



Health Insurance for short-term travel  
Short-term Healthcare Plan – Mission (30/90/300 days)  
Valid from 1st January 2019

# NOTICE of information



# Welcome

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

This guide consists of two parts: “How to use your cover” is a summary of all important information you are likely to use on a regular basis. “Terms and conditions of your cover” explains your cover in more detail.

To make the most of your international healthcare plan, please read this guide in conjunction with your Insurance Certificate and Table of Benefits (which you will find further on in this document).

## HOW TO USE YOUR COVER

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## TERMS AND CONDITIONS OF YOUR COVER

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# HOW TO USE YOUR COVER





# MEMBER SERVICES

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

## 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.

Did you know...

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

MyHealth app

 Our pioneering MyHealth app has been designed to give you easy and convenient access to your cover, no matter where you are. If your company has selected the Online Services facility for you, you will be able to access the following features from your mobile device:

MY CLAIMS

Submit your claims in 3 simple steps and view your claims history.

MY CONTACTS

Access our 24/7 multilingual Helpline and local emergency numbers.

FIND A HOSPITAL

Locate medical providers nearby and get GPS directions.

SYMPTOM CHECKER

For a quick and easy evaluation of your symptoms.

*Other Services* - access your policy documents and your Membership Card on the go, look up the local equivalent names of branded drugs and translate common ailments into one of 17 languages.

All personal data within the MyHealth App are encrypted for data protection. Most features are accessible even when offline.

GETTING STARTED



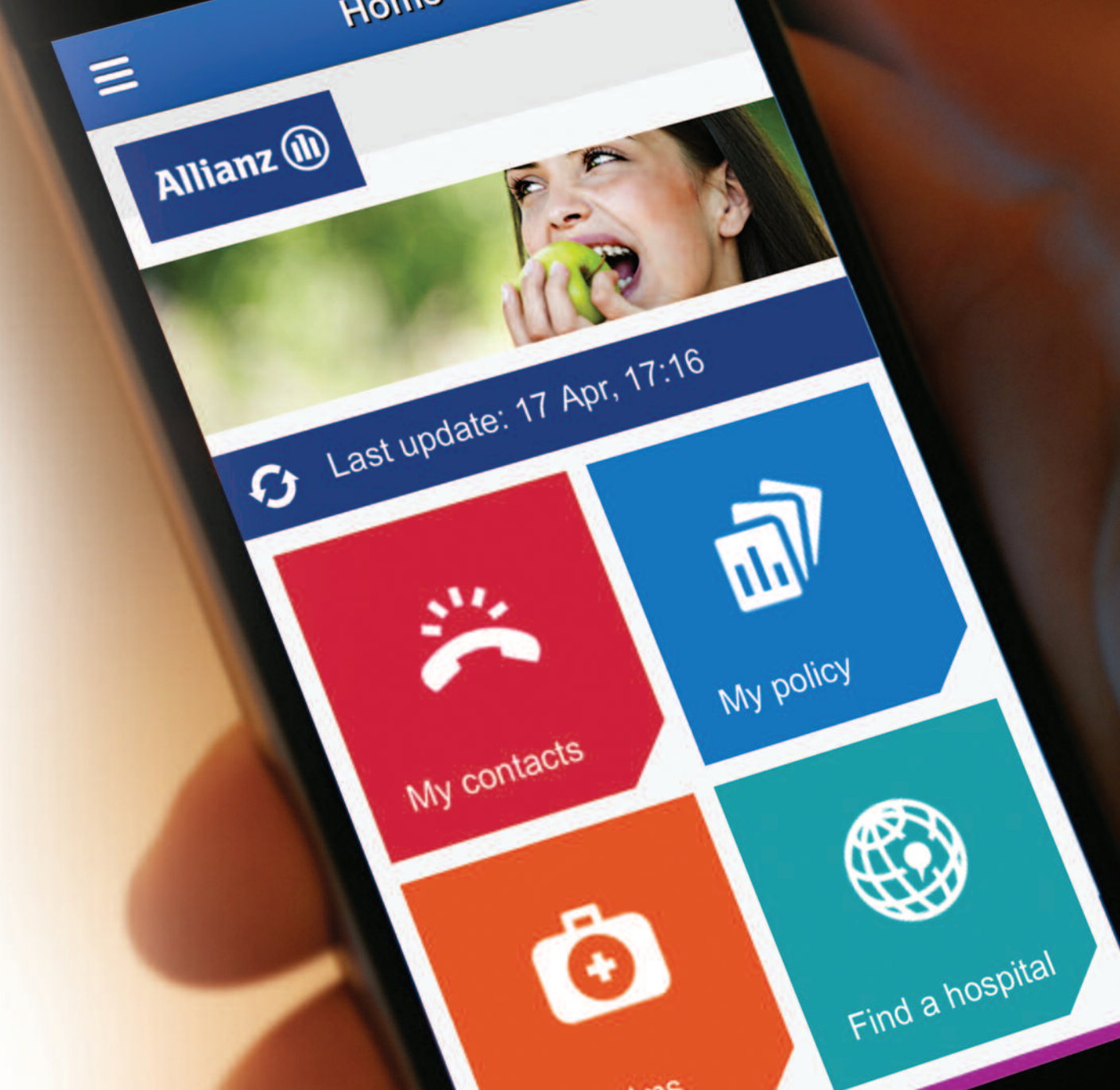
**Download** – you can download the app from the App Store or Google Play, by simply searching for “Allianz MyHealth” and following the on-screen instructions.



