



General and Special Conditions

**Allianz Saúde
Empresas**



Table of Contents

General Conditions

[Recital Clause](#)

[Clause 1 – Definitions](#)

[Clause 2 – Scope](#)

[Clause 3 – Coverage](#)

[Clause 4 – General Exclusions](#)

[Clause 5 – Territorial Scope](#)

[Clause 6 – Initial Risk Statement](#)

[Clause 7 – Beginning and Duration](#)

[Clause 8 – Eligibility and Duration of Guarantees](#)

[Clause 9 – Contract Amendments](#)

[Clause 10 – Premium Payments](#)

[Clause 11 – Cancellation provision](#)

[Clause 12 – Contract Termination or Removals](#)

[Clause 13 – Premium Refund](#)

[Clause 14 – Coverage Term and Expiration](#)

[Clause 15 – Liability on Failure to Renew](#)

[Clause 16 – Allianz Portugal Obligations](#)

[Clause 17 – Policyholder and Insured Person Obligations](#)

[Clause 18 – Claim Procedures](#)

[Clause 19 – Subrogation](#)

[Clause 20 – Communications and Notifications](#)

[Clause 21 – Credit Compensation](#)

[Clause 22 – Personal Data](#)

[Clause 23 – Complaints](#)

[Clause 24 – Arbitration](#)

[Clause 25 – Jurisdiction and Applicable law](#)



Table of Contents

Special Conditions

- [1. Inpatient and Childbirth](#)
- [2. Inpatient Care \(without Childbirth\)](#)
- [3. Childbirth](#)
- [4. Non-ocular Protheses and Orthoses](#)
- [5. Ocular Protheses and Orthoses](#)
- [6. Outpatient Care](#)
- [7. Dental](#)
- [8. Medical Assistance in Portugal](#)
- [9. Travel Medical Assistance](#)
- [10. International Medical Coverage for Serious Illness](#)
- [11. Hospitalization Allowance](#)
- [12. Transportation Allowance](#)
- [13. Second Medical Opinion Service](#)
- [14. Medications](#)
- [15. Stomatology](#)
- [16. Senior Assistance](#)

General Conditions



Disclaimer

This is a free translation of the Allianz Saúde Empresas General and Special Conditions and does not exempt consultation of the legally required pre-contractual and contractual information. In case of discrepancy, for any legal dispute the Portuguese version shall prevail.

Recital Clause

This Insurance Contract entered into by Companhia de Seguros Allianz Portugal, S.A (hereinafter referred to as the "Insurer" or "Allianz Portugal") and the Policyholder identified in the Policy Schedule, is defined by General and Special Conditions as well as the Policy Schedule.

This policy was contracted in accordance with the statements contained in the Proposal the Application Forms and the Addendum, which served as a basis and with the necessary clinical documents for Allianz Portugal to accept the inherent risks.

Clause 1 – Definitions

Access to Allianz Network

The Insured Person has access to health care guaranteed under the contract terms and rendered by the Allianz Network providers, in which the totality of the respective costs are supported by the insured person, according to the policy provisions.

Accident

An unexpected, sudden and unforeseeable occurrence caused by external and violent factors, not of the own free will of the policyholder or insured person and which cause physical damages objectively identifiable by a medical doctor. Events equivalent to accidents are drownings, inhalation of gas or vapour and poisoning.

Addendum

A document that introduces amendments to the conditions of the insurance policy and becomes an integral part of the contract.

Allianz Health Card

Personal and non-transferable card, identifying the Insured Person before Allianz Portugal and the providers network, to allow access to the services provided in the Networks. The card should be accompanied by an ID with photo to prove eligibility to use contracts' guarantees.

Allianz Providers Network (In-network providers)

Set of health care providers, namely doctors, hospitals, clinics, diagnostic centers and other health units, as well as opticians, with which Allianz Portugal has an agreement to provide services to insured persons. Information on the network providers (Allianz Health Medical Network or Allianz Health Dental Network) is available and permanently updated at <https://www.allianz.pt/servicos>.

Application Form

Document where the insured person declares his/her intention to join a Group Insurance, stating the Tenderers identification and the identification of the Family members to be included in the insurance contract, and where the corresponding personal data for risk assessment are disclosed

Assistance Service

Information and service support provided on behalf of Allianz Portugal, through an assistance company, in favor of Insured Persons and in accordance with the provisions of the Policy.

C.A.N.V.R.A.M.

Allianz Nomenclature and Medical Care Values Code (in portuguese, Código Allianz de Nomenclatura e Valores Relativos dos Atos Médicos) is a table with all medical procedures valued by "K" number (factor expressing the complexity of each medical procedure), corresponding to the former and previous C.N.V.R.A.M. published by the Portuguese Medical Association.

Childbirth

Includes normal delivery, C Section and miscarriage cared for in a Hospital or Clinic.

Claim

The event or series of events capable of triggering the coverage of the contract, considering as a single claim the event or series of events resulting from the same cause.

Medically necessary services

Goods, services, or health care:

- Required for treatment of an illness, pregnancy or accident, manifested or occurred during the term of the insured person's membership and
- Suitable for the diagnosed situation and
- Of recognized clinical validity and
- Prescribed and/or performed by a physician or other health care professionals and
- Provided in the most cost-efficient manner and best suited to the type of service provided and
- Whose main objective is not the comfort or convenience of the Insured Person, his/her family and of the doctors or other health care providers and
- Where the place of service - the insured person's home, medical practice, outpatient care unit, hospital, on an outpatient or inpatient regime - is most appropriate for the diagnosed situation.

Contribution

Amount supported by Allianz Portugal for each health expense provided in the insurance policy. The estimation of this amount is set in the Module table of the Policy Schedule or of the Addendum.

Co-payment or Deductible

Part of the medical expenses paid by the Insured Persons, either under the providers network (co-payment) or outside the network (deductible), whose amounts or percentage are specified for each coverage (see Module table in the Policy Schedule or on the Addendum).



Congenital Illness or Malformation (birth defect)

Illness and/or birth defect diagnosed or identified during the pregnancy or up to 30 days after birth.

Coverage or Guarantee

Set of situations that entail any payments provided by Allianz Portugal that derive from provision of services under this contract

Contributory Group insurance

Group Insurance in which the Tenderers contribute, in full or in part, to pay the premium.

Drugs

All products registered as such at INFARMED.

Emergency Care

First treatment provided at a hospital's or clinic's emergency department immediately upon manifestation of the clinical condition that determined the emergency.

Exclusion

Provision within an insurance policy that eliminates coverage by Allianz Portugal for certain procedures.

