medical evacuation/repatriation from a **vessel at sea** to a medical facility on land.
29. Treatment for any medical conditions arising directly or indirectly from **chemical contamination, radioactivity or any nuclear material** whatsoever, including the combustion of nuclear fuel.

# Paying premiums and general information

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

## Paying premiums

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

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

## Starting membership

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

## Duration of the insurance/renewal

The term of your policy depends on the duration of the cover chosen for you by your company (90 or 300 days). Please refer to your Insurance Certificate to confirm this.

## Making changes to your cover

The terms and conditions of your membership may be changed from time to time by agreement between your company and Allianz Worldwide Care.

## Other parties

No other person (except an appointed representative or the Group Scheme Manager) is allowed to make or confirm any changes to your membership on your behalf, or decide not to enforce any of our rights. No change to your membership will be valid unless it is specifically agreed between your company and Allianz Worldwide Care.

## Policy expiry

Please note that upon the expiry of your insurance cover, your right to reimbursement ends. Any expenses covered under the insurance policy and incurred during the period of cover shall be reimbursed up to six months after the expiry of the insurance cover. However, any on-going or

further treatment that is required after the expiry date of your insurance policy will no longer be covered.

### **If your treatment is needed as a result of somebody else's fault**

If you are claiming for treatment that is needed when somebody else is at fault, you must write and tell us as soon as possible. For example, if you need treatment for an injury suffered in a road accident in which you are a victim. If so, you will need to take any reasonable steps we ask of you to obtain the insurance details of the person at fault so that we can recover, from the other insurer, the cost of the treatment paid for by us.

If you are able to recover the cost of any treatment for which we have paid, you must repay that amount (and any interest) to Allianz Worldwide Care.

### **If you are covered by another insurance scheme**

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

### **If you change your address/email address**

All correspondence will be sent to the details we have on record for you unless requested otherwise. Any change in your home, business or email address should be communicated to Client Services at: [client.services@allianzworldwidecare.com](mailto:client.services@allianzworldwidecare.com) 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.

### **Applicable law**

Your membership is governed by French law unless otherwise required under mandatory legal regulations. Any dispute that cannot otherwise be resolved will be dealt with by courts in France.

### **Ending your membership**

Your cover will automatically end:

- When you return to your principal country of residence or country of primary employment after a trip abroad.



- After either 90 or 300 travel days abroad within the Insurance Year, depending on the duration of cover selected by your company.
- When you stop working for the company.
- When your company decides to end the cover.
- Upon the death of the insured employee.
- If you are an individual payer and you do not pay premiums or any other payment due under the Company Agreement with Allianz Worldwide Care.
- If your company does not pay premiums or any other payment due under the Company Agreement with Allianz Worldwide Care.

### **Cancellation and fraud**

If any claim is false, fraudulent, intentionally exaggerated or if fraudulent means or devices have been used by you or anyone acting on your behalf to obtain benefit under this policy, we will not pay any benefits for that claim. The amount of any claim settlement made to you before the fraudulent act or omission was discovered, will become immediately due and owing to us. We reserve the right to inform your company of any fraudulent activity.

# How to claim

Please follow the guidelines below to help us to process your claims promptly and effectively.

## In-patient claims

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

Please go to pages 18 and 19 for further important details about Treatment Guarantee and the benefits available to you which require submission of this form.

## Out-patient or dental claims

For out-patient or dental treatment, unless you have been informed of a different settlement arrangement, you will need to pay the medical provider for these costs at the time of treatment and then seek reimbursement from us, which will be subject to the benefit limits of your plan.

All eligible claims should be submitted using a Claim Form. A Claim Form is supplied with your Membership Pack and further Claim Forms can be downloaded from our website:

[www.allianzworldwidecare.com/members](http://www.allianzworldwidecare.com/members)

- You will need to get an invoice from the doctor/medical provider which states the diagnosis or medical condition treated, the nature of the treatment and the fees charged.
- Please complete sections 1-4 and 7 of the Claim Form. The other sections will only need to be completed, dated and signed by your doctor if the invoice **does not** state the diagnosis and nature of the treatment (if these details are not shown on the invoice, you are responsible for ensuring that your doctor provides the information requested in sections 5 and 6 of the Claim Form).
- When submitting your Claim Form to us, please attach all supporting documentation, invoices and receipts e.g. medical practitioner/physician invoices and pharmacy receipts with related prescriptions (if available).
- Please **specify on the Claim Form the currency in which you wish to be paid**. Unfortunately, on rare occasions, we may not be able to make a payment in the currency you have requested due to international banking regulations. In this instance we will review each case individually to identify a suitable alternative currency option. If we have to make a conversion from one currency to another we will use the exchange rate that applies on the date on which the invoices were issued.

