Allianz Care

Benefit Guide

Volkswagen
Valid from 1st January 2022

Welcome

You and your family can depend on Allianz Care, as your international health insurer, to give you access to the best care possible.

This guide has two parts: "How to use your cover" is a summary of all important information you are likely to use on a regular basis. The second part explains your cover in more detail.

To make the most of your international healthcare plan, please read this guide together with your Insurance Confirmation.

How to use your cover

Your insurance cover in detail

How to use your cover

Our services, to support you

We believe in providing you with the top-quality service that you deserve. In the following pages we describe the full range of services we offer. Read on to discover what is available to you, from our MyHealth Digital Services to the Employee Assistance Programme.

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 insurance cover or if you need assistance in an emergency.

Helpline

Phone: **+353 1 630 1301**

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

Email: **vw.help@allianzcare.com**

Fax: **+353 1 630 1306**

Post: **Allianz Care, 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland**

Did you know...

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

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:

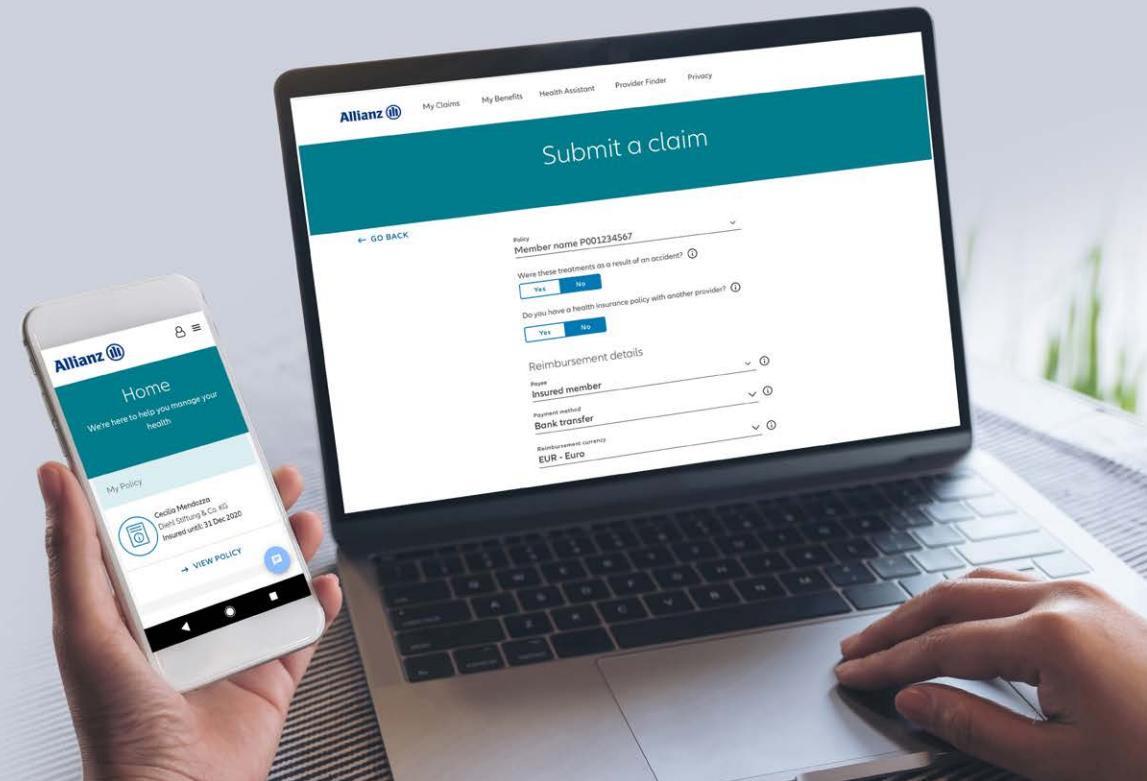
1. Login to MyHealth online portal to register. Go to **https://my.allianzcare.com/myhealth**, click on "REGISTER HERE" near the bottom of the page and follow the on-screen instructions. Be ready to provide your policy number, which you can find in your Insurance Certificate.

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.

   Download on the App Store GET IT ON Google Play

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**



Web-based services

On **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

Second Medical Opinion**

As your health partner, we aim to provide you with peace of mind. Have you been diagnosed with a serious illness or had surgery recommended? Do you want expert help on the best treatment options available and where to get the most appropriate treatment? As part of your cover you have access to our Second Medical Opinion service.

When you access this service, we assign to you a dedicated case manager, i.e. a healthcare professional from our own Medical Team to guide and assist you. Your case manager will ask you to provide all the necessary information about your medical case: then he/she will help you find a hospital, doctor or specialist for the Second Medical Opinion and provide the opinion to you.

To access our service, simply call our 24/7 Helpline on:

+ 353 1 630 1301

...and ask for the Second Medical Opinion service. You will need to state your policy number for identification.

Olive - Allianz Care's Health and Wellness support program

Your first steps towards a healthier life.

In today's increasingly busy and ever-changing world we recognise the importance of staying healthy and we firmly believe that prevention is better than cure. Olive**, our proactive care engine, is designed to motivate and guide you towards a healthier life. It includes the Health and Wellness hub and our HealthSteps app.

1. Health and Wellness hub

Our Health & Wellness Hub, accessible via our MyHealth Digital Services (mobile app and portal), offers you a range of services gathered in one convenient place to support you on your journey to a long, happy and healthy life.

On the Hub you will have access to:

- Tips and articles on topics such as sleep, fitness, nutrition and emotional wellbeing.
- Online health assessments**.
- Our BMI calculator.
- Our monthly live health and wellness webinars, with Q&A session, delivered by specialists.

2. HealthSteps app**

Did you know that by maintaining a healthy lifestyle, you may reduce the risk of developing medical conditions? The Allianz HealthSteps app was designed to give personalised guidance and help you reaching your health and fitness goals. By connecting to smart phones, wearables devices and other apps, HealthSteps monitors the number of steps taken, calories burned, sleep schedule and more.

HealthSteps features:

Plan
Choose a health goal and use the action plans to adopt and maintain good health habits:

- Lose weight
- Improve posture
- Sleep better
- Eat healthy
- Get moving and energised
- Stay healthy
- Reduce stress
- Lower blood pressure

Challenges
Join monthly challenges and get encouragement from other HealthSteps users by sharing your performance and competing against each other on group challenges. These challenges are based on steps, calories and distance.

Progress
Connect with popular health and activity trackers and monitor your progress against goals you set for yourself.

Library
Access articles and get tips and advice on how to live and maintain a healthy life.

Download the "Allianz HealthSteps" app from App Store or Google Play.

Download on the App Store GET IT ON Google Play

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

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.

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:

Download on the App Store GET IT ON Google Play

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

Username: AllianzCare
Password: Expatriate

Travel Security Services**

As the world continues to witness an increase in security threats, Travel Security Services offer 24/7 access to personal security information and advice for your travel safety queries - via phone, email or website. Your Table of Benefits shows whether your plan includes these services.

You can access:

Emergency security assistance hotline
Talk to a security specialist for any safety concerns associated with a travel destination.

Country intelligence and security advice
Security information and advice about many countries.

Daily security news updates and email travel safety alerts
Sign up and receive alerts about high-risk events in or near your current location, including terrorism, civil unrest and severe weather risks.

To access the travel security services, please contact us:

+44 207 741 2185

This is not a free phone number.

allianzcustomerenquiries@worldaware.com

https://my.worldaware.com/awc

Register by entering your policy number (shown in your Insurance Certificate)

Download 'TravelKit' app from App store or Google Play.

Download on the App Store

GET IT ON Google Play

All Travel Security Services are provided in English. We can arrange for you to use an interpreter where required.

Cover overview

Here is a summary of your health cover.

Your Table of Benefits

Treatment Guarantee is required for all benefits indicated with a 1 or 2 in the following tables and may be required for other benefits. Please refer to the "Notes" section following this Table of Benefits for more information. The benefits mentioned apply per person and per insurance year, unless stated otherwise.

