

# International Medical Insurance Plans

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Individual



Welcome, and thank you for choosing DCare International Medical Insurance from AKD Insurance. This **Policy** is designed to provide you with full details of your insurance **Plan**. Please do not hesitate to contact **Us** if you require any clarification or have any questions regarding the **Benefits**.

We encourage you to read this document carefully and ensure that it meets your requirements. If you decide that it does not meet your needs, you may request the cancellation of the **Policy** from inception by submitting a written request within fourteen (14) days of receipt (cooling-off period). Provided no claims have been made, we will refund any **Premium** paid in full.



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# PART I

## Definitions

For the purposes of this **Policy**, the following terms (in **bold**) shall have the stated meanings:

### 1. Accident / Injury

Bodily injury caused solely by violent, accidental, external and visible means and not by sickness, disease or gradual physical or mental process.

### 2. Activities of Daily Living (ADL)

Activities of daily living are those activities normally associated with the day-to-day fundamentals of personal self-care, including but not limited to walking, personal hygiene, sleeping, toilet/continence, dressing, cooking/feeding, medication and transferring (getting in and out of bed).

### 3. Annual Maximum Benefit

The payment specified in PART II – TABLES OF BENEFITS, for specific services, which is the maximum amount payable by **Us** per **Insured**, per **Policy Period** regardless of the actual or **Usual, Customary and Reasonable** charge. This is after the **Insured** has met his/her obligations of **Deductible, Copayments** and any other applicable costs.

### 4. Application Form

The document that has been completed in accordance with the **Policyholder's** statements and answers at the time of inception of the insurance and forms the basis of the **Policy**.

### 5. Area of Cover

The geographic region specified in the **Certificate of Insurance** within which the **Benefits** apply. The options available are: Worldwide including USA; or Worldwide excluding USA.

Where Worldwide excluding USA is selected, any **Benefits** expressly stated to be available outside the **Country of Residence** shall apply in the USA only for a maximum period of thirty (30) consecutive days from the **Insured's** date of entry into the USA.

### 6. Benefit

The amount that **We** are obligated to pay on a case-by-case basis after the **Insured** has met his/her obligations regarding **Deductible, Copayments** and any other applicable costs.

### 7. Certificate of Insurance

The document which - amongst others - includes the **Policy** number, details of the **Policyholder** and the **Insured(s)**, the **Policy Period**, the **Plan**, the **Deductible**, the **Premium** and any **Endorsement** that apply.

### 8. Chronic Condition

An **Injury** or **Illness** that is expected to be of long duration and may be characterised by recurrences requiring continuous or periodic care. A **Chronic Condition** has one or more of the following characteristics: it continues indefinitely; it recurs or is likely to recur; it is permanent; or it requires long-term monitoring, consultations, check-ups, examinations, or tests. Human Immune deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are considered **Chronic Conditions**.

### 9. Congenital Condition

Any abnormality, birth defect, physical anomaly and/or any other deviation from normal development present at birth, which may or may not be apparent at that time.

### 10. Copayment

The proportion of costs for which the **Insured** remains responsible in the event of failure to contact the **Health Assistance Service** and obtain pre-authorisation in writing before any costs are incurred, as specified in PART III – PRE-AUTHORISATIONS, CLAIMS & COMPLAINTS PROCEDURES. The **Insured** must pay the **Copayment** in respect of each incident, giving rise to a claim.

### 11. Country of Residence

The country in which the **Insured** lives for more than 183 days each calendar year.

### 12. Covered Pregnancy

Whose delivery date is at least 12 months after the **Effective Date** for the **Insured** mother, and maternity coverage is included under the **Policy**, and the **Insured** meets the eligibility criteria for maternity-related services.

### 13. Day Care Treatment

Treatment received while an **Insured** occupies a **Hospital** bed or is charged for **Hospital** accommodation (and who signs an admission form or on whose behalf it is signed), but does not remain overnight.

#### 14. Deductible

The amount to be paid by the **Insured**, for every **Policy Period** as stated in the **Certificate of Insurance**, before **We** contribute.

#### 15. Dependant

The **Policyholder's** spouse or legal partner who is not legally separated from the **Policyholder**, and/or the **Policyholder's** natural child, step-child, foster child or legally adopted child, provided that such child is unmarried and under 19 years of age (or under 28 years of age if in full-time education or national service) at the commencement of each **Policy Period**, and resides with the **Policyholder** in a customary parent-child relationship.

#### 16. Durable Medical Equipment

Orthopedic braces, artificial devices replacing body parts and other equipment customarily and generally useful to a person only during an **Illness** or **Injury** and determined by **Us** on a case-by-case basis to be **Medically Necessary** including motorized wheelchairs and beds.

#### 17. Effective Date

The date upon which an **Insured's** coverage will commence under this **Policy**, as determined by **Us**.

#### 18. Emergency Treatment

Medical care for a **Medical Emergency** that is required for the immediate relief of an acute symptom or upon advice from a physician cannot be delayed until the **Insured's** return to their **Country of Residence**.

#### 19. Emergency Dental Treatment

Treatment necessary as a result of an **Accident/Injury** by an extraoral impact, received within 48 hours from the date and time of the **Accident/Injury** for the immediate relief of pain caused by natural teeth being lost or damaged in an **Accident**.

#### 20. Endorsement

An agreed written amendment to the terms of the **Policy**.

#### 21. Experimental and/or Investigational

Any service or supply associated with:

- Treatment or diagnostic evaluation which is not generally and widely accepted in the practice of

medicine or which does not have evidence of effectiveness documented in peer-reviewed articles in medical journals.

- A drug which does not have EMA market approval.
- A medical device which does not have EMA market approval; or does not have evidence of effectiveness for the proposed use documented in peer-reviewed articles in medical journals published in the EU.

We will make the final determination as to whether a service or supply is **Experimental and/or Investigational**.

#### 22. Expiration Date

The date upon which an **Insured's** coverage will terminate under this **Policy**, as determined by **Us**.

#### 23. Health Assistance Service

The service that provides round the clock assistance and customer service and handles all claims as well as pre-authorisations of medical services, on **Our** behalf, around the world.

#### 24. Hospice

An agency which provides a coordinated plan of home and **In-patient** care to a terminally ill person and which meets all of the following criteria:

- (a) has obtained any required state or governmental license or certificate of need;
- (b) provides service 24 hours a day, 7 days a week;
- (c) is under the direct supervision of a physician;
- (d) has a nurse coordinator who is a registered nurse or a licensed practical nurse;
- (e) has a duly licensed social service coordinator;
- (f) has as its primary purpose the provision of **Hospice** services;
- (g) has a full-time administrator; and
- (h) maintains written records of services provided to the patient.

