

# Note 1: Out-patient Treatment

**Out-patient Treatment is a treatment that usually does not require a patient to occupy a hospital bed. You can find further information on the payment of out-patient treatment charges in the following Notes. More details on the claims process are available in the “How to claim” section on pages 11-12. A doctor, therapist or complementary medicine practitioner must provide the treatment.**

## Note 1a: Medical practitioner and family doctors' fees for consultations; Pathology, X-rays, diagnostic tests; Costs for treatment by therapists and complementary medicine practitioners; Cost of vaccination; doctor's fees for psychiatric treatment.

For the following out-patient treatments 90% of the eligible expenses incurred by you will be reimbursed up to a total amount of US\$10,000 per Membership Year:

- Consultants and family doctor fees for consultations: we will reimburse consultant and family doctor fees for consultations carried out as out-patient treatment. This means a meeting with a consultant or family doctor to assess your condition.
- Pathology, X-rays and diagnostic tests: we will reimburse charges for pathology (such as checking blood and urine samples for specific abnormalities as well as other laboratory tests), radiology (such as X-rays) and diagnostic tests (such as electrocardiograms), when recommended by your doctor to help determine or assess their condition as part of out-patient treatment.
- Costs for treatment by therapists or complementary medicine practitioners: we will reimburse fees for out-patient treatment by therapists and complementary medicine practitioners.
- We will reimburse the cost of vaccinations.
- Consultant fees for psychiatric treatment: we will reimburse consultant fees for psychiatric treatment and psychiatrists' fees for psychiatric treatment received as out-patient treatment.
- Chronic conditions: we will reimburse out-patient treatment for the following chronic conditions: asthma/bronchitis, diabetes, hypertension, allergies, eczema, hepatitis, arthritis, multiple sclerosis, cardiac and cardiovascular conditions.

## Note 1b: Out-patient surgical operations

If you need a surgical operation which is covered by your policy and carried out as out-patient treatment - such as the removal of a small cyst – we will reimburse this treatment in full when it is provided by a doctor.

Direct Settlement Services for out-patient surgical operations will be offered upon request to members in Egypt and abroad in coordination between Medmark TPA and AWP Health & Life Services Limited.

## Note 1c: MRI, PET and CT scans (advanced diagnostic scanning)

We will fully reimburse Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET), and Computerized Tomography (CT) recommended by your medical practitioner or family doctor and carried out as out-patient treatment.

Direct Settlement Services for out-patient surgical operations will be offered upon request to members in Egypt and abroad in coordination between Medmark TPA and AWP Health & Life Services Limited.

## Note 1d: Cancer treatment

We will fully reimburse doctor's fees that are related specifically to planning and conducting out-patient treatment for cancer.

We will fully reimburse charges for tests and drugs that are related specifically to planning and conducting out-patient treatment for cancer (such as cytotoxic drugs or any medication prescribed by an oncologist).

## Note 1e: Out-patient emergency dental treatment

Out-patient emergency dental treatment is treatment received in a dental surgery or hospital emergency room for the immediate relief of dental pain caused by an accident or an injury to a sound natural tooth.

Treatment must take place within 24 hours of the emergency event. It does not include any form of dental prostheses, permanent restorations or the continuation of root canal treatment.

Cover is limited to 1 visit per Membership Year.

# Note 2: In-patient and Day-case Treatment

**In-patient treatment is treatment that means, for medical reasons, you have to stay overnight or longer in hospital.**

**Day-case treatment is treatment that means, for medical reasons, you have to stay in a bed in hospital during the day but not overnight.**

## Hospitals

We will reimburse hospital charges for in-patient and day-case treatment for the following:

- Hospital accommodation and intensive care - see Note 2a
- Parent accommodation (accompanying a child under 18) - see Note 2b
- Surgeons, anesthetists, and doctor's fees - see Note 2c
- Nursing care, surgical dressings and drugs - see Note 2d
- Theatre charges - see Note 2e
- Pathology, X-rays, MRI, PET and CT scans, other diagnostic tests and physiotherapy - see Note 2f
- Prostheses (artificial body parts) and appliances - see Note 2g
- Cancer treatment - see Note 2h
- Psychiatric treatment - see Note 2i

To ensure reimbursement in full for these hospital charges, it is important that in-patient or day-case treatment is provided by a doctor in a recognized hospital and that:

- You get pre-authorisation from Allianz Care for hospitalisation outside Egypt (see section "How to Claim" on page 11), or
- You get pre-authorisation from Medmark for hospitalisation within Egypt (see section "How to Claim" on page 11), and
- It is medically essential for you to occupy a hospital bed to receive the treatment, and
- The hospital room occupied is not more expensive than the hospital's single room with en-suite bathroom, and
- The room is used only to receive in-patient or day-case treatment covered under your policy.