General Conditions

Provisions defining the general principles of the contract and its framework.

Group Insurance

Insurance contract entered into for a group of people linked to the Policyholder by a bond other than that of insuring.

Health Expenses

Expenses incurred by the Insured Person concerning Medically Necessary Services, provided during the contract's duration.

Hospital or Clinic

Private health institution, staffed with a technical management team and autonomous administration, and officially recognized as suited and capable of providing treatment in outpatient or inpatient regime for the sick, injured, pregnant or new-born individuals, where qualified physicians and nurses could assure permanent - medical surgical and nursing - daily care for 24 hours. It is expressly excluded thermal baths, sanatoriums, nursing homes, senior residence, assisted living facilities and rehab facilities. Long-term care facilities, palliative care units, convalescence units and similar establishments are also excluded.

Hospitalisation

Inpatient care expenses of an insured person in a hospital or clinic that are valued with at least one daily hospital rate, and include medical, surgical or diagnostic procedures covered by the policy and medically necessary. Recovery even if resulting from a medical procedure, is not covered. Hospitalisations after medical discharge are excluded.

Household Family

Member's spouse or partner and/or minor or of legal age sons and daughters, stepchildren or adoptees, under his/her care, provided they share the same house.

For the purpose of this policy, only sons and daughters, stepchildren or adoptees under 25 years are considered, provided they do not have a paid job and are not married.

Additionally, other individuals not listed above can be considered part of the family as an exception following express authorization of Allianz Portugal.

Illness

Unintentional modification of the health status, caused by no accident and liable to be objectively observed by a physician.

Individual Health Questionnaire

Form through which each tenderer discloses the necessary elements for a risk assessment by Allianz Portugal and whose completion and signature by the insured person is equivalent to the exact personal statement regarding his/her Health data.

In-network health care services

Services covered by the insurance contract, carried out by providers included in the Allianz Network, by whom Allianz Portugal guarantees direct contribution of health expenses, after the insured person supports the co-payment amount. The eligibility to these services is subjected to Allianz Portugal established usage criteria, including pre-approvals for medical procedures and care under the terms of this Policy.

Insurance Limit

Maximum values paid by Allianz Portugal for all health expenses undertaken by the Insured Persons, regardless of the provision modality (either within or outside the provider network). These maximum values are set in each coverage and are listed in the Module table of the Policy Schedule or the Addendum.

Also, maximum sublimits are set for some subcoverages, given that the amount paid by Allianz Portugal in respect to sublimits can never exceed the amount of the Insurance Limit for the main coverage.

Insurance Proposal

Statements presented by the Tenderer in the form or computer screens provided by Allianz Portugal, through which the Policyholder declares his/her intention to establish an insurance contract and supplies Allianz Portugal with information regarding the risk he/she wants to insure.

Insured Person

Individual whose health is insured, identified in the Policy Schedule.

Insurer

Entity legally authorized to carry out the Insurance activity and which is a party to the insurance contract. For the purposes of this contract, the Insurer is Allianz Portugal.

K Coefficient

Weighting coefficient for valuing medical procedures, used in the Nomenclature and Medical Care Values Code, published by the Portuguese Medical Association.

Manifested Illness

Any illness unmistakable diagnosed or observed with enough degree of evidence, either treated or not.

Medical Emergency

A serious clinical condition suddenly manifested in relation to which any person, even a layperson in medical matters, recognizes the need for immediate recourse to professional medical care, under penalty of the following effects: Serious worsening of health status; Impairment of bodily functions; severe organ dysfunction; In case of pregnancy, harm to the health of the fetus.

Non-contributory Group insurance

Group Insurance in which the Policyholder pays the full premium.

Nursing Procedures

Services provided by a healthcare professional (nurse), differentiated between simple or complex procedures. The type of act shall be defined by its technical character, quantity and cost of the supplies used to execute it, and also by the time the health professional spent.

Oncological Treatment

Chemotherapy and Radiotherapy in an Outpatient Regime. Chemotherapy: the treatment of malignant diseases performed with cytostatics, immunomodulators and anti-hormones. Radiotherapy: the treatments of radiotherapy applied to malignant diseases.

Physician/Dentist

Individual graduated from a medical or dental medicine school, legally authorized to pursue the profession and with medical specialization and registration acknowledged by the national relevant body (in Portugal, in particular the Portuguese Medical Association or Portuguese Dental Association).

Policy

The written instrument that formalizes the insurance contract comprised by the General and Special Conditions, the Policy Schedule, the Proposal and Application Forms, and the clinical documents required by Allianz Portugal for an acceptance of the inherent risks, as well as all subsequent addenda.

Policyholder

The person or entity that contracts with Allianz Portugal, being responsible for paying the premium.

Pre-approval

Process by which Allianz Portugal, analyzes the treatments and services requested by the Insured Person and evaluates the need for the clinical procedures to decide on the terms in which it would guarantee.

Pre-existing Accident, Illness or Pregnancy

Any accident that occurred or any illness or pregnancy already existing before the starting date of the Contract or of Memberships, when subsequent.

Premium

Insurance price, that is, the lump sum, duties and taxes included, payable by the policyholder to Allianz Portugal.

Previous Contribution

Anticipated Contribution undertaken by a health subsystem.

Prostheses and Orthoses

Artificial appliances which fully or partially substitute (Prosthetic device) or supports (Orthotic device) the anatomically missing component or function.

Reimbursable health care services

Expenses with healthcare guaranteed by the coverages and paid by the Insured Person to healthcare providers outside the Allianz Network which are later reimbursed by Allianz Portugal under the terms of this Policy.

Reimbursement Percentage

Percentage applied on the amount presented to Allianz Portugal contribution which determines the part of the expense for which it is liable. The amount submitted must be firstly review from any co-payments or deductibles.

Refund

Reverting to the policyholder, part or the whole, of the previously paid insurance premium.

Policy Schedule

Supplementary provisions to the General and Special Conditions of a contract that provide specific information, identifying, for instance, start and duration, waiting periods, covered risks, insurance limits, deductibles, co-payments, the premium, the policyholder and listing the insured persons.

Shared Deductible

Amount of initial expenses that must be supported by each Insured Person either with in-network procedures or out-of-network procedures, throughout the annuity to access coverage benefits. This values are specified in each coverage (please see Modules table in the Policy Schedule or the Addendum).

Surgery

Any medical procedure included in the "Surgery" chapter of the C.A.N.V.R.A.M. and valued at more than 50 Ks. For the purpose of this Policy, it should also be considered surgery equivalents, any medical procedure classified in the C.A.N.V.R.A.M. as an invasive technic, for diagnosement or treatment, of cardio-vascular illnesses.