#### 25. Hospital

Any institution under the constant supervision of a resident physician which is legally licensed as a medical or surgical hospital in the country where it is located, and which provides a day nursing service under the direction or supervision of registered professional nurses. The term **Hospital** does not include nursing homes, rest homes, health resorts, and homes for the aged, infirmaries or establishments for domiciliary care, custodial care, care of drug addicts or alcoholics, or similar institutions.

## 26. Illness

Any sudden and unforeseen illness or disease that manifests itself for the first time after the effective date of the **Policy** and it is not due to a **Pre-existing Condition**.

## 27. Infant

A **Dependant** up to 12 months old.

## 28. In-patient

The **Insured's** admission to a **Hospital** or other healthcare facility for a **Medically Necessary** overnight stay, for a period not exceeding twelve (12) months.

## 29. Insured

The natural persons whose names are listed on the **Certificate of Insurance**, who meet the eligibility criteria (read PART IV – GENERAL CONDITIONS), and for whom the required **Premium** has been paid.

## 30. Lifetime Maximum

The maximum amount payable by **Us** per individual **Insured** as indicated in PART II – TABLES OF BENEFITS, provided the **Policy** remains in force.

## 31. Maximum Period

The maximum number of days for which the **Benefit**, specified in PART II – TABLES OF BENEFITS, will be paid. Any period exceeding the **Maximum Period**, will not be covered.

## 32. Maternity Care

Prenatal care, childbirth, postnatal care, miscarriage and premature birth, and complications of pregnancy.

## 33. Medical Emergency

A sudden, unexpected, and unforeseen event caused by an **Illness** or **Accident** that manifests itself by symptoms of sufficient severity that a prudent layperson would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. **Medical Emergency** excludes the following:

- treatment related to the condition that existed prior to arrival in a country outside the **Area of Cover**;
- routine medical treatment;
- treatment that could have been postponed until return within the **Area of Cover**;

- treatment that has been planned in advance;
- treatment arising from circumstances that could have been reasonably anticipated by the **Insured**;
- any treatment that would be covered under the **Maternity Care Benefit**.

## 34. Medically Necessary

Those services or supplies which are provided by **Hospital**, physician or other approved medical providers that are required to identify or treat an **Illness** or **Injury** and which, as determined by **Us**, are as follows:

- Consistent with the symptom, or diagnosis and treatment of an **Illness** or **Injury**; and
- Appropriate with regard to standards of accepted professional practice; and
- Not solely for the **Insured's** convenience, the physician's convenience or any other provider's convenience; and
- The most appropriate supply or level of service, which can be provided
- is not **Experimental or Investigational**
- are not provided solely to support **Activities of Daily Living**.

When applied to an **In-patient**, it further means that the medical symptoms or condition require that the services or supplies cannot be safely provided as an **Out-patient**, and is not a part of or associated with the scholastic education or vocational training of the patient.

## 35. Newborn

A **Dependant** up to 31 days of age.

## 36. Out-patient

Where the **Insured** visits a **Hospital** but not as an **In-patient**. **Out-patient** surgery is inclusive of all invasive procedures including colonoscopy and endoscopy procedures.

## 37. Palliative

Treatment, the primary purpose of which is only to offer temporary relief of symptoms rather than to cure the **Illness** or **Injury** causing the symptoms.

## 38. Plan

It is the scheme of **Benefits** that the **Policyholder** has selected on the **Application Form**. All **Insureds** are

covered under the same **Plan** unless stated otherwise in the **Certificate of Insurance**.

### 39. Policy

It includes the policy wording (this booklet), the **Certificate of Insurance**, the **Application Form** and any **Endorsement**, which must be read together and form the contract of insurance.

### 40. Policyholder

The person who takes out the insurance and has the obligation to pay the **Premium** stated in the **Certificate of Insurance**.

### 41. Policy Period

The period of time during which this **Policy** is in effect, beginning on the **Effective Date** and ending on the **Expiration Date** as shown on the **Certificate of Insurance**.

### 42. Pre-existing Condition

Any illness, abnormality, disease or injury for which the **Insured** has received opinion, treatment or medication or the **Insured** has experienced symptoms in the 24 months prior to the inception of the insurance.

In addition, any illness or disease manifested during the first thirty (30) days of the initial **Policy Period**, will also be considered as a **Pre-existing Condition**.

### 43. Premium

The consideration owed by the **Policyholder** to **Us** in order to secure the **Benefits** for all **Insureds** and to render the **Policy** valid.

### 44. Rehabilitation

Therapeutic services designed to improve a patient's medical condition within a predetermined period through establishing a maintenance program designed to maintain the patient's current condition, preventing it from deteriorating and assist in recovery.

### 45. Terrorism

An act, or acts, of any person, or groups of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government

and/or to put the public, or any section of the public, in fear. **Terrorism** can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization or government.

### 46. Traditional Chinese Medicine

A comprehensive medical health care system comprised of a range of traditional therapies including, but not limited to: acupuncture, acupressure, moxibustion, herbal medicine, nutrition, and exercises (tai chi and qigong).

### 47. Usual, Customary and Reasonable

The lower of:

- 1) the provider's usual charge for furnishing the treatment, service or supply; or
- 2) the charge determined by **Us** to be the general rate charged by others who render or furnish such treatments, services or supplies to persons who reside in the same geographical area and whose **Illness** or **Injury** is comparable in nature and severity.

The **Usual, Customary and Reasonable** charge for a treatment, service or supply that is unusual, or not often provided in the area, or that is provided by only a small number of providers in the area, will be determined by **Us. We** will consider such factors as:

- 1) complexity, 2) degree of skill needed, 3) type of specialist required, 4) range of services or supplies provided by a facility, and 5) the prevailing charge in other areas/regions.

### 48. Waiting Period

The period specified in PART II – TABLES OF BENEFITS which must pass before coverage will begin. The **Waiting Period** begins on the **Effective Date** of the initial **Policy Period** of each **Insured**.

### 49. We, Us and Our

The insurer: SI Insurance (Europe), SA.

