International Private Medical Insurance for Serious Illness



Insurance Product Information Document

Company: AWP Health & Life SA **Product:** Avenue for Individuals

Registered in France as a non-life insurance company (license 5021329)

This document only provides a basic summary of policy cover. The full terms and conditions of the policy will be shown on our policy documentation, which you should read carefully to ensure you have the cover you need.

What is this type of insurance?

This is International Private Medical Insurance for specific serious illnesses. It covers you for a wide range of in-patient, outpatient and day-care treatments (e.g. hospital accommodation, surgical fees and theatre charges, prescribed drugs and materials, etc.) when required for the 12 types of serious medical cases listed below. This insurance also covers services such as medical case management or second medical opinion. Cover is provided within the selected type of Avenue network.



What is insured?

<u>Medical cases covered for both adults and children:</u>

- ✓ Bone marrow transplant
- ✓ Cancer (includes all solid organ cancers, lymphomas and leukaemia)
- Heart valve replacement or repair (for children, only when it's needed as a result of rheumatoid fever)
- √ Neurosurgery
- ✓ Severe epilepsy

Medical cases covered for adults only:

- ✓ Coronary artery angioplasty/stenting
- ✓ Coronary bypass surgery
- ✓ Living organ transplant
- Major vascular surgery (including aortic surgery)

Medical cases covered for children only:

- Artificial limbs needed after a limb loss in an accident
- √ Kaw asaki Syndrome
- √ Meningitis/encephalitis

Note: The full list of benefits and exclusions/restrictions is available at:

www.allianzcare.com/personal-avenue.html



What is not insured?

- x Treatments and procedures for medical cases other than those listed beside.
- x Medical costs for treatments received at a hospital different than the one agreed with us at the start of your treatment.
- x Costs incurred before you agree with us on the hospital to use for your treatment and before the date of your initial consultation to start treatment at your chosen hospital, as organised by us.
- x Treatment costs that are over and above the reasonable and customary charges within the country of treatment.
- x Consultations performed by a doctor outside of your chosen network.
- x Experimental or unproven treatment or drug therapy.
- x Medial cases that have been diagnosed or treated during the waiting period.



Are there any restrictions on cover?

- ! Cover is restricted to the type of Avenue network chosen.
- ! Claims relating to pre-existing medical conditions may be excluded.
- ! Some medical cases are only covered for adults or children.
- ! There are general conditions that you have to meet for cover to apply. These are outlined in our Benefit Guide.
- Cover is subject to our full set of exclusions and restrictions as outlined in our Benefit Guide.



Where am I covered?

You will be covered at the hospitals that are included in your selected type of Avenue medical network. This will be indicated in your Table of Benefits. We carefully select the hospitals in our Avenue network based on their medical expertise and international service standards. Depending on the level of cover chosen, you can access the Avenue network hospitals and medical facilities in Europe, Asia, Middle East, Africa and North America. If your plan is Avenue 1 Plus, you are also covered for eligible treatment in your principal country of residence. If your plan is Avenue 2 Plus or Avenue 3 Plus, you are covered for eligible treatment in your principal country of residence and in your declared home country, if that is different than where you reside. The cover for your principal country of residence or home country is subject to our economic sanction clause.



What are my obligations?

- Answering all pre-sales questions as truthfully and accurately as possible, so we can determine what cover applies to your situation
- Reading your policy documentation as soon as we make it available to you (prior to inception) to ensure that you have the cover you need and you understand all applicable terms and conditions.
- Informing us as soon as possible if there are any changes to your circumstances that may affect your cover.
- When needing treatment, providing us with the medical documentation that describes your diagnosis and treatment plan (e.g. tests results etc.) in order for us to confirm cover for your medical case.
- Submitting all medical claims within the date term indicated in your Benefit Guide.



When and how do I pay?

Your premium will need to be paid in advance for each Insurance Year of your policy. Several payment methods are available, e.g. transfer, credit card, cheque, etc. The premium payment methods will be outlined to you at point of sale.

Please note that if your premium payment is not in order, cover may be suspended or cancelled.



When does the cover start and end?

Your policy will be an annual contract, which you can renew for another year at its expiry. The start date and end (renewal) date of your insurance will be indicated on the Insurance Certificate issued to you upon inception.



How do I cancel the contract?

You have the right to cancel your contract within 30 days from the date of receiving your policy documents or from the start/renew all date of your policy, whichever is later. Please note that you cannot backdate the cancellation of your membership.

If you cancel your contract within this 30 day period, you will be entitled to a full refund of the cancelled member(s) premium paid for the new Insurance Year, provided that no claims have been made. If you choose not to cancel (or amend) your policy within this 30 day period, the insurance contract will be binding on both parties and the full premium owing for the selected Insurance Year will be due for payment, according to the payment frequency selected by you.

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