**Initial setup** – once downloaded, open the app and provide your policy number. Then, if prompted, register to receive a username and temporary password. Otherwise, please insert the login details available from your Membership Pack. When requested, change the temporary password provided to something you can easily remember. If you re-install the app or setup the app on another device, please use this setup information again. Please note that you can also use these details to login to our Online Services.



**Set PIN** – finally, set your own unique PIN number. In the future, this PIN number will be all you need to access the Allianz MyHealth app and all its features



For more information, please visit:  
[www.allianzworldwidecare.com/myhealth](http://www.allianzworldwidecare.com/myhealth)







## Online Services

If your company has selected this facility, you can access our secure Online Services from the comfort of your home. Our Online Services allows you to:

- Download your policy documents, including your Membership Card.
- View your Table of Benefits and check how much remains payable under each benefit.
- Confirm the status of any claims submitted to us and view claims related correspondence.
- Pay your premium online, view your payment transactions and change your credit card details (if you are responsible for paying your own premium).

To access our secure Online Services, please log on to [my.allianzworldwidecare.com](https://my.allianzworldwidecare.com) and:

1. Login using the unique username and temporary password included in your Membership Pack.
2. When requested, change the temporary password provided to something you can easily remember. Please keep this information safe, you'll need it again! Please note that you can also use these details to login to our MyHealth App.
3. Click on "login" and browse away!

*If you have not received a Membership Pack, go to [my.allianzworldwidecare.com](https://my.allianzworldwidecare.com), select "Register" and enter the information requested. If your company has selected the Online Services facility, your username and temporary password will be sent to the email address we have on record for you.*

## Web-based member services

On our website you can **search for medical providers, download forms and access our BMI calculator**. You are not restricted to using the medical providers listed on our website.

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

# Cover Overview

We understand that when you travel abroad on business, you need peace of mind to know that you are covered for an emergency, if one was to arise. Below is a summary to help you understand the scope of your health cover.

## What am I covered for?

You are covered for emergency healthcare needs that may occur while you are travelling abroad. In an event of a medical emergency abroad (e.g. a severe illness or an accident), you are covered as described in the Table of Benefits, in relation to treatments that commence within 24 hours of the emergency event.

## Where am I covered?

You are covered worldwide for trips outside of your principal country of residence or country of primary employment.

