Allianz Care

Emergency medical cover for business travel

Valid from 1st April 2023

Welcome

You can depend on Allianz Care, as your international health insurer, to give you access to the best care possible in the event of a medical emergency while on a business trip – wherever you travel in the world.

This guide has two parts: "How to use your cover" is a summary of all important information you are likely to use on a regular basis. "Terms and conditions of your cover" explains your cover in more detail. To make the most of your Emergency Medical Cover for Business Travel plan, please read this guide together with your Insurance Certificate and Table of Benefits.

For full details about your cover, please contact your company's Group Scheme Manager.

How to use your cover

Terms and conditions of your cover

How to use your cover

Support services

We believe in providing you with the top-quality service that you deserve.

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 we can process your claim without delay.

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

@ Email: **client.services@allianzworldwidecare.com**

Helpline: **+353 1 630 1301**

Fax: **+353 1 630 1306**

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

If you are not able to access the toll-free numbers from a mobile phone, please dial the Helpline number listed above.

Did you know...

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

Web-based services

On **www.allianzcare.com/members** you can:

- Search for medical providers. You are not restricted to using the providers listed in our directory
- Download forms
- Access our BMI calculator
- Access our Health Guides

Travel Security Services**

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

You can access:

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

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

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

- To access the Crisis24 Horizon desktop website, go to **https://crisis24horizon.com/allianztravsec**, add your email address and select Create Account. Enter your details and add the Member ID of ALLIANZTSS
- To access the Crisis24 Horizon mobile app, download either the Android or iOS version to your mobile device (you can also search for Crisis24 Horizon in either store), then **sign in** using the same email (username) and password you created above. You can also register directly on the mobile app using the Member ID.

https://crisis24horizon.com/allianztravsec

Download the Crisis24 Horizon app from App store or Google Play.

Download on the App Store

GET IT ON Google Play

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

***Certain services which may be included in your plan are provided by third party providers outside the Allianz Group, such as the Employee Assistance Programme, Travel Security services, HealthSteps app, Second Medical Opinion and tele-medicine services. If included in your plan, these services will show in your Table of Benefits. These services are made available to you subject to your acceptance of the terms and conditions of your policy and the terms and conditions of the third parties. These services may be subject to geographical restrictions. The HealthSteps app does not provide medical or health advice and the wellness resources contained within Olive are for informational purposes only. The HealthSteps app and the wellness resources contained within Olive shouldn't be regarded as a substitute for professional advice (medical, physical or psychological). They are also not a substitute for the diagnosis, treatment, assessment or care that you may need from your own doctor. You understand and agree that AWP Health & Life SA (Irish Branch) and AWP Health & Life Services Limited are not responsible or liable for any claim, loss or damage, directly or indirectly resulting from your use of any of these third party services.*

Understanding how your cover works

What am I covered for?

This plan is specifically designed to cover your **acute emergency healthcare needs** while you travel abroad on business. In case of a medical emergency, we cover acute emergency treatments, accidents and any other event outlined in the Terms and Conditions.

The insured event begins with the emergency and ends when treatment is no longer considered to be medically necessary or the patient is fit for transportation based on medical diagnosis.

We don't cover under this policy **any ongoing or further treatment**, including rehabilitation, that you may require after the emergency situation.

What is a medical emergency?

By **medical emergency** we mean an accident, a disaster or any sudden beginning or worsening of a severe illness, resulting in a medical condition that presents an immediate threat to your health and therefore requires urgent medical measures. We cover only medical treatment performed by a doctor, medical practitioner/specialist or hospitalisation that **takes place within 24 hours of the emergency event**.

Where can I receive treatment?

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

How long does my cover last?

Depending on the product your company chooses, the cover may have a maximum duration of one of the following:

- 90 travel days per Insurance Year.
- 180 travel days per Insurance Year.
- Or cover is provided for a maximum number of business travel days per Insurance Year (referred to as the "Duration of Cover") and is subject to a Company Agreement being effective between your company and Allianz Care. Please refer to your company's Group Scheme Manager for confirmation on the maximum number of business travel days you are covered for. Your cover will start on the first travel day of your first business trip.

Are pre-existing and chronic conditions covered?

