



International Healthcare Cover
Egyptian Embassies and Diplomatic Missions
Effective from 1st July 2025

Benefit Guide

Contents

Table of Benefits	2
Out-patient Treatment	4
In-patient and Day-case Treatment	5
Other Benefits	8
Assistance Cover	9
How to claim	11
Expenses and Treatment not covered by the Plan	14
Definitions	16

Table of Benefits

Effective from 1st July 2025

Maximum plan benefit per person, per Membership Year	US\$1,600,000
--	---------------

Out-patient treatment - see Note 1

Consultants' fees for consultations, pathology, X-rays, diagnostic tests	Note 1a	90% refund Max. US\$ 10,000 per year
Costs for treatment by therapists and complementary medicine practitioners		
Cost of vaccination		
Medical practitioners' fees for psychiatric treatment		
Out-patient surgical operations	Note 1b	Full refund
MRI, PET and CT scans	Note 1c	Full refund
Cancer treatment	Note 1d	Full refund
Out-patient emergency dental treatment	Note 1e	Limited to 2 visits per Membership Year

Day-case and in-patient treatment - see Note 2

Hospital accommodation	Note 2a	Full refund
Nursing care, drugs and surgical dressings	Note 2d	Full refund
Surgeons', anesthetists' and physicians' fees	Note 2c	Full refund
Theatre charges and intensive care	Note 2e	Full refund
Pathology, X-rays, MRI, PET and CT scans, diagnostic tests and physiotherapy	Note 2f	Full refund
Prostheses (artificial body parts) and appliances	Note 2g	Full refund

Cancer treatment	Note 2h	Full refund
Parent accommodation (staying with a child under 18)	Note 2b	Full refund
Psychiatric treatment	Note 2i	Full refund
Palliative treatment	Note 2j	Max. US\$ 49,200 per lifetime
Rehabilitation	Note 2k	Full refund Max. 60 days in-patient treatment per year
Transplant Services We do not pay for the costs related to acquiring an organ	Note 2l	Full refund
In patient emergency dental treatment	Note 2m	Full refund

Other benefits - see Note 3

Emergency local road ambulance	Note 3a	Full refund
Prescribed drugs and dressings	Note 3b	90% refund Max. US\$ 8,000 per year
Home nursing after in-patient treatment	Note 3c	Max. US\$ 200 per day Max. 45 days per year
Routine maternity cover including newborn care	Note 3d	Max. US\$ 9,600 per year
Complications of pregnancy and childbirth Including medically necessary caesarean	Note 3d	Full refund
Dental Cover <ul style="list-style-type: none"> • Treatment and examinations • Six-monthly check-ups • Fillings • Extractions • Scaling and polishing • Orthodontic and restorative treatment • Radiography or prescribed antibiotics 	Note 3e	60% refund Max. US\$ 2,000 per year
Routine Optical	Note 3f	Max. US\$ 400 per year, for insured age 50 and 50+.
Reimbursement for eye tests carried out by a legally qualified optician and for prescribed spectacles, including frames, lenses and contact lenses		Max. US\$ 400 every two years, for insured less than 50 years old
Hormone replacement therapy		Full refund

Assistance Cover including medical repatriation/evacuation - see Note 4

Annual health and wellbeing checks are limited to the following services: <ul style="list-style-type: none"> • Mammography • Pap smear • Colonoscopy • PSA 		80% refund
Sleep apnoea investigations and treatments		Full refund

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 2 visits 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 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\$200 each day for up to a cumulative total of 45 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.

Note 4: Assistance cover

Assistance services offered under this membership are operated by International SOS.

If in need of medical assistance please contact International SOS on one of the numbers on the back of your Membership Card. International SOS is available 24 hours a day, 365 days a year.

International SOS

Dubai : Tel. +971 (0)4 460 18 777
Fax. +971 (0)4 460 18 881

Cairo: Tel. +20 (0)2 330 390 44 (MEDMARK)
Tel. +2 (02)19247 (inside Egypt)
+20 (0)12 221 09494

Please quote: "MEDMARK Access Membership Number: 011532A"

The assistance services covered under this membership are as follows:

Emergency Medical Evacuation

International SOS will make arrangements for emergency medical evacuation, you can contact them by any of the numbers on the back of your Membership Card, 24 hours a day, 365 days a year.