# PART II

## Tables of benefits

**Benefits** apply per **Insured** per **Policy Period**, are set out in Euro (€).

*Pre-authorization is required for all claims where costs are likely to exceed €3.000 and/or for all claims under the **Benefits** marked \*.*

DCare Plan	Prime / Prime Plus	Classic / Classic Plus	Core	Basic
<b>Annual Maximum Benefit</b>	Up to: €3.000.000	Up to: €2.000.000	Up to: €1.500.000	Up to: €1.000.000
In-patient Treatment Benefits				
<b>Hospital Services*</b> <ul style="list-style-type: none"> <li>• Accommodation, meals and special diets</li> <li>• General nursing care</li> <li>• Consultation</li> <li>• Medicines and drugs</li> <li>• Laboratory and diagnostic tests</li> <li>• Treatment in intensive care or coronary care unit</li> </ul>	Paid in full	Paid in full	Paid in full	Paid in full
Accommodation type	Private room	Private room	Private room	Private room
<b>Hospital Cash Benefit</b> (per night)  Provided that <b>Hospital</b> services are provided free of charge, either as part of the health system or covered by another insurance policy. <b>Deductible</b> does not apply.	€150  <b>Maximum Period</b> 45 days	€125  <b>Maximum Period</b> 30 days	€100  <b>Maximum Period</b> 15 days	€100  <b>Maximum Period</b> 15 days
<b>Parental Accommodation*</b>  Accommodation and meals for the parent of an <b>In-patient Dependant</b> who is under the age of 16 years, provided both (parent and <b>Dependant</b> ) are <b>Insureds</b> and share the same room.	Paid in full	Paid in full	Paid in full	Paid in full
<b>Surgery*</b> <ul style="list-style-type: none"> <li>• Surgeon's and anesthesiologist's fees</li> <li>• Surgical services (use of operation room and recovery room, operative and cutting procedures, treatment of fractures and dislocations, surgical dressings etc.)</li> </ul>	Paid in full	Paid in full	Paid in full	Paid in full

DCare Plan	Prime / Prime Plus	Classic / Classic Plus	Core	Basic
<p>Reconstructive Surgery*</p> <p><b>Medically Necessary</b> and directly attributable to an <b>Accident</b> or <b>Illness</b> for which a valid claim has been previously accepted under this <b>Policy</b>, provided that such surgery is performed within 12 months of the original covered event and constitutes part of the same course of treatment.</p>	Paid in full	Paid in full	Paid in full	Paid in full
<p><b>Rehabilitation*</b></p> <p>Provided that it follows an <b>In-patient</b> treatment that has been the subject of a prior valid claim under this <b>Policy</b> (i.e. within 15 days of discharge from the <b>Hospital</b>).</p>	<p>Paid in full</p> <p><b>Maximum Period</b> 90 days</p>	<p>Paid in full</p> <p><b>Maximum Period</b> 45 days</p>	<p>Paid in full</p> <p><b>Maximum Period</b> 30 days</p>	<p>Paid in full</p> <p><b>Maximum Period</b> 30 days</p>
<p>Emergency Services</p> <p>Road ambulance services (to the nearest <b>Hospital</b>).</p>	Paid in full	Paid in full	Paid in full	Paid in full
<p>Medical Appliances, Internal Protheses and <b>Durable Medical Equipment*</b></p> <p>Internal replacement parts and devices such as bone and joint replacements, medical instruments, apparatuses, implements, appliances or implants. All must be related to a covered medical condition that has been the subject of a prior valid claim under this <b>Policy</b>.</p>	Paid in full	Paid in full	Paid in full	Paid in full
<p>Organ and Bone Marrow Transplant and Stem Cell Treatment*</p> <p>Stem cell treatment, kidney, liver, heart, lung or heart transplants to the <b>Insured</b>.</p>	Paid in full	Paid in full	Paid in full	Paid in full

DCare Plan	Prime / Prime Plus	Classic / Classic Plus	Core	Basic
<b>Out-patient Treatment Benefits</b>				
<b>Out-patient</b> Medical Practitioner and Specialist Consultations and Treatments	Paid in full	<b>Annual Maximum Benefit</b> €1,250	No cover	No cover
<b>Out-patient</b> Prescribed Medications, Dressings and <b>Durable Medical Equipment</b>	Paid in full	<b>Annual Maximum Benefit</b> €2,000	<b>Annual Maximum Benefit</b> €400	No cover
<b>Out-patient</b> Laboratory Tests, Diagnostic Testing and Advanced Medical Imaging	Paid in full	Paid in full	<b>Annual Maximum Benefit</b> €500	No cover
<b>Out-patient</b> Consultations, up to 90 Days Before and After Surgery	Paid in full	<b>Annual Maximum Benefit</b> €1,000	<b>Annual Maximum Benefit</b> €400	No cover
Second Medical Opinion*  Only in case of surgery or critical illness.	Paid in full	Paid in full	No cover	No cover
Physiotherapy	<b>Annual Maximum Benefit</b> €2,500	<b>Annual Maximum Benefit</b> €1,000	<b>Annual Maximum Benefit</b> €500	No cover
Alternative Medicine  Chiropractic, osteopathy, homeopathy, acupuncture and <b>Traditional Chinese Medicine.</b>	<b>Annual Maximum Benefit</b> €200	<b>Annual Maximum Benefit</b> €175	No cover	No cover
<b>Emergency Dental Treatment</b>  Provided it occurs within 48 hours of the <b>Accident.</b>	Paid in full	<b>Annual Maximum Benefit</b> €350	<b>Annual Maximum Benefit</b> €250	No cover

DCare Plan	Prime / Prime Plus	Classic / Classic Plus	Core	Basic
<p>Kidney Dialysis*</p> <p>On an <b>In-patient</b> or <b>Out-patient</b> basis.</p>	<p><b>Annual Maximum Benefit</b> €200,000</p> <p><b>Waiting Period</b> 12 months</p>	<p><b>Annual Maximum Benefit</b> €100,000</p> <p><b>Waiting Period</b> 12 months</p>	<p><b>Annual Maximum Benefit</b> €50,000</p> <p><b>Waiting Period</b> 12 months</p>	No cover
<p><b>Hospice Care*</b></p> <p>Palliative and supportive services to terminally ill <b>Insureds</b> on an <b>In-patient</b> or <b>Out-patient</b> basis or at home.</p>	<p>Paid in full</p> <p><b>Maximum Period</b> 180 days</p>	<p>Paid in full</p> <p><b>Maximum Period</b> 180 days</p>	<p>Paid in full</p> <p><b>Maximum Period</b> 30 days</p>	<p>Paid in full</p> <p><b>Maximum Period</b> 30 days</p>
<p><b>Day Care Treatment*</b></p> <p>Received in <b>Hospital</b> without staying overnight.</p>	Paid in full	Paid in full	Paid in full	Paid in full
<p>Nursing at Home (per day)*</p> <p>By a qualified nurse, under the direction of a specialist, immediately following an <b>In-patient</b> treatment (i.e. within 90 days after discharge from the <b>Hospital</b>). It is excluded when related, directly or indirectly, to pregnancy, childbirth or maternity care.</p>	<p>Up to: €100</p> <p><b>Maximum Period</b> 45 days</p>	<p>Up to: €100</p> <p><b>Maximum Period</b> 30 days</p>	<p>Up to: €100</p> <p><b>Maximum Period</b> 20 days</p>	No cover
<p>Routine (Preventive) Health Screening</p> <p>Check-ups like cervical smear, mammogram, cancer screening, cardiovascular examination, neurological examination, breast ultrasound and blood tests. <b>Deductible</b> does not apply.</p>	<p><b>Annual Maximum Benefit</b> €400</p> <p><b>Waiting Period</b> 12 months</p>	<p><b>Annual Maximum Benefit</b> €300</p> <p><b>Waiting Period</b> 12 months</p>	<p><b>Annual Maximum Benefit</b> €150</p> <p><b>Waiting Period</b> 12 months</p>	<p><b>Annual Maximum Benefit</b> €100</p> <p><b>Waiting Period</b> 12 months</p>