We cover the acute increase in the severity of pre-existing and chronic conditions, as well as emergency admissions related to pre-existing and chronic conditions within the limits of this plan.

This emergency medical cover does not cover pre-existing conditions where:

- The treatment abroad was the only reason, or one of the reasons for the business trip and/or
- It was highly likely that the treatment would have to take place during the business trip.

For further details on pre-existing and chronic conditions please refer to the 'Definitions' section.

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 per member, per Insurance Year.

If your plan has a maximum plan benefit, it will apply even where:

- The term "Full refund" appears next to the benefit
- A specific benefit limit applies - this is when the benefit is capped to a specific amount (e.g. €10,000).

Although many benefits included in your Table of Benefits are covered in full, some are capped to a specific amount. This specific amount is a benefit limit.

Seeking treatment?

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

Check your level of cover

First, check that your plan covers the emergency 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-approval

Your Table of Benefits will indicate what treatments are subject to pre-approval through submission of a Treatment Guarantee Form. The pre-approval 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.

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

If we are not informed about the hospitalisation within 48 hours, or if you make a claim without obtaining our pre-approval for the benefits listed with a * in the Table of Benefits, **we reserve the right to decline your claim**. If you make a claim without obtaining our pre-approval, and the treatment is subsequently proven to be medically necessary, we will pay only **50%** of the benefit.

To submit a Treatment Guarantee Form:

- Download a Treatment Guarantee Form from our website: www.allianzcare.com/members
- Send the completed form to us via email, fax or post (details on the form).

Getting in-patient treatment

If you need to go to a hospital, we will, where possible and with sufficient notice, arrange for direct settlement with the medical provider subject to any co-payments and benefit limits, i.e. where possible, we will settle the bill by dealing directly with the hospital.

Claiming for your out-patient, dental and other expenses

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

Receive your medical treatment and pay the medical provider.

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

Claim back your eligible costs by completing and submitting a Claim Form downloadable at **www.allianzcare.com/members** or you can request a soft copy of the Claim Form from your company's Group Scheme Manager.
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 directly by email, fax or post (details on the form). In this case, we will contact your Group Scheme Manager for confirmation that you were on a business trip on the date(s) of your treatment, in order to process your claim.

Please ensure that the payment details you supply on the Claim Form are correct to avoid delays to claims settlement.

You may choose to forward your completed Claim Form and supporting invoices / receipts / prescriptions to your company's Group Scheme Manager and they will send them to us. To protect your privacy, we advise that the package is sealed.

Please refer to "Medical Claims" in the Terms and Conditions section of this guide for more information about our claims process.

Please note that **you must notify us of any treatment / hospital admission within 48 hours** of the event.

Quick claim processing

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

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

Additional information about claiming for your expenses

Medical claims

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

a) **Claiming deadline:** You must submit all claims using a Claim Form no later than six months after the end of the Insurance Year. If cover is cancelled during the Insurance Year, you should submit your claims no later than six months after the date that your cover ended. After this time, we are not obliged to settle the claim.

b) **Pre-approval:** Please note that some costs require submission of a Treatment Guarantee Form prior to treatment taking place. Please refer to the Table of Benefits to check which benefits require Pre-approval.

c) **Eligible costs:** We only cover claims if they result from an eligible medical emergency, are medically necessary, are delivered by an officially recognised doctor, dentist or other therapist, are generally medically accepted and are incurred during an insured event.

d) **Supporting Documents:** It is your responsibility to retain any original supporting documentation (e.g. medical receipts) where copies are submitted to us, as we reserve the right to request original supporting documentation/receipts up to 12 months after claims settlement, for auditing purposes. We also reserve the right to request a proof of payment by you (e.g. bank or credit card statement) in respect of your medical receipts. We advise that you keep copies of all correspondence with us as we cannot be held responsible for correspondence that does not reach us for any reason that is outside of our reasonable control.

e) **Currency:** Please specify on the Claim Form the currency in which you wish to be paid in. On rare occasions, we may not be able to make a payment in the currency you requested due to international banking regulations. If this happens, we 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 on the date we pay your claim.

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

f) **Reimbursement:** Only costs incurred as a result of eligible treatment will be reimbursed within the limits of your policy, after taking into consideration any pre-approval requirements.