## For how long am I covered?

Your cover has a maximum duration that may be one of the following:

- 30 travel days per Insurance Year.
- 90 travel days for Insurance Year.
- 300 travel days per Insurance Year.

Your specific duration of cover is indicated on your personal Insurance Certificate. If you are not sure about your duration of cover, please contact our Helpline.

## What are benefit limits?

Your cover may be subject to a maximum plan benefit. This is the maximum we will pay in total for all benefits included in the plan. Although many benefits included in your Table of Benefits are covered in full, some are capped to a specific amount (e.g. €20,000). This specific amount is a benefit limit.

For further information on benefit limits please refer to the “Benefit limits” section of this guide.

# Table of Benefits

The table below shows details of the cover provided under the Short Term Healthcare Plan – Mission. Benefit amounts shown are per insured person per Insurance Year. Treatment Guarantee is required for all benefits indicated with a <sup>2</sup> in the following table. For further important details regarding Treatment Guarantee, please refer to the “Terms and conditions of your cover” section.

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

Your maximum plan benefit is: £166,000/€200,000/\$270,000/CHF260,000	
In-patient benefits	Benefit limits
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
Others benefits	Benefit limits
Day-care treatment	Full refund
Out-patient surgery	Full refund
Local ambulance	Full refund
Medical evacuation <sup>2</sup>	Full refund
Medical repatriation <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	Benefit limits
Medical practitioner and specialist fees	Full refund
Diagnostic tests	Full refund
Prescription drugs <small>(prescription drugs are those which legally can only be purchased when you have a doctor's prescription)</small>	Full refund
Emergency out-patient dental treatment	Full refund

# SEEKING TREATMENT

We understand that seeking treatment can be stressful. By following the process below, we can look after the administration and you can concentrate on getting better.

## Check your level of cover

First, check that your plan covers the treatment you are seeking. Your Table of Benefits will confirm which benefits are available to you, however, you can always call our Helpline if you have any queries.

## Some treatments require pre-authorisation

Your Table of Benefits will indicate what treatments are subject to pre-authorisation through submission of a Treatment Guarantee Form. Usually these are in-patient and high cost treatments. The Treatment Guarantee process helps us to assess each case, organise everything with the hospital before your arrival and facilitate direct payment of your hospital bill, where possible.

## Getting in-patient treatment

(pre-authorisation applies)

Get the emergency treatment you need and call us if you need any advice or support. Either you, your physician, one of your dependants or a colleague needs to call our Helpline (**within 48 hours** of the emergency) to inform us of the hospitalisation. Treatment Guarantee Form details can be taken over the phone when you call us.

+ 353 1 630 1301

Alternatively, the Treatment Guarantee Form is also available on our website, in case you need a copy to complete yourself. You can send the completed form to us via email, fax or post using the contact details indicated on the form.

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

Please note that we may decline your claim if Treatment Guarantee is not obtained. Full details of our Treatment Guarantee process can be found in the Terms and Conditions section of this document.





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

If your treatment does not require pre-authorisation, just pay the bill and claim the expenses from us. In this case, simply follow these steps:



Receive your medical treatment and pay the medical provider.



Get an invoice from your medical provider.

*This should state your name, treatment date(s), the diagnosis/medical condition that you received treatment for, the date of onset of symptoms, the nature of the treatment and the fees charged.*



Claim back your eligible costs via our MyHealth app.

*Simply provide a few key details, take a photo of your invoice(s) and press 'submit'.*

As an alternative to MyHealth app, you can also claim your treatment costs by completing and submitting a Claim Form, downloadable at:

 [www.allianzworlwidecare.com/members](https://www.allianzworlwidecare.com/members)

You will need to complete section 5 and 6 of the Claim Form only if the information requested in those sections is not already provided on your medical invoice.

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

Please refer to "Medical Claims" in the Terms and conditions of your cover section of this guide for additional information about our claims process.