Surgical Prostheses

Artificial appliances which fully or partially substitute the anatomically missing component or function and whose insertion is made under surgical procedure.

Special Conditions

Supplementary provisions, detailing and clarifying the General Conditions; prevailing over these in the interpretation of contract terms.

Sudden Illness

Illness manifested after the beginning of the Contract and which required, when first manifested, emergency care at a hospital or clinic, on an outpatient or inpatient regime.

Tenderer

Person in whose interest the insurance contract is drawn and in relation to whom the family's relationships are established.

Transplant

Placement, in the body of an individual, of an organ, tissue or cells, either from the himself or from another individual, with therapeutic purposes or for the correction of morphological alterations.

Waiting period

Period of time set for each cover, between the beginning of the Contract or insured person's date of admission, if later, and the date by which the coverage guarantees come into effect.

Health expenses liable by the policy will only be guaranteed after the end of each coverage corresponding waiting period set in the Policy Schedule.

Clause 2 – Scope

1. This Contract guarantees to the Insured Person a set of coverages in health care, as a result of an accident, illness or pregnancy, as contracted and defined in, General and Special Conditions as well as the Policy Schedule, which may integrate together:
 - a) Access to Allianz Network;
 - b) In-network health care services (agreed network);
 - c) Reimbursable health care services.
2. Settlement of health care expenses by Allianz Portugal, on the network and by reimbursement, relating to each Insured Person, compete for the same fixed annual insurance limit, of each coverage, while respecting the sublimits of each sub-coverage, as indicated in the Module table on the Policy Schedule.
3. Without prejudice to the provisions of paragraph 3 of the Clause Contract Termination or Removals in these General Conditions, Allianz Portugal strictly guarantees the payment of health care expenses, on the network and by reimbursement, which occurred during the term of the contract and/or membership, as a result of an accident, illness or pregnancy manifested in during the same period.
4. This Contract exclusively guarantees the coverage defined in the Module table, of the Policy Schedule, according to the policyholder's subscription options.
5. The insurance contract does not guarantee any medical or medication expenses covered by the National Health Service.

Clause 3 – Coverage

The insurance contract can guarantee, under the terms and limits established in the Policy Schedule, the following coverages:

Inpatient and Childbirth Inpatient Care (without Childbirth) Childbirth Non-ocular Prostheses and Orthoses Ocular Prostheses and Orthoses Outpatient Care Dental Travel Medical Assistance Medical Assistance in Portugal	International Medical Coverage for Serious Illness Hospitalization Allowance Transportation Allowance Second Medical Opinion Service Medications Stomatology Senior Assistance
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The actual contract coverages for each Insured Person are listed in the Module table of the Policy Schedule, and depend on the Module subscribed by the Policy Holder.

Clause 4 – General Exclusions

1. Additionally, to the exclusions shown in the coverage section, the following are excluded from the scope of the contract:
 - a) Medical expenses incurred with a pre-existing illness, declared or not to Allianz Portugal, as well as illnesses and/or symptoms that are clinically proven to be related to them;
 - b) Expenses for treating injuries resulting from a pre-existing accident;
 - c) Expenses for managing a pre-existing pregnancy or subsequent childbirth, as well as the treatment of eventual illnesses resulting therefrom;
 - d) Expenses related to medical procedures, goods or services guaranteed within the scope of Coverages not subscribed by the Policyholder and therefore not covered by this Contract;
 - e) Expenses not considered Medically Necessary, including, among other, all expenses of a private nature (telephone, television rental, etc) and those not directly related to the medical procedures covered by in the Contract, as well as expenses with a companion, except in case of hospitalisation of children under the age of 12 years;
 - f) Expenses with girdles, bandages, wigs (even if the use is considered necessary during chemotherapy treatment), orthopaedic shoes, except for corrective shoes, compression socks or tights, orthopaedic girdles, incontinence pads or slips, inguinal support belts, orthopaedic mattresses, AC units, air purifiers, ambulatory ventilation care equipment, and other equipment or items similar to those mentioned above;
 - g) Treatments, surgical or otherwise, considered as experimental or investigative;
 - h) Expenses from all treatments, in hospitals or private health care providers, considered as long-term care, palliative care or convalescent care;
 - i) Expenses with treatment in thermal baths, sanatoriums, nursing homes, retirement homes, addiction rehabilitation centre's, (long-term care, palliative care or convalescent care), assisted residences, and other similar establishments;
 - j) Expenses with consultations or treatments not acknowledged by the Portuguese Medical Association, such as, among others, homeopathy, osteopathy, phytotherapy, and chiropractic;
 - k) Expenses with private nursing care (in a hospital or clinic) and any other expenses incurred at home (except for those guaranteed in the Medical Assistance in Portugal);
 - l) All expenses arising from officially declared epidemic diseases and/or expenses with notifiable diseases in epidemic situations;
 - m) Expenses with treatment or correction of anomalies, malformations or congenital illnesses or congenital etiopathogenesis, regardless of the date when symptoms manifested, except for children born during the contract term, provided that it has been in force for at least 6 months, and the children were included before reaching 60 days of age;