- Please ensure that the payment details that you supply on the Claim Form are correct, to avoid delays to claims settlement
- Details of how to submit your fully completed Claim Form and supporting documents to us are included on the Claim Form.
- Fully completed Claim Forms are processed and payment instructions issued to your bank **within 48 hours**. Where further information is required to complete the claim, you/your medical practitioner will automatically be notified by email or mail within 48 hours of receipt of the Claim Form
- An email will automatically be sent to you (where email addresses have been provided to us) to advise you of when the claim has been processed. If we do not hold an email address for you, we will write to you at your correspondence address to advise you when your claim has been processed.

### Important notes

1. All Claim Forms should be submitted to us with the supporting documentation, invoices and receipts **no later than six months after the end of the Insurance Year or if cover is cancelled within the Insurance Year, no later than six months after the end of the insurance cover. Beyond this time, we are not obliged to settle the claim.**
2. Please note that **some costs require submission of a Treatment Guarantee Form** prior to treatment taking place. Please refer to pages 18 and 19 to check which benefits require Treatment Guarantee.
3. Claims are only covered if they result from an **eligible medical emergency**, are medically necessary, are delivered by an officially recognised physician, dentist or other therapist, are generally medically accepted and are incurred during an insured event.
4. It is your responsibility to retain any original supporting documentation (e.g. medical receipts) where copies are submitted to us as we reserve the right to request original supporting documentation/receipts up to 12 months after claims settlement, for auditing purposes. We also reserve the right to request a proof of payment by you (e.g. bank or credit card statement) in respect of your medical receipts. We advise that you keep copies of all correspondence with us as we cannot be held responsible for correspondence that does not reach us for any reason that is outside of our reasonable control.
5. You agree to assist us in obtaining all the necessary information to process a claim. We have the right to access all medical records and to have direct discussions with the medical provider or the treating physician. We may, at our own expense, request a medical examination by our medical representative when we deem this to be necessary. In addition, we may request an

autopsy where this is not forbidden by law. All information will be treated in strict confidence. We reserve the right to withhold benefits in cases where the employee has not honoured his/her obligations under the policy.

6. Claims will be settled if we deem the charges in the invoices to be fair, reasonable and of the level customarily charged in the country where treatment was provided. If a claim is deemed by us to be inappropriate, we reserve the right to reduce the amount payable by us.
7. Claims will be settled directly with the member. Whenever possible, we will seek to pay in-patient treatment expenses directly to the hospital. The incurred costs will be reimbursed per person within the limits of the policy, after taking into consideration the required Treatment Guarantee.
8. **Only costs incurred as a result of eligible treatment will be reimbursed** within the limits of your policy after taking into consideration any Treatment Guarantee requirements.
9. **Upon expiry of your insurance cover, your right to reimbursement ends** (for more details, please refer to the section on "Policy expiry" on page 13).
10. Please note that 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**.

## Treatment Guarantee

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

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

- Medical evacuation
- Repatriation of mortal remains

The Treatment Guarantee Form can be downloaded from our website [www.allianzworldwidecare.com/members](http://www.allianzworldwidecare.com/members)

You can submit it in the following ways:

- Scan and email to [medical.services@allianzworldwidecare.com](mailto:medical.services@allianzworldwidecare.com) or
- Fax to +353 1 653 1780
- Post to: Medical Services Department, Allianz Worldwide Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland

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

If we are not informed about the hospitalisation within 48 hours, or if Treatment Guarantee is not obtained for the benefits listed with a 2 in the Table of Benefits (and stated above), **we reserve the right to decline a claim**. Where Treatment Guarantee has not been obtained, and access to the benefit is subsequently proven to have been medically necessary, we will pay only 50% of the eligible benefit.

# Making a complaint

The Allianz Worldwide Care Helpline (+353 1 630 1301) is always the first number to call if you have any comments or complaints. If we have not been able to resolve the problem on the telephone, please email or write to us at:

**[client.services@allianzworldwidecare.com](mailto:client.services@allianzworldwidecare.com)**

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

We will handle your complaint according to our internal complaint management procedure detailed at: [www.allianzworldwidecare.com/complaints-procedure](http://www.allianzworldwidecare.com/complaints-procedure). You can also contact our Helpline to obtain a copy of this procedure.

