

INTERNATIONAL PRIVATE MEDICAL INSURANCE

Allianz  Partners

Insurance Product Information Document

Company: AWP Health & Life S.A. – French Insurance Company

Product: MediHelp International Plans

Full contractual and pre-contractual information can be found in the MediHelp General Terms and Conditions and other documents, which will be provided to you prior to the contract conclusion.

What is this type of insurance?

This product addresses the needs of people who are looking for healthcare insurance, have a proof of residency in Greece and are under 65 years of age on the day of conclusion of the insurance contract.



What is insured?

Depending on the chosen package, the insurance may cover the following benefits:

- Ambulance
- Hospitalisation
- Cancer Treatment
- HIV/AIDS
- Organ and tissue transplantation
- Inpatient Rehabilitation
- Home nursing care
- Outpatient care (medical consultations, diagnostic tests, tele-medicine)
- Maternity care
- Preventive care and vaccinations
- Emergency Medical Evacuation and Repatriation
- Dentistry
- Optical / Vision
- Second medical opinion



What is not insured?

In particular, the insurance does not cover:

- Medical services and treatments not listed in the General Terms and Conditions
- Treatment of a medical condition you had, or had symptoms of, before cover starts unless we have agreed to cover that condition
- Costs exceeding the limits for a given insurance option
- The Insured's own share in the medical benefits concerned
- Infertility testing and treatment
- Cosmetic surgery, removal of fat or surplus tissue or any complications of previous ineligible surgery
- Sleep apnea, snoring, and any related tests and treatment
- Genetic testing
- Experimental treatment, unconventional treatment
- Professional sports, extreme sports
- **Other exclusions apply, see full terms and conditions**



Are there any restrictions on cover?

- There is an overall maximum limit depending on the level of cover chosen. This is shown in the table of benefits.
- Some benefits also have specific limits which are also shown in the table of benefits.
- Some benefits are subject to pre-authorization; we will only cover eligible costs if you contact us first before you start your treatment.
- If you select a deductible, a co-pay, we will deduct this amount off the amount covered by your policy for the claim for each person per policy year.
- International sanction clause.
- Waiting periods for some selected benefits.
- Medical Necessity and eligibility criteria stated in the General Terms and Conditions.



Where am I covered?

Cover is provided for treatment in your chosen area of cover: Worldwide excluding U.S.A., Worldwide.
The chosen geographical zone is indicated in your Insurance/membership.



What are my obligations?

- You must give us complete and accurate answers to any questions we may ask.
- If anything changes between the time you agree to join and the start date of your cover, you must contact us.
- You must pay any deductible, co-pay that applies to your policy.
- You must pay the premiums on time.
- Getting acquainted with the conditions of the insurance contract in its entirety.
- Providing appropriate documents to obtain the benefit.
- Contacting the Insurer by phone to obtain preliminary approval in case the Insured wants to take advantage of a benefit exceeding € 500.



When and how do I pay?

The premium can be paid quarterly, semi-annually or annually. It should be paid in Euro currency, in advance online.
The amount and frequency of premium payment is indicated in the Insurance / membership certificate.



When does the cover start and end?

The period of insurance protection is indicated in the insurance document and begins for contracts for which the insurance premium has been paid.



How do I cancel the contract?

The policyholder has the right to withdraw from the contract in the case of direct sale. The policyholder has the right to withdraw from the insurance contract within 30 days from the date of concluding the contract. The provisions on distance-selling shall apply to the policyholder who is a consumer or in any other situation specified in the law, when the policy is concluded using distance-selling methods, in particular if it was concluded via the Internet. In such case, the consumer may withdraw from the contract within 30 days from the day on which the consumer received a confirmation of the conclusion of the contract. If you cancel your policy or cease your payments during the year, we will not pay for any claim for treatment you were given after the date of cancellation or cessation.