Core Plan	Volkswagen	Treatment Guarantee required
Maximum plan benefit EUR (€)	No limit	
In-patient benefits - please refer to notes for more information on Treatment Guarantee		
Hospital accommodation	Private room	1
Intensive care	Full refund	1
Prescription drugs and materials (in-patient and day-care treatment only) (Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	Full refund	1
Surgical fees, including anaesthesia and theatre charges	Full refund	1
Physician and therapist fees (in-patient and day-care treatment only)	Full refund	1
Surgical appliances and materials	Full refund	1
Diagnostic tests (in-patient and day-care treatment only)	Full refund	1
Organ transplant	Full refund	1
Psychiatry and psychotherapy (in-patient and day-care treatment only)	Full refund	1
Accommodation costs for one parent staying in hospital with an insured child under 18	€ 1,000	1
Emergency in-patient dental treatment	Full refund	

Core Plan	Volkswagen	Treatment Guarantee required
Other benefits - please refer to notes for more information on Treatment Guarantee		
Day-care treatment	Full refund	
Kidney dialysis	Full refund	2
Out-patient surgery	Full refund	
Nursing at home or in a convalescent home (immediately after or instead of hospitalisation)	€2,500	
Rehabilitation treatment (in-patient, day-care and out-patient treatment; must commence within 8 weeks of discharge after the acute medical and/or surgical treatment ceases)	Full refund	2
Local ambulance	Full refund	
Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	Full refund, max. 42 days	
Medical evacuation • Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre • Where ongoing treatment is required, we will cover hotel accommodation costs • Evacuation in the event of unavailability of adequately screened blood • If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs (max. 7 days)	Full refund	2
Repatriation of mortal remains	€30,000	2
CT and MRI scans (in-patient and out-patient treatment)	Full refund	
PET and CT-PET scans (in-patient and out-patient treatment)	Full refund	2
Oncology (in-patient, day-care and out-patient treatment) • Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes	Full refund €1,200	
Routine maternity (in-patient and out-patient treatment)	Full refund	2
Midwife and Doula visits	30 visits	
Complications of pregnancy and childbirth	Full refund	2
Home delivery	€1,000 per pregnancy	2

Core Plan	Volkswagen	Treatment Guarantee required
Palliative care	Full refund	2
Long-term care	Full refund, max. 90 days per lifetime	2

Additional Core Plan Services

Employee Assistance Programme** Offers access to a range of 24/7 multilingual support services as follows: • Confidential professional counselling (in-person, telephonic, video and chat) • Legal and financial support services • Critical incident support • Wellness website access	Services available	
Travel Security Services** Offers 24/7 access to personal security information and advice for all your travel safety queries. This includes: • Emergency Security Assistance Hotline (not a free phone number) • Country intelligence and security advice • Daily security news updates and travel safety alerts	Services available	
MyHealth Digital Services • Manage your cover online with our app or portal anytime, anywhere. • Submit and track progress of claims. • Access your policy documents, health services, payment details and more.	Services available	
Olive** Our Health & Wellness support program includes, for example: • HealthSteps fitness app • Access to wellness resources	Services available	
Second Medical Opinion Service** Offers access to expert help on the best treatment options available if you have been diagnosed with a serious illness or had surgery recommended	Services available	

Out-patient Plan	Volkswagen	Treatment Guarantee required
Maximum plan benefit	No limit	

Out-patient benefits

Medical practitioner fees	Full refund	
Video consultation services**	Full refund	

Out-patient Plan	Volkswagen	Treatment Guarantee required
Prescription drugs (Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	Full refund	
Prescribed/ Over-the-counter drugs (up to and including 12 years of age) (must be prescribed by a physician, although a prescription is not legally required for purchase)	Full refund	
Prescription contraceptives (up to and including 21 years of age)	Full refund	
Specialist fees	Full refund	
Diagnostic tests	Full refund	
Vaccinations	Full refund	
Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine, acupuncture and podiatry (max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit)	€750	
Prescribed physiotherapy (initially limited to 12 sessions per condition; limit also applies to prescribed and non-prescribed physiotherapy sessions, where combined) Non-prescribed physiotherapy	Full refund € 150 per visit 5 visits	
Prescribed speech therapy (Initially restricted to 10 sessions per condition)	Max. 60 visits	
Health and wellbeing checks including screening for the early detection of illness or disease Checks are limited to: • Physical examination • Blood tests (full blood count, biochemistry, lipid profile, thyroid function test, liver function test, kidney function test) • Cardiovascular examination (physical examination, electrocardiogram, blood pressure) • Neurological examination (physical examination) • Cancer screening - Annual pap smear - Mammogram (every two years for women aged 45+, or younger where a family history exists) - Annual prostate screening (yearly for men aged 50+, or younger where a family history exists) - Colonoscopy (every five years for members aged 50+, or 40+ where a family history exists) - Annual faecal occult blood test • Bone densitometry (every five years for women aged 50+) • BRCA1 and BRCA2 genetic test (where a direct family history exists)	Full refund	

Out-patient Plan	Volkswagen	Treatment Guarantee required
Well child test (up to and including 17 years of age)	Full refund	
Preventative treatment	Full refund	
Preventative Course on health topics	Max. 2 sessions, €90 per session	
Infertility treatment	50% refund, max. €4,000 per event. 4 attempts per lifetime	2
Psychiatry and psychotherapy (referral from Doctor required for Psychotherapy)	Full refund	2
Prescribed medical aids	Full refund	
Prescribed glasses and contact lenses	€200	
Annual eye examination	Full refund	
Prescribed home help (8 hours per day)	Max. 20 days	2
Pre-natal classes	€400 per pregnancy	
Post-natal classes (up to 40 weeks after hospitalization)		

Dental Plan Option 1	Volkswagen	Treatment Guarantee required
Maximum plan benefit	No limit	

Dental benefits

Dental treatment	Full refund	
Annual dental cleaning (from age 12 years and older)	Full refund	
Dental surgery	Full refund	
Periodontics	80% refund, up to €3,000	
Dental prostheses (In the event of emergency treatment)	80%, max. €4,000	2
Dental Prostheses (In the event of non-emergency treatment; 15 months waiting period applies)		2

Dental Plan Option 1	Volkswagen	Treatment Guarantee required
Orthodontic devices (occlusal splints including material costs)	€1,500	2
Orthodontic treatment (up to and including 17 years of age)	Full refund	2

Dental Plan Option 2	Volkswagen	Treatment Guarantee required
Maximum plan benefit	No limit	

Dental benefits

Dental treatment	Full refund	
Annual dental cleaning (from age 12 years and older)	Full refund	
Dental surgery	Full refund	
Periodontics	80% refund, up to €3,000	
Dental prostheses	80%, max. €4,000	2
Orthodontic devices (occlusal splints including material costs)	€1,500	
Orthodontic treatment (up to and including 17 years of age)	Full refund	2

Repatriation Plan	Volkswagen	Treatment Guarantee required
Medical repatriation • Where the necessary treatment is not available locally, you can choose to be medically repatriated to your home country instead of to the nearest appropriate medical centre. • Where ongoing treatment is required, we will cover hotel accommodation costs • Repatriation in the event of unavailability of adequately screened blood • If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs (max. 7 days)	Full refund	2

Notes

Treatment Guarantee / pre-approval is a process in which we guarantee that we will cover the costs for those services that are marked with a 1 or 2 in the Table of Benefits. Please consult the "Seeking treatment?" section of this guide for information regarding the pre-approval process.

** 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 this 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.

Understanding how your cover works

What am I covered for?

You and your dependants are covered for medically necessary treatment and related costs, services and/or supplies as indicated in your Table of Benefits. These are subjected to:

- Policy definitions and exclusions (available in this guide).
- **Costs being reasonable and customary:** these are costs that are usual within the country of treatment. We will only reimburse medical providers where their charges are in accordance with standard and generally accepted medical procedures. If we consider a claim to be inappropriate, we reserve the right to decline or reduce the amount we pay.

We cover pre-existing conditions (including pre-existing chronic conditions).

You are either covered by a Primary Care Plan or a Top-up Plan in addition to the German statutory health insurance, as shown on your Insurance Confirmation.

Where can I receive treatment?

You can receive treatment in any country within your area of cover. Your Insurance Confirmation states your area of cover, your host country and your home country.

For treatments outside your area of cover, you are covered for emergency treatments for up to 42 days. If the eligible treatment is not available locally, we will also cover travel costs to the nearest suitable medical facility. To claim for medical and travel expenses incurred in these circumstances, you will need to complete and submit the Treatment Guarantee Form before travelling.