### Quick claim processing

We can process a claim and issue payment instructions to your bank within 48 hours, when all required information has been submitted. However, without the diagnosis, we cannot process your claim promptly, as we will need to request these details from you or your doctor. Please make sure you include the diagnosis on your claim!

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 a medical evacuation/repatriation is required, please call our 24 hour Helpline and we will take care of everything. Given the urgency of an evacuation/repatriation, we would advise that you call us, however, you can also contact us by email.

When emailing, please include "*Urgent – Evacuation/Repatriation*" 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 evacuation process. 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](mailto:medical.services@allianzworldwidecare.com)





**TERMS AND  
CONDITIONS  
OF YOUR  
COVER**





# TERMS AND CONDITIONS

This section describes the standard benefits and rules of your health insurance policy. Please read it in conjunction with your Insurance Certificate and Table of Benefits.

For full details of your company's insurance contract, please contact your company's Group Scheme Manager. Please note that the terms and conditions of your membership may be changed from time to time by agreement between your company and us.

# YOUR COVER EXPLAINED

Your plan is specifically designed to cover your emergency healthcare needs while you travel abroad. You are covered for acute emergency treatments, accidents and any other event outlined in this “Terms and conditions of your cover” section. Your cover is also subject to your Table of Benefits and the policy definitions, limitations and exclusions provided within this document.

## What we cover

You are covered in the event of a **medical emergency**, which is 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. Any ongoing or further treatment that is required after the situation of medical emergency is not covered by this policy.

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 medical and scientific knowledge. If the costs of a claim are deemed to be too high, we reserve the right to reduce the amount payable by us.

## When cover starts and for how long you are covered

Your insurance is valid from the date indicated on the Insurance Certificate.

The duration of your cover has been chosen by your company among 30, 90 or 300 days: please refer to your Insurance Certificate to confirm which duration was selected for you.

## 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 that particular plan.
- Some benefits also have a **specific benefit limit**, which is applied separately, for example in the case of the “Repatriation of mortal remains” benefit.

Where the term “Full refund” appears next to certain benefits, the refund is subject to the maximum plan benefit.





# CLAIMS AND TREATMENT GUARANTEE PROCESS



## Medical claims

In relation to medical claims, please note that.

- a) All claims should be submitted (via our MyHealth app or Claim Form) no later two years after the treatment date. Beyond this time we are not obliged to settle the claim.
- b) For French residents, if you are affiliated to the French social security, we require the “cerfa” treatment form (“Feuille de soins” supplied by your medical provider) for all treatments received in France.
- c) 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 incur during an insured event. 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.
- d) Reimbursements of expenses as a result of illness, maternity or an accident shall not exceed the amount of costs payable by the insured person following reimbursement of any kind to which the insured person is entitled and before any payments are made under the social security system. Insurance cover of the same kind taken out with multiple insurers will only take effect within the limit of each insurance cover regardless of the date the insurance cover was taken out.
- e) 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 24 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.
- f) 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 requested on the Claim Form 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, or we will use the exchange rate that applies on the date that claims payment is made.  
  
Please note that we reserve the right to choose which currency exchange rate to apply.
- g) Only costs incurred as a result of eligible treatment will be reimbursed per person within the limits of your policy, after taking into consideration any Treatment Guarantee requirements. Claims will be settled directly with the member. Whenever possible, we will seek to pay in-patient treatment expenses directly to the hospital.
- h) 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.
- i) You agree to assist us in obtaining all necessary information to process a claim. You agree to waive any rights that you have to medical secrecy/confidentiality in respect of any medical records pertaining to your medical condition. You also authorise medical practitioners, doctors, dentists, healthcare professionals, hospital employees and health services to communicate any relevant information relating to your medical condition to our medical adviser(s) or to any third party

expert(s) in case of disputes. 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.