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

h) **Providing information:** You agree to help us get all the information we need to process a claim. We have the right to access all medical records and to have direct discussions with the medical provider or the treating doctor. We may, at our own expense, request a medical examination by our doctors if we think it's necessary. In addition, we may request an autopsy where this is not forbidden by law. All information will be treated confidentially. We reserve the right to withhold benefits if you do not support us in getting the information we need.

i) **Payments:** We will pay the claims directly to the member. Whenever possible, we will try to pay in-patient treatment expenses directly to the hospital. We reimburse costs per person within the limits of the policy, after taking into consideration the required Pre-approval.

j) **Expiry of insurance cover:** Upon expiry of your insurance cover, your right to reimbursement ends (for more details, please refer to the section on "Policy expiry").

Evacuations and repatriations

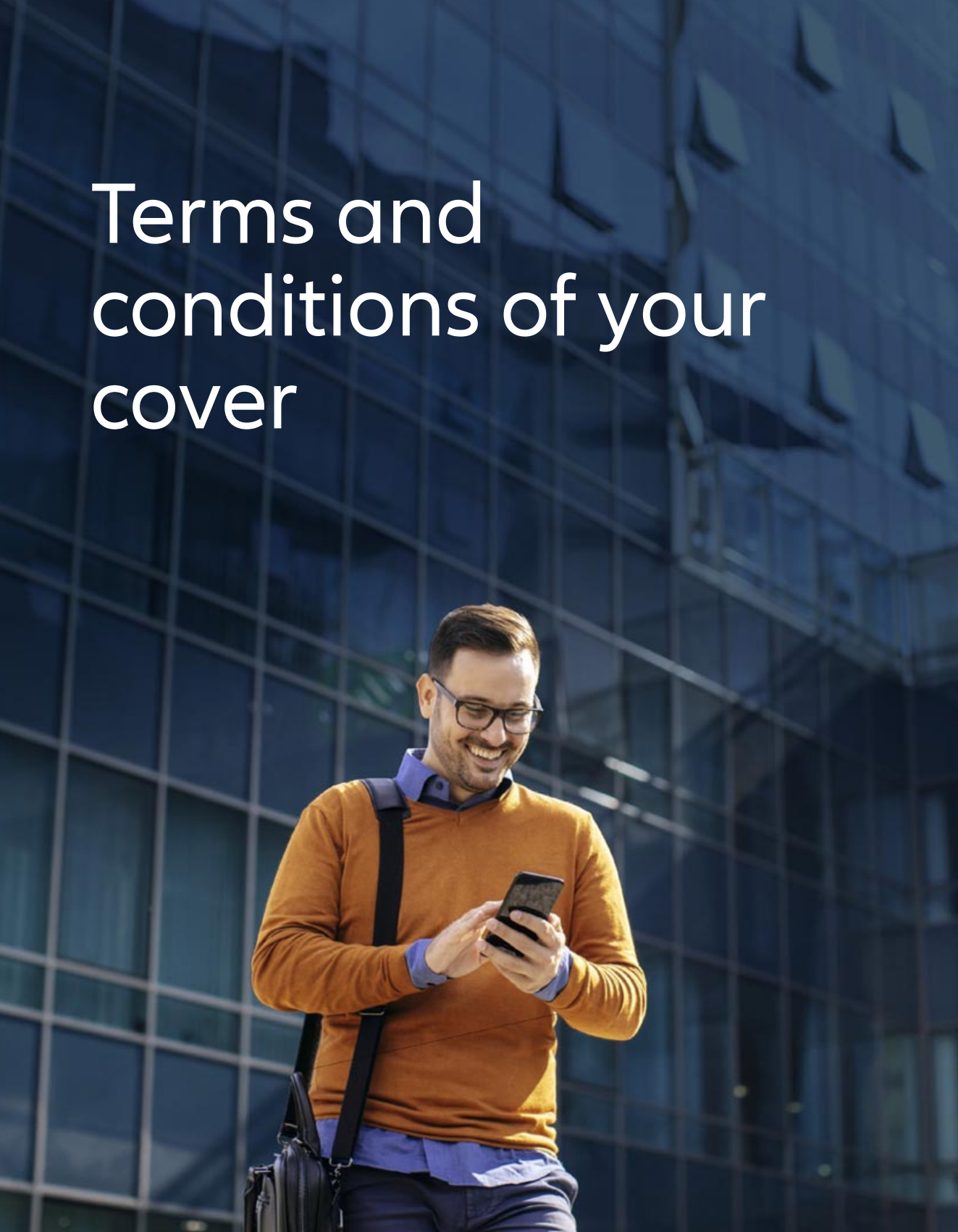
At the first indication that you need medical evacuation or repatriation, please call our 24 hour Helpline and we will take care of it. Given the urgency, we would advise you to phone if possible. However, you can also contact us by email. If emailing, please write 'Urgent – Evacuation/Repatriation'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