DCare Plan	Prime / Prime Plus	Classic / Classic Plus	Core	Basic
<b>Cancer Treatment Benefits</b>				
<p>Cancer Treatment*</p> <ul style="list-style-type: none"> <li>• Radiotherapy, chemotherapy and oncology</li> <li>• Consultations</li> <li>• Medicines and drugs</li> <li>• Laboratory and diagnostic tests</li> <li>• Stem cell transplants from either blood or bone marrow and dressings</li> <li>• <b>Durable Medical Equipment</b></li> </ul>	Paid in full	Paid in full	Paid in full	Paid in full
<p>Artificial Hair</p> <p>Due to cancer treatment.</p>	<b>Lifetime Maximum</b> €1.000	<b>Lifetime Maximum</b> €750	<b>Lifetime Maximum</b> €500	<b>Lifetime Maximum</b> €300
<b>Maternity &amp; Childcare Benefits</b>				
<p>Maternity Care</p> <p>Medical treatment and care arising directly or indirectly from <b>Covered Pregnancy</b>, including but not limited to complicated maternity, pre-natal and post-natal care, childbirth and miscarriage.</p>	<p><b>Annual Maximum Benefit</b> €5,000</p> <p><b>Waiting Period</b> 12 months</p>	<p><b>Annual Maximum Benefit</b> €3,000</p> <p><b>Waiting Period</b> 12 months</p>	<p><b>Annual Maximum Benefit</b> €1,000</p> <p><b>Waiting Period</b> 12 months</p>	No cover
<p><b>Newborn</b> Care</p> <p>Medical treatment for any <b>Congenital Conditions</b> and birth defects, provided that the <b>Newborn</b> is an <b>Insured</b> and maternity was the subject of a prior valid claim under this <b>Policy</b>.</p>	Up to: €200.000	Up to: €200.000	Up to: €200.000	No cover
<p><b>Infant</b> Vaccinations</p> <p>Provided that the <b>Infant</b> is an <b>Insured</b> and maternity was the subject of a prior valid claim under this <b>Policy</b>.</p>	Up to: €125	Up to: €100	Up to: €50	No cover

DCare Plan	Prime / Prime Plus	Classic / Classic Plus	Core	Basic
<b>Psychiatric Care Benefits</b>				
<b>In-patient Psychiatric Care*</b> Psychiatric treatment referred by a physician, on an <b>In-patient</b> basis.	Paid in full  <b>Annual Maximum Benefit</b> 30 days  <b>Waiting Period</b> 12 months	Paid in full  <b>Annual Maximum Benefit</b> 30 days  <b>Waiting Period</b> 12 months	Paid in full  <b>Annual Maximum Benefit</b> 30 days  <b>Waiting Period</b> 12 months	Paid in full  <b>Annual Maximum Benefit</b> 30 days  <b>Waiting Period</b> 12 months
<b>Out-patient Psychiatric Care</b> Psychiatric treatment referred by a physician, on an <b>Out-patient</b> or <b>Day Care Treatment</b> basis.	<b>Annual Maximum Benefit</b> €1,500  <b>Lifetime Maximum</b> €10,000	<b>Annual Maximum Benefit</b> €1,500  <b>Lifetime Maximum</b> €5,000	No cover	No cover
<b>Additional Benefits</b>				
<b>Chronic Condition Treatment*</b>  <b>Annual Maximum Benefit for In-Patient:</b>  <b>Annual Maximum Benefit for Out-Patient:</b>	Paid in full  €5.000  <b>Waiting Period</b> 12 months	€50.000  €2.000  <b>Waiting Period</b> 12 months	€15.000  No cover  <b>Waiting Period</b> 12 months	€10.000  No cover  <b>Waiting Period</b> 12 months
<b>Congenital Conditions &amp; Hereditary Conditions</b>  Care or medical treatment needed due to <b>Congenital Conditions</b> or genetic disorders.	<b>Annual Maximum Benefit</b> €50,000  <b>Waiting Period</b> 12 months	<b>Annual Maximum Benefit</b> €35,000  <b>Waiting Period</b> 12 months	<b>Annual Maximum Benefit</b> €25,000  <b>Waiting Period</b> 12 months	No cover
<b>Hormone Replacement Therapy</b>  Medical treatment to treat early menopause (under the age of 40 years) symptoms.	<b>Annual Maximum Benefit</b> €1,000	<b>Annual Maximum Benefit</b> €500	No cover	No cover

DCare Plan	Prime / Prime Plus	Classic / Classic Plus	Core	Basic
<b>Medical Assistance, Repatriation &amp; Accompanying Travel and Expenses Benefits</b>				
<p><b>Medical Emergency Assistance*</b></p> <p>Air transportation costs to the nearest place with suitable medical care in the event of a <b>Medical Emergency</b>, provided the local doctor and <b>Health Assistance Service</b> agree it is <b>Medically Necessary</b>.</p>	Paid in full	Paid in full	<b>Annual Maximum Benefit</b> €100,000	<b>Annual Maximum Benefit</b> €100,000
<p><b>Medical Emergency Evacuation*</b></p> <p>Costs of evacuation to the <b>Country of Residence</b>, by any appropriate means of transportation, when a <b>Medical Emergency</b> occurs outside the <b>Country of Residence</b> and local <b>Hospitals</b> cannot provide adequate treatment.</p>	Paid in full	Paid in full	Paid in full	Paid in full
<p>Repatriation of Mortal Remains or Local Burial*</p> <p>Costs for the return of mortal remains (excluding personal effects) to the <b>Country of Residence</b> or costs for local burial (excluding memorial services and personal burial preferences).</p>	Paid in full	Up to: €25.000	Up to: €10.000	Up to: €10.000
<p>Accompanying Travel and Expenses*</p> <p>Travel and accommodation costs for one close relative, friend or business associate to accompany:</p> <ul style="list-style-type: none"> <li>the <b>Insured</b>, provided the <b>Insured</b> is hospitalised outside the <b>Country of Residence</b> for more than seven (7) consecutive days and until the <b>Insured</b> is able to return to the <b>Country of Residence</b>, subject to a prior valid claim for <b>Medical Emergency Evacuation</b> under this <b>Policy</b>; or</li> <li>the <b>Insured's</b> remains to the <b>Insured's Country of Residence</b>, provided it has been the subject of a prior valid claim under this <b>Policy</b>.</li> </ul>	Paid in full	<b>Annual Maximum Benefit</b> €2,500	No cover	No cover