Clause 4 – General Exclusions

- n) Expenses with the treatment of mental health disorders, specially psychoses, such as, among others, schizophrenia and affective psychoses, and addiction disorders, such as alcoholism and drug addiction, unless expressly agreed otherwise regarding psychiatric consultations;
- o) Expenses arising from psychological care, consultations or psychoanalysis treatments, psychotherapy, hypnosis and sleep therapy are also excluded;
- p) Expenses arising from illnesses or injuries acquired by the Insured Person for having consumed or acted under the influence of alcoholic beverages, narcotics and other drugs or toxic products not prescribed by a doctor;
- q) Expenses arising from organ transplant and corresponding consequences; these expenses shall only be covered under the International Medical Coverage, if contracted;
- r) Expenses arising from routine examination for systematic screening of illnesses (Check-ups). We consider routine exams those prescribed by a doctor but not intended to verify a diagnosed hypothesis or to confirm the progress of a treatment;
- s) Expenses resulting from gymnastics, water aerobics, and other sports performed in the pool or massage, even if prescribed by a doctor;
- t) Expenses concerning any medical procedures of an aesthetic, plastic or reconstructive nature, and their complications, namely, among others, mammoplasty, abdominoplasty, rhinoplasty, extraction of nerves, signs, cysts or lipoma, except those required by accident that occurred during the term of the contract or a malignant disease, confirmed by anatomopathological examination and manifested during the contract term;
- u) Expenses with consultation, treatment or surgery to correct obesity and metabolic syndrome, regardless of the clinical or surgical indications;
- v) Expenses arising from varicose treatments, like sclerotherapy;
- w) Expenses arising from snoring and obstructive sleep apnea syndrome, except for cases with a severe apnea and hypopnea index (greater than 30);
- x) Expenses with mesotherapy, kinesiotherapy, except in the case of respiratory illness; expenses with speech therapy, except if subsequent to a post-surgical situation or a stroke and traumatic situations of maxillofacial and cranioencephalic origin;
- y) Expenses concerning or arising from infertility and medical procedures performed to assist reproduction, such as, among others consultations, tests, infertility treatments, artificial insemination methods, in-vitro fertilisation or embryo transfer procedures, as well as the consequences that such methods produce in the health of the Insured Person;
- z) Expenses resulting from Acquired Immunodeficiency Syndrome (AIDS), or the diseases resulting from it or its treatment, including the disease known as "Kaposi Sarcoma" as well as viral hepatitis and its consequences;
- aa) Expenses resulting from myopia, astigmatism and hyperopia refractive surgery, unless the ophthalmological pathology has been manifested during the contract's term and the number of dioptries is greater than 4;
- bb) General expenses resulting from haemodialysis;

Clause 4 – General Exclusions

- cc) Expenses incurred with contraception, such as tubal ligation, vasectomy, insertion or removal of IUD or other contraceptive treatments, as well as, on the other hand, expenses incurred to revert the effects of a voluntary sterilization surgery, and its possible complications;
- dd) Expenses incurred with voluntary interruption of pregnancy and/or with related medical and counselling consultations;
- ee) Expenses incurred with gender reassignment or concerning any other treatment of gender disorders;
- ff) Expenses of inpatient care and treatments for reasons of character and social convenience;
- gg) Expenses incurred with any type of transportation (ambulance or other), to and from the place where medical care is provided, except for those covered by the Medical Assistance in Portugal and Travel Medical Assistance;
- hh) Laboratory analysis and techniques for the study of and Human Genome as well as any other predictive element related to it;
- ii) Expenses incurred with consultations or complementary diagnostic tests required to issue certificates, driver's licence, visas, etc., or submission of any document or medical report lacking a clear health care purpose;
- jj) Expenses resulting from acupuncture, except when performed for anaesthesia purposes and connected to a surgery covered by this Contract;
- kk) Expenses related with Developmental Illnesses and corresponding consultations;
- ll) Accidents and Illnesses covered by compulsory insurance coverage;
- mm) Expenses resulting from aircraft accidents when:
 - i. The Insured Person is a pilot, mechanic or crew member; and
 - ii. The aircraft is not integrated in a Commercial Company legally incorporated; and
 - iii. The aircraft is not cleared for passengers' transportation.
- nn) Expenses resulting from accidents sustained by the Insured Person while:
 - i. Taking part in sporting events and respective training sessions involving use of motorized or non-motorized vehicles;
 - ii. Driving any vehicle for testing or checking its safety, strength or speed;
 - iii. While mountaineering or rock climbing; slide and rappel, caving, parachuting, including skydiving, paragliding and hang gliding, aerial sports, motorized land sports, mountain biking, snow and ice sports, underwater swimming, diving and spearfishing, watercraft and water skiing, water sports with board, descending torrents or currents caused by uneven water courses, boxing, martial arts and fighting, horse riding, hunting wild animals or other notoriously dangerous animals, bullfighting and bull run, and other similarly dangerous sports;
 - iv. Expenses arising from disorders, injuries and complications originated by use or placement of piercings, earrings, tattoos, etc. during the contract's term or not;
- oo) Expenses resulting from accidents or illnesses consequent to:

Clause 4 – General Exclusions

- i. **Natural disasters, such as cyclonic winds, earthquakes, tidal waves and other phenomena with similar effects and also lightning;**
 - ii. **Labour disturbances, riots and any other type of public disorder, uprising, terrorism, sabotage or insurrection acts, revolution, civil war, invasion and war declared or not against a foreign country, hostility between foreign nations, with or without declaration of war, and warlike acts arising directly or indirectly from these hostilities;**
 - iii. **Transmutation of atomic nuclei or radiation caused by artificial acceleration of atomic particles;**
 - iv. **Any professional activity pursued by the Insured Person, either with or without remuneration, or attendance of professional training courses, that is this Contract does not cover labour accidents or occupational illnesses.**
2. **Without prejudice to the provisions of the preceding paragraphs and subparagraphs, the specific exclusions of each coverage, indicated in the Special Conditions, will also be considered for the purposes of the Contract.**
3. **Also excluded are expenses with inpatient care (hospitalization or surgical) and maternal care where the "K" unit value established in the Policy Schedule is exceeded, regardless of the total amount being within the annual limits for the corresponding coverage.**
4. **Without prejudice to the exclusions above, all consequences of actions executed by the Insured Person committed with the express intention of enforcing the contractual guarantees, namely:**
 - a) **Actions carried out deliberately intending to inflict physical damages to the Insured Person;**
 - b) **Suicide or attempted suicide of the Insured Person, additionally to other deliberate actions against the Insured Person;**
 - c) **Actions carried out by the Insured Person, deliberately or with gross negligence, namely reckless acts, gambling or challenges;**
 - d) **Criminal act or contrary to the public order where the Insurance Person is the perpetrator or instigator, or accomplice;**
 - e) **Intervention in disputes, except in legitimate self-defense, own or others, of property and persons;**
 - f) **The Insured Person's action or failure to act under the use of narcotics (without prescription) or alcoholic beverages causing a blood alcohol level equal to or higher than that which, in case of driving under the influence of alcohol, is legally considered an administrative offence or crime;**
 - g) **Actions carried out by any individual that the Insured Person bears civil liability.**
5. **This Policy does not provide any coverage or benefit, to the extent that this coverage, benefit, underlying business or activity violates any law or regulation of the UN, European Union or any other law or regulation applicable under the Portuguese legal system and provides Economic or Commercial Sanctions.**

Clause 5 – Territorial Scope

1. **Unless otherwise expressly agreed for each coverage in the Special Conditions and/or Policy Schedule , the Contract is valid:**

