

DCARE INTERNATIONAL MEDICAL INSURANCE

Insurance Product Information Document

COMPANY: HDI Global Specialty SE

PRODUCT: LEVEL – CLASSIC Plus

This Insurance Policy is underwritten by HDI Global Specialty SE who are authorised and regulated by the Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin). HDI Global Specialty SE is registered in Germany (commercial register number HRB 211924) and has its registered office at HDI-Platz 1, 30659 Hannover, Germany.

THE FOLLOWING SUMMARY DOES NOT CONTAIN THE FULL TERMS AND CONDITIONS OF THE CONTRACT WHICH CAN BE FOUND IN YOUR POLICY WORDING, CERTIFICATE OF INSURANCE AND ENDORSEMENTS, IF ANY.

WHAT IS THE TYPE OF INSURANCE?

This is an international medical insurance policy, to insure you, and if applicable, your spouse/partner and/or dependent children for the cost of medical expenses for the treatment of a medical condition.



What is insured?

- ✓ **Annual policy limit of €2.000.000 per person, per annual policy year.**
- ✓ Hospital Treatments including accommodation as an in-patient or day-patient, operating theatre and recovery room, nursing, prescribed drugs, surgeon and anesthetist fees, diagnostic tests, scans, physiotherapy, nursing at home, rehabilitation, reconstructive surgery, second surgical opinion, hospital cash benefit, organ transplantation, prosthetic devices, Covid-19 admissions.
- ✓ Out-patient medical treatment benefits for minor surgical procedures, consultations with Physicians and Specialists, diagnostics, scans and pathology, prescription drugs, physiotherapy, homeopathy, chiropractic, acupuncture and osteopathy, hormone replacement therapy, and AIDS/HIV.
- ✓ Cancer treatments as an in-patient, day-patient, or out-patient, including surgery and associated operating theatre and nursing costs, chemotherapy, and radiotherapy, including consultations, diagnostic or other tests, scans, investigations, Prescription Drugs, stem cell transplants from either blood or bone marrow, dressings, durable medical equipment and reconstructive surgery.
- ✓ Chronic and Degenerative Medical Conditions for in-patient or day-patient treatment of an acute episode, stabilisation or routine management.
- ✓ Maternity Benefit, pre pregnancy, including complications, pre and post-natal care.
Medical treatment of a medical condition or birth defect suffered by a newborn, newborn infant vaccination.
Limited medical treatment to treat a congenital anomaly or birth defect which can be corrected with surgery.
- ✓ Wellness, optical and audiology.
- ✓ Emergency dental benefits.
- ✓ Routine dental benefit including preventative, basic, major dental services & orthodontic treatments.
Optical benefit – Prescription glasses and corrective lenses.
- ✓ Medical Evacuation and Repatriation including transportation to the nearest appropriate country/facility to receive treatment.
Local ambulance.
Companion travel and accommodation costs.
Burial or cremation for death outside of the home country.
- ✓ Limited Out of Area cover for unexpected sudden emergency treatment.



What is not insured?

- ✗ Pre-existing medical conditions unless they have been declared to us in the application process and accepted in writing.
- ✗ Treatments for mental illness, psychiatry and psychological conditions which are not supported by a Physician or Medical Specialist referral.
- ✗ Alcoholism, drug and substance abuse or dependency or being under the influence of/and or suffering from the effects of alcohol, intoxicants, drugs or narcotics.
- ✗ Addictive or compulsive disorder treatments, self-inflicted injury, suicide or attempted suicide, injuries sustained from fraudulent, illegal or criminal activities, or deliberate careless or reckless behavior.
- ✗ Experimental drug therapy/treatment, obesity, weight loss surgery, eating disorders, cosmetic surgery. Drugs or medical supplies purchased over the counter without a prescription.
- ✗ Gender reassignment, sexually transmitted diseases, contraception, sterilization or vasectomy, impotence, or assisted reproduction.
- ✗ Emergency dental excludes:
Damage caused by eating or drinking, wear and tear, gum disease of any kind, restorative or remedial work, routine dentistry, orthodontic work, and the use of precious metals.
- ✗ Hazardous or extreme sport or activity or training for any professional sport or activity.
- ✗ Treatment required due to or while traveling in an area where an official warning has been issued against travel to the area.
- ✗ Treatment as a result of injury resulting from acts of war, conflict or terrorism except sustained as an innocent bystander.



Are there any restrictions on cover?

- ! Your Policy may exclude cover for a pre-existing medical condition. You must declare your full medical history on the application form, and you will be advised of any exclusions applicable to a specific medical condition. This will also be detailed on your Certificate of Insurance.
- ! Some benefits will carry maximum benefit values, maximum number of nights of cover, etc. and some benefits will have a waiting period before claims are eligible. Please refer to the Table of Benefits and Policy Document for full details.
- ! If you have chosen a policy excess (i.e., an amount that you are liable to pay against medical expenses incurred) any eligible claims will be reimbursed minus the value of the policy excess. This value will also be detailed on your Certificate of Insurance.
- ! Benefits will be reduced by 20% if you use an out of network provider within the United States. However, in instances of an emergency, you should go to the nearest Hospital or provider for assistance, even if that hospital or provider is not part of the Preferred Provider Network
- ! Failure to Pre-Authorize when required will result in a 40% co-payment applied to the normal benefit. Co-pay may be waived if the situation is determined by the Insurer to be an eligible medical emergency.



Where am I covered?

- ✓ Within the geographical area that you have selected. If you temporarily travel outside of your selected geographical area, the Policy will provide limited out of area cover for sudden, unexpected and accidental treatment. Please refer to the Table of Benefits and Policy Document for full details.



What are my obligations?

- You must make a full and detailed declaration of your medical history on the application form. You must advise us of any changes to your status, address, occupation throughout the duration of the Policy.
- You must follow the claims procedure which includes pre-authorization of some treatments, especially hospital admittance and evacuation. In an emergency, or for a planned hospital admission, please contact Healthwatch SA on +357 24636300 or +302 313084328.
- You must provide documentation to substantiate any claim, including full medical reports, test results and fully itemized invoices/receipts. To request a claim form please email dcare@healthwatch.gr



When and how do I pay?

Premiums can be paid annually, semi-annually, quarterly, or monthly, as agreed at the start of the Policy and are for payment on or by the due date. Agreement to pay by instalments does not negate that this is an annual insurance policy.

Premiums are payable in Euro.

The premium is due on or before the first state date of the Policy, or on or before the instalment due date. A period of 31 days will be allowed for payment of any premium due after the initial premium payment. Delayed payments may result in your Policy being suspended or cancelled.

Premiums can be paid by SEPA Direct Debit, bank transfer, or debit/credit card.



When does the cover start and end?

As soon as we receive the premium payment, or first instalment of the premium payment, unless you request a future start date. The Policy will operate for 12 months.



How do I cancel the contract?

By giving us notice in writing. The Policy will then be cancelled, and confirmation sent to you. If such cancellation is requested within 30 days of you receiving your first Certificate of Insurance for such cover and provided that no claim has been made, the premium paid for that cover will be refunded in full. If requested after the first 30 days and provided that no claim has been made, a pro rata refund of premium will be provided.