Additional **Benefits** available only under the Prime Plus and Classic Plus **Plans**

DCare Plan	Prime Plus	Classic Plus
<b>Dental &amp; Optical Benefits</b>		
<p>Dental Treatment</p> <ul style="list-style-type: none"> <li>Routine examination, dental health instruction, fluoride treatment, scale and polish (prophylaxis), fillings, extractions, root canal procedure, endodontic, treatment of periodontal disease and other diseases of the gums and tissues of the mouth, oral surgery, emergency palliative treatment, antibiotics, crowns and inlays, bridges, study models (including pan oral x-rays), impressions, removable string appliances (braces), fixed appliances (including adjustments), extractions, re-cementing of brackets.</li> <li>Orthodontics for <b>Dependants</b> (up to 19 years old) <b>Deductible</b> does not apply.</li> </ul>	<p><b>Annual Maximum Benefit</b> €1,000</p> <p><b>Waiting Period</b> 3 months</p>	<p><b>Annual Maximum Benefit</b> €500</p> <p><b>Waiting Period</b> 3 months</p>
<p>Optical Care</p> <p>Vision test, lenses and frames provided there is a prescription.</p> <p><b>Deductible</b> does not apply.</p>	<p><b>Annual Maximum Benefit</b> €150</p> <p><b>Waiting Period</b> 3 months</p>	<p><b>Annual Maximum Benefit</b> €100</p> <p><b>Waiting Period</b> 3 months</p>

# PART III

## PRE-AUTHORISATIONS, CLAIMS & COMPLAINTS PROCEDURES

### 1. Pre-authorisations

The **Policyholder** and/or the **Insured** is obliged to contact the **Health Assistance Service** and obtain pre-authorisation in writing before any costs are incurred for all claims where costs are likely to exceed €3.000 and/or for all claims under the following **Benefits**:

- **Hospital Services**;
- Surgery;
- Reconstructive Surgery;
- Parental Accommodation;
- **Rehabilitation**;
- Medical Appliances, Internal Prostheses and **Durable Medical Equipment**;
- Organ and Bone Marrow Transplant and Stem Cell Treatment;
- Second Medical Opinion;
- Kidney Dialysis;
- **Hospice Care**;
- **Day Care Treatment**;
- Nursing at Home;
- Cancer Treatment;
- **In-patient** Psychiatric Care;
- **Chronic Condition** Treatment;
- **Medical Emergency** Assistance;
- **Medical Emergency** Evacuation;
- Repatriation of Mortal Remains or Local Burial; and
- Accompanying Travel and Expenses.

The **Health Assistance Service** provides 24/7 worldwide medical assistance. Case managers, nurse case managers and the medical director jointly oversee each case from initial referral to the patient's return home, coordinating admissions, securing pre-authorisation, managing discharge planning, advocating for the patient, and monitoring associated costs.

The contact details of **Health Assistance Service**:

- **Telephone: +302 313 084 328**
- **Fax: +302 310 808 099**
- **Email address: [dcare@healthwatch.gr](mailto:dcare@healthwatch.gr)**

Failure to contact the **Health Assistance Service** and obtain pre-authorisation in writing before any costs are incurred will result in:

- No payment of any claim relating to **Medical Emergency** Assistance, **Medical Emergency** Evacuation, Repatriation of Mortal Remains or Local Burial and Accompanying Travel and Expenses **Benefits**; or
- A 40% **Copayment** applied to the **Usual, Customary and Reasonable** costs of the claim for the following Benefits: **Hospital** services, Surgery, Reconstructive Surgery, Parental Accommodation, **Rehabilitation**, Medical Appliances, Internal Prostheses and **Durable Medical Equipment**, Organ and Bone Marrow Transplant and Stem Cell Treatment, Second Medical Opinion, Kidney Dialysis, **Hospice Care**, **Day Care Treatment**, Nursing at Home, Cancer Treatment, **In-patient** Psychiatric Care and **Chronic Condition** Treatment.

The **Copayment** may be waived if the situation is determined by **Us** to constitute an eligible **Medical Emergency**.

### 2. Submission of a claim

The **Policyholder** or the **Insured** must submit to the **Health Assistance Service** as soon as reasonably possible and in any event not later than: ninety (90) days after the date of the **Accident** or **Illness**, a written notice of the claim with all supporting documentation required depending on the case.

The **Insured** must allow any investigation to examine the existence and extent of the **Accident** or **Illness** and provide **Our** representatives with all relevant details and accurate information.

**We** reserve the right to request any supporting document deemed necessary. The cost required for the issuance of supporting documents shall be borne by the claimant.

Strict compliance with the above shall constitute a condition precedent to any liability on **Our** part to make payment under this **Policy**.

**Benefits** will be paid on a **Usual, Customary and Reasonable** basis, subject to the **Policy's** exclusions, limitations and conditions.

### 3. Sanctions

**We** shall not be deemed to provide cover, nor shall **We** be liable to pay any claim or provide any benefit hereunder, to the extent that the provision of such cover, the payment of such claim, or the provision of such benefit would expose **Us** to any sanctions, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, or United Kingdom or United States of America to the extent such compliance is not prohibited by applicable law.

### 4. Denial of liability

**We** are not responsible for the quality of services received by any institution or individual in relation to any **Benefit** and cannot be held liable for any claim or cause of action arising from a **Hospital's**, physician's or any other health care provider's act of negligence.

### 5. Fraudulent claims

No **Benefit** will be paid if any claim submitted is in any way fraudulent, or if fraudulent means or tricks have been used by the **Policyholder** or the **Insured**, or any person acting on his/her behalf to secure payment under the **Policy**. In such a case, **We** have the right to terminate the **Policy** and claim compensation for any damages suffered.

### 6. Waiver of rights

If the **Policyholder** or the **Insured** has submitted a claim and this has been rejected, and no lawsuit has been filed within 12 (twelve) months after the rejection, **We** shall be released from any obligation for compensation.

