

European Institutions Trainees

Member Guide

Valid from 1st March 2015



Allianz 
Allianz Worldwide Care

Your healthcare cover

This Member Guide sets out the standard benefits and rules of your health insurance policy. It contains a Table of Benefits, which outlines the benefits available to you and specifies any benefits/treatments which require submission of a Treatment Guarantee Form – additionally, it confirms any benefits to which specific benefit limits, waiting periods and/or co-payments apply. The amounts indicated in your Table of Benefits are in Euros.

The Underwriter of your insurance is Allianz Worldwide Care SA, a limited company with a capital of €65,190,446 governed by the French Insurance Code, with its registered office at 37, rue Taitbout – 75009 Paris, France. Registered in France: 401 154 679 RCS Paris. VAT number: FR 84 401 154 679.

The Administrator of your insurance is Allianz Worldwide Care Services Limited - Belgium Branch having its branch trading address at 1 Place du Samedi, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159. IBAN: BE65363102631696. BIC: BBRUBEBB.

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Your cover

Table of Benefits

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

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

I. SURGERY VISITS AND HOME CALLS

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

General practitioners

- Visit to the doctor's surgery	€16,91
- Call at the patient's home	€17,85
- Call at night, on Sunday and/or public holidays, emergency call (as defined by local custom)	€28,33

Specialists

- Visit to the doctor's surgery	€26,57
- Call at the patient's home	€36,44
- Call at night, on Sunday and/or public holidays, emergency call (as defined by local custom)	€38,80

Psychological examination

Carried out as part of medical treatment	€100,27
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Remarks

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

II. SURGICAL OPERATIONS

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

- Category AA	Maximum refund: €283,00
- Category AB	Maximum refund: €565,00
- Category B	Maximum refund: €649,00
- Category C	Maximum refund: €1.875,00
- Category D	Maximum refund: €2.457,00

Remarks

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

Any surgical operation not mentioned in the list will be treated in the same way as that operation listed which, in the opinion of the medical consultant of the Insurers, is of a comparable nature.

Operations of plastic surgery are subject to pre-authorisation by the Insurer, once their medical consultant has given his/her opinion. Also, operations of plastic surgery considered as purely esthetical are not reimbursed.

Surgical expenses only include surgical fees. Expenses incurred for anaesthesia, the use of the operating theatre, plaster room, dressings and other expenses in respect of any general care pertaining to the surgical operations listed in categories AA, AB, B, C and D is reimbursed at 100% within the applicable category limits indicated above.

In the event of a major surgical operation, the Insurer may take a special decision on the advice of their medical consultant. In such cases the actual expenses incurred are reimbursed at the rate of 100% irrespective of the maximum refund normally allowed.

III. HOSPITALIZATION

The costs of a stay in a nursing home or hospital (in the case of surgical operation or in-patient treatment) is reimbursed at the rate of 100% up to a maximum amount of €248,00 per day. The cost of a stay comprises the costs of board, service and taxes.

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

Remarks

Where, in view of his age and nature of illness, a person covered by the scheme requires special family assistance and is accompanied in hospital on the practitioner's prescription by a member of his/her family, the cost of the latter's stay may, by way of exception and after consultation of the Insurer's medical consultant, be reimbursed at the rate of 100%, subject to a maximum limit of € 38,05 per day.

IV. SPECIAL CASES

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

V. PHARMACEUTICAL PRODUCTS (issued on prescription)

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

VI. DENTAL TREATMENT, DENTAL PROSTHESIS, ORTHODONTIC TREATMENT

a) Dental treatment (extractions, fillings, maxillary or gum treatment and generally all strictly dental medical treatments) are reimbursed at the rate of 100%.

b) Dental prosthesis are reimbursed at the rate of 100% on the basis of the following and provided that pre-authorisation has been granted on the basis of an estimate:

Fixed prosthesis:

- Gold crown, resin jacket	€267,97
- Resin bridge tooth element	€244,79
- Gold inlay, cast dummy	€244,79
- Pivot crown	€207,61
- Veneer or Richmond crown or ceramo-metallic crown, ceramo-metallic bridge device	€368,87
- Gold and porcelain bridge tooth element	€267,97
- Spring attachment	€267,97
- Hinge	€96,68

Removable prosthesis:

- Full set of dentures, upper or lower (14 teeth, resin plate)	€507,31
- Partial set of dentures with resin plate	
- base plate	€112,67
- per tooth	€35,20
- per clasp	€25,29
- Supplement per metal plate (stainless steel) (upper or lower)	€127,17
- Supplement for suction system (Lausap, Fixomatic, Vacuum, Matic, etc.)	€127,17

- Metal prosthesis (chrome cobalt)

- plate and clasp	€311,97
- per tooth	€104,36

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

- Repair to the resin base	€45,12
- Addition of a tooth or clasp on resin base	€50,69
- Rebasing (upper or lower)	40% of cost of the full set of dentures (max. €201,66)
- Remounting (upper or lower)	75% of cost of the full set of dentures (max. €380,52)

c) Subject to the conditions laid down above, the cost of temporary prostheses shall be reimbursed up to a maximum of 50% of the limit set for the same permanent prosthesis made of resin. Costs of repairs, rebasing, remounting and renewals of prostheses which have already been reimbursed, can only be reimbursed following preauthorization (except for the repairs) in case of a duly established emergency.

d) If the costs of impressions and fittings are separately invoiced, they shall be reimbursed at the rate of 100%.

e) The cost of orthodontic treatment is not covered under this policy.

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

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

VIII. CONFINEMENTS

For normal confinements, fees for doctor/midwife and for anaesthesia are reimbursed at the rate of 100%, up to a maximum of €665,00. The costs of a labour room, assistance of a kinesiologist and all other expenses for treatment directly connected with the confinement shall be separately reimbursed at the rate of 100%. In case of a twin birth, the maximum amount that may be reimbursed shall be increased by 50%.

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

For all confinements, 80% of the costs of the stay in a nursing home or maternity home shall be reimbursed separately up to a maximum amount of €76,00 per day. For a normal confinement, the maximum stay is 10 days, if there are no complications.

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

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

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

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

Remarks

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

X. CURES

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

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

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

Remarks

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

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

XI. PROSTHESES ON MEDICAL PRESCRIPTION	
a) Spectacles	
1. Corrective lenses on medical prescription and non-corrective tint A (12% coloration) lenses, excluding lenses solely for protection against the sun.	Reimbursement of 100%
2. Frames provided with the lenses referred to under point 1 above. (The cost of repairing frames shall be reimbursed, provided the conditions laid down for the renewal of frames are fulfilled. The amount reimbursed for repairs shall be deducted from the maximum refundable amount in cases where a new frame is obtained during the same period.)	Reimbursement of 100% up to a maximum of €49,00 per frame
b) Contact lenses	
Contact lenses renewal	Reimbursement of 100% when prescribed by an ophthalmologist.
	Reimbursement of 100% (only when 36 months have elapsed since the last time a pair of contact lenses was obtained, and except where a variation in the conditions of sight is medically attested)
c) Artificial eyes	
	Reimbursement of 100%
d) Hearing aids	
1. Cost of hearing aids prescribed by an oto-rhino-laryngologist and cost of repairs thereto	Reimbursement of 100% (maximum refundable amount is €703,00)
2. Cost of batteries for hearing aids	Reimbursement of 100%
<p>Remarks</p> <p>The periods for renewal shall be as follows :</p> <ul style="list-style-type: none"> - glasses 1 year - frames 2 years (1 year for children up to 18 years) - contact lenses 2 years - hearing aids 5 years <p>In the event of medically attested changes in vision and hearing and in other approved cases, lenses and hearing aids, etc. may be replaced subject to preauthorisation and on the advice of the Insurer's medical consultant, if this is deemed necessary.</p>	

e) Orthopaedic appliances, bandages and other prostheses

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

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

1. Orthopaedic footwear and soles (2 pairs every 12 months),	reimbursable of €288,00 per pair
2. Elastic bandages: - elastic stockings for varicose veins (three pairs every 12 months) - others, i.e. maternity belts, knee bandages, ankle supports, lumbar girdles.	Reimbursement of 100%
3. Artificial limbs and segments thereof, crutches, walking sticks.	Reimbursement of 100%
4. Wheel chairs and similar auxiliary appliances, provided that an estimate has been submitted.	Reimbursement of 100%