# Definitions

Wherever the following words and phrases appear in your policy documentation, they will always have the meanings as defined below.

- 1.1 **Accident** is a sudden, unexpected event which causes injury and is due to a cause external to the insured person. The cause and symptoms must be medically and objectively definable, allow for a diagnosis and require therapy.
- 1.2 **Acute** means the sudden beginning or worsening of a medical condition.
- 1.3 **Chronic condition** is defined as a sickness, illness, disease or injury which has one or more of the following characteristics:
  - Is recurrent in nature.
  - Is without a known, generally recognised cure.
  - Is not generally deemed to respond well to treatment.
  - Requires palliative treatment.
  - Requires prolonged supervision or monitoring.
  - Leads to permanent disability.
- 1.4 **Company** is your employer and whose name is mentioned in the Company Agreement.
- 1.5 **Company Agreement** is the agreement we have with your employer, which allows you to be insured with us. This agreement sets out who can be covered, when cover begins, how it is renewed and how premiums are paid.
- 1.6 **Country of primary employment** is the country in which the employee pays taxes and social security contributions.
- 1.7 **Day-care treatment** is treatment received in a hospital or day-care facility during the day, including a hospital room and nursing, that does not medically require the patient to stay overnight and where a discharge note is issued.
- 1.8 **Dental prescription drugs** are those prescribed by a dentist for the treatment of a dental inflammation or infection. The prescription drugs must be proven to be effective for the condition and recognised by the pharmaceutical regulator in a given country. This does not include mouthwashes, fluoride products, antiseptic gels and toothpastes.
- 1.9 **Diagnostic tests** are investigations such as x-rays or blood tests, undertaken in order to determine the cause of the presented symptoms.
- 1.10 **Emergency** can be affirmed in case of an accident, disaster, any sudden beginning or worsening of a severe illness resulting in a medical condition that presents an immediate threat to your health and therefore requires urgent medical measures. Only medical treatment by a physician, medical practitioner/specialist or hospitalisation that commences within 24 hours of the emergency event will be covered.
- 1.11 **Emergency in-patient dental treatment** refers to acute emergency dental treatment due to a serious accident requiring hospitalisation. The treatment must be received within 24 hours of the emergency event. Please note that cover under this benefit does not extend to follow-up dental treatment, dental surgery, dental prostheses, orthodontics or periodontics.
- 1.12 **Emergency out-patient dental treatment** is treatment received in a dental surgery/hospital emergency room for the immediate relief of dental pain, caused by an accident or an injury to a sound natural tooth, including pulpotomy or pulpctomy and the subsequent temporary fillings, limited to three fillings per Insurance Year. The treatment must be received within 24 hours of the emergency event. This does not include any form of dental prostheses or root canal treatment.

