

Allianz Medical Plan

Insurance product information document

Allianz Benelux PLC – Belgium insurance company – BNB N° 0403.258.197

Comfort@Hospital

The purpose of this information document is to provide you with an overview of the primary cover and exclusions relating to this insurance. This document is not tailored to your specific needs and the information contained in it is not exhaustive. For any further information concerning the chosen insurance and your obligations, please refer to the pre-contractual and contractual terms and conditions relating to this insurance. You can find comprehensive information on the product at www.allianz.be, as well as the company's and your obligations.

What is this type of insurance?

Hospitalization insurance guarantees payment by the insurer for medical and/or surgical treatment required to restore your health, in case of illness, accident or childbirth.



What is insured?

1. Basic Medical Care cover

All medical and paramedical expenses directly related to the diagnosis made by a doctor are covered. These are the expenses of hospitalization of at least one night or day hospitalization (one day clinic) in a by law acknowledged hospital.

We provide cover for:

- ✓ expenses of a stay in a one or two-bed room,
- ✓ fees for medical and paramedical services,
- ✓ clinical biology, radiology and medical imaging expenses,
- ✓ prostheses and orthopedic devices,
- ✓ medication and medical equipment expenses,
- ✓ sudden infant death test,
- ✓ donor's stay expenses up to 2500€,
- ✓ accommodation expenses for a parent in the room of a child under the age of 14
- ✓ medically justified transportation (ambulance or helicopter) in Belgium,
- ✓ palliatives care.

2. Third-party payer

Thanks to your AssurCard, you know if your hospitalization is covered by your contract and you don't have to pay an advance: the hospital sends the invoice directly to your insurer.



What is not insured?

1. Key general exclusions

- ✗ War, riots, crime involvement, attempted suicide, alcoholism and drug addiction, remunerated sports activities.

2. Main exclusions of Hospitalization cover

- ✗ Dental treatment, stomatology, orthodontics
- ✗ Aesthetic treatment
- ✗ Any form of contraception and sterilisation

3. Main exclusions of Assistance cover

- ✗ Convalescence and illness during treatment
- ✗ In case of relapse of a pre-existing disease presenting a risk of aggravation
- ✗ Intentional stay of the insured person outside Belgium in order to receive care



What is insured? (continuation)

3. Assistance abroad / repatriation

- ✓ Assistance abroad and repatriation to Belgium by Allianz Global Assistance and assistance in Belgium
- ✓ Hospitalization abroad reimbursed in case of an emergency
- ✓ Advance of medical expenses
- ✓ Repatriation of other insured family members
- ✓ Repatriation in case of death
- ✓ Search and rescue expenses
- ✓ Transport of medication and equipment

Digital

Allianz Medical Plan is a digital insurance. Claims can be submitted only by using the digital tools provided.



Are there any restrictions on cover?

- ! Cover limitations over time: psychological and neurological diseases, rehabilitation and geriatrics
- ! Deductible specified in the specific terms and conditions: reimbursement of 85% of the expenses at your charge
- ! One Day Clinic is reimbursed based on the pricing in a two-bed room
- ! For prostheses, implants, medical techniques and treatments, medical equipment used during the operation and orthopaedic devices, we contribute up to 10.000€ per claim year:
 - if there is a contribution of the AMI: 100% of the expenses borne by the patient
 - without a contribution of the AMI: 50% of the expenses borne by the patient
- ! Expenses incurred abroad are limited to 100.000€



Where am I covered?

You are covered in Belgium and worldwide subject to respect the terms and conditions of the contract. Expenses incurred during hospitalization abroad are reimbursed in case of an emergency hospitalization.



What are my obligations?

- ✓ There are no medical formalities to be completed when the insurance is subscribed.
- ✓ In the case of hospitalisation abroad or in Belgium, a quick and complete communication with your insurance intermediary and/or your company (and at the latest within three months following the incident) will facilitate settlement.



When and how do I pay?

- ✓ The premium for the staff member is paid by your employer.
- ✓ The payment of the premium for your family members is determined in the Special Conditions of the contract.



When does the cover start and end?

- ✓ The cover starts once the contract is subscribed (payment of the first premium) by your employer or when your employer applied for your membership.
- ✓ The cover ends when the insured person
 - has no longer an employment contract or self-employed with the policyholder,
 - opts for the pension or RCC scheme (unemployment scheme with employer's supplement),
 - reaches the age of 65 unless he/she is still working over 65 years for the employer.
- ✓ The cover ends for family members when the principal insured person can no longer benefit from it or when the co-insured end their affiliation.
- ✓ An affiliated who has benefited from hospitalization cover under a contract subscribed by his/her employer and who loses this right may request the individual continuation of the hospitalization contract.



How do I cancel the contract?

The policyholder, your employer, may terminate the hospitalization insurance contract. He must notify his insurer three months before the main expiry date of the contract or the contract start date.