We will fully cover reasonable transport costs representing emergency medical evacuation arranged by International SOS for in-patient and day-case treatment under this membership. We will fully cover the cost if all the following criteria are met:

- Your membership covers the treatment and the required emergency medical evacuation, and
- Your doctor recommended the treatment for medical reasons and it is not available locally. This must be confirmed in advance by contacting International SOS. You must provide any information or proof that may be reasonably asked for to support your request for evacuation, and
- Your membership covers the evacuated country.

We fully cover emergency medical evacuation costs arranged by International SOS. Doctors from International SOS will discuss all relevant factors with your doctor before we approve the evacuation.



We will only cover emergency medical evacuation when it is requested by your doctor, and will be carried out in the most economical way that is appropriate to your medical condition. This could be to another part of the country you are in if this is appropriate, or to the nearest country where the required treatment is available. Please note that the nearest country might not be your home country.

We will cover reasonable travel costs for an accompanying member, but only if it is medically necessary and if approved and arranged by International SOS before the evacuation.

We will cover reasonable costs for the person receiving the treatment and the accompanying member's return journey to the place they were evacuated from, or to EGYPT, whichever is the closer. We must approve all arrangements for your return and the journey must be made within 14 days from the end of the treatment for which the evacuation took place. Costs incurred will be paid in full, either:

- The actual reasonable cost of transportation of the return journey by the most direct route available by land or sea, or
- The cost of an economy class air ticket by the most direct route available, whichever is the lesser amount.

International SOS may not be able to effect evacuation in cases where the local situation makes it unreasonably dangerous or impractical to enter the area e.g. from an oil rig or within a war zone.

Evacuation will not be authorised if this would be contrary to medical advice.

We will not cover other costs related to the evacuation, such as hotel accommodation.

Costs for any treatment you receive are not payable under this benefit, but are paid under the benefits set out in the Table of Benefits.

Medical repatriation

If the necessary treatment for which you are covered isn't available locally you can choose to be medically evacuated to your home country for treatment (Egypt), instead of to the nearest appropriate medical center. The medical repatriation will be carried out in the most economical way that is appropriate to your medical condition. We will take into account your best medical interests, the geographical distance to your home country (Egypt) and other operational logistics.

Medical Repatriation is subject to the same requirements stated above for medical evacuation. Whenever it is medically necessary, we will organize and coordinate all stages of the repatriation until you arrive safely at your destination of care.

Repatriation of mortal remains

In the unfortunate event of the death of an insured member, International SOS will assist with the necessary formalities and the repatriation of the mortal remains.

We will fully reimburse reasonable transportation costs for the repatriation of mortal remains to Egypt.

Coverage doesn't include administration costs and funeral expenses (including the purchase of a coffin).

How to claim

A. In-patient and day-case treatment inside Egypt

For all planned hospital admissions inside Egypt, please contact Medmark at least one week before the admission.

Tel: +20 (0)2 330 390 44
Medical Emergency hotline: +20 (0)12 221 09494 or +2 (02)19247 (inside Egypt)
E-Mail Pre-authorisation: preauthorization@medmark.eg

B. In-patient and day-case treatments outside Egypt

Please notify **Allianz** of all planned **hospital admissions outside Egypt**, by sending a completed Pre-authorisation Form.

We will arrange for direct settlement with the medical provider if possible. With direct settlement you can take advantage of cashless access to treatment and we will settle the bill directly with the hospital.

To arrange for direct settlement, we can assist you more quickly and efficiently when the following steps are taken:

For treatment planned in advance:



You and your doctor will need to complete the relevant sections of the Pre-authorisation Form (included in your Membership Pack and available on request).



Once fully completed, the form must be sent to us **at least one week before treatment** so that we can ensure there will be no delays at the time of admission. You can submit it by:

Email to:
IGOMedical@allianzworldwidecare.com
Fax to: + 32 2 2106597, or
Post to the address shown on the Pre-authorisation Form.

If treatment is taking place within 72 hours and all the required information is available, our Helpline can take the Pre-authorisation Form details over the phone.

Please note that our Medical Services Team requires the information provided in the Pre-authorisation Form to assess if the proposed treatment corresponds to the diagnosis, and if the estimated cost can be considered to be reasonable and customary for the selected city and provider. This will allow us to adjudicate each case correctly and to facilitate prompt direct settlement.