Clause 5 – Territorial Scope

- a) For health care provided in Portugal and Spain and, strictly with regard to Dental Coverage when subscribed, Italy.
 - b) Expenses incurred in Spain are only guaranteed on a reimbursement basis, with the exception of Dental coverage, which is only guaranteed when carried out at a provider from Allianz Health dental network.
 - c) In the event of an accident or sudden illness manifested during a trip abroad, lasting no longer than 30 days, the territorial scope extends to that country, and Travel Medical Assistance coverage must be activated, if contracted.
 - d) If the amount of the Travel Medical Assistance coverage is insufficient, Allianz Portugal guarantees the remainder exclusively by reimbursement, up to the limit of the capital available in the corresponding coverage.
 - e) Allowance coverage are valid for hospitalisations performed worldwide.
2. Upon special acceptance by Allianz Portugal and payment of the corresponding additional premium, it is possible to guarantee to an Insured Person who travels abroad for a period longer than 30 days, the coverage by the insurance for an accident that occurred or sudden illness manifested during the trip, provided that such warranty extension is requested to Allianz Portugal with at least 7 days in advance. In these cases, the expenses will be compensated only on a reimbursement basis and the Travel Medical Assistance coverage is not valid.
 3. Allianz Portugal shall also reimburse all expenses incurred outside Portugal and Spain with special pathological situations, justified by a medical specialist, with pre-approval in writing from Allianz Portugal.

Clause 6 – Initial Risk Statement

1. The Policyholder, the Tenderer and the Insured Person are obliged, before entering into the contract, to accurately state all the circumstances that they are aware of and should reasonably be considered to be significant for the risk assessment by Allianz Portugal.
2. The provisions of the previous paragraph are also applicable to other circumstances not mentioned in the questionnaire provided by Allianz Portugal.
3. The contract is voidable, under the terms and with the consequences provided for in the Law, in the event of willful breach of the provisions of paragraph 1.
4. In the event of negligent non-compliance of the provisions in the paragraph 1, Allianz Portugal may choose between the contract termination or amendment according to the terms and with the consequences provided for in the Law.

Clause 7 – Beginning and Duration

1. From the moment the Premium or initial fraction is paid, the contract takes effect starting at zero hours of the day immediately following the acceptance of the proposal by Allianz Portugal. By agreement of the parties, another starting date may be established, which must be equal to or later than the day following the acceptance of the Proposal by Allianz Portugal.
2. When the Policyholder is an individual person, the contract is considered legally accepted after 14 days from the date of reception of the Proposal by Allianz Portugal, unless the Proposer is notified of the specific acceptance conditions or of the refusal, or of the need to collect additional elements, deemed essential for the risk assessment. The acceptance shall be confirmed by Allianz Portugal through the issuance of the Allianz Network Card and the respective Policy Schedule.

Clause 7 – Beginning and Duration

3. The contract is effective for one year, renewable, as set forth in the Policy Schedule. When the contract reaches the renewal date stipulated there in, it will be automatically renewed for a new annuity, unless either party denounces it under the legal terms, at least 30 days before the end of the annuity or in the event of non-payment of the premium for the following annuity or the first instalment of it.
4. The contracted coverage and corresponding Waiting Periods, Deductibles, Co-Payments and insurance limits are identified in the Policy Schedule and must abide with the provisions in these General and Special Conditions.

Clause 8 – Eligibility and Duration of Guarantees

1. **To be accepted, the Tenderers must complete the Application Form and comply with the following requirements:**
 - a) Belong to the Insurable Group or, be part of their Household Family if provisioned in the policy's general conditions;
 - b) Legally reside in Portugal;
 - c) Have a Portuguese Tax Identification Number;
 - d) Be in the following age ranges:

	Insured Persons	Access	Stay
Group Health Insurance	Member, Spouse or Equivalent	Up to 69 years	70 years
	Children or Equivalent	Between 0 and 24 years	Up to 25 years
Dental	Member, Spouse or Equivalent	Without limit	Without limit
	Children or Equivalent	Between 0 and 24 years	Up to 25 years
55 Plus	Member, Spouse or Equivalent	From 55 years	Without limit

2. Upon fulfilling the requirements in the previous paragraph, the access of the Tenderer has yet to be approved by Allianz Portugal following an assessment of the health status and informs the Policyholder of the refusal or acceptance's conditions.
The assessment of the health status is based on the answers to the Health Questionnaire that is part of the Application Form or on medical information and physician's reports that may be requested by Allianz Portugal.
In special situations, duly identified in the policy's conditions, an individual might be accepted without completing the Health Questionnaire. Considering the findings of the analysis of all the said elements, Allianz Portugal shall assess the acceptance or rejection conditions and inform the policyholder of its decision.
3. **The insurer covers only the expenses of in-network providers or other providers in a reimbursement regime when incurred within the contract's guarantees for each contract year.**
4. **The contract's guarantees are effective following the Waiting Periods stipulated for each coverage in the Policy, starting from the membership date for each Insured Person.**
5. In the event of an accident that requires emergency care, the Waiting Periods of the relevant coverages do not apply.

Clause 8 – Eligibility and Duration of Guarantees

6. The Waiting Periods identified in the Policy Schedule for each coverage do not apply to children born during the contract's term, provided they are included in the insurance during his/her first 60 days of life and provided the policy/membership is effective for longer than 6 months.
7. During the policy's term, the Policyholder may request the inclusion of more individuals, however each tenderer must meet the eligibility conditions identified previously in this clause.

Clause 9 – Contract Amendments

1. By Allianz Portugal:
 - a) In Contracts agreed for one annuity and annually renewable, Allianz Portugal reserves the right to adjust the premium at each maturity by communicating the new premium with at least a 30 days notice;
 - b) Any change to the Coverage, Insurance Limits, Deductibles, Co-payment, and Premiums must be communicated by Allianz Portugal to the Policyholder with at least 30 days notice before expiration date;
 - c) **The Policyholder has 15 days from the reception date to either accept or reject the proposal. At the end of this period, the proposed update is considered approved if the premium for the next annuity or its first instalment is paid;**
 - d) If the proposal is not accepted by the Policyholder, the contract is deemed terminated by Allianz Portugal by the end of the ongoing's annuity term.

