

English

# **International Medical Plan**

## **DCare Benefit Comparison | 2024**

DigiCare Insurance





### HEALTH INSURANCE Plan Comparison - DCare

Benefit limits are set out in EUR. Benefit limits apply per person. The following chart is intended as a summary comparison of all available DCare International Medical Insurance Plans insured by HDI Global Specialty SE. For full details of benefits, limitations and exclusions please refer to the Policy Wording.

BENEFIT CURRENCY: EUR (€)	PRIME	CLASSIC	CORE	BASIC
Annual benefit (all sections combined), per person	€3.000.000	€2.000.000	€1.500.000	€1.000.000
INPATIENT	TREATMENT &	DAY CARE TRE	ATMENT	
<ul> <li>Accommodation, meals, nursing care</li> <li>In-patient consultation by a physician or specialist's fee</li> <li>Medicines and prescribed drugs</li> <li>Medical treatment, laboratory and diagnostic tests</li> <li>Medical appliances &amp; prosthetics</li> </ul>	Paid in full	Paid in full	Paid in full	Paid in full
Accommodation	Private room	Private room	Private room	Private room
Parent accommodation per night	Paid in Full	Paid in Full	Paid in Full	Paid in full
Cash benefit per night	€150 Max 45 days	€125 Max 30 days	€100 Max 15 days	€100 Max 15 days



<b>BENEFIT CURRENCY: EUR (€)</b>	PRIME	CLASSIC	CORE	BASIC	
SURGICA	L BENEFITS – 1	INPATIENT/DA	Y CARE		
In-patient or outpatient	Paid in Full	Paid in Full	Paid in Full	Paid in full	
Surgery/surgeon and anesthesiology services	Paid in Full	Paid in Full	Paid in Full	Paid in Full	
EMERGENCY SERVICES					
Emergency room, emergency medical services (when directly admitted to the hospital)	Paid in full	Paid in full	Paid in full	Paid in full	
Road ambulance costs (local)	Paid in full	Paid in full	Paid in full	Paid in full	
Emergency dental treatment	€250	€150	€100	Not covered	



With DCare, you get more than just a health plan - you get a trusted partner whose priority is your health.





BENEFIT CURRENCY: EUR (€)	PRIME	CLASSIC	CORE	BASIC		
OUT-PATIENT TREATMENT whether followed by in-patient treatment or not						
Medical practitioner and specialist consultations & treatment	Paid in full	€1.250	Not covered	Not covered		
Costs for Out-Patient consultations and physiotherapy when received for a period of 90 days prior to in-patient or day-patient admission for surgery and up to 90 days after leaving the Hospital	Paid in full	Covered for up to €50 per visit, max 25 visits	€400	Not covered		
Prescribed medications	Paid in full	€2.000	€400	Not covered		
Outpatient diagnostic testing and advanced medical imaging: Echocardiography, ultrasound, endoscopy (e.g., gastroscopy) (e.g., gastroscopy) X-rays and laboratory, MRI, CT, PET and other radiological imaging procedures	Paid in full	Paid in full	€500	Not covered		



BENEFIT CURRENCY: EUR (€)	PRIME	CLASSIC	CORE	BASIC
ALTE	RNATIVE MED	ICAL TREATME	NT	
Chiropractic, osteopathy, homeopathy	€200	€175	Not covered	Not covered
Acupuncture and Traditional Chinese Medicine				
Physiotherapy	€2.500	€750	€300	Not covered
Physical rehabilitation (in-patient only)	90 days	45 days	30 days	30 days
Nursing at Home (following in-patient treatment)	€100 Max 45 days	€100 Max 30 days	Max 20 days	Not covered
Preventive care (includes 1 vision test & 1 hearing test) (12 month waiting period). No Excess applies to this benefit	€400	€300	€150	€100 (Excludes vision and hearing test)



BENEFIT CURRENCY: EUR (€)	PRIME	CLASSIC	CORE	BASIC		
OTHER BENEFIT	S – IN-PATIEN	T/OUT-PATIEN	TTREATMENT			
Radiotherapy, chemotherapy, oncology (please refer to the Policy Wording for full list of Cancer treatment)	Paid in Full	Paid in Full	Paid in Full	Paid in full*		
Costs for Wigs following or during a covered medical condition	€150	€150	€150	Not covered		
Chronic conditions – In-patient	Paid in full	€50.000	€15.000	€10.000		
Chronic conditions – Out-patient Management	€5.000	€2.000	Not covered	Not covered		
Transplant services	Paid in full	Paid in full	Paid in full	Paid in full		
Psychiatric care	€1.500 (€10.000 lifetime cover)	€1.500 (€5.000 lifetime cover)	Not covered	Not covered		
Psychiatric care - In-patient	30 days	30 days	30 days	30 days		
HIV/AIDS (12 month waiting period applies)	€10.000	€10.000	Not covered	Not covered		
Kidney Dialysis	€200.000	€100.000	€50.000	Not covered		

\*Basic Plan: Out-patient benefit restricted to 30 days prior to and 30 days after each chemo or radiotherapy treatment for: Consultations, Diagnostic tests, scans and other investigative procedures.