- 1.13 **Group Scheme Manager** is the designated representative of the company acting as the key point of contact between the company and us for matters relating to the administration of the plan such as enrolment, premium collection and renewal.
- 1.14 **Hospital** is any establishment which is licensed as a medical or surgical hospital in the country where it operates and where the patient is permanently supervised by a medical practitioner. The following establishments are not considered hospitals: rest and nursing homes, spas, cure-centres and health resorts.
- 1.15 **Hospital accommodation** refers to standard private or semi-private accommodation as indicated in the Table of Benefits. Deluxe, executive rooms and suites are not covered.
- 1.16 **In-patient treatment** refers to treatment received in a hospital where an overnight stay is medically necessary.
- 1.17 **Insurance Certificate** is a document outlining the details of your cover and is issued by us. It confirms that an insurance relationship exists between your company and us.
- 1.18 **Insurance Year** is counted from the effective date of the insurance mentioned in the Insurance Certificate and ends at the expiry date of the Company Agreement. The following Insurance Year coincides with the year defined in the Company Agreement.
- 1.19 **Insured event** is the medically necessary emergency treatment received by you due to a disease or accident, in accordance with the terms of the policy.
- 1.20 **Local ambulance** is ambulance transport required for a medical emergency to the nearest available and appropriate hospital or licensed medical facility.
- 1.21 **Medical practitioner** is a physician who is licensed to practice medicine under the law of the country in which treatment is given, and where he/she is practising within the limits of his/her licence.
- 1.22 **Out-patient surgery** is a surgical procedure performed in a surgery, hospital, day-care facility or out-patient department that does not require the patient to stay overnight out of medical necessity.
- 1.23 **Out-patient treatment** refers to treatment provided in the practice or surgery of a medical practitioner, therapist or specialist that does not require the patient to be admitted to hospital.
- 1.24 **Pre-existing condition** is any sickness, disease or bodily injury, or any symptom linked to such sickness, disease or bodily injury, for which medical advice or treatment has been sought or received at some point prior to your travel abroad, or which you knew about and did not seek medical advice or treatment for, before the commencement of your trip.
- 1.25 **Prescription drugs** refers to products, including, but not limited to, insulin, hypodermic needles or syringes, which require a prescription for the treatment of a confirmed diagnosis or medical condition or to compensate vital bodily substances. The prescription drugs must be clinically proven to be effective for the condition and recognised by the pharmaceutical regulator in a given country.
- 1.26 **Principal country of residence** is the country where you live for more than six months of the year.
- 1.27 **Repatriation of mortal remains** is the transportation of the deceased's mortal remains from the country in which the insured is located, to the country of burial. Covered expenses include, but are not limited to, expenses for embalming, a container legally appropriate for transportation, shipping costs and the necessary government authorisations. Cremation costs will only be covered in the event that this is required for legal purposes. Costs incurred by any accompanying persons are not covered unless this is listed as a specific benefit in your Table of Benefits. All covered expenses in connection with the repatriation of mortal remains must be pre-approved by us using Treatment Guarantee.



- 1.28 **Specialist** is a qualified and licensed medical physician possessing the necessary additional qualifications and expertise to practice as a recognised specialist of diagnostic techniques, treatment and prevention in a particular field of medicine, including but not limited to neurology, paediatrics, endocrinology, obstetrics, gynaecology and dermatology.
- 1.29 **Treatment** refers to a medical procedure needed to cure or relieve acute illnesses or injury.
- 1.30 **We/Our/Us** is Allianz Worldwide Care.
- 1.31 **You/Your** refers to the eligible employee stated on the Insurance Certificate.

# Additional policy terms

The following are additional policy terms and conditions that apply to your policy with us.

1. **Eligibility:** Only the employee as described in the Company Agreement.
2. **Liability:** Our liability to you is limited to the amounts indicated in the Table of Benefits and any subsequent policy endorsement. 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.
3. **Third party liability:** If you are eligible to claim benefits under a public scheme or any other insurance policy which pertains to a claim submitted to us, we reserve the right to decline to pay benefits.

You must inform us and provide all necessary information, if and when you are entitled to a claim from a third party. You and the third party may not agree to any final settlement or waive our right to recover outlays without our prior written agreement. Otherwise we are entitled to recover the amounts paid from you and to cancel the policy.

We have full rights of subrogation and may institute proceedings in your name, but at our expense, to recover, for our benefit, the amount of any payment made under another policy.

4. **Data protection:** Allianz Worldwide Care, a member of the Allianz Group, is a French authorised insurance company. We obtain and process personal information for the purposes of preparing quotations, underwriting policies, collecting premium, paying claims and for any other purpose which is directly related to administering policies in accordance with the insurance contract. The confidentiality of patient and member information is of paramount concern to us. You have a right to access the personal data that is held about you. You also have the right to request that we amend or delete any information which you believe is inaccurate or out of date. We will not retain your data for longer than is necessary for the purposes for which it was obtained.
5. **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.



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

## **24/7 Helpline for general enquiries and emergency assistance**

Email: [client.services@allianzworldwidecare.com](mailto:client.services@allianzworldwidecare.com)  
Fax: + 353 1 630 1306

### **Telephone:**

English: + 353 1 630 1301  
German: + 353 1 630 1302  
French: + 353 1 630 1303  
Spanish: + 353 1 630 1304  
Italian: + 353 1 630 1305  
Portuguese: + 353 1 645 4040

*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.*

Toll-free numbers: [www.allianzworldwidecare.com/toll-free-numbers](http://www.allianzworldwidecare.com/toll-free-numbers)

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

Address: Allianz Worldwide Care, 15 Joyce Way, Park West Business Campus,  
Nangor Road, Dublin 12, Ireland.  
[www.allianzworldwidecare.com](http://www.allianzworldwidecare.com)