- j) Upon expiry of your insurance cover, your right to reimbursement ends (for more details, please refer to the section on “Policy expiry”).

## Treatment 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.

## Treatment needed as a result of somebody else’s fault

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

## Treatment Guarantee

The following benefits available to you require pre-authorisation through submission of a Treatment Guarantee Form:

- Medical evacuation<sup>2</sup>.
- Medical repatriation<sup>2</sup>.
- Repatriation of mortal remains<sup>2</sup>.

Use of the Treatment Guarantee Form helps us to assess each case and facilitate direct settlement with the medical provider. While Treatment Guarantee is not required in advance of emergency in-patient, either you, your physician or a colleague needs to inform us about the hospital admission within 48 hours of the event, by calling our Helpline: our Helpline will take the Treatment Guarantee Form details on the phone.

Please note that if we are not informed about the hospitalisation within 48 hours, or if Treatment Guarantee is not submitted to us, 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 **80%** of the in-patient expenses and **50%** of the eligible amount for all other benefits.

# PAYING PREMIUMS

Your company is responsible for the payment of premiums to us for your membership under the Company Agreement, together with any amount of any other taxes or payments due (such as Taxe de Solidarité Additionnelle) that may be payable in respect of your membership.

However, please be aware 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.



# ADMINISTRATION OF YOUR POLICY

## Changing your address/email address

All correspondence will be sent to the details we have on record for you unless requested otherwise. Any change in your home, business or email address should be communicated to us in writing as soon as possible.

## Correspondence

Written correspondence between us must be sent by email or post (with the postage paid). We do not usually return original documents to you, unless you specifically request us to do so at the time of submission.

## Ending your membership

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 30, 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 Care, your company may exclude you from the group scheme after providing you with 40 days written notice. This notice shall only be sent 10 days after the premium payment due date.
- If your company does not pay premiums or any other payment due under the Company Agreement with Allianz Care, in accordance with the Company Agreement.

## Policy expiry

Please note that upon the expiry of your policy, your right to reimbursement ends. Any eligible expenses covered under the insurance policy and incurred during the period of cover shall be reimbursed up to two years after the treatment date. However, any on-going or further treatment that is required after the expiry date of your policy will no longer be covered.

# ADDITIONAL TERMS

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

1. **Applicable law and dispute resolution:** Your policy is governed by the laws and courts of the country as set out in the Company Agreement, unless otherwise required by law.
2. **Economic sanctions:** This policy does not provide any cover or benefit for any business or activity to the extent that either the cover, benefit, the underlying business or activity would violate any applicable sanction law or regulations of the United Nations, the European Union or any other applicable economic or trade sanction law or regulations.
3. **Eligibility:** Only those employees as described in the Company Agreement are eligible for cover.
4. **Liability:** Our liability to the insured person is limited to the amounts indicated in the Table of Benefits and any subsequent policy endorsements. In no event will the amount of reimbursement, whether under this policy, public medical scheme or any other insurance, exceed the amount of the invoice.
5. **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 us.
6. **Third party liability:** If you are eligible to claim benefits under a public scheme or any other insurance policy or from any other third party, which pertains to a claim submitted to us, 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 claim benefits under a public scheme or any other insurance policy or from any other third party. You and the third party may not agree 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 or due under a public scheme or any other insurance policy or made by or due from any other third party. We will not make any contribution, wholly or in part, to any third-party insurer if any claim under this insurance is also covered wholly or in part under any other insurance, except in respect of any excess beyond the amount which would have been covered under such other insurance had this insurance not been effected.
7. **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.

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

**9. Legal action:** All legal actions arising from an insurance policy shall have a time limit of two years from the date of the event that gave rise to the action. However, the limitation period shall not apply in the following circumstances:

- a) In the event of non-disclosure, omission, fraudulent representation or misrepresentation of the risk incurred. In this instance the time period shall begin from the date on which we become aware of the non-disclosure, omission, fraudulent representation or misrepresentation.
- b) If the relevant party proves that they were unaware of such facts that gave rise to the action. The limitation period shall start from the date the party becomes aware of such facts that led to the action.