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

+353 1 630 1301

medical.services@allianzworldwidecare.com

Terms and conditions of your cover



Terms and conditions

This section describes the benefits and rules of your Emergency Medical Cover for Business Travel. Please read it in conjunction with your Table of Benefits and Insurance Certificate (if you are provided with one).

- Your **Insurance Certificate** details the plan and geographical area of cover that your company has chosen for you. It also states the start date and renewal date of your cover. Please note that we will send you a new Insurance Certificate if we need to record any changes requested by your company or which we are entitled to make, or if, with your company's approval and our acceptance, you request a change.
- Your **Table of Benefits** outlines the plan selected by your company and the associated benefits available to you. It also specifies any benefits/treatments which require you to submit a Treatment Guarantee Form. It confirms any benefits to which specific benefit limits apply. Your Table of Benefits will be in the currency agreed with your company (or with you, if you pay for the insurance premium).

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 cover may be changed from time to time by agreement between your company and us.

Administration of your policy

When cover starts

The Company Agreement is an insurance contract between your company and Allianz Care that has the duration of one Insurance Year. In the Company Agreement, the start date and the end date of the Insurance Year are indicated.

Depending on the product your company choose, the terms may have one of the following:

- The term of your policy depends on the Duration of Cover chosen for you by your company (90 or 180 days). Please refer to your Insurance Certificate to confirm this.
- The cover that you receive under the above Company Agreement will be valid for a maximum number of business travel days (i.e. "Duration of Cover") per Insurance Year. Your cover will commence on your first day of business travel and will continue until the maximum number of business travel days have been used, or until the relevant Insurance Year ends, whichever is earlier. Please refer to your company's Group Scheme Manager to confirm your Duration of Cover.

Renewal of cover

At the end of the Insurance Year, your company may decide to renew the insurance on the basis of the policy terms and conditions applicable at that time: you will be bound by those terms.

If your company renews the Company Agreement with us, a new maximum number of business travel days (i.e. "Duration of Cover") will be agreed for you. Your cover for the new Insurance Year will commence on your first day of business travel and will continue until the maximum number of business travel days have been used, or until the new Insurance Year ends, whichever is earlier.

Correspondence

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

Ending your cover

Your company can end your membership or that of any of your dependants (when applicable) by notifying us in writing. We cannot backdate the cancellation of your membership. It will automatically end:

- When you return to your principal country of residence or country of primary employment after a trip abroad, or following a medical evacuation / medical repatriation.
- After either 90 or 180 travel days abroad within the Insurance Year, depending on the duration of cover selected by your company.
- When you reach the agreed number of business travel days agreed for you in the relevant Insurance Year. Please refer to your company's Group Scheme Manager to confirm the maximum number of business travel days agreed for you.
- If your company decides to end the cover or does not renew your membership.
- If your company does not pay premiums or any other payment due under the Company Agreement with us.
- When you stop working for the company.
- Upon the death of the insured employee. However, where the insured person dies while abroad on a business trip, the insurance cover ends after the repatriation of the mortal remains.

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

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

Policy expiry

Please note that upon the expiry of your policy, your right to reimbursement ends. For up to six months after the expiry date, we will reimburse any eligible expenses incurred during the Duration of Cover.

In the case of an emergency event occurring abroad for which benefits included in this cover are payable, and which is still on-going when your cover expires, costs will continue to be covered. This will only apply if it is proven that you are unfit to travel and until such time as you are fit to travel (up to a maximum of four weeks following the end date of your cover).