2. By the Policyholder:

Contract updates on the Policyholder's initiative depend on the following procedures:

- a) **Inclusion of Insured Persons must be requested to Allianz Portugal, with the completion of Application Forms, unless otherwise agreed.**
- b) Inclusion of children born during the contract's term is accepted upon payment of the corresponding premium, with effect on the date of birth without the completion of the health questionnaire, provided this inclusion is requested up to 60 days after the date of birth. And it is only applicable to Contracts with Allianz Portugal with at least 6 months.
- c) The removal of Insured Persons must be communicated to Allianz Portugal at least 30 days before the effective date. Allianz Portugal shall refund the paid premium concerning the unexpired period.
- d) The change of the contracted plan must be requested by the Policyholder, through communication to Allianz Portugal, at least 30 days before the expiration date, and within the scope of the plans being sold.
- e) As from the start date of the new plan, there will be Waiting Periods for new coverages or limit's increases in comparison with the previous plan.
- f) A request of inclusion for the International Medical Coverage for Serious Illnesses is always subjected to a new clinical acceptance process, therefore, each Insured Person must complete new health questionnaires.
- g) In contracts whose premium varies according to age groups, the Premium will be automatically updated by the contract's renovation date, with no need for prior communication, whenever the Insured Person changes to a new age group, according to the ranges below:

0-5; 6-11; 12-13; 14-15; 16-20; 21-25; 26-30; 31-35; 36-40; 41-45; 46-50; 51-55; 56-60; 61-65; 66-70; 71- 75; 76-80; >80

Clause 10 – Premium Payments

1. Expenses guaranteed under this Contract are only covered upon payment of previous premium instalments.
2. Upon agreement between Allianz Portugal and the Policyholder, the settlement of the annual Premium might be divided into monthly, quarterly or biannual instalments.
3. Premium maturity:
 - a) The initial Premium or the first instalment thereof is due on the beginning date of the contract;
 - b) The following instalments of the initial premium, subsequent annuity premiums and their successive instalments are due in the dates established in the contract;
 - c) The variable amount premium part concerning value adjustment and, whenever appropriate, the part of the Premium corresponding to contract updates are due in the dates established in the respective notices.
4. Payment modalities:
 - a) The insurance premium can be paid through direct debit or bank transfer;
 - b) Payment by debit account is subjected to condition that the debit authorization is not subsequently withdrawn by the payer within the framework of the special legislation that allows it;
 - c) Debit cancellation is equivalent to non-payment of the premium;
 - d) In contributory group insurance it can be agreed a direct payment to Allianz Portugal by the Insured Persons, in which case the provisions above apply to each membership.
5. **Consequences of non-payment**
 - a) **Failure to pay the initial premium or its first instalment thereof, on the due date, determines the automatic termination of the contract from the date of its beginning;**
 - b) **Failure to pay the premium for subsequent annuities or its first instalment thereof, on the due date prevents the extension of the contract and, therefore, it will not be renewed;**
 - c) **Failure to pay determines the automatic termination of the contract on the due date of:**
 - i. **An instalment of the premium in the course of an annuity;**
 - ii. **An adjustment premium or part of a variable amount premium;**
 - d) **Failure to pay, by the due date, an additional premium, provided this originates from a request by the policyholder to change a guarantee that does not imply a risk increase will determine that the change has no effect, maintaining the contract conditions previously in force, unless the subsistence of the contract proves to be impossible, in which case, it is considered terminated by the due date of the unpaid premium.**
6. According to the law, Allianz Portugal shall notify the Policyholder in writing up to 30 days prior to the premium's or fractions' due date. However, if both parties agreed to pay the Premium in instalments of less than quarterly, Allianz Portugal chooses not to send the said notification and includes in the contract document the dates the instalments are due, corresponding amounts and the consequences of the lack of payment.
7. The Policyholder informs in the Proposal, the Bank Identification Number relating to its bank account that he wishes to be debited by the premium amount.

Clause 11 – Cancellation provision

1. When the Policyholder is an individual person, they have a period of 30 days, counting from the date of reception of the policy documentation, to terminate the contract without having to invoke just cause, by means of written communication, on paper or other durable means available and accessible, to Allianz Portugal.
2. The deadline referred to in paragraph 1 starts from the date the contract is established, provided the Policyholder has, by that date, either on paper or other durable means, all relevant information about the insurance that must be included in the Policy.
3. **Pursuing the right of cancellation determines the contract termination and ends all obligations arising from it , with effect from its beginning, with Allianz Portugal having the right to:**
 - a) **The Premium value calculated *pro rata temporis*, that is, in proportion to the time already elapsed, so far as to the risk supported until the termination of the contract;**
 - b) **The amount concerning reasonable expenses already undertaken with medical tests, when this value is allocated by contract to the Policyholder.**

Clause 12 – Contract Termination or Removals

1. **The insurance contract can be terminated by either party at any time, provided there is just cause under the general terms.**
2. **Contract termination due to non-payment of the Premium is subjected to the applicable legal and contractual provisions.**
3. **Contract termination takes effect at midnight of the termination date.**
4. **The Insured Person may still be removed when performing fraudulent acts to the detriment of Allianz Portugal or the Policyholder.**
5. **The removal of the Insured Person provided in number 4 cannot be applied retroactively and Allianz Portugal must exercise it by written statement with 8 days' notice.**

Clause 13 – Premium Refund

If in case of removal or contract termination, the law determines the settlement of a Refund, it will be calculated in the following terms:

1. **On the initiative of Allianz Portugal, this will return to the Policyholder part of the Premium estimated as a proportion of the time period not elapsed until the due date.**
2. **On the initiative of Policyholder, Allianz Portugal will refund the Policyholder a part of the Premium estimated as a proportion of the time period not elapsed until the expiration date, less the cost of issuing the policy.**
3. **If during the same annuity there were one or more Claims, the estimation of the Premium to be refunded shall take into account the part of the Insured Capital that exceeds the global value of the expenses borne by Allianz Portugal.**

Clause 14 – Coverage Term and Expiration

1. **For an insurance agreed for one annuity and annually renewable** and notwithstanding all other situations provided for in the contract, the coverages granted in this Contract for each Insured Person expires when the requirements to integrate the Group are no longer fulfilled, as defined in the “Eligibility and Duration of Guarantees” clause of these Conditions.
2. The guarantees in this Contract terminate for children, adoptees or stepchildren in the annual expiration date immediately after his/her 25th anniversary. In that case, children, adoptees or stepchildren can, within 30 days after the guarantee's termination, subscribe to a retail Allianz Health Insurance with the terms and tariff in force at the time, without having to complete a new health questionnaire and with no new Waiting periods for the guarantees already in force in the former Contract.
3. **In the event of coverage termination for an Insured Person, Allianz Portugal guarantees expenses with pre-authorized hospital care incurred up to 60 days after the end of the annuity, provided the claims begins within the last annuity.**

Clause 15 – Liability on Failure to Renew

1. For contracts or coverages that are not renewed and if risk is not covered by a later contract, Allianz Portugal undertakes the obligation of supporting the contract provisions as a consequence of illnesses that manifested or accidents that occurred during the policy's term and which were covered by the insurance, for a 2 year period and until exhaustion of the insured limits available for the annuity during which the contract terminated.
2. For the purposes of the provisions in the paragraph above, Allianz Portugal must be notified of the disease within thirty days immediately following the contract termination, unless otherwise prevented.
3. If the contract or the coverage is not renewed, the pre-approvals already issued but not yet used expire automatically by the termination date, without prejudice of the provisions of the previous numbers of this clause.