Is your family growing?

Are you getting married or having a baby? Congratulations!

To add dependants to your insurance cover, simply notify the Human Resources department of the organisation who is sending the member in writing.

Following acceptance, we will issue a new Insurance Confirmation to reflect the addition of a dependant. This new Insurance Confirmation will replace any earlier version(s) you may have from the start date shown on it.

What are benefit limits?

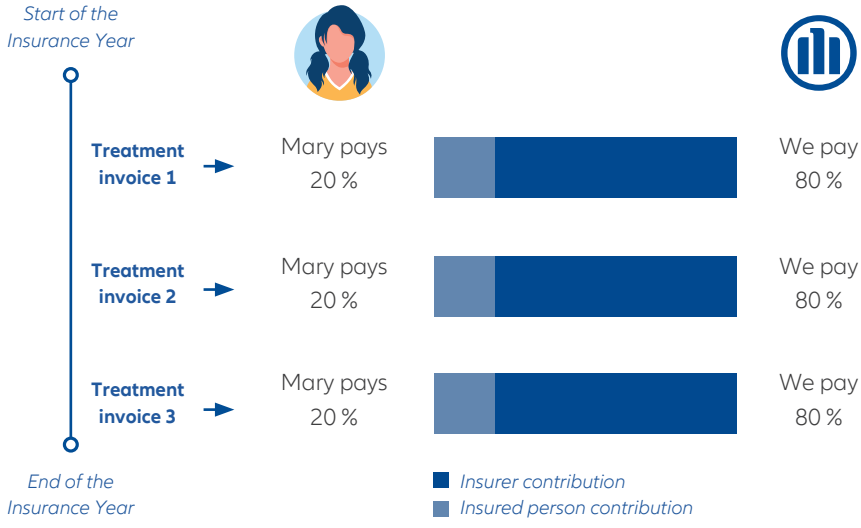
Some benefits have a **specific benefit limit**, which may be provided on a "per Insurance Year" basis, on a "per lifetime" basis or on a "per event" basis (such as per trip, per visit or per pregnancy). In some instances, in addition to the benefit limit, we will only pay a percentage of the costs for the specific benefit e.g., "80% refund, up to € 4,000".

All limits are per member and per Insurance Year, unless your Table of Benefits states otherwise. Midwife visits, homebirth, pre- and post-natal courses are paid per pregnancy. This is confirmed in your Table of Benefits.

What are co-payments?

Some benefits may be subject to a co-payment. Your Table of Benefits will show whether this applies to your plan. No deductibles apply.

A **co-payment** is when you pay a percentage of the medical costs. In the following example, Mary requires several dental treatments throughout the year. Her dental treatment benefit has a 20% co-payment, which means that we will pay 80% of the cost of each eligible treatment.



The total amount payable by us may be subject to a maximum plan benefit limit.

Seeking treatment?

We understand that seeking treatment can be stressful. Follow the steps below so we can look after the details – while you concentrate on getting better.

Check your level of cover

First, check that your plan covers the treatment you are seeking. Your Table of Benefits will confirm what is covered. However, you can always call our Helpline if you have any queries.

Some treatments require our pre-approval

Your Table of Benefits will show which treatments require our pre-approval (via a Treatment Guarantee Form). These are mostly in-patient and high cost treatments. The pre-approval process helps us assess each case, organise everything with the hospital before your arrival and make direct payment of your hospital bill easier, where possible.

Unless we and your company agree otherwise, if you make a claim without obtaining our pre-approval, the following will apply:

- If the treatment received is subsequently proven to be medically unnecessary, **we reserve the right to decline your claim.**
- If the treatment is subsequently proven to be medically necessary, we will pay 80% of in-patient benefits and 50% of other benefits.

Getting in-patient treatment (pre-approval applies)

Download a Treatment Guarantee Form from our website:
www.allianzcare.com/en/vw

Complete the form and send it to us at least **five working days before** treatment.
You can send it by email or fax.

We contact the hospital to organise payment of your bill directly, where possible.

If it's an emergency:

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

If you are hospitalised, either you, your doctor, one of your dependants or a colleague needs to call our Helpline (**within 48 hours** of the emergency) to inform us of the hospitalisation. We can take Treatment Guarantee Form details over the phone when you call us.

We can also take Treatment Guarantee Form details over the phone if treatment is taking place within 72 hours. Please note that we may decline your claim if pre-approval is not obtained.

Pre-approval information for orthodontic treatment

Before starting orthodontic treatment, please ask your doctor for the following documents:

- Medical report: This report should be issued by the orthodontist and should include the following: the diagnosis, the possible symptoms caused by the orthodontic problem, and a treatment plan, including the estimated duration of treatment for you or your insured dependants (if applicable).
- Photographs of the jaw with current dentition.
- Photographs of the jaw in a central occlusion from a frontal and lateral perspective.
- Orthopantomogram (panoramic X-ray image).
- Profile x-ray image (cephalometric x-ray).

Please send us the above documents for pre-approval of the treatment.

Pre-approval information for dental prostheses

Before you start treatment for dental prostheses, please ask your dentist for the following documents:

- Medical report from the dentist including details of the reason for the treatment, dental treatment history and treatment plan, including the estimated duration of treatment for you or your dependant
- Estimated costs and payment plan
- Intraoral photographs
- X-rays

Please send us the above documents for pre-approval of the treatment.

Claiming for your out-patient, dental and other expenses

If your treatment does not require our pre-approval, you can simply pay the bill and claim the expenses from us. In this case, 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**).

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

As an alternative to MyHealth Digital Services, you can also claim your treatment costs by completing and submitting a Claim Form, available for download at: www.allianzcare.com/en/vw. You don't need to complete sections 5 and 6 if the information requested in those sections is already shown on your medical invoice.

Please send the Claim Form and all supporting documentation, invoices and receipts to us by email or post (details on the form).

Important note: People who are insured under the German statutory health insurance by a Primary Care Plan must send the original invoices and any other supporting documents to Allianz Care by post.

Please refer to "Medical Claims" in the "Additional information about claiming for your expenses" section of this guide for more information about our claims process.

Quick claim processing

Once we have all the information required, we can process and pay a claim within 48 hours. However, we can only do this if you have told us your diagnosis, so please make sure you include this with your claim. Otherwise, we will need to request the details from you or your doctor.

We will email or write to you to let you know when the claim has been processed.

Evacuations and repatriations

At the first indication that you need medical evacuation or repatriation, please call our 24 hour Helpline and we will take care of it. Given the urgency, we would advise you to phone if possible. However, you can also contact us by email. If emailing, please write 'Urgent – Evacuation/Repatriation' in the subject line.

Please contact us before talking to any providers, even if they approach you directly, to avoid excessive charges or unnecessary delays in the evacuation. In the event that evacuation/repatriation services are not organised by us, we reserve the right to decline the costs.

+353 1 630 1301

medical.services@allianzworldwidecare.com

Seeking treatment in the USA

To find a provider

If you have worldwide cover and are looking for a provider in the USA, 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

Your plan includes a Caremark pharmacy card, which allows you to get certain drugs and pharmacy products in the US on a cashless basis. 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

Show this card to your Caremark pharmacy. The pharmacist will tell you if you need to pay anything. Please ensure that the prescriptions 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 you can use for any prescription that 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/

Treatment in Mexico

For information and questions about direct billing and treatment guarantee in Mexico, please contact our partner ChoiceNet International (GlobalExcel Mexico).

Local phone number: **+52 55 2881 4774**

You can find the toll free number for Mexico at **www.allianzcare.com/en/vw**

Email: **CNIGlobalServices@globalexcel.com**

https://www.globalexcel.com/latam/

Additional information about claiming for your expenses

Medical claims

Before submitting a claim to us, please pay attention to the following points:

- **Claiming deadline:** You must submit all claims (via our MyHealth app or online portal, via email or post) no later than six months after the end of the Insurance Year. If cover is cancelled during the Insurance Year, you should submit your claim no later than six months after the date that your cover ended. After this time, we are not obliged to settle the claim.

- **Claim submission:** You must submit a separate claim for each person claiming and for each medical condition being claimed for.