If a legal action is due to a third party claim, the limitation period shall only run from the date on which the third party initiates a legal action against an insured person or was compensated by the insured person. In case of accidental death, the limitation period is extended to ten years for insurance contracts covering personal accidents, where the persons entitled to benefit are the beneficiaries of the deceased insured person. The limitation period is interrupted by one of the common causes:

- a) Any legal proceedings, including summary proceedings and cases brought before a court that does not have jurisdiction.
- b) Any enforcement action, or any protective measure brought under the Civil Enforcement Procedures Code.
- c) Any acknowledgement by us of an insured person's right to claim under the policy, or any acknowledgement of debt of an insured person towards us.

The limitation period is also interrupted when:

- a) An expert is appointed following a claim.
- b) A registered letter in relation to the payment of a premium is sent by the insurer and receipt is acknowledged by the insured person.
- c) A registered letter in relation to the payment of a premium is sent by the insured person and receipt is acknowledged by the insurer.

In accordance with article L.114-3 of the French Insurance Code, the parties involved in an insurance contract shall not modify the duration of the limitation period or add further causes of suspension or interruption, even if mutually agreed.





# DATA PROTECTION AND RELEASE OF MEDICAL RECORDS

Our Data Protection Notice explains how we protect your privacy. This is an important notice which outlines how we will process your personal data and should be read by you before the submission of any personal data to us. To read our Data Protection Notice visit:

🌐 [www.allianzworldwidecare.com/en/privacy](http://www.allianzworldwidecare.com/en/privacy)

Alternatively, you can contact us on the phone to request a paper copy of our full Data Protection Notice.

☎️ [+353 1 630 1301](tel:+35316301301)

If you have any queries about how we use your personal data, you can always contact us by email.

@ [AP.EU1DataPrivacyOfficer@allianz.com](mailto:AP.EU1DataPrivacyOfficer@allianz.com)

# COMPLAINTS PROCEDURE

Our Helpline is always the first number to call if you have any comments or complaints. If we have not been able to resolve the problem on the telephone, please email or write to us at:

☎️ [+353 1 630 1301](tel:+35316301301)

@ [client.services@allianzworldwidecare.com](mailto: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 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/phrases appear in your policy documents, they will always be defined as follows. All treatments are covered in line with those treatments covered by the French Social Security System, for insured persons who are affiliated to the French Social Security System.



## A

**Accident** is a sudden, unexpected event which causes injury and is due to a cause external to the insured person. The cause and symptoms of the injury must be medically and objectively definable, allow for a diagnosis and require therapy.

**Acute** refers to sudden onset.

## C

**Chronic condition** is defined as a sickness, illness, disease or injury that either lasts longer than six months or requires medical attention (check-up or treatment) at least once a year. It also 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.

**Company** is your employer whose name is mentioned in the Company Agreement.

**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.

**Country of primary employment** is the country in which the employee pays taxes and social security contributions.

## D

**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.

**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.

**Diagnostic tests** are investigations such as x-rays or blood tests, undertaken in order to determine the cause of the presented symptoms.

## E

**Emergency** constitutes the onset of a sudden and unforeseen medical condition that requires urgent medical assistance. Only treatment commencing within 24 hours of the emergency event will be covered.

**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.

**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 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. This does not include any form of dental prostheses, permanent restorations or the continuation of root canal treatment.

## G

**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.

## H

**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.

**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.



# I

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

**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.

**Insurance Year** applies from the effective date of the insurance, as indicated on 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.

**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.

# L

**Local ambulance** is ambulance transport required for a medical emergency to the nearest available and appropriate hospital or licensed medical facility.