XII. TRANSPORT COSTS

a) The cost of transporting the patient may be reimbursed at the rate of 80% of the actual cost, if the Insurer's medical consultant agrees that it is absolutely necessary

b) Travelling expenses incurred in order to receive treatment outside the country of employment or residence shall be reimbursed only in exceptional circumstances subject to preauthorization and on the advice of the medical consultant of the Insurer.

XIII. FUNERAL EXPENSES

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

XIV. HOME ATTENDANCE AND HOME TREATMENT BY MEDICAL AUXILIARIES

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

- a) The cost of attendance after an operation, or in other essential cases outside the normal nursing-home service, and the cost of attendance at home expressly prescribed by the practitioner, shall be reimbursed at the rate of 80% on preauthorization granted following an examination of each particular case by the medical consultant of the Insurer.
- b) Nevertheless, the reimbursements referred to in point a) above shall not exceed €60,00 per attendant per each day or night, and €120,00 per each 24-hour period of attendance, provided that these services are carried out by persons legally authorized to furnish such attendance.
- c) No reimbursement shall be made for board and lodging for an attendant or other person acting as such.

XV. FINAL REMARKS

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

- Expenses relating to services which are not mentioned in the above provisions, shall be reimbursed at the rate of 80% on the advice, where necessary, of the medical consultant of the Insurer. Maximum amounts, however, may be fixed in each case.
- Expenses relating to treatments considered by the medical consultant of the Insurer to be non-functional, excessive or unnecessary shall not be reimbursed.
- Fees for visits to leading specialists considered to be necessary by the medical consultant of the insurer shall be reimbursed at the rate of 100% subject to a maximum refundable amount three times the limit set for visits to specialists.
The fee for the first emergency home call made by a leading specialist shall be reimbursed at the rate of 100%. The fees for the next visits are reimbursed at the rate of 100%, subject to a maximum refundable amount three times the limit set for home calls by specialists after preauthorization granted on advice of the medical consultant of the Insurer.
- When reimbursement is subject to preauthorization, the member must send the certificate issued by the practitioner in support of the application in a sealed envelope to the medical consultant of the Insurer.

List of surgical operations (by category)

A. CATEGORY AA (maximum reimbursement: €283,00)

AA.1. **SURGERY**

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

AA.2. OPHTHALMOLOGY

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

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

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

AA.4. GYNAECOLOGY

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

CATEGORY AB (maximum reimbursement: €565,00)**AB.1. SURGERY**

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

18. Simple laparoscopy.
19. Operation for a breast tumour.
20. Chemical nucleolysis of prolapsed intervertebral disc.
21. Operation on the carpal tunnel.