- **Supporting documents:** When you send us copies of supporting documents (e.g. medical receipts), please make sure you keep the originals. We have the right to request original supporting documents/ receipts for auditing purposes up to 12 months after settling your claim. We may also request proof of payment by you (e.g. a bank or credit card statement) for medical bills you have paid. We advise that you keep copies of all correspondence with us as we cannot be held responsible for correspondence that fails to reach us for any reason outside of our control.

- **Persons insured under the German statutory health insurance** who are insured by a Primary Care Plan must in any case send the original invoices and any other supporting documents to Allianz Care by post.

- **Currency:** Please specify the currency you wish to be paid in. On rare occasions, we may not be able to make a payment in that currency due to international banking regulations. If this happens, we will identify a suitable alternative currency. If we have to make a conversion from one currency to another, we will use the exchange rate (Reuters) that applied on the date the invoices were issued, or on the date that we pay your claim.

  Please note that we reserve the right to choose which currency exchange rate to apply.

- **Reimbursement:** We will only reimburse (within the limit of your insurance cover) eligible costs after considering any Treatment Guarantee requirements, deductibles or co-payments outlined in the Table of Benefits.

- **Reasonable and customary cost:** We will only reimburse charges that are reasonable and customary in accordance with standard and generally accepted medical procedures. If we consider a claim to be inappropriate, we reserve the right to decline your claim or reduce the amount we pay.

- **Deposits:** If you have to pay a deposit in advance of any medical treatment, we will reimburse this cost only after treatment has taken place.

- **Providing information:** You and your dependants agree to help us get all the information we need 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 doctor. We may, at our own expense, request a medical examination by our doctors if we think it's necessary. All information will be treated confidentially. We reserve the right to withhold benefits if you or your dependants do not support us in getting the information we need.

Treatment needed as a result of someone else's fault

If you are claiming for treatment that you need when somebody else is at fault, you must write and tell us as soon as possible. For example, if you need treatment following 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. We can then recover from the other insurer the cost of the treatment paid for by us.

Please let us know if you had an accident at work so that we can check any recourse to the trade association.

Your insurance cover in detail

Terms and conditions

This section describes the benefits and rules of your health insurance cover. Please read it together with your Insurance Confirmation and the Table of Benefits included in this guide.

- Your **Insurance Confirmation** details your plan and geographical area of cover. It also states the start date and renewal date of your cover. Please note that we will send you a new Insurance Confirmation if we need to record any changes to your cover. These could be changes such as adding a newborn.

- Your **Table of Benefits** outlines the plan(s) selected by your company and the benefits available to you. It also specifies any benefits/treatments which require you to submit a Treatment Guarantee Form. It confirms any benefits to which specific benefit limits, waiting periods and co-payments apply. Your Table of Benefits will be in the currency agreed with your company.

Administration of your policy

When cover starts for you and your dependants

Your insurance is valid from the start date shown on the Insurance Confirmation and will continue until the group renewal date (which is also stated on the Insurance Confirmation). Generally, this is one Insurance Year, unless we and your company decide otherwise or if you started your cover mid-year. At the end of this period, your company can renew the insurance on the basis of the conditions agreed at that time. You will be bound by those terms.

Cover for dependants (if applicable) will start on the effective date shown on the most recent Insurance Confirmation which lists them as your dependants. Their membership may continue for as long as you remain part of the group scheme and, for children, as long as they remain under the defined age limit. Child dependants can be covered under your cover until the day before their 18th birthday or until the day before their 25th birthday if your company has agreed to this. At that time, they may apply for cover in their own right under one of our Healthcare Plans for Individuals and Families.

Changing your postal address or email address

We will send all correspondence to the address we have on record for you unless requested otherwise. You need to inform us in writing as soon as possible of any change in your home, business or email address.

Correspondence

When you write to us, please use email or post (with the postage paid). We do not usually return original documents to you, but if you ask us to, we will.

Renewal of cover

The renewal of your cover (and that of your dependants, if applicable) is the decision of your company.

Ending your cover

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

- At the end of the Insurance Year, if the agreement between your company and us is terminated.
- If your company decides to end or not to renew your cover.
- If your company does not pay premiums or any other payment due under the Group Insurance Contract with us.
- When you stop working for your company.
- Upon the death of the insured member. The dependants can still be covered.

We can end your cover and that of your dependants if there is reasonable evidence that you or they have misled or attempted to mislead us. For example giving us false information, withholding information, or working with another party to give us false information, either intentionally or carelessly, which may influence us when deciding:

- Whether you (or they) can join the scheme
- What premiums your company has to pay
- Whether we have to pay a claim

Insurance cover expiry

Please note that upon the expiry of your insurance cover, your right to reimbursement ends. For up to six months after the expiry date, we will reimburse any eligible expenses incurred during the period of cover. However, we will no longer cover any on-going or further treatment that is required after the expiry date of your insurance cover.

Applying for cover if group membership ends

If your cover under the Group Insurance Contract ends, you can apply for cover under one of our Healthcare Plans for Individuals and Families, by simply sending us an email. You need to submit your application within one month of leaving the group scheme. You may be subject to underwriting. If we accept your application, cover will start on the first day after you leave the group scheme.

@ individual.sales@allianzworldwidecare.com

The following terms also apply to your cover

Applicable law: Your insurance cover is governed by the laws and courts of the Federal Republic of Germany.

Economic sanctions: Cover is not provided if any element of the cover, benefit, activity, business or underlying business violates any applicable sanction law or regulations of the United Nations, the European Union or any other applicable economic or trade sanction law or regulations.

Who is covered: Only those group members (and dependants) listed in the Group Insurance Contract are eligible for cover.

The amounts we will pay: Our liability to you is limited to the amounts indicated in the Table of Benefits and any other endorsements. The amount reimbursed, whether under this insurance cover, the public medical scheme or any other insurance will not exceed the figure stated on the invoice.

When cover is provided by someone else: We may reduce or decline a claim if you or any of your dependants are eligible to claim benefits from:

- A public scheme
- Any other insurance policy
- Any other third-party

If that is the case, you need to inform us and provide all necessary information. You and the third-party cannot agree any final settlement or waive our right to recover expenses without our prior written agreement. Otherwise, we are entitled to get back from you any amount we have paid and to cancel your cover.

We have the right to claim back from a third-party any amount we paid for a claim, if the costs were due from or also covered by them. We may take legal proceedings in your name, at our expense, to achieve this. This is called subrogation.

We will not make a contribution to any third-party insurer if the costs are fully or partly covered by that insurer. However, if our plan covers a higher amount than the other insurer, we'll pay the amount not covered by them.

Circumstances outside of our control (force majeure): We will always do our best for you, but we are not liable for delays or failures in our obligations to you caused by things which are outside of our reasonable control. Examples are 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 and expropriation by governmental authorities.

Fraud and cancellation: We will not pay any benefits for a claim if:

- The claim is false, fraudulent or intentionally exaggerated.
- You or your dependants or anyone acting on your or their behalf use fraudulent means to obtain benefit under this insurance cover.

The amount of any claim we paid to you before the fraudulent act or omission was discovered will become immediately owing to us. We reserve the right to inform your company of any fraudulent activity and to cancel your insurance cover.

Making contact with dependants: In order to administer your insurance cover, we may need to request further information. If we need to ask about one of your dependants (e.g. when we need to collect an email address for an adult dependant), we may contact you as the person acting on behalf of the dependant, and ask you for the relevant information, provided it is not sensitive information. Similarly, for the purposes of administering claims, we may send you non-sensitive information that relates to a family member.

Use of Medi24: The Medi24 advice line and its health-related information and resources is extremely helpful, but it's not a substitute for professional medical advice or for the care that you receive from your doctor. It is not intended to be used for medical diagnosis or treatment and you should not rely on it for that purpose. Always seek the advice of your doctor before beginning any new treatment or if you have any questions about a medical condition. We are not responsible or liable for any claim, loss or damage directly or indirectly resulting from your use of Medi24 or the information or services provided by them. Calls to Medi24 will be recorded and may be monitored for training, quality and regulatory purposes.

Data protection

Our Data Protection Notice explains how we protect your privacy and process your personal data. You must read it before sending us any personal data. To read our Data Protection Notice visit:

www.allianzcare.com/en/privacy.html

Alternatively, you can contact us on the phone to request a paper copy.