### 7. Coinsurance

If, at the time of submitting a claim, another insurance policy is in force under which the **Insured** is entitled to reimbursement for the same **Accident** or **Illness**, **We** shall only pay the claim on a proportionate basis. Alternatively, **We** have the right to make a claim on any other insurance policy that the **Policyholder** or the **Insured** has in force, on which the **Insured** is named.

### 8. Subrogation

In the event that a third party is held liable for all or part of any claim paid under this **Policy**, **We** may exercise **Our** legal right to pursue the third party to recover **Our** outlay. The **Policyholder** and all **Insureds** shall, upon **Our** request, agree to and permit **Us** to make any actions necessary or reasonably required for the purpose of exercising this right.

### 9. Complaints procedure

**We** are committed to provide the **Insured** with an exceptional level of service and customer care. However, sometimes **We** may not meet the customer expectations. When this happens, you may contact **Our** representative in the European Economic Area (EEA), AKD Insurance:

- **Telephone: +357 24 822 622**
- **Fax: +357 24 822 623**
- **Email address: [dcare@akdinsurance.eu](mailto:dcare@akdinsurance.eu)**

If **Our** final verdict and/or the actions of **Our** representative do not satisfy you, then you have the right to refer the matter to the Financial Ombudsman of your **Country of Residence**.



# PART IV

## General Conditions

### 1. Disclosure obligations

This **Policy** is issued on the basis that the information provided in the **Application Form** is complete and accurate to the best of the knowledge of the **Policyholder** and the **Insured**.

At the inception, renewal or at any alteration of the insurance, the **Policyholder** and the **Insured** must disclose all material information known to them and must answer **Our** questions fully and accurately.

### 2. Eligibility criteria

The **Insured** may be the **Policyholder** and/or a **Dependant**, must be under eighty (80) years of age at the commencement of the initial **Policy Period**, and his/her **Country of Residence** must be a member state of the European Economic Area (EEA).

### 3. Renewal of the Policy

The **Policy** will be automatically renewed on its expiry date for a period of twelve (12) months, and **We** will send to the **Policyholder** a new **Certificate of Insurance** stating the new **Policy Period**, unless the **Policyholder** does not wish to renew and notifies **Us** accordingly and in a timely manner, in writing, or fails to pay the **Premium** in accordance with GENERAL CONDITION 7.

**We** reserve the right not to renew the **Policy**, to amend the terms of the **Policy** and/or set new **Premium** at the end of any **Policy Period**, provided that the **Policyholder** receives a relevant notification in writing, not later than thirty (30) days before the **Policy** expires.

The timely payment of the **Premium** for the new **Policy Period** implies the acceptance and automatic renewal of the **Policy** with the new terms, **Premium** and **Benefits**.

### 4. Alteration of the Policy

The **Policyholder** may request to add or exclude a **Dependant** at any given time during the **Policy Period**. However, changes to the **Plan**, the **Deductible** or the **Area of Cover** may only be requested at the end of any **Policy Period**.

An alteration will be valid only when it is evidenced in writing, approved and signed by **Us**.

### 5. Written notification

Every notification must be communicated by email or post.

**Our** email address: [dcare@akdinsurance.eu](mailto:dcare@akdinsurance.eu) while for the **Policyholder**, the email address stated in the **Application Form** will be used. In case of a change, the **Policyholder** must inform **Us** accordingly at the above email address. Our postal address is: 5, Rafael Santi, 1st Floor Office 101, 6052 Larnaca, Cyprus.

### 6. Other insurance

The **Policyholder** and/or the **Insured** are obliged to disclose any existing insurance with another insurer that provides the same or similar insurance cover. In case of failure to disclose, **We** reserve the right to terminate the **Policy**.

### 7. Payment of Premium

**Premiums** are annual and payable in advance, however, partial payment in instalments may also be agreed upon. Coverage under this **Policy** is subject to the timely payment of **Premium**.

**Premiums** or partial instalments must be paid within thirty (30) days from the stated payment dates to the bank account of **Our** representative, either by direct debit or by bank transfer. The payment dates and bank account will be stated in the **Certificate of Insurance**. Any reminder by **Us** for the payment of **Premium** cannot be considered as a deviation from the above general rule.

A delay in the payment of any overdue **Premium** or partial installment beyond the above deadline automatically suspends the cover and entitles **Us** to terminate the **Policy**.

The **Premiums** for the current **Policy Period** remain payable upon termination of the contract, provided that **We** have paid, or are obliged to make a payment

The **Premiums** must be paid in the currency approved as stated in the **Certificate of Insurance**. Any other forms of currency shall not be accepted and will be considered as non-payment of **Premium**.

## 8. Policy cancellation (after the cooling-off period)

Following the 14-day cooling-off period, and without prejudice to GENERAL CONDITION 7, the **Policy** may be cancelled before the expiry date stated in the Certificate of Insurance upon a written notification by **Us** or by the **Policyholder**, or in the event that the **Policyholder** dies or his/her **Country of Residence** ceases to be a member state of the European Economic Area (EEA). Upon cancellation of the **Policy**, the **Premium** paid for the remaining portion of the **Policy Period** until expiry will be refunded to the **Policyholder**, unless a claim has been submitted during the current **Policy Period**.

If an **Insured** (other than the **Policyholder**) dies or no longer meets the eligibility criteria of the definition “**Insured**” pursuant to PART I – DEFINITIONS, he/she will be automatically removed from the cover; however, the **Policy** will remain valid without that person. The **Policy** may be renewed without that person, and he/she may have the possibility – if both he/she and **We** agree – to continue his/her insurance cover under a new policy, which will be considered a continuation of the previous insurance.

## 9. Taxes and fees

Taxes, duties and any other governmental or public charges that exist or may be imposed on the **Premium** shall be borne by the **Policyholder**. Duties, taxes and any notary charges applicable to the payment of **Benefits** or other payments made under the **Policy**, whether existing or subsequently imposed, shall be borne by the **Insured** or the recipient of such payment. However, V.A.T. will be borne by **Us**.

## 10. The consistency of the terms of the Policy

If **We** do not apply or do not insist on the strict application of any term of the **Policy**, this cannot be interpreted as a waiver of it or as consent to its amendment, nor that it will not apply at another time or under other circumstances.

## 11. Governing language

The English language version of this **Policy** shall be the original, governing instrument and understanding of the parties. In the event of any conflict between the English language version and any subsequent translation

into any other language, the English language version shall prevail.