AB.2. OPHTHALMOLOGY

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

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

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

AB.4. GYNAECOLOGY

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

B. CATEGORY B (maximum reimbursement: €649,00)

B.1. SURGERY

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

28. Disarticulation of the hand or foot.
29. Simple amputation of the upper arm.
30. Simple amputation at the thigh.
31. Simple amputation at the forearm or the lower leg (tibia and/or fibula).
32. Reduction of a fracture of both bones of the forearm.
33. Simple amputation through a metacarpal or metatarsal.
34. Opening of the cranium with puncture of the brain.
35. Reconstruction of the nose.
36. Operation on a complicated harelip.
37. Partial resection of the tongue.
38. Laryngotomy.
39. Partial resection of the larynx.
40. Simple mastectomy.
41. Exploratory laparotomy or laparoscopy with intervention.
42. Appendectomy.
43. Opening of an abscess in the abdominal cavity.
44. Opening of a subphrenic abscess.
45. Operation for an inguinal or femoral hernia.
46. Operation for a simple umbilical hernia or a linea alba hernia.
47. Eversion operation.
48. Opening of a stenosis of the rectum.
49. Operation for a prolapse of the rectum by opening of the abdominal cavity.
50. Operation for incompetence of the anal sphincter by means of myoplasty.
51. Electrorsection of the prostate or neck of the bladder (endoscopic prostatectomy).
52. Exploratory lombotomy.
53. Decapsulation of a kidney.
54. Nephrostomy.
55. Renal drainage.
56. Nephropexy.
57. Suprapubic opening of the bladder.
58. Operation for an injury to the bladder.
59. Opening of the ischiorectal fossa.
60. Sanguineous extraction of a foreign body from the urethra.
61. Perineal urethrostomy.
62. Suture of the urethra.
63. Plastic surgery on the urethra.
64. Lithotripsy and evacuation of a vesical calculus under visual control per treatment.
65. Endovesical removal of a large tumour of the bladder per treatment.
66. Partial cystectomy.
67. Extraction of a urethral calculus by lasso catheter.
68. Implantation of an artificial cardiac pacemaker.
69. Nerve suture.
70. Operation for a rectal prolapse.
71. Operation for haemorrhoids.
72. Operations listed in category A, if they are combined or complicated.

B.2. OPHTHALMOLOGY

1. Removal of a foreign body from the eye socket.
2. Removal of a tumour from the eye socket.
3. Removal of a tumour from the cornea.
4. Toti's lachrymal sac operation.
5. Operation for the correction of ptosis (drooping of the upper eyelid).
6. Plastic surgery on a partially conserved eyelid.
7. Plastic surgery on an eyelid completely adhering to the eyeball.
8. Operation on the muscles of the eyeball to correct a squint.
9. Plastic surgery on the cornea.

10. Operation for a corneal abnormality.
11. Operation for disease or injury of the crystalline lens.
12. Cycloidalysis, iridectomy or fenestration or operation for glaucoma.
13. Operation to prevent detachment of the retina.
14. Enucleation of the eyeball.
15. Excision of the optic nerve.
16. Operations listed in category A, if they are combined or complicated.

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

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

B.4. **GYNAECOLOGY**

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

C. CATEGORY C (maximum reimbursement: €1.875,00)

C.1. **SURGERY**

1. Operation for an arterial abnormality.
2. Resection of a shoulder, elbow, knee or hip joint.
3. Arthroplasty of a shoulder, elbow or knee joint.
4. Arthroplasty of the acetabulum.
5. Surgical operation on a hip joint.
6. Repair of the knee ligaments.
7. Operation for a fracture of the neck of the femur.
8. Amputation of the shoulder girdle through the joint.
9. Operation for fractured skull.
10. Unilateral or total resection of a jawbone.
11. Plastic surgery on the soft palate.
12. Complete resection of the tongue.
13. Removal of a salivary gland.
14. Plastic surgery on the larynx with displacement of the vocal cords.
15. Partial or total thyroidectomy.
16. Mastectomy with excavation of the auxiliary glands.
17. Opening Of the pericardium without heart operation.

18. Gastrectomy.
19. Surgical operation on the gall-bladder or the bile ducts.
20. Surgical operation on an organ of the abdominal cavity by laparotomy (e.g. gastroenterostomy, intestinal anastomosis, removal of part of the intestines, removal of the tail of the pancreas, splenectomy).
21. Operation for a strangulated hernia with removal of a part of the intestines.
22. Operation for a large or complicated umbilical or linea alba hernia.
23. Enteration operation with plastic surgery.
24. Removal via the anus of the rectum.
25. Surgical operation on the ureter.
26. Operation for a diaphragmatic hernia.
27. Removal of the prostate and the seminal vesicles by the abdominal route.
28. Opening of the pelvis of the kidney and removal of calculi.
29. Nephrectomy.
30. Resection of a pole of a kidney or section of the isthmus of a "horseshoe" kidney.
31. Plastic surgery on the pelvis of a kidney.
32. Partial resection of the bladder with transplantation of a ureter.
33. Plastic surgery for incontinence of urine.
34. Operation for a slipped disc.
35. Transluminal dilatation of the coronary or other arteries.
36. Destruction of urinary calculi (lithotripsy) by means of extracorporeal shock waves.
37. Sanguineous removal of varicose veins.
38. Operations listed in category B, if they are combined or complicated.