+353 1 630 1301

If you have any queries about how we use your personal data, please email us at:

AP.EU1DataPrivacyOfficer@allianz.com

Complaints and dispute resolution procedure

Our Helpline is always the first number to call if you have any comments or complaints. If we can't resolve the problem on the phone, please email or write to us:

+353 1 630 1301

client.services@allianzworldwidecare.com

Customer Advocacy Team,
Allianz 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.
For details see:

www.allianzcare.com/complaints-procedure

You can also contact our Helpline to obtain a copy of this procedure.

Definitions

The following definitions apply to our Healthcare Plans. The benefits you are covered for are listed in your Table of Benefits. Wherever these words/phrases appear in your policy documents, they will always have the following meanings:

A

Accommodation costs for one parent staying in hospital with an insured child refers to the hospital accommodation costs of one parent for the duration of the insured child's admission to hospital for eligible treatment. If a suitable bed is not available in the hospital, we will contribute the equivalent of the daily room rate in a three-star hotel towards any hotel costs incurred. We do not cover sundry expenses such as meals, phone calls or newspapers. Please check your Table of Benefits to confirm whether an age limit applies with regard to your child.

Acute refers to the sudden onset of symptoms or a medical condition.

Annual eye examination refers to cover for a routine eye examination carried out by an optometrist or ophthalmologist (one check-up per Insurance Year).

C

Company is your employer as named in the Group Insurance Contract.

Complementary treatment refers to therapeutic and diagnostic treatment that exists outside of traditional Western medicine. Please refer to your Table of Benefits to confirm whether any of the following complementary treatment methods are covered: chiropractic treatment, osteopathy, Chinese herbal medicine, homeopathy, acupuncture and podiatry as practised by approved therapists.

Complications of childbirth refers only to the following conditions that arise during childbirth and that require a recognised obstetric procedure: post-partum haemorrhage and retained placental membrane. Complications of childbirth includes medically necessary caesarean sections.

Complications of pregnancy relates to the health of the mother. Only the following complications that arise during the pre-natal stages of pregnancy are covered: ectopic pregnancy, gestational diabetes, pre-eclampsia, miscarriage, threatened miscarriage, stillbirth and hydatidiform mole.

Country of origin also country of birth, is the country in which you were born. The country of origin can differ from the home country.

Co-payment is the percentage of the costs which you must pay. E.g. if a benefit has a 80% refund, this means that a co-payment of 20% applies, therefore we will pay 80% of the costs of each eligible treatment per insured person, per Insurance Year.

D

Day-care treatment is planned 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.

Dental prescription drugs refers to those prescribed by a dentist for the treatment of 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. They do not include mouthwashes, fluoride products, antiseptic gels and toothpastes.

Dental prostheses includes crowns, inlays, onlays, adhesive reconstructions/restorations, bridges, dentures and implants as well as all necessary and ancillary treatment required.

Dental surgery includes the surgical extraction of teeth, as well as other tooth-related surgical procedures such as root amputation and dental prescription drugs. All investigative procedures that establish the need for dental surgery such as laboratory tests, X-rays, CT scans and MRI(s) are included under this benefit. Dental surgery does not cover surgical treatment that relates to dental implants.

Dental treatment includes an annual check-up, simple fillings related to cavities or decay, root canal treatment and dental prescription drugs. The use of high-quality composite fillings (inserts) for baby teeth is not covered.

Dependant is your spouse or partner (including same-sex partner) and unmarried children (including any step, foster or adopted children) who are named as dependants on your Insurance Confirmation. Children are covered up to the day before their 18th birthday; or up to the day before their 25th birthday if your company has agreed to this.

Diagnostic tests refers to investigations such as x-rays or blood tests, carried out for diagnostic purposes. These tests are covered when you are already displaying symptoms or when needed following other medical test results. This benefit does not cover annual check-ups or routine screenings.

Doctor is a person who is licensed to practise medicine under the law of the country in which treatment is given and where they are practising within the limits of their licence.

E

Emergency is the onset of a sudden and unforeseen medical condition that requires urgent medical assistance. Medical emergencies due to an accident, a catastrophe or the acute onset or worsening of a serious, unforeseeable illness that lead to an immediate threat to the health of the insured person and therefore necessitate urgent medical measures are insured.

Emergency in-patient dental treatment refers to acute emergency dental treatment for the relief of pain that is due to a serious accident and requires admission to hospital. The treatment must take place within 24 hours of the emergency event. Cover does not extend to follow-up dental treatment, dental surgery, dental prostheses, orthodontics or periodontics. If cover is provided for these benefits, it will be listed separately in the Table of Benefits.

Emergency treatment outside area of cover is treatment for medical emergencies which occur during business or holiday trips outside your area of cover. Cover is provided for up to six weeks per trip within the maximum benefit amount. It includes treatment required due to an accident or the sudden beginning or worsening of a severe illness which presents an immediate threat to your health. Cover is not provided for curative or follow-up non-emergency treatment, even if you are deemed unable to travel to a country within your geographical area of cover. Nor does it extend to charges relating to maternity, pregnancy, or childbirth. Any complications of pregnancy are covered. Please tell your company's Group Scheme Manager if you are going to be outside your area of cover for more than six weeks.

H

Health and wellbeing checks are health checks, tests and examinations, performed at appropriate age intervals, that are undertaken without any clinical symptoms being present. Please refer to your Table of Benefits to confirm what tests and checks are covered under this benefit.

Home country is a country from which you and your accompanying dependants were sent by the employer.

Home help is help prescribed by the treating doctor if the member cannot continue to run his/her household due to, for example, in-patient or rehabilitation treatment or, in individual cases, being signed off sick by a doctor. If children up to the age of 14 live in the household or suffer from a disability and need help, up to 8 hours a day are insured for a maximum of 6 weeks. If no children live in the household or if children living in the household have reached the age of 14 and need medical help from a medical point of view, up to 4 hours a day for a maximum of 6 weeks are insured. Cover is only provided if another person living in the household cannot continue to run the household in the absence of the insured.

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 doctor. The following are not considered hospitals: rest and nursing homes, spas, cure-centres and health resorts.

Hospital accommodation refers to standard private or semi-private accommodation as shown in the Table of Benefits - deluxe, executive rooms and suites are not covered. The hospital accommodation benefit only applies when the hospitalisation is not related to any other in-patient benefit shown on the Table of Benefits. For example, if a member is hospitalised for cancer treatment, the hospital accommodation will be covered under the oncology benefit, and not under the hospital accommodation benefit. Examples of benefits that already include hospital accommodation (if included in your plan) are: Psychiatry and psychotherapy, Organ transplant, Oncology, Routine maternity, Palliative care and Long-term care.

Host country is the country in which you and your accompanying dependants live and work during your stay abroad.

I

Infertility treatment refers to all invasive investigative procedures necessary to establish the cause of infertility such as hysterosalpingogram, laparoscopy or hysteroscopy. It also covers treatment such as InVitro Fertilisation (IVF), for diagnosed cases of infertility. We will cover the cost of treatment for the insured member who receives it, up to the limit indicated in the Table of Benefits. You can't claim under an insured spouse/partner's cover for costs that exceed your benefit limit.

All non-invasive investigative procedures undertaken to establish the cause of infertility are covered within the relevant benefit limits of the Out-patient Plan (if you have one). Examples of benefits that covers non-invasive investigations procedures are "Diagnostic tests", "Medical practitioner fees" and "Specialist fees".

In-patient treatment refers to treatment received in a hospital where an overnight stay is medically necessary.

Insurance Confirmation is a document we issue that outlines the details of your insurance cover.

Insurance Year applies from the effective date of your insurance cover, as shown on the Insurance Confirmation and ends at the expiry date of the Group Insurance Contract. The following Insurance Year coincides with the year that is defined in the Group Insurance Contract.

Insured person is you and your dependants as stated on your Insurance Confirmation.

L

Local ambulance is ambulance transport that is required for an emergency or out of medical necessity, to the nearest available and appropriate hospital or licensed medical facility.

Long-term care refers to care over an extended period of time after the acute treatment has been completed, usually for a chronic condition or disability requiring periodic, intermittent or continuous care. Long-term care can be provided at home, in the community, in a hospital or in a nursing home.