## 12. Applicable law & jurisdiction

The **Policy** is governed by, and shall be construed in accordance with, the laws of the **Country of Residence** stated in the **Certificate of Insurance**, and any dispute arising in relation to this **Policy** shall be subject to the exclusive jurisdiction of the courts of that country.

## 13. Data protection

This privacy notice provides an overview of the personal data that **We** process as a controller for the provision of **Our** services. It also provides information on how **We** protect personal data and third-party rights. It applies to **Insureds**, claimants and any third parties who interact with **Us** about **Our** products and services. **Our** long form privacy notice is available at [www.sompo-intl.com/privacy-policies/](http://www.sompo-intl.com/privacy-policies/).

Categories of personal data **We** process include standard personal data, e.g. contact information; where necessary, special categories of personal data, e.g. health information; and criminal offence data, obtained from anti-fraud checks. **Our** reasons for processing commonly include policy administration, claims and complaints handling and to carry out identity and credit checks. The legal reason **We** process personal data depends on the circumstances, but usually it is for performance of a contract or to ensure legal compliance. For special category personal data, this is either because processing is necessary for an insurance purpose, to protect a vital interest, or **We** rely on consent. **We** may process information on criminal convictions (if any) to prevent a crime.

Where **We** have consent or a legitimate interest, **We** occasionally use personal data to send targeted marketing emails about related products and services. Such emails always contain an opt-out process. Occasionally **We** use automated decision-making, for example, to assess the likelihood of a claim being made. More information about this and related rights is available in **Our** long form privacy notice.

Personal data is shared with **Us** both directly, and indirectly through authorised individuals or organisations, such as insurance brokers or claims handlers. Anyone providing information about another person must first

ensure that person has seen a copy of this privacy notice and consents to their information being shared with **Us**.

**We** share personal data within the Sampo group and with relevant third parties including service providers, insurance intermediaries and reinsurers. The Sampo group and many of the companies **We** work with are international organisations. As such, **We** transfer personal data outside of the UK and EEA. **We** ensure that any international transfers are subject to appropriate safeguards and technical and organisational measures, in accordance with data protection law.

**We** retain personal data only for as long as necessary to fulfil the processing purpose to which it relates and having regard to our business needs and legal requirements.

Data protection law affords access, rectification, erasure, restriction, and objection rights to any individual whose personal data **We** process. Any request to exercise these rights, or any complaints about how **We** handle personal data should be directed to [privacy@sampo-intl.com](mailto:privacy@sampo-intl.com). **Our** data protection officer may be contacted at [mhinze@sampo-intl.com](mailto:mhinze@sampo-intl.com). Complaints may also be lodged with the relevant data protection supervisory authority. This is the Information Commissioner's Office for **Our** UK business and the National Commission for Data Protection for our EEA business.

#### 14. Professional secrecy waiver

As a Luxembourg insurance undertaking, SI Insurance (Europe), SA (**SIIE**) is subject to an obligation to preserve insurance secrecy under Article 300 of the Luxembourg Act of 7 December 2015 on the insurance sector, as amended (the **Act**).

Under the Act, **SIIE** as well as its directors, officers, managers, employees and other persons in the service of **SIIE** are, prevented from disclosing the information confided to them in the course of their professional activity or in the exercise of their mandate, carried out either in or from the Grand Duchy of Luxembourg under the freedom to provide services (the **Protected Information**).

However, **SIIE** might have to communicate data covered by professional secrecy to Luxembourg or foreign: (i)

authorities; (ii) intermediaries; (iii) reinsurers; (iv) retrocessionaires; (v) entities of the **SIIE** group; or (vi) other third parties, based on legal, regulatory or contractual requirements (under Luxembourg or foreign laws, either preexisting or introduced in the future).

In addition, **SIIE** outsources services or functions to external service providers (the **Service Providers**) and is required, in this context, to transfer to them data covered by professional secrecy in the conditions hereafter.

#### Types of Service Outsourced

The types of services that **SIIE** may outsource include all tasks necessary to perform the offer, distribution, management and termination of our insurance products or services, as well as the compliance with our obligations under corporate governance and regulatory provisions.

Such tasks include insurance distribution, underwriting support, client on-boarding, policy administration, claims' handling, client contact and relationships, legal assistance, actuarial and reserving, finance and accounting, risk management, compliance, HR/administration, IT, regulatory reporting and internal audit, while retaining the final responsibility with Luxembourg based relevant (key) function holders.

#### Types of Information Transmitted

**Protected Information** that might be transmitted to a **Service Provider** includes any data which may directly or indirectly identify policies, **Policyholder(s)**, **Insured(s)**, beneficiary(ies) or any representative of such persons. It may also include (without being limited to) the following:

- name(s), date(s) of birth, contact details (address, email address, phone number), financial, banking, personal and tax information of the **Policyholder(s)**, the **Insured(s)** and the beneficiary(ies) of the insurance contract;
- risk, business and health data, appropriate to product type and collected for underwriting purposes; and
- insurance contract information (such as number, effective date and duration, amount of **Premiums** paid, transactions, contract value).

### **Countries Where the Service Providers are Located**

Countries that are part of the European Economic Area and Bermuda, India, Mexico, Serbia, Singapore, Switzerland, South Africa, United Kingdom and United States of America. The list is not fixed and can be updated on an ongoing basis if there is a change in the **Service Providers** or their locations.

### **Waiver**

By providing information to **SIIE**, completing an application or making an offer for insurance, agreeing to an insurance contract, paying a **Premium**, or otherwise entering into a relationship with **SIIE**, the provider of **Protected Information** declares to have read the foregoing and to consent to the transmission of

**Protected Information** to the different types of third parties, located in various countries, as detailed above.

Notwithstanding the above, **SIIE** shall comply with all other legal and regulatory obligations including but not limited to data protection.



# PART V

## GENERAL EXCLUSIONS

**We** are not obliged to pay any **Benefits**:

### 1. Pre-existing Conditions

Which arise from, relate to, or are caused directly or indirectly by a **Pre-existing Condition**, unless the **Policyholder** and/or the **Insured** has disclosed such **Pre-existing Condition** in the **Application Form** and **We** have accepted its coverage through an **Endorsement** issued with the **Certificate of Insurance**.

### 2. War, conflict or Terrorism

Which are caused directly or indirectly, or derive from or in relation to war, invasion, act of the enemy, hostilities or warlike operations (whether war has been declared or not), munity, revolution, rising, military action, military exercise, service in the armed forces, seizure of power or any act of **Terrorism**.

### 3. Riots & strikes

Which are caused directly or indirectly, or derive from civil commotion, riot or strike, unless the **Insured** is judged to be not involved with, participating in, or related with such activities.