If the treatment is approved we will send a Payment Guarantee to the medical service provider, confirming that you are covered and that we will settle the invoice.

If our Medical Team feels that the estimated costs are not reasonable and customary, we will provide advice or suggest an alternative provider, where possible. This advice will be submitted to Medmark and, if required, also to the Ministry. Provided that all parties have endorsed our advice, we will communicate it to you. If you decide not to follow this advice, or if you fail to submit a Pre-authorisation Form, we will pay only 80% of the eligible benefits.



For emergency treatment:

While Pre-authorisation is not required in advance of emergency treatment, either you, your doctor, one of your dependants or a colleague needs to call our Helpline (**within 48 hours** of the emergency) to inform us of the hospitalisation. We can take pre-approval details over the phone when you call us. This gives us the opportunity to arrange for the direct settlement of your hospital bills, where possible.

C. Out-patient treatments anywhere in the world

When you visit a doctor, dentist, physician or specialist on an out-patient basis, you can simply pay the bill and claim the expenses from us. In this case, follow these steps:



Get an invoice from your medical provider. It must state your name, treatment date(s), the diagnosis/medical condition that you received treatment for, the date of onset of symptoms, the nature of the treatment and the fees charged.



If you submit your claim by post or Online Claim Portal, please complete sections 1-4 and 7 of the Claim Form (included in your Membership Pack and available on request). Sections 5 and 6 only must be completed by the doctor/dentist if their invoice doesn't state the diagnosis and nature of treatment.



You can claim and submit your claim in a number of ways:

- **Using our Medmark Mobile App**

Through our MedMark Mobile App you have access to your cover and additional useful features, as:

- Membership Details
- Claim submission and Claims status review
- Pre-authorisation request submission
- Customer Support:
- Inquiries
- Complaints
- Request

The Medmark Mobile App is available in English and Arabic for Android and IOS.

- **Sending the Claim Form and all original supporting documentation, invoices and receipts to Medmark by post to:**

Medmark

Mohandessin office: 21 Tanta St., Aswan Square, Cairo, Egypt or

Heliopolis office : 97 Omar Ibn El Khattab Street, Cairo, Egypt

- Using Online Claim Portal:
<https://www.emfa-medmark.com>



A. When new claims are uploaded through the portal, members should remember to:

- Upload scans of a completed claim form including the diagnosis.
- Upload scans of all supporting receipts and/or invoices, any prescriptions and any medical reports relating to the treatment.
- Upload scans of proof of payment (receipts, credit card slips etc.)



B. Members must ensure that the payment details section is completed so we can pay them without delays.



C. Once the claim has been submitted members will receive an email as proof of submission.



D. Uploaded documents are only accepted in PDF format and there is a maximum of 20MB per claim.



E. When you send us copies of supporting documents (e.g. medical receipts), please make sure you keep the originals.

Medmark reserves the right to request original supporting documents/receipts for auditing purposes up to 6 months after settling your claim.

Alternatively members can send their claims via email at claims@medmark.eg

- Please insert the membership number on your card in the subject line of the email.
- Members must remember to send scans of a completed claim form including the diagnosis .
- They will also need to send scans of invoices with all required information, including any prescriptions and any medical reports relating to the treatment.
- Members have to send scans of proof of payment (receipts, credit card slips etc.).
- Members must ensure that the payment details section is completed so we can pay them without delays.

We advise you to submit your claims through the portal rather than the email. It will allow Medmark to deal with your claims more efficiently.