M

Medical evacuation applies in the following scenarios:

- If the necessary treatment you are covered for is not available locally
- If adequately screened blood is unavailable in an emergency

We will evacuate you to the nearest appropriate medical centre (which may or may not be in your home country) by ambulance, helicopter or aeroplane. The medical evacuation should be requested by your doctor, and will be carried out in the most economical way that is appropriate to your medical condition. Following completion of treatment, we will also cover the cost of your return trip at economy rates to your principal country of residence.

If you can't travel or be evacuated for medical reasons following discharge from an in-patient episode of care, we will cover the reasonable cost of hotel accommodation in a private en-suite room for up to seven days. We do not cover costs for hotel suites, four or five-star hotel accommodation or hotel accommodation for an accompanying person.

If you are evacuated to the nearest appropriate medical centre for ongoing treatment, we will cover the reasonable cost of hotel accommodation in a private en-suite room. This cost must be more economical than the cost of a series of journeys between the nearest appropriate medical centre and your principal country of residence. Hotel accommodation for an accompanying person is not covered.

Where adequately screened blood is not available locally, we will, where appropriate, try to locate and transport screened blood and sterile transfusion equipment, if this is advised by the treating doctor and our own medical experts. We and our agents accept no liability if we are unsuccessful or if contaminated blood or equipment is used by the treating authority.

You must contact us at the first indication that you need an evacuation. From this point onwards, we will organise and coordinate the evacuation until you arrive safely at your destination of care. If evacuation services are not organised by us, we reserve the right to decline all costs incurred.

Medical necessity refers to medical treatment, services or supplies that fulfil all of the following:

a) Essential to identify or treat your condition, illness or injury
b) Consistent with your symptoms, diagnosis or treatment of the underlying condition
c) In accordance with generally accepted medical practice and professional standards of care in the medical community at the time (this does not apply to complementary treatment methods if they form part of your cover)
d) Required for reasons other than the comfort or convenience of you or your doctor
e) Proven and demonstrated to have medical value (this does not apply to complementary treatment methods if they form part of your cover)
f) Considered to be the most appropriate type and level of service or supply
g) Provided at an appropriate facility, in an appropriate setting and at an appropriate level of care for the treatment of your medical condition
h) Provided only for an appropriate duration of time

In this definition, the term "appropriate" means taking patient safety and cost effectiveness into consideration. In respect to in-patient treatment, "medically necessary" also means that diagnosis can't be made or treatment can't be safely and effectively provided on an out-patient basis.

Medical practitioners are doctors who are licensed to practise medicine under the law of the country in which treatment is given and where they are practising within the limits of their licence.

Medical practitioner fees refers to fees charged for non-surgical treatment performed or administered by a medical practitioner.

Medical repatriation is an optional level of cover and where provided will be shown in the Table of Benefits. If the necessary treatment for which you are covered isn't available locally you can choose to be medically evacuated to your home country for treatment, instead of to the nearest appropriate medical centre. This only applies when your home country is within your geographical area of cover. Following completion of treatment, we will also cover the cost of your return trip at economy rates, to your principal country of residence. The return journey must take place within one month after treatment has been completed.

You must contact us at the first indication that repatriation is required. From this point onwards we will organise and coordinate all stages of the repatriation until you arrive safely at your destination of care. If the repatriation is not organised by us, we reserve the right to decline all costs incurred.

Medically or criminological indicated termination of pregnancy is covered if the woman's health is endangered by the pregnancy or if there are urgent reasons to assume that the pregnancy is based on a sexual offense (sexual abuse of children or of a person incapable of resistance, rape or sexual assault). A medical certificate stating the indication and diagnosis must be submitted together with a cost estimate.

Mental health professional is a practitioner working in health care, counselling or social services who offers services for the purpose of treating mental health conditions.

Midwife fees are visits by the midwife until eight weeks after birth. Midwives are medical professionals who, in accordance with the legislation of the country in which they practice, have completed the required period of training and passed the required state examination. It is the job of the midwife to give advice during pregnancy, childbirth and puerperium and to provide the necessary care. The reimbursement of these services is based on the regulations of the respective country / state in which the midwife is registered and practices. Travel allowance can only be refunded in Germany. Doulas, who provide non-medical support to women during pregnancy, childbirth and early parenthood are also covered within the limits of your plan.

N

Newborn care includes customary examinations required to assess the integrity and basic function of the child's organs and skeletal structures. These essential examinations are carried out immediately following birth.

Cover doesn't include further preventive diagnostic procedures, such as routine swabs, blood typing and hearing tests. However, if for medical reasons the child needs any follow-up investigations and treatment, these are covered under the newborn's own insurance cover (if they have been added as a dependant).

Nursing at home or in a convalescent home refers to nursing received immediately after, or instead of, eligible in-patient or day-care treatment. We will pay the benefit listed in the Table of Benefits if the treating doctor decides that it is medically necessary for you to stay in a convalescent home or have a nurse in attendance at home. This benefit also needs to be approved by our Medical Director.
This benefit doesn't cover spas, cure centres, health resorts, palliative care or long-term care (see 'Palliative care' and 'Long-term care' definitions).

O

Obesity is diagnosed when a person has a body mass index (BMI) of over 30 (you can find a BMI calculator at: www.allianzcare.com/members).

Oncology refers to specialist fees, diagnostic tests, radiotherapy, chemotherapy and hospital charges related to the treatment of cancer from the point of diagnosis. We also cover the cost of an external prosthetic device for cosmetic purposes, for example a wig for hair loss or a prosthetic bra after breast cancer treatment.

Oral and maxillofacial surgical procedures refers to surgical treatment on the mouth, jaws, face or neck performed in a hospital by an oral and maxillofacial surgeon for: oral pathology, temporomandibular joint disorders, facial bone fractures, congenital jaw deformities, salivary gland diseases and tumours.

Organ transplant refers to the following organ or tissue transplants: heart, heart/valve, heart/lung, liver, pancreas, pancreas/kidney, kidney, bone marrow, parathyroid, muscular/skeletal and cornea.

Orthodontics is the use of devices to correct malocclusion (misalignment of your teeth and bite). We only cover orthodontic treatment that meets the medical necessity criteria described below. As the criteria is very technical, please contact us before starting treatment so we can verify if your treatment meets the criteria.

Medical necessity criteria:

a) Increased overjet > 6mm but <= 9 mm
b) Reverse overjet > 3.5 mm with no masticatory or speech difficulties
c) Anterior or posterior crossbites with > 2 mm discrepancy between the retruded contact position and intercuspal position
d) Severe displacements of teeth > 4
e) Extreme lateral or anterior open bites > 4 mm
f) Increased and complete overbite with gingival or palatal trauma
g) Less extensive hypodontia requiring pre-restorative orthodontics or orthodontic space closure to obviate the need for a prosthesis
h) Posterior lingual crossbite with no functional occlusal contact in one or more buccal segments
i) Reverse overjet > 1 mm but < 3.5 mm with recorded masticatory and speech difficulties
j) Partially erupted teeth, tipped and impacted against adjacent teeth
k) Existing supernumerary teeth

You will need to send us some supporting information to show that your treatment is medically necessary and therefore covered by your plan. The information we ask for may include, but is not limited to:

- A medical report issued by the specialist, stating the diagnosis (type of malocclusion) and a description of your symptoms caused by the orthodontic problem.
- A treatment plan showing the estimated duration and cost of the treatment and the type/material of the appliance used.
- The payment arrangement agreed with the medical provider.
- Proof of payment for orthodontic treatment.
- Photographs of both jaws clearly showing dentition before the treatment.
- Clinical photographs of the jaws in central occlusion from frontal and lateral views.
- Orthopantomogram (panoramic x-ray).
- Profile x-ray (cephalometric x-ray).

- Any other document we may need to assess the claim.

We will only cover the cost of standard metallic braces and/or standard removable appliances. However, we'll cover cosmetic appliances such as lingual braces and invisible aligners up to the cost of metallic braces, subject to the 'Orthodontic treatment and dental prostheses' benefit limit.

Out-patient surgery is a surgical procedure performed in a surgery, hospital, day-care facility or out-patient department that does not require you to stay overnight out of medical necessity.

Out-patient treatment refers to treatment provided in the practice or surgery of a medical practitioner, therapist or specialist that does not require you to be admitted to hospital.