Paying premiums

If your company pays your insurance premium

In most cases, your company is responsible for paying the premiums for you and your dependants, covered under the Company Agreement. Your company may also pay other taxes and charges associated with your cover (such as Insurance Premium Tax). However you may be liable to pay tax in respect of the premiums paid by your company. For details, please check with your company.

If you pay your insurance premium

If you are responsible for paying your insurance premium, you need to pay us in advance for the duration of your cover. Your Insurance Certificate shows the amount your company has agreed with us and your selected payment frequency. The **initial premium** or first premium instalment is payable immediately after we accept your application. When you receive your invoice, please check that the premium matches the amount shown on your agreed quotation and contact us immediately if there is any difference. We are not responsible for payments made through third-parties. **Subsequent premiums** are due on the first day of the chosen payment period.

If applicable, you may also need to pay the following taxes in addition to your premium:

- Insurance Premium Tax (IPT).
- VAT.
- Other taxes, levies or charges relating to your cover that we may have to pay or collect from you by law.

These charges may already be in effect when you join but they could be introduced (or change) afterwards. Your invoice will show these taxes. If they change or if new taxes are introduced, we will write to inform you. If you do not accept the changes, you can choose to end your cover. We will not apply any of the changes if you end your membership within 30 days of the date they take effect, or within 30 days of us telling you about the changes (whichever is later).

In some countries you may also be required to apply withholding tax. If that is the case, it is your responsibility to calculate and pay this amount to the relevant authorities in addition to payment of your full premium to us.

Each year on the renewal date, we may change how we calculate your premiums and taxes, the amount you have to pay and/or the method of payment. If so, we will inform you of these changes and they will only apply from your renewal date. If you wish, you can change the way you pay at policy renewal. Please write to us to request this at least 30 days before the renewal date.

If you are unable to pay your premium for any reason, please contact us so that we can discuss this with you, as if you don't pay your premiums on time you may lose your cover.

The following terms also apply to your cover

Applicable law: Your policy is governed by the laws and courts of the country as set out in the Company Agreement, unless otherwise required by law.

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

Who is covered: Only those insured persons and dependants (when applicable) as described in this guide and the Company Agreement are eligible for cover.

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

Who can make changes to your policy: No one, except an appointed representative or the Group Scheme Manager is allowed to make changes to your policy on your behalf. Changes are only valid when agreed by your company and us.

When cover is provided by someone else: We may decline a claim if you are eligible to claim benefits from:

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

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

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

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

Circumstances outside of our control (force majeure): We will always do our best for you, but we are not liable for delays or failures in our obligations to you caused by things which are outside of our reasonable control. Examples are extremely severe weather, floods, landslides, earthquakes, storms, lightning, fire, subsidence, epidemics, acts of terrorism, outbreaks of military hostilities (whether or not war is declared), riots, explosions, strikes or other labour unrest, civil disturbances, sabotage and expropriation by governmental authorities.

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

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

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

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

Data protection

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

www.allianzcare.com/en/privacy

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

+353 1 630 1301

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

AP.EU1DataPrivacyOfficer@allianz.com

Complaints procedure

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

+353 1 630 1301

Email: **client.services@allianzworldwidecare.com**

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

We will handle your complaint according to our internal complaint management procedure.
For details see:

www.allianzcare.com/complaints-procedure

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

Definitions

The following definitions apply to our Healthcare Plans. The benefits you are covered for are listed in your Table of Benefits. If your plan includes any benefit not listed below, the definition will appear in the "Notes" section at the end of your Table of Benefits. Wherever these words/phrases appear in your policy documents, they will always have the following meanings:

A

Accident

Sudden, unexpected event that 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

Sudden onset of symptoms or a medical condition.

B

Business travel/trip

It occurs when the insured person travels abroad on a short term basis for business reasons. Additional travel days that precede or follow the business trip but are not required for or are related to the business reason/need that causes the business trip are not covered.

C

Chronic condition

Sickness, illness, disease or injury that lasts longer than six months or requires medical attention (such as 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

Your employer (or company on whose behalf you are engaged on a business trip) and whose name is mentioned in the Company Agreement.