Clause 16 – Allianz Portugal Obligations

Besides other obligations resulting from the law or the contract, Allianz Portugal is obliged to timely fulfil its commitments to the Policyholder and the Insured Persons, namely:

1. Provide the Allianz Health Card, as well as provide information on in-network services.
2. Promptly and diligently review Pre-approvals and Reimbursement requests, rendering a decision on these as swiftly as possible from the moment all elements required for the assessment are received.
3. Proceed with the reimbursement of the guaranteed expenses within a maximum period of 30 days from the date the responsibility was approved, and the contributions were the calculated, according to the provisions in the Policy Schedule. If after this period, Allianz Portugal, in possession of all the required elements to settle the claim, has failed to fulfil this obligation without justification or reasons attributable to it, will incur in penalty interest at the legal rate in force.

Clause 17 – Policyholder and Insured Person Obligations

1. The Policyholder is obliged to pay the insurance Premiums to Allianz Portugal.
2. Under Group Insurance, it is the Policyholder's responsibility to notify the Insured Persons regarding the contract coverages and corresponding exclusions, obligations and rights in case of claim, as well as contract updates according to the documentation drafted by the Insurer, under penalty of incurring in civil liability under the general terms.
3. The obligations of the Policyholder and/or the Insured Person are also to:
 - a) Take measures within his/her power to prevent worsening the claim;
 - b) Make the claim to Allianz Portugal in writing within 8 days of the occurrence;
 - c) Take the required tests that will be supported by Allianz Portugal with the assigned Physicians, otherwise Allianz Portugal responsibility is terminated;
 - d) Authorize, Allianz Portugal designated doctor, access to requested information regarding the state of health and the clinical services performed, within the scope of a Claim, to the Insured Person. The information provided by Doctors and other professionals or health institutions, must be pertinent to the Claim that motivates a request for provision or reimbursement under the insurance contract;
 - e) Report, without inaccuracies or omissions, to Allianz Portugal all facts and circumstances that might affect its ability to assess and decide on the conditions for accepting the risk proposed to it.. This obligation extends to circumstances not mentioned in the Insurance Proposal and other Questionnaires eventually supplied by Allianz Portugal;
 - f) Inform Allianz Portugal of other existing insurance contracts concerning the same risk;
 - g) Inform Allianz Portugal, in truth and good faith, of any loss of eligibility of one or more Insured Persons within 14 days from the date it became aware of the situation;
 - h) Report to Allianz Portugal in the event of misplacement of the Allianz Health Card within a maximum period of 48 hours, for cancellation and card reissuance purposes.

Clause 18 – Claim Procedures

1. In case of a claim covered by this Contract, the Policyholder or the Insured Person must, under penalty of being liable for loss or damage:
 - a) If using Allianz Health Medical Network:
 - i. Select any provider from the Allianz Network. In the event of a hospital or a clinic, the Insured Person must make sure the head of the surgical team is on Allianz Network, otherwise, the expenses related to the services of all surgical team shall be assumed under the reimbursement regime, and the Insured Person must pay directly to the hospital or clinic and subsequently request the reimbursement to Allianz Portugal;
 - ii. Make sure the physician providing the clinical service is on Allianz Network;
 - iii. Present the Allianz health card at the time of admission to the health care establishment;
 - iv. Proceed with the payment of co-payments due according to the Policy's terms, as well as show an identification document with a photo;

Clause 18 – Claim Procedures

- b) If using services outside the Allianz Health Medical Network:
- i. Pay all expenses directly to the Provider;
 - ii. Make a reimbursement claim at Allianz within a maximum period of 180 days from the date the medical act is performed through the following channels: eCliente, email, through a mediator or by mail. The contacts are available at Allianz institutional website, www.allianz.pt;
 - iii. Regardless of the chosen channel, the request must be sent together with:
 - All supporting documents justifying the medical expenses incurred, expressly stating the name of the Provider and the name of the Insured Person, the date the medical procedures and a detailed breakdown of medical services provided, or goods supplied and corresponding diagnosis;
 - Prescriptions, glasses/lenses and other items purchased, diagnostic tests prescriptions, treatments performed;
 - In the event of in-patient care, with or without surgery, a statement issued by the relevant medical institution must be also attached, detailing the length, time and date of admission as well as of discharge. A medical report should also be attached justifying the admission and/or surgery, the patient's evolution during the hospitalisation and, for surgery only, anatomopathological analysis report of the surgical specimen, if applicable;
 - When the medical expense submitted was object of previous contribution from another entity, copies of all supporting documents for expenditure incurred should be also surrendered to Allianz Portugal, including the original document from the entity expressly stating the expenditure amounts and the contribution.
- c) If using services inside or outside of Allianz Network in the event of an accident, submit a detailed description of the circumstances, including date, time, place, causes and consequences, witnesses, identification of the potentially responsible party, and also attach the police report and, in case of a car accidents, a copy of the insurance claim ("Motor Accident Report").

Clause 19 – Subrogation

1. Upon settlement of the service provision, Allianz is subrogated, in the rights of the Insured Person, to recover the full extent of the expenses value from the third person that might have caused the claim.
2. The Insured Person will be liable for losses and damages originated by a voluntary act or omission carried out in, preventing from or harming the pursuance of those rights.

Clause 20 – Communications and Notifications

1. Communications and notifications between the parties set forth in this contract are valid and effective when made in writing or any other support that provides a durable record. The Policyholder may use Allianz Portugal email address available at allianz.pt and Allianz Portugal shall send the information to the Policyholder contacts according to number 2 of this clause.

Clause 20 – Communications and Notifications

2. The Policyholder must keep the email address and postal address up to date and any other updates must be reported to Allianz Portugal within 30 days of its occurrence, in writing or through any other durable support, at the risk of considering the communications or notifications eventually made by the Insurer to the outdated email address or postal address as valid and effective.
3. All contract documents are available at the Policyholder's Clients Area at allianz.pt and the Policyholder's documents will be forwarded to the email address.

Clause 21 – Credit Compensation

Upon payment of any amount under this contract, Allianz Portugal whenever permitted by law, may proceed to deduct any amounts owed by the Policyholder or the Insured Person.