## Note 2a: Hospital accommodation

We will reimburse hospital charges for hospital accommodation in a regular room except if:

- It relates to an overnight stay (in-patient) for treatment which would normally be provided as day-case or out-patient treatment, or

- You occupy a hospital bed for a single day (day-case) for treatment that would normally be provided as out-patient treatment.

We will reimburse hospital charges for hospital accommodation in an Intensive Care Unit if:

- Intensive care is routinely required after the treatment, such as after heart or brain surgery, or
- Intensive care is medically essential due to unexpected circumstances arising from a treatment that doesn't routinely require intensive care, in which case your doctor must notify us at the earliest opportunity.

## Hospital expenses incurred by Support Staff:

For Support Staff, the reimbursement of expenses related to hospitalisation (as described under 2a - 2i) will be limited to the prices applicable to a two-bed room. This reimbursement is brought to 100% of private room charges, when the hospitalisation in a private room occurs in the following circumstances:

- a) The nature and gravity of the illness require private room care and such care is requested by the attending doctor.
- b) The patient is admitted on an emergency basis to a hospital, which has no available semiprivate accommodation at the time.
- c) The patient is admitted to a hospital which doesn't have any semi-private accommodation, i.e. it has no standard of accommodation other than private rooms and general wards.

In any of the above cases, the onus of proof rests with you.

## Note 2b: Parent accommodation (accompanying a child under 18)

We will reimburse hospital charges for the cost of hospital accommodation for each night you need to stay with your child in hospital. This is limited to only one parent each night. Your child must be:

- Aged under 18, and
- Either a member in his/her own right, or included in a family policy, and
- Receiving hospital in-patient treatment for which the child is covered under his/her policy.

## Note 2c: Surgeons', anesthetists' and doctors' fees

We will reimburse surgeons', anesthetists' and doctors' fees forming part of an in-patient or day-case treatment, if the charges are within reasonable and customary levels.

## Note 2d: Nursing care, surgical dressings and drugs

We will reimburse hospital charges for nursing services, surgical dressings and drugs needed as part of your in-patient or day-case treatment.

We will not reimburse hospital charges for extra nurses, hired in addition to the hospital's own staff. In the rare case where a hospital does not provide nursing staff, we will reimburse the reasonable cost of hiring a qualified nurse for your treatment.

We will not reimburse items that are freely available for purchase and/or self-administration without the prescription and/or supervision of a doctor.

## Note 2e: Theatre charges

We will reimburse hospital charges for using an operating theatre for inpatient or day-case treatment covered under your policy.

This includes theatre equipment, surgical consumables, medical disposables, as well as in-patient or day-case drugs and dressings.

## Note 2f: Pathology, X-rays, MRI, PET and CT scans, other diagnostic tests and physiotherapy

We will reimburse hospital charges for pathology (such as checking blood and urine samples for specific problems as well as other laboratory tests), radiology (such as X-rays), Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET) and Computerized Tomography (CT) i.e. advanced diagnostic scanning and other diagnostic tests (e.g. Electrocardiogram) when recommended by your doctor to help determine or assess his/her condition when carried out in a hospital as part of in-patient or day-case treatment.

We will reimburse hospital charges for treatment provided by therapists (e.g. physiotherapist) if needed as part of the in-patient or day-case treatment in a hospital.

## Note 2g: Prostheses (artificial body parts) and appliances

We will fully reimburse a prosthesis charged by a hospital or doctor for in-patient or day-case treatment. By 'prosthesis', we mean an artificial body part that is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:

- To replace a joint or ligament.
- To replace one or more heart valves.
- To replace the aorta or an arterial blood vessel.
- To replace a sphincter muscle.
- To replace the lens or cornea of the eye.
- To control urinary incontinence (bladder control).
- To act as a heart pacemaker.
- To remove excess fluid from the brain.
- To reconstruct a breast following surgery for cancer when the reconstruction is carried out within two years after you received the treatment for cancer.

We will also fully reimburse the following appliances, when charged by a hospital or doctor as part of in-patient or day-case treatment:

- A knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament.
- A spinal support which is an essential part of a surgical operation to the spine.

## Note 2h: Cancer treatment

We will fully reimburse doctor fees that are related specifically to planning and carrying out in-patient or day-case treatment for cancer.

We will also reimburse hospital charges for tests and drugs (e.g. cytotoxic drugs) that are related specifically to planning and carrying out in-patient or day-case treatment for cancer.

## Note 2i: Psychiatric treatment

We will reimburse psychiatric treatment.

We will fully reimburse doctor fees for psychiatric treatment received as in-patient or day-case treatment in a hospital.

We will reimburse only up to a collective total of 90 days of in-patient and/or day-case treatment during your entire cover of this scheme, whether your policy is continuous or not.

## Note 2j: Palliative treatment

We will reimburse palliative treatment up to a total of US\$49,200 for your entire policy.