Company Agreement

The agreement we have with your employer, through which you and your dependants are insured with us. This agreement sets out who can be covered, when cover begins, how it is renewed and how premiums are paid.

Complications of childbirth

Post-partum haemorrhage and retained placental membrane only.

Complications of pregnancy

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

We provide emergency cover for complications of pregnancy up to the end of week 32 of the pregnancy (up to the end of week 25 for multiple birth babies), provided that the mother is in good health when the business trip starts and there are no indicators of any difficulties with the pregnancy.

Where an unexpected delivery occurs while travelling on business before to the end of week 32 of the pregnancy (or before the end of week 25 in the case of a multiple baby pregnancy), we will cover the treatments/procedures required for the mother during the birth but not for the newborn care.

Country of primary employment

The country in which the insured person pays taxes and social security contributions.

D

Day-care treatment

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

Dental prescription drugs

Drugs prescribed by a dentist for the treatment of dental inflammation or infection. The prescription drugs must be proven to be effective for the condition and recognised by the pharmaceutical regulator in a given country. They do not include mouthwashes, fluoride products, antiseptic gels and toothpastes.

Dependant

Your spouse or partner and confirmed by the Company as one of your dependants. Only dependants travelling together with the insured person are eligible for cover.

Diagnostic tests

Investigations such as x-rays or blood tests, undertaken to determine the cause of the presented symptoms.

Doctor

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

E

Emergency

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. The insured event begins with the emergency and ends when treatment, as a result of the medical diagnostic findings, is no longer part of the emergency event or the patient is fit for transportation.

Emergency in-patient dental treatment

Acute emergency dental treatment that is due to a serious accident and requires admission to hospital. The treatment is for the immediate relief of dental pain and must take place within 24 hours of the emergency event. Cover does not extend to follow-up dental treatment, dental surgery, dental prostheses, orthodontics or periodontics.

Emergency out-patient dental treatment

Treatment received in a dental surgery or hospital emergency room for the immediate relief of dental pain caused by an accident or an injury to a sound natural tooth. Treatment may include pulpotomy or pulpectomy and the subsequent temporary fillings, limited to three fillings per Insurance Year. Treatment must take place within 24 hours of the emergency event. It does not include any form of dental prostheses, permanent restorations or the continuation of root canal treatment.

Emergency out-patient treatment

Treatment received in a casualty ward or emergency room within 24 hours of an accident or sudden illness, where there is no medical necessity for you to occupy a hospital bed.

G

Group Scheme Manager

The designated representative of your company, who acts as the 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

Any establishment which is licensed as a medical or surgical hospital in the country where it operates and where the patient is permanently supervised by a doctor. The following are not considered hospitals: rest and nursing homes, spas, cure-centres and health resorts.

Hospital accommodation

Standard private or semi-private accommodation as shown in the Table of Benefits – deluxe, executive rooms and suites are not covered.

I

In-patient treatment

Treatment received in a hospital where an overnight stay is medically necessary.

Insurance Certificate

A document we issue that outlines the details of your cover. It confirms that your company has a group insurance policy with us.

Insurance Year

It applies from the effective date of the Company Agreement 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

The medically necessary emergency treatment received by the insured person. The insured event will be due to an accident, acute illness, injury or disease in accordance with the terms and conditions described in this guide. The insured event begins with the emergency and ends when treatment is no longer part of the emergency event or the patient is fit for transportation.

Insured persons

Insured persons are:

- Employees of the company, who travel outside of their country of principal residence or country of principal employment (as may be applicable). Depending on the company agreement, the travel duration on behalf of the company may be for periods of up to 180 days per year or for the number of days agreed in the company agreement. The employees may not be over the age of 70 to be eligible for this insurance;
- Guests of the company, who travel to an affiliate company for business purposes (up to 180 days per person per year or for the number of days agreed in the company agreement). A guest is defined as a person who is engaging in a business trip on behalf of the Company, but who is not an employee (for example, a business partner, lawyer, client etc.);
- Spouses or partners of the covered employees are also eligible for insurance cover at the discretion of the insurer, as a dependant. Please contact your company's Group Scheme Manager to confirm if dependants are eligible for cover under this policy.