# M

**Medical evacuation** applies where the necessary treatment for which the insured person is covered is not available locally or if adequately screened blood is unavailable in the event of an emergency. We will evacuate the insured person to the nearest appropriate medical centre (which may or may not be located in the insured person's home country) by ambulance, helicopter or aeroplane. The medical evacuation, which should be requested by your physician, will be carried out in the most economical way having regard to the medical condition. Following completion of treatment, we will also cover the cost of the return trip, at economy rates, for the evacuated member to return to his/her principal country of residence.

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

**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.

**Medical repatriation** means that if the necessary treatment for which you are covered is not available locally you can choose to be medically evacuated to your home country for treatment, instead of to the nearest appropriate medical centre. Following completion of treatment, we will also cover the cost of the return trip, at economy rates, to your principal country of residence. The return journey must be made within one month after treatment has been completed.

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

# O

**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.

**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.

# P

**Pre-existing conditions** refer to 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.

**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.

**Principal country of residence** is the country where you live for more than six months of the year.

# R

**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.

# S

**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. This benefit does not include cover for psychiatrist or psychologist fees. Where covered, a separate benefit for psychiatry and psychotherapy will appear in the Table of Benefits.

# T

**Treatment** refers to a medical procedure needed to cure or relieve acute illnesses or injuries.

# W

**We/Our/Us** Is Allianz Care.

# Y

**You/Your** refers to the person working for the Company and stated on the Insurance Certificate.

# EXCLUSIONS

Although we cover most medical emergencies, expenses incurred for the following treatments, medical conditions, procedures, behaviours or accidents are not covered under the policy, unless otherwise covered by the French Social Security System (for insured persons who are affiliated to the French Social Security System).



## Chemical contamination and radioactivity

Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material whatsoever, including the combustion of nuclear fuel.

## Chronic conditions

Chronic conditions as described in the relevant definition included in this document.

## Complementary treatment

Complementary treatment, with the exception of those treatments indicated in the Table of Benefits.

## Consultations performed by you or a family member

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

## Dental treatment

Dental treatment other than emergency in-patient/out-patient dental treatment as defined.

## Dental veneers

Dental veneers and related procedures.

## Drug addiction or alcoholism

Care and/or treatment of drug addiction or alcoholism (including detoxification programmes and treatments related to the cessation of smoking), instances of death, or the treatment of any condition that in our reasonable opinion is related to, or a direct consequence of, alcoholism or addiction (e.g. organ failure or dementia).

## 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.

## Injuries caused by professional sports

Treatment or diagnostic procedures for injuries arising from an engagement 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).

## Medical aids

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.



#### Medical evacuation or repatriation

Medical evacuation, medical repatriation or repatriation of mortal remains that has not been pre-authorised by us.

#### Non-prescription drugs

Drugs that legally do not require a prescription in order to be purchased.

#### Nursing at home

Nursing at home and the administering of any health services by any member of the medical profession in the residence of the insured person.

#### Optical

Contact lenses and glasses.

#### Organ transplant

Organ transplants or any consequence thereof.

#### Participation in war or criminal acts

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.

#### Physiotherapy

Out-patient physiotherapy.

#### Psychiatric treatment

Psychiatric treatment and psychotherapy.

#### Plastic surgery or elective surgery

Elective/voluntary surgery and/or cosmetic/plastic surgery unless medically necessary after an accident.

#### Pregnancy and childbirth

Pregnancy, childbirth and any consequences thereof.

#### Speech therapy

Speech therapy related to developmental delay, dyslexia, dyspraxia or expressive language disorder.

#### 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, sexual dysfunction and contraception

Treatment arising from infertility, sterilisation, sexual dysfunction (including the insertion and removal of contraceptive devices).

#### Treatment in the country of residence

Treatment in the principal country of residence or country of primary employment.

#### Vessel at sea

Medical evacuation/repatriation from a vessel at sea to a medical facility on land.

# 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.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 to verify their identity.*


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

 Fax: + 353 1 630 1306

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

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AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

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