### 4. Illegal activity / intoxication

Which arise due to the undertaking of a crime or offence or result from intoxication or addiction for example to alcohol, drugs, medicine.

### 5. Self-inflicted illness or injury

Which are caused directly or indirectly by deliberate self-inflicted injury, suicide or attempted suicide of the **Insured**, regardless of his/her mental state.

### 6. Dangerous activity

Which arise due to participation of the **Insured** in any professional sport or any activity that involves exceptional risk of accident, including but not limited to: fighting, mountain expeditions, caving, trekking above 2.500 metres, free climbing, abseiling, rappelling, any kind of rock climbing, off-road biking, canyoning, rafting, bungee jumping, skydiving, any kind of skiing, snowboarding, horse riding, deep sea diving, sailing at

sea, water skiing, races of any kind other than on foot, use of firearms or otherwise, aviation other than as a passenger with a regular flight ticket, non-motorised flight and gliding or hand gliding.

### 7. Overdue Premium

While an overdue **Premium** or instalment remains unpaid. Coverage may be reinstated from the date of payment of the overdue **Premium** or instalment, provided that **We** give our written acceptance of such reinstatement.

### 8. Non-authorised / endless treatments

Which are not **Medically Necessary** or recommended by a licensed physician under the scope of his/her licensing or exceeds a twelve (12) month period.

### 9. Experimental treatment, drug or medical device

Which is **Experimental and/or Investigational**.

### 10 Routine or preventive drug / medicine

Which can be purchased without a physician's prescription, including but not limited to restorative and nutritional products, food supplements, slimming or weight control products, tonics, medical wines, cod-liver oil products, vitamins, laxatives, cosmetics and baby food.

### 11. Weight loss treatment

Any treatment for weight loss, obesity or weight control, including any complications arising from such treatment.

### 12. Removal of fat or surplus tissue

Any treatment for the removal of fat or surplus tissue, such as an abdominoplasty or breast reduction, whether needed for medical or psychological reasons.

### 13. Smoking cessation and detoxication

Smoking cessation, alcohol detoxification, or treatment for any other addiction, including any condition or complication arising directly or indirectly from such treatment, whether recommended by a physician or not.

#### 14. Sexual dysfunction

Which relates to any procedure, supply or medication used to treat sexual enhancement or dysfunction, such as erectile dysfunction, premature ejaculation and other similar conditions.

#### 15. Fertility / infertility treatment and birth control

Any procedure, medication, treatment, illness or injury arising directly or indirectly from fertility or infertility treatment, birth control, contraception, sterilisation or reversal (including but not limited to vasectomy), In Vitro Fertilization (IVF), artificial insemination, impotence or any other related disorder.

#### 16. Pregnancy Termination

Voluntarily induced terminations of pregnancy that are not **Medically Necessary**.

#### 17. Sexually transmitted diseases

Which are directly or indirectly due to venereal or sexually transmitted diseases.

#### 18. Outbreaks, epidemics or public emergencies

Which derive from or are due directly or indirectly to infectious diseases declared to be an outbreak, epidemic or public emergency by the World Health Organisation (WHO), or any other government or ruling body of the country where the outbreak or epidemic has occurred in.

#### 19. Cosmetic, elective and transsexual surgery

Which is not **Medically Necessary** and is primarily for enhancement, improvement or altering one's appearance, unless required due to an **Accident** or **Illness** that has been the subject of a prior valid claim of this **Policy**. Medical complications arising from such treatments or procedures are also excluded.

#### 20. Skin conditions and hair treatments

Hair loss, acne, rosacea, skin tags and any other treatment to enhance the appearance of skin, scalp and hair, except for cystic or pustular acne.

#### 21. Sleeping disorders

Which derive from or are due directly or indirectly to sleep/awake disorders including but not limited to insomnia, parasomnia and sleep apnoea.

#### 22. Podiatric care

Which relates to any foot care, including but not limited to paring and removing corns, calluses or other lesions, trimming of nails and orthopedic shoes or other supportive devices.

#### 23. Hearing care

Routine hearing examinations or hearing aids.

#### 24. Optical care

Eye refractions, frames, lenses, contact lenses, the fitting of frames or lenses, and vision correction surgery, unless expressly stated otherwise in your selected **Plan**.

#### 25. Dental care

Dental expenses, including preventive services, fillings, extractions, root canal treatment, crowns, inlays, bridges and orthodontic services, false teeth, the replacement of lost or stolen crowns, bridges or dentures, implants and all related services, Temporomandibular Joint Disorders (TMJ), malocclusion, and mouth guards for teeth grinding, unless expressly stated otherwise in your selected **Plan**.

#### 26. Genetic screening

Counseling, screening testing or treatment in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.

#### 27. Air or sea travel after 28 weeks of pregnancy

Related to **Illness** or **Accident** sustained while the **Insured** is travelling by air or sea when she is more than 28 weeks pregnant.

#### 28. Organ transplant donor expenses

Donor search, donor medical services, storage of bone

marrow, stem cell, or any other tissue or cells, and all expenses for cryopreservation of more than 24 hours are excluded.

### 29. Charges in excess of Usual, Customary and Reasonable

Any portion of a charge that exceeds the **Usual, Customary, and Reasonable** amount for the particular service or treatment within the applicable geographical area.

### 30. Charges incurred before or after the Policy Period, including Waiting Periods

Charges for any **Benefit** incurred before the **Effective Date** (including during any applicable **Waiting Period**) or after the **Expiration Date** of the **Policy** are not covered, even if such treatment had been pre-authorized during the **Policy Period**.

### 31. Non-medical care

Any treatment of any **Illness** or **Injury**, or any related charges, that is:

- a) Not ordered or recommended by a physician; or
- b) Not **Medically Necessary**; or,
- c) Not rendered within the scope of the physician's professional licence; or
- d) Not professionally recognised or determined to be unnecessary for proper treatment, including but not limited to services provided in sanatoriums or spas.

### 32. Non-eligibility

For any person who does not meet the eligibility criteria of the definition "**Insured**" pursuant to PART I – DEFINITIONS, even if his/her name is listed on the **Certificate of Insurance** and/or **Premium** has been paid for that person.

**REACH US 24 HOURS A DAY, 7 DAYS  
A WEEK. PRE-AUTHORIZATION,  
CLAIMS SERVICES & OTHER  
MEDICAL INSURANCE  
ASSISTANCE:**

Tel: +357 24 636 300

+302 313 084 328

Fax: +302 310 808 099

Email: [dcare@healthwatch.gr](mailto:dcare@healthwatch.gr)





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[www.dcaremedical.eu](http://www.dcaremedical.eu)

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