Expenses and treatments not covered by the plan

- Dental or oral treatment except for those covered by dental cover to the extent set out in Note 3e.
- Non prescribed medical treatments/non prescribed drugs.
- Food products, dietetic products, baby food, mineral waters, tonics, cosmetic products etc.
- Contraceptive and birth control drugs, even if prescribed by a physician.
- Surgical procedures costs related to corrective eye surgery (keratectomy and keratotomy, including LASIK- and LASEK-procedures) are excluded from coverage, except in case of keratoconus, in which case covered as any other surgical expenses.
- Treatment for corns, calluses, or thickened or misshapen nails.
- Treatment for sleep-related breathing disorders excluding sleep apnoea.
- Investigations into and treatment for obesity.
- Treatment relating to any speech disorders due to developmental problems.
- Spa cures, rejuvenation treatments.
- Cosmetic/aesthetic treatment or treatment undergone for psychological reasons except restorative treatment following an accident.
- Remedial teaching (learning difficulties, behavioral and developmental problems).
- Supplying or fitting of physical aids and devices to the extent set out in note 2g in the Table of Benefits.
- Treatment for chronic conditions except to the extent set out in note 1 a and note 3b in the table of benefits.
- Preventive treatment. We pay for vaccinations.
- Consequences of drug-addiction and alcoholism.
- Treatment for symptoms of bodily changes not due to underlying disease, illness or injury, such as but not limited to puberty and menopause.
- Conditions related to hormonal treatment (e.g. menopause) are covered under Hormon Replacement Therapy-Benefit.
- Treatment which is, in the reasonable opinion of you, experimental, or not proven as effective, based on established medical practice.
- Costs of out-patient drugs and dressings that are freely available for purchase and/or self-administration without the prescription and/or supervision of a doctor.
- Convalescence, hospice and general nursing care.
- Treatment arising out of complications caused by disease, illness, injury or treatment for which you are not covered under the scheme.
- Treatment for sexual problems, infertility and sex changes.
- Expenses related to sterilization.
- Costs related to abortion except in case of absolute medical necessity.
- Elective caesarean delivery expenses.
- Treatment for congenital conditions which is received on or after the 28th day after birth. Exception: we will pay for treatment of a congenital condition if the treatment is received within 28 days of birth. However, we will not continue to pay for such treatment received on or after the 29th days of birth except for a surgical operation carried out as day-case or in-patient treatment for a congenital condition of one of the following organs: heart, lungs, brain or kidneys. In order to assess the eligibility of a congenital condition, the newborn child must be registered as a dependant as of his/her date of birth.
- Treatment for or arising from deafness caused by a congenital abnormality, maturing or ageing.
- Treatment for or related to AIDS or HIV.
- Treatment for Genital Warts, Syphilis, Gonorrhea, Genital Herpes, Chlamydia, Pubic Lice or Trichomoniasis.

- Any travel costs you incur when travelling to receive treatment except for travel by ambulance to the extent set out in Note 3a and Note 4 to the Table of Benefits.
- Consequences of voluntary, of intentional acts, of hazardous competitions, bets and challenges, and motor vehicle races.
- Consequences of riots, insurrections, brawls in case of your active participation.
- Consequences of participation in crimes or misdemeanors.
- Nuclear risks.
- Aviation risks if you are a member of the crew (including piloting an aircraft).
- With respect to the risk of war and terrorism, all consequences of your active participation in operations of war and terrorism are explicitly excluded from coverage. If you are victim of activities of war and terrorism without any active involvement in these activities, you are covered (within the limits and ceilings of the coverage).
- We will not reimburse expenses incurred in the USA and Canada, except for temporary visits (up to 28 days) to the USA and Canada whether for work or pleasure. This exclusion will also not apply to treatment received in the USA or Canada required as the result of an unexpected illness, or injury, which affects the person requiring the treatment during a temporary visit (up to 28 days) to the USA or Canada. However, the benefit will not be payable in any of the following circumstances:
 - The person concerned travelled abroad contrary to medical advice.
 - They had been told they were suffering from terminal illness before going to the USA or Canada.
 - They went to the USA or Canada to receive treatment, whether this was the main reason for the visit or not.
 - The need for treatment was reasonably foreseeable. Treatment will be regarded as 'reasonably foreseeable' if the treatment results directly, or indirectly, from an illness or injury the person concerned either knew that they were suffering from and that it might at some time result in treatment being needed or that they had experienced related symptoms of.

Definitions

A

Active treatment

Treatment from a medical practitioner of a disease, illness or injury that leads to your recovery, conservation of your condition or to restore you to your previous state of health as quickly as possible.

Acute conditions

Sudden onset of symptoms or a medical condition.

Appliance

A knee brace which is an essential part of a repair to a cruciate (knee) ligament or a spinal support which is an essential part of surgery to the spine.

