

# TABLE OF BENEFITS

Treatment Guarantee (pre-authorisation) may be required for some benefits as indicated by a '1' or a '2' in the tables below. Please refer to the "Notes" section for further details. All benefit amounts are per person, per year of cover, unless otherwise indicated.

## CORE PLAN

	CERN MPA
Maximum plan benefit EUR (€)	€ 2,500,000
<b>In-patient benefits<sup>1</sup> - please refer to notes for more information on Treatment Guarantee</b>	
Hospital accommodation <sup>1</sup>	General ward
Prescription drugs and materials <sup>1</sup> (in-patient and day-care treatment only) (Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	Full refund
Surgical fees, including anaesthesia and operating theatre charges <sup>1</sup>	Full refund
Physician and therapist fees <sup>1</sup> (in-patient and day-care treatment only)	Full refund
Diagnostic tests <sup>1</sup> (in-patient and day-care treatment only)	Full refund
Emergency in-patient dental treatment	Full refund
Day-care treatment <sup>2</sup>	Full refund
Out-patient surgery <sup>2</sup>	Full refund
Local ambulance	Full refund
CT and MRI scans (in-patient and out-patient treatment)	Full refund
PET <sup>2</sup> and CT-PET <sup>2</sup> scans (in-patient and out-patient treatment)	Full refund
Routine maternity	Full refund
Complications of pregnancy and childbirth	Full refund
Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	Full refund

## OUT-PATIENT PLAN

	CERN MPA
Maximum plan benefit EUR (€)	€ 9,000
<b>Out-patient benefits</b>	
Medical practitioner fees	90% refund
Prescription drugs (Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	90% refund
Specialist fees	90% refund
Diagnostic tests	90% refund
Prescribed physiotherapy	90% refund
Chiropractic treatment and osteopathy (max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit)	90% refund
Prescribed medical aids	Full refund, up to €1,400
Emergency out-patient dental treatment	90% refund
Prescribed glasses and contact lenses (only in case of breakage)	90% refund, up to € 280

## REPATRIATION PLAN

	CERN MPA
Medical evacuation <sup>2</sup>	Full refund
Repatriation of mortal remains in Europe <sup>2</sup>	€5,000
Repatriation of mortal remains outside Europe <sup>2</sup>	€10,000
Medical repatriation <sup>2</sup>	Full refund

## NOTES

### AREA OF COVER

Allianz Partners offers the following geographical cover :

- Worldwide excluding USA

### PRE-AUTHORISATION

The treatments/benefits which require pre-authorisation through submission of a Treatment Guarantee Form are indicated in the Table of Benefits with either a 1 or a 2. The Treatment Guarantee process helps us to assess each case and facilitate direct settlement with the hospital. Please note that if Treatment Guarantee is not obtained for the benefits indicated, we reserve the right to decline your claim. If the respective treatment is subsequently proven to be medically necessary, we will only pay **80%** of the eligible benefit for benefits listed with a 1, and for those listed with a 2, we will only pay **50%** of the eligible benefit. For further details please refer to our Benefit Guide, or simply contact our Helpline.

#### In case of emergency:

- Get the emergency treatment you need and call us if you need any advice or support.
- Either you, your physician, or one of your dependants 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".

### WAITING PERIODS

No waiting periods apply.

### CHRONIC CONDITIONS

Chronic conditions are covered within the terms of your policy. Please refer to the "Definitions" section of our Benefit Guide for further information or simply contact our Helpline.

### PRE-EXISTING CONDITIONS

Pre-existing conditions are covered within the terms of your policy. For further details please refer to the "Definitions" section of our Benefit Guide or simply contact our Helpline.

### 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 member, per Insurance Year, under that particular plan. Some benefits also have a **specific benefit limit**, which may be provided on a "per Insurance Year" basis, a "per lifetime" basis or on a "per event" basis, such as per trip, per visit or per pregnancy. In some instances we will pay a percentage of the costs for the specific benefit e.g. "65% refund, up to €5,000". Where a specific benefit limit applies or where the term "Full refund" appears next to certain benefits, the refund is subject to the maximum plan benefit, if one applies to your plan(s). All limits are per member, per Insurance Year, unless otherwise stated in your Table of Benefits.

### POLICY TERMS AND CONDITIONS

The Table of Benefits outlines the cover we offer under your policy. Please note that cover is subject to our standard policy definitions, limitations and exclusions. These are detailed in our Benefit Guide, which is issued to you upon policy inception.

### POLICY ENDORSEMENT(S)

There are also some policy terms and conditions unique to your policy and these are listed below. Please read these carefully in conjunction with your Benefit Guide.

**Prescribed glasses and contact lenses (only in case of breakage)** refers to cover for broken or damaged lenses or glasses to be replaced.

**Repatriation of mortal remains in/outside Europe** is the transportation of the insured member's mortal remains from the principal country of residence 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. There are two cover types here, within Europe and outside of Europe, which includes coming from or going to 'outside of Europe'.

In terms of 'Hospital accommodation', as listed under the in-patient benefits, you'll note that it says '**General Ward**'. In the event of accommodation being chosen by the member which is outside the 'General Ward' level of cover provided (for example, semi-private or private room), treatment will be covered up to the cost that would apply if the equivalent treatment was received under 'General Ward' accommodation. Any additional costs must be covered by the member.

Please note that the type of accommodation covered under **Routine Maternity and Complications of Pregnancy and childbirth** will be 'General Ward'.

**Accident** is an injury which is the result of an unexpected event, independent of the will of the insured and which arises from a cause outside the individual's control. The cause and symptoms must be medically and objectively definable, allow for a diagnosis and require therapy. This includes accidents that incur at the place of work. Medical expenses incurred as a result of a private or occupational accident are covered within the terms of your policy.