C.2. **OPHTHALMOLOGY**

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

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

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

C.4. **GYNAECOLOGY**

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

D. CATEGORY D (maximum reimbursement: €2.457,00)

D.1. **SURGERY**

1. Total prosthesis of the hip.
2. Opening of the skull with surgical operation on the central nervous system.
3. Removal of a tumour of the spinal canal.
4. Surgical operation on the spinal cord.
5. Unilateral resection of the jawbone and excavation of the lymphatic ducts.
6. Opening of the pericardium with surgical operation on the heart, including bypass, heart transplant.
7. Pericardiectomy
8. Surgical operation on the great vessels of the thorax.
9. Removal of a mediastinal tumour.
10. Endothoracic operation on the oesophagus.
11. Resection of the head of the pancreas or removal of the pancreas.
12. Gastrectomy and partial removal of an adjacent organ.
13. Portacaval shunt or similar operation.
14. Abdominoperineal removal of the rectum.
15. Pneumonectomy.
16. Total laryngectomy.
17. Surgical operation on the liver.
18. Operations listed in category C, if they are combined or complicated.

D.2. **OPHTHALMOLOGY**

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

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

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

D.4. **GYNAECOLOGY**

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

Medical necessity and customary charges

This policy provides cover for medical treatment, related costs, services and/or supplies that we determine to be medically necessary and appropriate to treat a patient's condition, illness or injury. Plus we will only reimburse medical providers where their charges are reasonable and customary in accordance with standard and generally accepted medical procedures. If a claim is deemed by us to be inappropriate, we reserve the right to reduce the amount payable by us.

Definitions

Wherever the following words/phrases appear in your policy documents, they will always be defined as follows:

- 1.1 **Accident:** is any physical injury beyond the insured's control, resulting from an abrupt, sudden and unexpected action, excluding an acute or chronic illness.
- 1.2 **Childbirth expenses** are medical expenses (including double room) incurred for vaginal childbirth or by caesarean if medically necessary or usual in the country where the birth takes place. Any complication and private room will be paid for by the "hospitalization" cover.
- 1.3 **Country of origin** is a country for which the insured person holds a current passport.
- 1.4 **Dental prosthesis** refers to prosthetic treatments, including crowns, inlays, onlays and implants, and all the necessary treatments, including the refund of the laboratory and component expenses.
- 1.5 **Emergency** is a term used in the event of an accident, natural catastrophe, the beginning of sudden worsening of a serious illness requiring immediate measures and medical treatment for the insured or one of the insured's dependents. Only medical treatment given by a doctor, generalist or specialist or hospitalization occurring within 24 hours of the direct cause of the emergency shall be considered conditions necessary for reimbursement.
- 1.6 **Emergency dental treatment following an accident** refers to a treatment that must be provided within 15 days and involve replacing health and natural teeth which have been lost or damaged.
- 1.7 **Expatriation country** is the country, outside the country of origin, in which the insured works for the European Commission.
- 1.8 **Hospital** is a medical or surgical hospital legally and duly certified in the country in which it is located and placed under the permanent management and control of a resident doctor.
- 1.9 **Medical auxiliaries** are nurses, carers and other state-registered medical personnel.
- 1.10 **Medical prosthesis** refers to hearing aid, phonation aid (electronic larynx), wheelchair and personal mobility aid, artificial limb, ostomy product, hernia support, abdominal bandage, elastic support stockings or orthopaedic sole and any other medically prescribed apparatus.
- 1.11 **Spa treatment** is medical treatment prescribed for a maximum of 21 days making use of mineral spring water and its derivatives. The establishment must provide its patients with regular medical supervision and monitoring.