C

Chronic conditions

Sickness, illness, disease or injury that lasts longer than six months or requires medical attention (such as check-up or treatment) at least once a year. It also has one or more of the following characteristics:

- Is recurrent in nature
- Is without a known, generally recognised cure
- Is not generally deemed to respond well to treatment
- Requires palliative treatment
- Leads to permanent disability

Civil War

Armed conflict between two or several parties belonging to one and the same State, the members of which are of different ethnic origin, religion or ideology. Considered acts of civil war: an armed rebellion, a revolution, sedition, an insurrection, a coup d'état, the consequences of martial law and border closings ordered by a government or by local authorities.

Complementary medicine practitioner

An acupuncturist, chiropractor, homeopath or osteopath who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which the treatment is received.

Consultant

A surgeon, anesthetist or doctor who:

- Is legally qualified to practice medicine or surgery following attendance at a recognized medical school, and
- Is recognized by the relevant authorities in the country in which the treatment takes place as having specialized knowledge of, or expertise in, the treatment of the disease, illness or injury being treated.

By recognized medical school we mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organization.

D

Day-care treatment

Planned treatment received in a hospital or day-care facility during the day, including a hospital room and nursing, that doesn't medically require the patient to stay overnight and where a discharge note is issued.

Dental practitioner

A person who:

- Is legally qualified to practice dentistry, and
- Is permitted to practice dentistry by the relevant authorities in the country where the dental treatment takes place.

Diagnostic tests

Investigations such as x-rays or blood tests, carried out for diagnostic purposes. These tests are covered when you are already displaying symptoms or when needed following other medical test results. This benefit does not cover annual check-ups or routine screenings.

F

Family doctor

A person who:

- Is legally qualified in medical practice following attendance at a recognized medical school to provide medical treatment which does not require a consultant's training, and
- Is licensed to practice medicine in the country where the treatment is received.

By recognized medical school we mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organization.

H

Hospital

Any establishment which is licensed as a medical or surgical hospital in the country where it operates and where the patient is permanently supervised by a doctor. The following are not considered hospitals: rest and nursing homes, spas, cure-centres and health resorts.

I

In-patient treatment

Treatment received in a hospital where an overnight stay is medically necessary.

Intensive care

Treatment in an intensive care unit (ICU), intensive therapy unit (ITU), high dependency unit (HDU), or coronary care unit (CCU) which gives constant monitoring after an operation or illness.

M

Medical Practitioners

Doctors who are licensed to practice medicine under the law of the country in which treatment is given and where they are practicing within the limits of their license.

Membership Year

The period beginning on your start date or renewal date and ending on the day before your next renewal date.

O

Out-patient treatment

Treatment provided in the practice or surgery of a medical practitioner, therapist or specialist that does not require you to be admitted to hospital.

P

Prosthesis

An artificial body part which is designed to form a permanent part of your body.

Psychiatric treatment

Treatment of mental conditions, including eating disorders.

Psychiatrist

A person who is legally qualified and is permitted to practice as such in the country where the treatment is received.

Q

Qualified nurse

A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country in which the treatment takes place.

R

Rehabilitation

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.

S

Surgical operation

An operation, including consultations immediately before and after the operation, and all essential aftercare before you leave hospital.

T

Terrorism

Any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption.

Commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not.

Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) will not be considered Terrorists Acts.

Terrorism includes any act which is verified or recognized by the (relevant) government as an act of terrorism.

Therapists

A physiotherapist, occupational therapist, orthoptist who is legally qualified and is permitted to practice as such in the country where the treatment is received.

Treatment

A medical procedure needed to cure or relieve illness or injury.

W

War

An armed conflict, declared or undeclared, between one State and another, an invasion or a state of siege.

Considered acts of war: the use of military force by a sovereign nation to achieve certain economic, geographic, nationalistic, political, racial, religious or other ends.




Y

You/Your




The person working for the company and any dependants named on the Insurance Certificate.

Contacts



Allianz

-  Tel: +32 2 2106501
-  Fax: +32 2 210 6506
-  Email: IGOhelpline@allianzworldwidecare.com

Medmark

-  Tel: +2 (02)19247 / +20 (0)2 330 390 44
-  Medmark Emergency hotline: +2 (02)19247 / +20 (0)12 221 09494
-  Inquiries & requests: mcc@medmark.eg
 - Claims Submission: claims@medmark.eg
 - Email Pre-authorisation: preauthorization@medmark.eg

International SOS

-  Tel: +971 (0)4 460 18 777
-  Fax: +971 (0)4 460 18 881

Please quote: "MEDMARK Access Membership Number: 011532A"