BENEFIT CURRENCY: EUR (€)	PRIME	CLASSIC	CORE	BASIC
Congenital conditions				
(€10.000 maximum limit for members under 18) (12 month waiting period applies)	€50.000	€35.000	€25.000	Not covered
Hospice and palliative care	180 days	180 days	30 days	30 days
Costs for Hormone replacement therapy for the early onset of menopause where the Insured person is under 40	€1.000	€500	Not covered	Not covered
Hormone Replacement (Over 40) Tablets and patches only	€500	€250	Not covered	Not covered

#### MATERNITY BENEFITS (No Excess applies to this benefit)

Routine Maternity	€2.500	€1.500	€500	Not covered
Prenatal care, childbirth and postnatal care	As above	As above	As above	Not covered
Complications	As Above	As above	As above	Not covered
New-born infant benefit, first 31 days	€200.000	€200.000	€200.000	Not covered
New-born infant vaccinations	€125	€100	€50	Not covered

\*All maternity benefits: 12 month waiting period applies.



BENEFIT CURRENCY: EUR (€)	PRIME	CLASSIC	CORE	BASIC		
MEDICAL ASSISTANCE AND REPATRIATION						
Emergency assistance and emergency evacuation	Paid in full	Paid in full	€100.000	€100.000		
Repatriation of mortal remains or local burial	Paid in full	€25.000	€10.000	€10.000		
Out of Area Cover (for max. 30 consecutive days)	Paid in full	Paid in full	Paid in full	Paid in full		

#### **ADDITIONAL TRAVEL, ACCOMMODATION COSTS & TELEMEDICINE**

Accompanying travel and expenses	Paid in full	€2.500	Not covered	Not covered
Second Medical Opinion	Covered	Covered	Covered	Covered

Please note that this document is provided only for the purpose of comparing the different DCare Plans. It does not form part of your insurance contract. For the terms and conditions of your insurance contract, please read the Policy Wording together with your Insurance Certificate. DCare medical plan, designed by AKD Insurance and insured by HDI Global Specialty SE (Company Registration Number HRB 211924 and registered office at HDI-Platz 1, 30659 Hannover).





BENEFIT CURRENCY: EUR (€)	PRIME	CLASSIC	CORE	BASIC
DENTAL & OPTICAL BENEFITS Optional	PRIME PLUS	CLASSIC PLUS		
Annual maximum per insured Class 1, Class 2, Class 3 and Class 4 services combined*	€1.000	€500	Not covered	Not covered
Preventive dental services (Class 1)*	75%	75%	Not covered	Not covered
Basic dental services (Class 2)* Major dental services	75%	75%	Not covered	Not covered
(Class 3)* Orthodontic dental services (Class 4)*	75%	75%	Not covered	Not covered
Optical Cover (Prescription Glasses and Lenses) *	50%	50%	Not covered	Not covered
	€150	€100	Not covered	Not covered

\*For all the above benefits 3 months waiting period applies.



DCare Insurance is available for insuring any permanent resident of an EU or EEA country. Austria Belgium Bulgaria Cyprus Denmark France Greece Hungary Italy Latvia Luxembourg Poland Portugal Spain Luxembourg Slovakia Slovenia Spain Croatia Czech Republic Estonia Finland Germany Republic of Ireland Liechtenstein Lithuania Malta Netherlands Norway Romania Sweden



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You can now contact us with a simple touch of a button, call for immediate assistance (emergency button), access your insurance contract details, submit claims, and much more. We have equipped the application with tools and features that will make your communication with us faster and more convenient.

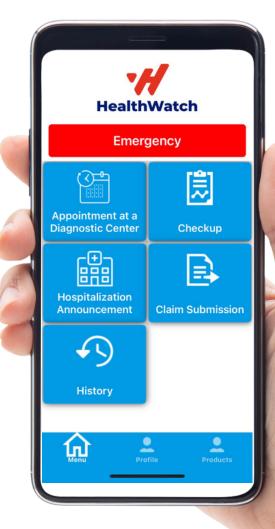
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