Additional terms

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

- 1. Applicable law:** Your membership is governed by French law unless otherwise required under mandatory legal regulations. Any dispute that cannot otherwise be resolved will be dealt with by courts in France.
- 2. Cancellation and fraud:** If any claim is false, fraudulent, intentionally exaggerated or if fraudulent means or devices have been used by you or your dependants or anyone acting on your or their behalf to obtain benefit under this policy, we will not pay any benefits for that claim. The amount of any claim settlement made to you before the fraudulent act or omission was discovered, will become immediately due and owing to us.
- 3. Data protection:** We obtain and process personal information for the purposes of preparing quotations, collecting premium, paying claims and for any other purpose which is directly related to administering policies in accordance with the insurance contract. The confidentiality of patient and member information is of paramount concern to us. You have a right to access the personal data that is held about you. You also have the right to request that we amend or delete any information which you believe is inaccurate or out of date. We will not retain your data for longer than is necessary for the purposes for which it was obtained.
- 4. 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.
- 5. Liability:** Our liability to the insured person is limited to the amounts indicated in the Table of Benefits and any subsequent policy endorsement. In no event will the amount of reimbursement, whether under this policy, public medical scheme or any other insurance, exceed the amount of the invoice.
- 6. Making contact with dependants:** In order to administer your policy in accordance with the insurance contract, there may be circumstances when we will need to request further information. If we need to make contact in relation to a dependant on a policy (e.g. where further information is required to process a claim), the policyholder, acting for and on behalf of the dependant, may be contacted by us and asked to provide the relevant information. Similarly, all information in relation to any person covered by the insurance policy, for the purposes of administering claims, may be sent directly to the policyholder.
- 7. Third party liability:** If you or any of your dependants are eligible to claim benefits under a public scheme or any other insurance policy which pertains to a claim submitted to us, we reserve the right to decline to pay benefits. The insured person must inform us and provide all necessary information, if and when entitled to claim from a third party. The insured person and the third party may not agree to any final settlement or waive our right to recover outlays without our prior written agreement. Otherwise we are entitled to recover the amounts paid from the insured person and to cancel the policy. We have full rights of subrogation and may institute proceedings in your name, but at our expense, to recover, for our benefit, the amount of any payment made under another policy.

General information

Adding dependants

You may apply to include any of your family members as a dependant provided that you are allowed to do so under the agreement between the European Institution and us. Notification to add a dependant should be made through the European Institution unless otherwise stated.

Newborn infants will be accepted for cover from birth, provided that we are notified within four weeks of the date of birth. To have a newborn added to the policy, you must ask the European Institution to submit a request in writing, including a copy of the birth certificate, to its usual Allianz Worldwide Care contact person for membership changes. If we are notified four weeks or more after the date of birth, newborn children will be accepted for cover from the date of that notification.

Applying for cover if group membership ends

If your cover provided by the European Institution comes to an end, you can apply for continuation of cover. Please contact us if you wish to discuss available options.

Changing your address/email address

Any change in your home, business or email address should be communicated to us in writing as soon as possible.

Claims

In relation to medical claims, please note that:

- a) All claims should be submitted no later than two years after the end of the period of cover. If cover is cancelled during the period of cover, claims should be submitted no later than two years after the date that your cover ended. Beyond this time we are not obliged to settle the claim.
- b) A separate Claim Form is required for each person claiming and for each medical condition being claimed for. Please note that as well as our hard and soft copy claim forms, members can now avail of our mobile *MyHealth* app for fast and easy claims submission.
- c) It is your responsibility to retain any original supporting documentation (e.g. medical receipts) where copies are submitted to us, as we reserve the right to request original supporting documentation/receipts up to 12 months after claims settlement, for fraud detection purposes.