P

Palliative care refers to ongoing treatment that aims to alleviate the physical/psychological suffering associated with progressive, incurable illness and to maintain quality of life. It includes in-patient, day-care and out-patient treatment following the diagnosis of a terminal condition. We will pay for physical care, psychological care, hospital or hospice accommodation, nursing care and prescription drugs.

Periodontics refers to dental treatment related to gum disease.

Post-natal care refers to the routine post-partum medical care received by the mother for up to six weeks after delivery.

Post-natal classes are active and passive training of the musculature of the pelvic floor after childbirth.

Pregnancy refers to the period of time when you are expecting a baby, from the date of the first diagnosis until delivery.

Pre-natal care includes common screening and follow-up tests required during pregnancy. For women aged 35 and over, this includes Triple/Bart's, Quadruple and Spina Bifida tests, amniocentesis and, if directly linked to an eligible amniocentesis, DNA-analysis.

Pre-natal classes includes exercises for bodily relaxation, palliation of medical conditions caused by pregnancy (e.g. pain in the back) and acquisition of specific breathing techniques (deep abdominal respiration, panting). Yoga and Pilates classes for pregnant women are also covered within this benefit. Classes offered by hospitals, family education centres, midwifes and registered physiotherapists are reimbursable.

Prescribed glasses and contact lenses refers to the cost of purchasing lenses or glasses to correct vision, following the receipt of a prescription from an optometrist or ophthalmologist. Cover is limited to the benefit limit stated on the Table of Benefits.

Prescribed medical aids refers to any device which is prescribed and medically necessary to enable you to carry out everyday activities. Examples include:

- Biochemical aids such as insulin pumps, glucose meters and peritoneal dialysis machines.
- Motion aids such as crutches, wheelchairs, orthopaedic supports/braces, artificial limbs and prostheses.
- Hearing and speaking aids such as an electronic larynx.
- Medically graduated compression stockings.
- Long-term wound aids such as dressings and stoma supplies.

We do not cover costs for medical aids that form part of palliative care or long-term care (see the definitions of 'Palliative care' and 'Long-term care'). Devices for air purification, air humidification or dehumidification or similar are not reimbursable.

Prescribed oral contraceptives and intra uterine devices refers to specified contraceptive medication/devices that are prescribed by a medical practitioner.

Prescribed physiotherapy refers to treatment (including massage, lymphatic drainage, Fango) provided by a registered physiotherapist following referral by a doctor. Physiotherapy does not include therapies carried out by an unregistered physiotherapist, nor kinesiotherapy, shiatsu or Feldenkrais.

Prescription drugs refers to products which you can't buy without a prescription and are to treat a confirmed diagnosis or medical condition or to compensate a lack of vital bodily substances. Examples are antibiotics, sedatives, etc. Prescription drugs must be clinically proven to be effective for the diagnosed condition. They must also be recognised by internationally accepted medical guidelines.

Preventative treatment refers to treatment you receive without any clinical symptoms being present at the time of treatment (e.g. the removal of a pre-cancerous growth).

Prevention courses on health topics such as nutrition, exercise, relaxation and the dishabituation of stimulants and addictive substances are reimbursable.

Professional teeth cleaning is carried out by specially trained prophylaxis assistants, dental specialists, dental hygienists or dentists. Dental plaque is removed with dental surgical knives or ultrasonic devices. The interdental spaces are cleaned with dental floss. To complete the treatment, a fluoride gel, foam or varnish is applied to the teeth. Cover is limited to two treatments per insurance year.

Psychiatry and psychotherapy refers to the treatment of mental, behavioural and personality disorders including autism spectrum and eating disorder. Treatment must be carried out by a psychiatrist, clinical psychologist or licensed psychotherapist. The condition must be clinically significant and the treatment medically necessary.

All day-care or in-patient admissions must include prescription medication related to the condition. Out-patient psychotherapy treatment (where covered) requires referral by a doctor and is limited for 10 sessions per condition initially. After every 10 sessions a psychiatrist must review the treatment. If you need more sessions, you must send us a progress report that indicates the diagnosis and the medical necessity for further treatment.

Counselling is available through our Employee Assistance Programme (EAP) and refers to short-term, solution-focused interventions, and typically deals with current issues that are easily resolved on the conscious level. This is not meant for longer-term situations or the treatment of clinical disorders. EAP can help you and your immediate family deal with challenging situations that may arise in life, such as stress, anxiety, bereavement, workplace challenges, relationship issues, cross-cultural transition, coping with isolation and loneliness. For more information see the 'Employee Assistance Programme (EAP)' section of this guide.

R

Reasonable and customary refers to treatment costs that are usual within the country of treatment. We will only reimburse the cost of medical providers where their charges are reasonable and customary and in accordance with standard and generally accepted medical procedures.

Rehabilitation is treatment that combines therapies such as physical, occupational and speech therapy. It aims to restore original form or function after an acute illness, injury or surgery. Treatment must take place in a licensed rehabilitation facility and start within 8 weeks of discharge from acute medical and/or surgical treatment.

Repatriation of mortal remains is the transportation of the insured deceased remains from the principal country of residence to the country of burial. We cover costs such as: embalming, a container legally appropriate for transportation, shipping and the necessary government authorisations. The costs incurred by accompanying person are only insured if they are listed as a benefit in the Table of Benefits.

Routine maternity refers to medically necessary costs incurred during pregnancy and childbirth. This includes hospital charges, specialist fees, the mother's pre-natal and post-natal care, midwife fees (during labour only) and newborn care (see the definition of "Newborn care"). We do not cover costs of complications of pregnancy and childbirth under the "Routine maternity" benefit. Caesarean sections that are not medically necessary are covered up to the cost of a routine delivery in the same hospital, subject to any benefit limits. Medically-necessary caesarean sections are paid for under the "Complications of childbirth" benefit.

In case of home deliveries, we will pay a lump sum up to the amount specified in the Table of Benefits if your plan includes the "Home delivery" benefit.

S

Specialist is a licensed doctor possessing the additional qualifications and expertise necessary to practise as a recognised specialist in diagnostic techniques, treatment and prevention in a particular field of medicine.

Specialist fees refers to non-surgical treatment performed or administered by a licensed doctor. This benefit does not include cover for psychiatrist, psychologist fees or any treatment that is already covered by another benefit under your Table of Benefits. We don't cover specialist treatment that is excluded under your policy.

Speech therapy refers to treatment carried out by a qualified speech therapist to treat diagnosed physical impairments. This includes conditions such as nasal obstruction, neurogenic impairment (e.g. lingual paresis, brain injury) or articulation disorders involving the oral structure (e.g. cleft palate). In the case of speech, language and voice disorders - provided they have been prescribed by a paediatrician or otolaryngologist - we will cover the prescribed treatments if they are carried out by a speech therapist. The prescription must have been issued before the start of treatment and contain the diagnosis, type and number of measures.

Surgical appliances and materials are those required for surgeries. They include artificial body parts or devices such as joint replacement materials, bone screws and plates, valve replacement appliances, endovascular stents, implantable defibrillators and pacemakers.

T

Therapist refers to a chiropractor, osteopath, Chinese herbalist, homeopath, acupuncturist, physiotherapist, speech therapist, occupational therapist or oculomotor therapist, who is qualified and licensed under the laws of the country in which treatment takes place.

Third country is the country the insured person travels to, for example for a business trip or holidays abroad. This is neither the home country nor the host country.

Treatment refers to a medical procedure needed to cure or relieve illness or injury.

Treatment of autism spectrum disorder refers to a range of therapies to improve the skills of an insured person with autism. This includes specialist medical treatment and accredited behavioural programmes. Treatment is covered as part of the 'Psychiatry and psychotherapy' benefit of your Out-patient Plan, if you have one. Check your Table of Benefit for any limits that may apply. We don't cover admissions, stays or day care treatment at specialised educational facilities.

Treatment of eating disorders refers to a combination of psychotherapies, including cognitive behavioural therapy, medical monitoring, prescribed medication and nutritional counselling to treat anorexia nervosa, bulimia nervosa and binge-eating disorder.

All day-care or in-patient admissions must include prescription medication related to the condition.

Out-patient therapy (where covered) requires referral by a doctor and is limited for 10 sessions per condition initially. After every 10 sessions, a psychiatrist must review the treatment. If you need more sessions, you must send us a progress report that indicates the diagnosis and the medical necessity for further treatment.