L

Local ambulance

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

M

Medical evacuation

It applies in the following scenarios:

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

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

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

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

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

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

Medical necessity

Medical treatment, services or supplies that fulfil all of the following:

a) Essential to identify or treat your condition, illness or injury
b) Consistent with your symptoms, diagnosis or treatment of the underlying condition

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

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

Medical practitioner fees

Fees charged for non-surgical treatment performed or administered by a medical practitioner.

Medical practitioners

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

Medical repatriation

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

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

O

Oncology

Specialist fees, diagnostic tests, radiotherapy, chemotherapy and hospital charges related to the treatment of cancer from the point of diagnosis.

Oral and maxillofacial surgical procedures

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

Unless you hold a Dental Plan, we do not cover the following procedures even if they are performed by an oral and maxillofacial surgeon:

- Surgical removal of impacted teeth
- Surgical removal of cysts
- Orthognathic surgeries for the correction of malocclusion

Orthomolecular treatment

Alternative treatment that aims to restore the individual biochemical balance through supplements. It uses natural substances such as vitamins, minerals, enzymes and hormones.

Out-patient surgery

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

Out-patient treatment

Treatment provided in the practice or surgery of a medical practitioner, therapist or specialist that does not require you to be admitted to hospital.

P

Pre-existing conditions

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.

Pregnancy

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

Prescription drugs

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

Please note that, in case of ongoing treatment, it is your responsibility to bring an adequate supply of any necessary prescription drugs with you on your business trip.

Principal country of residence

The country where you and your dependants (if applicable) live for more than six months of the year.

R

Rehabilitation

Treatment that combines therapies such as physical, occupational and speech therapy. It aims to restore original form or function after an acute illness, injury or surgery. Treatment must take place in a licensed rehabilitation facility and start within 14 days of discharge from acute medical and/or surgical treatment.

Repatriation of mortal remains

The transportation of the deceased's mortal remains from the country in which the insured is located, to the country of burial. We cover costs such as: 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. We do not cover costs incurred by anyone accompanying the remains, 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 a Treatment Guarantee Form. An official death certificate must be provided alongside written confirmation from a doctor as to the cause of death.

Routine maternity

Medically necessary costs incurred during pregnancy and childbirth. This includes hospital charges, specialist fees, the mother's pre-natal and post-natal care, midwife fees (during labour only).

S

Specialist

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

Specialist fees

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

Surgical appliances and materials

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

T

Therapist

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

Treatment

Medical procedure needed to cure or relieve acute illnesses or injuries.

W

We/Our/Us

Allianz Care.

Y

You/Your

The person working for the company and any dependants named on the Insurance Certificate.

Exclusions

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

ACQUISITION OF AN ORGAN

Expenses for the acquisition of an organ such as, but not limited to donor search, typing, harvesting, transport and administration costs.

CHEMICAL CONTAMINATION AND RADIOACTIVITY

Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material, 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 shown in the Table of Benefits.

COMPLICATIONS CAUSED BY CONDITIONS NOT COVERED UNDER YOUR PLAN

Expenses incurred because of complications directly caused by an illness, injury or treatment for which cover is excluded or limited under your plan.

CONSULTATIONS PERFORMED BY YOU OR A FAMILY MEMBER

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

DENTAL TREATMENT

Dental treatment, dental surgery, periodontics, orthodontics, dental prostheses and root canal treatment, with the exception of emergency in-patient/out-patient dental treatment.

DENTAL VENEERS

Dental veneers and related procedures.

DEVELOPMENTAL DELAY

The treatment of developmental delay is not covered.

DRUG ADDICTION OR ALCOHOLISM

Care and/or treatment of drug addiction or alcoholism (including detoxification programmes and treatments to stop smoking), death associated with drug addiction or alcoholism, 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).

EMERGENCIES OUTSIDE THE CONFIRMED DURATION OF COVER

Emergencies which occur before the insurance start date indicated in the Company Agreement, or outside of the confirmed Duration of Cover.

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.

FAILURE TO SEEK OR FOLLOW MEDICAL ADVICE

Treatment required as a result of failure to seek or follow medical advice.

FEES FOR THE COMPLETION OF A CLAIM FORM

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

INFERTILITY TREATMENT

Infertility treatment including medically assisted reproduction or treatment for any medical problems arising from it.