In addition, 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.

- d) 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, 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.
- e) Only costs incurred as a result of eligible treatment will be reimbursed within the limits of your policy, after taking into consideration any Treatment Guarantee requirements. Any co-payments outlined in the Table of Benefits will be taken into account when calculating the amount to be reimbursed.
- f) 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.
- g) You and your dependants agree to assist us in obtaining all necessary information to process a claim. We have the right to access all medical records and to have direct discussions with the medical provider or the treating physician. We may, at our own expense, request a medical examination by our medical representative when we deem this to be necessary. All information will be treated in strict confidence. We reserve the right to withhold benefits if you or your dependants have not honoured these obligations.

Claims for Dental treatments

In addition to the above, please note that your dental practitioner must complete and submit the “Dental Cost Estimate Form” in advance of your dental treatment. This form is available from <https://my.allianzworldwidecare.com>. Following approval by us, cover can then be guaranteed.

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.

Countries where you can receive treatment

If the necessary medical treatment for which you are covered is not available locally, you can avail of treatment in any country within your geographical area of cover. In order to seek reimbursement for medical treatment and travel expenses incurred, Treatment Guarantee is required prior to travel.

If the necessary medical treatment for which you are covered is available locally, but you choose to travel to another country within your geographical area of cover for treatment, we will reimburse all eligible medical costs incurred within the terms of your policy; however, we will not pay for travel expenses.

Please note that as an expatriate living abroad, you are covered for eligible costs incurred in your home country, provided that your home country is within your area of cover.

Ending your membership

The European Institution can end your membership or that of any of your dependants by notifying us in writing. We cannot backdate the cancellation of your membership. Your membership will automatically end:

- At the end of the period of cover, if the agreement between us and the European Institution is terminated.
- If the European Institution decides to end the cover or does not renew your membership.
- If the European Institution does not pay premiums or any other payment due under the agreement with us.
- If you are an individual payer and you do not pay premiums or any other payment due under the agreement with us.
- When you stop working for the European Institution.
- Upon the death of the policyholder.

We can end a person's membership and that of their dependants if there is reasonable evidence that the person concerned has misled or attempted to mislead us i.e. giving false information, withholding pertinent information from us, 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 the European Institution has to pay.
- Whether we have to pay any claim.

Making a complaint

Our Helpline (+32 2 210 6501) 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 us at:

IGOhelpline@allianzworldwidecare.com

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 the European Institution and us.

Policy expiry

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

Treatment Guarantee

Your Table of Benefits will confirm which benefits available to you require pre-authorisation through submission of a Treatment Guarantee Form. Please note that unless agreed otherwise between your company and us, if Treatment Guarantee is not obtained and **the treatment received is subsequently proven to be medically unnecessary**, we reserve the right to decline your claim.

Treatment in the USA

If you have "Worldwide" cover and wish to locate a medical provider in the USA, simply go to: www.allianzworldwidecare.com/olympus. If you have a query about a medical provider, or if you have selected a provider and wish to arrange an appointment, please call **(+1) 800 541 1983** (toll-free from the USA).

Please note that treatment in the USA is not covered, if we know or suspect that cover was purchased for the purpose of travelling to the USA to receive treatment for a condition, when the symptoms of the condition were apparent to the member prior to the purchase of cover.

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.

When cover starts for you and your dependants

Your insurance is valid from the start date and will continue until the group renewal date.

Cover for dependants may continue for as long as you remain a member of the European Institution's scheme and as long as any child dependants remain under the defined age limit. Child dependants can be covered under your policy up until the day before their 18th birthday; or up until the day before their 24th birthday if they are in full time education.

Getting treatment

First, please 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.

Remember, some treatments require pre-authorisation

Use of the Treatment Guarantee Form helps us to assess each case and facilitate direct settlement with the hospital. Please note that we may decline your claim if Treatment Guarantee is not obtained. You can find full details on page 23 of this guide.