V

Vaccinations refer to:

- All basic immunisations and booster injections that are required by law in the country in which they are administered.
- Vaccination against Covid-19*, where this is not offered for free or only partially sponsored by the government in your country of residence.
- Medically necessary travel vaccinations.
- Malaria prevention tablets.

We cover the cost of consultation for administering the vaccine and the cost of the drug.

*We cover any Covid-19 vaccine when:

- The vaccine has completed the necessary clinical development process, including all pre-licensure vaccine clinical trials (phase I, II and III) which demonstrate its efficacy and safety.
- The vaccine has completed the multi-step approval process for the relevant regulating authority and is approved for use in the jurisdiction where you require it.
- The vaccine is not offered for free or only partially sponsored by the government of the country in which you reside.

We cover the reasonable and customary cost of the Covid-19 vaccine, including the administration of the injection, in line with local public health policies related to the allocation of vaccines. We do not pay towards the travel cost if you decide to travel to a different country from where you normally reside in order to get the vaccination. Please note that cover is not intended to give you priority access to vaccines.

Video consultation services provide direct access to a doctor via a telecommunication platform. This benefit covers the costs of video consultations, as indicated in your Table of Benefits and offers medical advice, diagnosis and issuance of a prescription, if needed, for non-urgent medical care. Access to teleconsultation services and prescriptions will depend on your geographical location and local country regulations. You can make an appointment to speak to a medical practitioner in English, subject to availability. Some third party providers may offer additional core languages. Cost of medicines are not included, but delivery of medicine or referrals may or may not be included under this benefit, even when prescribed or recommended during the video consultation.

W

Well child tests refer to examinations undertaken by a family doctor or paediatrician without any clinical symptoms being present, to assess a child's wellbeing and their progress against generally accepted developmental milestones. Cover is limited to the benefit and benefit limits as stated in the Table of Benefits and does not extend to the treatment of any possible developmental delays identified.

We/Our/Us is Allianz Care.

Y

You/Your refers to the person working for the company and any dependants named on the Insurance Confirmation.

Exclusions

Although we cover most medically necessary treatment, we do not cover the following expenses.

ADDICTION PROGRAMS

Any addiction programs such as for drug addiction or alcoholism or smoking cessation treatments.

AIR PURIFIERS, HUMIDIFIERS AND ACCESSORIES

Air purifiers, humidifiers and accessories, even if prescribed by a doctor.

CONSULTATIONS PERFORMED BY YOU OR A FAMILY MEMBER

Consultations performed and any drugs or treatments prescribed by you, your spouse, parents or children.

COSTS BASED ON A SPECIFIC FEE AGREEMENT

Costs based on a specific fee agreement with the doctor and so called optional services. This includes besides others laboratory tests.

DENTAL SEALANT

From the age of 18 and the sealing of baby teeth, anterior teeth or premolars.

DENTAL VENEERS

Dental veneers, partial crowns in the anterior region, whitening and related measures, except if medically necessary.

DEVELOPMENTAL DELAY

Delay in cognitive or physical development, unless a child has not achieved the developmental milestones expected for a child of that age. We do not cover conditions in which a child is slightly or temporarily lagging in development. The developmental delay must have been quantitatively measured by qualified medical professionals and documented as a delay in development of at least 12 months.

EXPERIMENTAL OR UNPROVEN TREATMENT OR DRUG THERAPY

Any form of treatment or drug therapy which in our reasonable opinion is experimental or unproven, based on generally accepted medical practice.

FAMILY THERAPY AND COUNSELLING

Costs in respect of a family therapist or counsellor for out-patient psychotherapy treatment.

FEES FOR THE COMPLETION OF A CLAIM FORM

Doctor's fees for the completion of a Claim Form or other administration charges.

GENETIC TESTING

Genetic testing, except:

a) Where specific genetic tests are included within your plan.
b) Where DNA tests are directly linked to an eligible amniocentesis i.e. in the case of women aged 35 or over.
c) Where testing for genetic receptor of tumours is covered.

INDIVIDUAL HEALTH SERVICES (IGEL)

Individual health services of preventative and purely service based nature (as per guideline of the German statutory health insurance).

INJURIES CAUSED BY PROFESSIONAL SPORTS

Treatment or diagnostic procedures for injuries arising from taking part in professional sports.

INTENTIONALLY CAUSED DISEASES OR SELF-INFLICTED INJURIES

Care and/or treatment of intentionally caused diseases or self-inflicted injuries, including a suicide attempt.

LASER EYE TREATMENT

Treatment to change the refraction of one or both eyes (laser eye correction).

LOSS OF HAIR AND HAIR REPLACEMENT

Investigations into and treatment for loss of hair, including hair replacement unless the loss of hair is due to cancer treatment.

OBESITY TREATMENT

Investigations into and treatment for obesity, expect for pathological obesity.

PARTICIPATION IN WAR OR CRIMINAL ACTS

Death from or treatment for any illnesses, diseases or injuries resulting from active participation in the following, whether war has been declared or not:

- War
- Riots
- Civil disturbances
- Terrorism
- Criminal acts
- Illegal acts according to the European law.
- Acts against any foreign hostility

PLASTIC SURGERY

Non-medically indicated, voluntary and/or cosmetic/plastic surgery, expect if the cosmetic/plastic surgery is to restore the function of the external appearance after an accident or is related to a tumour disease as part of surgical treatment.

PRODUCTS SOLD WITHOUT PRESCRIPTIONS

Products that can be purchased without a doctor's prescription, even when medically prescribed.

SEX CHANGE

Sex change related operations and related treatments such as:

- Blepharoplasty
- Cheek/malar implants
- Chin/nose implants
- Collagen injections
- Face/forehead lift
- Facial bone reduction (osteoplasty)
- Hair removal/hair transplantation
- Jaw reduction
- Laryngoplasty
- Rhinoplasty
- Skin resurfacing (e.g., dermabrasion, chemical peels)
- Thyroid reduction chondroplasty
- Neck tightening
- Lip enhancement
- Botox and filler injections

STAYS IN A CURE CENTRE

Stays in a cure centre, bath centre, spa, health resort and recovery centre, even if the stay is medically prescribed.

STERILISATION AND SEXUAL DYSFUNCTION

Investigations into, treatment of and complications arising from:

- Sterilisation.
- Sexual dysfunction (unless as a result of a total prostatectomy following cancer surgery).

SURROGACY

Treatment directly related to surrogacy whether you are acting as a surrogate, or are the intended parent.

TERMINATION OF PREGNANCY

Termination of pregnancy, except if a medically or criminological indicated termination.

TRAVEL COSTS

Travel costs to and from medical facilities (including parking costs) for treatment, except when covered under Local ambulance, Medical evacuation and Medical repatriation benefits.

TREATMENT IN THE HOME COUNTRY

Treatment in the home country if the insured person has an active local cover there.

TREATMENT OUTSIDE THE GEOGRAPHICAL AREA OF COVER

Treatment outside the geographical area of cover unless for emergencies or authorised by us.

TRIPLE/BART'S, QUADRUPLE OR SPINA BIFIDA TESTS

Triple/Bart's, Quadruple or Spina Bifida tests, except for women aged 35 or over.

TUMOUR MARKER TESTING

Tumour marker testing, unless you have previously been diagnosed with the specific cancer in question, in which case cover is provided under the Oncology benefit.

VENEERING

Veneering of teeth in dentures (in the upper jaw from tooth 6 and in the lower jaw from tooth 5).

VITAMINS OR MINERALS

Products classified as:

- **Vitamins and minerals (except during pregnancy or to treat diagnosed vitamin deficiency syndromes).**
- **Supplements such as, infant formula and cosmetic products.**

These products are excluded even if they are medically recommended, prescribed or acknowledged as having therapeutic effects. The cost of nutritional advice is also not covered.

X-RAY OR ULTRASOUND EXAMINATION

X-ray or ultrasound examination in 3D / 4D.

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

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
Toll free numbers:	www.allianzcare.com/en/pages/toll-free-numbers.html

If you are not able to access the toll-free numbers from a mobile phone, 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 insurance cover. Security questions will be asked of all callers to verify identity.

Email:	vw.help@allianzcare.com
Fax:	+353 1 630 1306
Website for VW employees:	www.allianzcare.com/en/vw

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