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

Non-emergency 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 ERROR

Treatment required as a result of medical error.

MEDICAL EVACUATION, MEDICAL REPATRIATION OR REPATRIATION OF MORTAL REMAINS

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

NON-EMERGENCY TREATMENT

The expenses for non-emergency treatment are not covered.

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 consequences of them.

ORTHOMOLECULAR TREATMENT

Please refer to the definition of 'Orthomolecular treatment'.

PARTICIPATION IN WAR OR CRIMINAL ACTS

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

- War
- Riots
- Civil disturbances
- Terrorism
- Criminal acts
- Illegal acts
- Acts against any foreign hostility

PHYSIOTHERAPY

Out-patient physiotherapy.

PLASTIC SURGERY OR ELECTIVE SURGERY

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

PRE-EXISTING CONDITIONS

Pre-existing conditions (including any pre-existing chronic conditions), with the exception of eligible acute emergency episodes of pre-existing or pre-existing chronic conditions occurring while the insured person is travelling on business.

In addition, pre-existing conditions and pre-existing chronic conditions are not covered where:

- **Receiving treatment abroad is the only reason, or one of the reasons for the trip and/or**
- **We know or suspect that cover is acquired for the purpose of travelling abroad to receive treatment for a condition, when the symptoms of the condition are apparent to the insured person before the acquisition of cover.**

PREGNANCY AND CHILDBIRTH

Costs related to pregnancy and childbirth, including complications and consequences of them, with the sole exception of "Complications of pregnancy" that are covered up to the end of week 32 or up to the end of week 25 in the case of multiple baby pregnancy, when benefit included in table of benefit. This exclusion includes but is not limited to:

- **Costs associated with routine maternity.**
- **Costs related to a premature birth unless covered by "Complications of pregnancy".**
- **Cost for any medical treatment required where the mother is travelling against the advice of her doctor, or if there are any indications of difficulties with the pregnancy.**
- **Cost for travels where the purpose is giving birth abroad.**
- **Termination of pregnancy, except in the event of danger to the life of the pregnant woman.**
- **Home delivery.**
- **Newborn care.**

PROFESSIONAL SPORTS OR HAZARDOUS ACTIVITIES

Treatment or diagnostic procedures for injuries arising from an engagement in professional sports or hazardous activities.

PSYCHIATRIC TREATMENT

Psychiatric treatment and psychotherapy.

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.

SURROGACY

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

TRAVEL COSTS

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

TREATMENT AFTER THE INSURED EVENT CEASES

Treatment (including rehabilitation) that is required after the insured event ceases.

TREATMENT IN THE COUNTRY OF RESIDENCE

Treatment in the principal country of residence, in the country of primary employment or in any country where the insured person is already insured against health and accident risks.

VESSEL AT SEA

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

VITAMINS OR MINERALS

Products classified as:

- vitamins or minerals
- supplements such as infant formula and cosmetic products

These products are excluded even if they are medically recommended, prescribed or acknowledged as having therapeutic effects. Costs incurred as a result of nutritional or dietary consultations are not covered, unless a specific benefit shows in your Table of Benefits.

BENEFITS THAT ARE NOT IN YOUR TABLE OF BENEFITS

The following benefits or any adverse consequences or complications relating to them, unless otherwise indicated in your Table of Benefits:

- **Expenses for one person accompanying an evacuated/repatriated person**
- **Oncology**
- **Organ transplant**
- **Palliative care and long-term care**
- **Prescribed oculomotor therapy and occupational therapy**
- **Preventive treatment**
- **Routine health checks including screening for early detection of illness or disease**
- **Travel costs of insured family members in the event of an evacuation/repatriation**
- **Travel costs of insured family members in the event of the repatriation of mortal remains**
- **Travel costs of insured persons to be with a family member who is at peril of death or who has died**
- **Vaccinations**

Talk to us, we love to help!

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

24/7 Helpline for general enquiries and emergency assistance

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

Toll free numbers: www.allianzcare.com/toll-free-numbers

If you are not able to access the toll-free numbers from a mobile phone, please dial one of the Helpline numbers listed above.

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

Email: client.services@allianzworldwidecare.com

Fax: + 353 1 630 1306

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