Getting in-patient treatment

1. Download a Treatment Guarantee Form from our Online Services:
my.allianzworldwidecare.com
2. Send the completed form to us at least **five working days** before treatment, by:
 - Scan and email to: IGOMedical@allianzworldwidecare.com
 - Fax to: +32 2 210 6598 or post to the address shown on the form.
 - Our Helpline can take Treatment Guarantee Form details over the phone if treatment is taking place within 72 hours.

If it's an emergency:

1. Get the emergency treatment you need and call us if you need any advice or support.
2. 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.



Getting out-patient or dental treatment



When you visit a doctor, dentist, physician or specialist on an out-patient basis, please settle the bill with them and claim back the eligible expenses from us. Claims can be submitted quickly and easily through our **MyHealth** app: simply provide a few key details, take a photo of your invoice(s) and press 'submit' (visit: www.allianzworldwidecare.com/myhealth).

Please note that for dental treatments your dental practitioner will need to submit a dental Cost Estimate form (For more details please refer to the "Claims for Dental treatments" section on page 21).

Alternatively, simply download a Claim Form from our Online Services: my.allianzworldwidecare.com and follow the steps below:

1. Get an invoice from the doctor/dentist which states 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.
2. Complete sections 1-4 and 7 of the Claim Form. Sections 5 and 6 only need to be completed by the doctor/dentist if their invoice does not state the diagnosis and nature of treatment.
3. Send the Claim Form and all supporting documentation, invoices and receipts to us via:
 - Scan and email to: IGOclaims@allianzworldwidecare.com or
 - Fax to: +32 2 210 6598 or post to the address shown on the form.

Without the diagnosis, we cannot process your claim promptly, as we will need to request these details from you or your doctor.

We can process a claim and issue payment instructions to your bank within 48 hours, when all required information has been submitted. We will email or write to you to advise you of when the claim has been processed.

Please refer to the Claims section on page 20 of this guide for additional important information about our claims process. You can find information about getting treatment in the USA on page 23.



Useful services

Please find details below of some useful services available to you:

- You can access our web-based member services at: www.allianzworldwidecare.com/members. Here you can **search for medical providers and access a range of health and wellbeing resources**. Please be aware that you are not restricted to using the medical providers listed on our website.
- You will receive a username and password in your Membership Pack giving you access to our **Online Services** at: my.allianzworldwidecare.com. Alternatively, on the same page, select “Register” and provide the information requested. Via Online Services you can download key policy documents, check remaining benefit limits and the status of claims. Plus you can also make use of the great range of services available on our **MyHealth** app (visit: www.allianzworldwidecare.com/myhealth)



Contact details

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

24/7 Helpline for general enquiries and emergency assistance

Email: IGOhelpline@allianzworldwidecare.com
Fax: +32 2 210 6598
Telephone: +32 2 210 6501

Calls to our Helpline will be recorded and may be monitored for training, quality and regulatory purposes. Please note that only the policyholder (or an appointed representative) or the Group Scheme Manager can make changes to the policy. Security questions will be asked of all callers to verify their identity.

Address: Allianz Worldwide Care Services,
1 Place du Samedi, 1000 Brussels, Belgium
www.allianzworldwidecare.com



Download our MyHealth app

- ✓ Quick and easy claims submission
- ✓ Policy documents on the go

www.allianzworldwidecare.com/myhealth

Professional Adviser
International Fund & Product Awards 2014 Winner
Best International Private Health Insurance Provider

The Underwriter of your insurance is Allianz Worldwide Care SA, a limited company with a capital of €65,190,446 governed by the French Insurance Code, with its registered office at 37, rue Taitbout – 75009 Paris, France. Registered in France: 401 154 679 RCS Paris. VAT number: FR 84 401 154 679.

The Administrator of your insurance is Allianz Worldwide Care Services Limited - Belgium Branch having its branch trading address at 1 Place du Samedi, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159. IBAN: BE65363102631696. BIC: BBRUBEBB.