Palliative treatment refers to ongoing treatment that aims to alleviate the physical/psychological suffering associated with progressive, incurable illness and to maintain quality of life. It includes in-patient, day-care and out-patient treatment following the diagnosis of a terminal condition. We will pay for physical care, psychological care, hospital or hospice accommodation, nursing care and prescription drugs.

## Note 2k: Rehabilitation

Rehabilitation will be fully refunded for up to 60 days of in-patient treatment for each Membership Year.

Rehabilitation is treatment that combines therapies such as physical, occupational and speech therapy. It aims to restore original form or function after an acute illness, injury or surgery. Treatment must take place in a licensed rehabilitation facility and start within 14 days of discharge from acute medical and/or surgical treatment.

## Note 2l: Transplant Services

Transplant Services refers to the surgical procedure of performing the following organ and/or tissue transplants: heart, heart/valve, heart/lung, liver, pancreas, pancreas/kidney, kidney, bone marrow, parathyroid, muscular/skeletal and cornea transplants. We will not reimburse expenses incurred in the acquisition of organs.

## Note 2m: In-patient emergency dental treatment

In-patient emergency dental treatment refers to acute emergency dental treatment that is due to a serious accident and requires admission to hospital.

The treatment must take place within 24 hours of the emergency event. Cover does not extend to follow-up dental treatment, dental surgery, dental prostheses, orthodontics or periodontics. If cover is provided for these benefits, it will be listed separately in the Table of Benefits.

# Note 3: Other benefits

## Note 3a: Emergency local road ambulance

If you need a private in-patient or day-case treatment covered under your policy, and it is medically necessary for you to travel by local road ambulance, travel will be fully reimbursed:

- From your home or place of work to hospital.
- From the site of an accident to a hospital.
- From hospital to home.
- Between hospitals.
- Between an airport or seaport and hospital.

## Note 3b: Out-patient prescribed drugs and dressings

We will reimburse 90% of the amount you are charged for, up to a total amount of US\$8,000 per Membership Year, for out-patient drugs and dressings prescribed by his/her treating doctor as treatment for which you are covered under your policy. This includes the costs of out-patient drugs and dressings prescribed for treatment of acute illnesses and injuries, as well as for the following chronic conditions: asthma/bronchitis, diabetes, hypertension, allergies, eczema, hepatitis, arthritis, multiple sclerosis, cardiac and cardiovascular conditions.

The scheme doesn't pay for items that are freely available for purchase and/or self-administration without the prescription and/or supervision of a doctor.

## Note 3c: Home nursing

Home nursing charges after in-patient treatment for which you are covered under your policy will be reimbursed up to US\$160 each day for up to a cumulative total of 30 days per Membership Year.

We will only reimburse home nursing charges if:

- It is needed for medical reasons (in other words not for domestic or social reasons), and
- It is necessary (in other words without it, you would have to remain in hospital), and
- Starts immediately after you leave the hospital, and
- It is provided by a qualified nurse in your own home, and
- It is carried out under the supervision of your doctor.

## Note 3d: Routine maternity cover and related treatments

**Routine maternity:** refers to medically necessary costs incurred during pregnancy and childbirth. This includes hospital charges, specialist fees, the mother's pre-natal and post-natal care, midwife fees (during labour only). We do not cover costs of complications of pregnancy and childbirth under the "Routine maternity" benefit. Caesarean sections that aren't medically necessary are covered up to the cost of a routine delivery in the same hospital, subject to any benefit limits. Medically-necessary caesarean sections are reimbursed under the "Complications of pregnancy and childbirth" benefit.

**Complication of pregnancy:** relates to the health of the mother. Only the following complications that arise during the pre-natal stages of pregnancy are covered: ectopic pregnancy, gestational diabetes, pre-eclampsia, miscarriage, threatened miscarriage, stillbirth and hydatidiform mole.

**Complication of childbirth:** Post-partum haemorrhage and retained placental membrane only. It also includes medically necessary caesarean sections.

## Note 3e: Dental cover

We will reimburse 60% of the amount charged for eligible dental treatment received from a dental practitioner up to a total amount of US\$2,000 per person and per Membership Year. This is the overall total amount that we will reimburse for all such dental treatment received by each person covered under the scheme.

Eligible dental treatment is dental treatment or examinations received from a dental practitioner without general anesthetic and which is necessary to maintain dental fitness such as: six-monthly check-ups, fillings, extractions, scaling and polishing, orthodontic and major restorative dentistry, radiography (for example, an X-ray) and prescribed antibiotics.

We will not reimburse cosmetic dentistry.

## Note 3f: Routine optical cover

We will reimburse up to a total of US\$400 for eye tests carried out by a legally qualified optician and for prescribed spectacles, including frames, lenses and contact lenses:

- For members aged 50 years and above, this benefit applies each Membership Year.
- For members aged less than 50 years, this benefit applies every two Membership Years.