Clause 22 – Personal Data

1. Personal data are processed by Allianz Portugal and its subcontractors with the unequivocal consent of its holder when, since this processing is required to execute the insurance agreement and for health care or medical care provision management or for management of health services and is executed by health care professionals bound to secrecy or persons also subjected to professional confidentiality.
2. Allianz Portugal is responsible for processing and ensuring suitable data safety measures for the purposes set forth in the previous number, while ensuring the Insured Persons' right to access and correct the same data.

Clause 23 – Complaints

1. Any complaint can be submitted by mail, email or telephone to our Clients Support Centre through the contacts in the Policy Schedule.
2. The Allianz Client Ombudsman is also available (through the contacts listed in the Policy Schedule), in the absence of a reply to the complaint within 20 days of the submission or in the event of a disagreement with the reply (this time period might be extended up to 30 days for cases of outstanding complexity). The Client Ombudsman is an independent figure, with the purpose of reviewing all complaints from the clients and provide impartial counselling/opinions.
3. Without prejudice of an appeal to the Courts, the Insurance Member, the Insured Person and Beneficiaries are also entitled to request the intervention of the Insurance Supervisory Authority and Pension Funds (In Portuguese Autoridade de Supervisão de Seguros e Fundos de Pensões or ASF) through the website www.asf.com.pt for any complaint regarding the Agreement.



Clause 24 - Arbitration

1. All disagreements eventually arising from the enforcement of this insurance agreement may be settled through arbitration according to the applicable law.
2. In the event of consumer dispute, defined in accordance with the provisions in the Law nr. 144/2015 of September 8th, the Alternative Dispute Resolution Entity (in Portuguese, Centro de Resolução Alternativo or RAL) specialized in the sector of Allianz Portugal is the Insurance Information, Mediation and Arbitration Centre (in Portuguese, Centro de Informação, Mediação e Provedoria de Seguros or CIMPAS). However, Allianz Portugal shall only adhere to this RAL in a case-by-case basis, depending on the issues involved in each dispute.

Clause 25 – Jurisdiction and Applicable law

1. The jurisdiction to settle any dispute arising from this contract is determined in the legal terms.
2. The law applicable to the agreement is the Portuguese Law.
3. In the event of any doubt in the interpretation of any provision, the interpretation more favourable to the Policyholder and/or the Insured Person prevails.

Special Conditions



The following pages establish the conditions that characterize and regulate the operation of the different coverages that can be guaranteed under the insurance agreement.

The coverages contracted and guaranteed for each Insured Person are listed in the Module table of the Policy Schedule, and are a by-product of the Policyholder's underwriting options.

1. INPATIENT AND CHILDBIRTH

A. What is Insured?

1. Hospitalisation and Surgery

- a) Inpatient daily hospital rate, which include the use of a normal single bed or standard individual room, meals and nursing care on hospital floor;
- b) Hospitalisation expenses to accompany children under 12 years of age, including an extra bed, breakfast and two meals a day, provided that these are supplied by the hospital unit;
- c) Expenses with medical care, (non-private) nursing care and treatments, namely, among others, chemotherapy treatments, provided that these, even when connected to the motives of an authorized admission and performed during the relevant period, do not constitute the reason for the hospitalisation alone;
- d) Expenses connected to Intensive Care Unit;
- e) Costs with auxiliary diagnostic tests linked to the cause of an authorized hospitalisation and incurred during the respective period;
- f) Costs with medication administered to the patient during the hospitalisation, and linked to the cause of an authorized hospitalisation. Medication supplied by the Hospital or Clinic for use by the Insured Person following discharge are excluded;
- g) Costs with medication given to the Insured Person during and due to a surgery performed exclusively in that same day;
- h) Emergency transportation of the Insured Person to a Hospital or Clinic in an emergency vehicle, as well as transportation of the hospitalised Insured Person to/from other health care unit, namely Hospitals or diagnostic centres, in the event of lack of diagnostic and therapeutic resources at the unit where the insured person is hospitalised, is only covered under this Policy when carried out by means provided by Allianz Portugal, excluding all other means of transportation, specially ambulances or others, not supplied by Allianz Portugal;
- i) Surgeon's fees;

1. INPATIENT AND CHILDBIRTH

j) Costs with the surgical-medical team, according to the general principles, regarding the support team creation and its fees included in the C.A.N.V.R.A.N. and listed below:

Medical assistants team:

Surgery	51 to 150k	151 to 250k	Over 250k
Nr. of assistants	1	2	3
Fees	Maximum of 20% of the surgeon's fee;	Maximum first assistant cost of 20% of the surgeon's fee; maximum second assistant cost of 10% of the surgeon's fee;	Maximum first assistant cost of 20% of the surgeon fee; maximum cost of the other assistants, 10% of the surgeon's fee

- k) Costs with anaesthesiologist;
- l) Costs with the operating room and recovery unit, and costs with surgical, diagnostic and therapeutic materials used or supplied during the surgery;
- m) Intra-surgical prostheses;
- n) Fees of the surgeon, the assistants team and anaesthesiologist;
- o) Expenses incurred with other medically necessary services, provided as a result of the surgery and on the very same day.

2. Childbirth

- a) Obstetrician's fee and, in the event of a caesarean section, the surgical-medical team's fee;
- b) Nurse-midwife's fee, except in the event of a planned caesarean section. The nurse-midwife's fee is similar to the second assistant's fee in a surgical-medical team.
- c) Costs of the facilities required to perform the act, specially the delivery room, operating room, recovery room;
- d) Inpatient daily hospital rate related to the parturient Insured Person, including room or bed, meals and nursing care on the floor;
- e) Costs with surgical, diagnostic and therapeutic materials used during the surgery and the entire period of hospitalisation of the parturient;
- f) Costs with medication when administered to the parturient Insured Person during the hospitalisation;
- g) Expenses with other medically necessary services provided by the Hospital or Clinic to the parturient Insured Person for the medically justified hospitalisation.
- h) Expenses related to the new-born, such as paediatrician' fees, inpatient daily hospital rate and other medically necessary services provided by the Hospital or Clinic exclusively during the period in which, the mother's hospitalisation is medically justified.

1. INPATIENT AND CHILDBIRTH

3. Chemotherapy and Radiotherapy

For medical procedures related to oncology treatments (chemotherapy and radiotherapy), the following expenses are covered:

- a) Expenses concerning therapeutic procedures to the patient;
- b) Expenses with antineoplastic medication, acquired in a pharmacy or supplied by the hospital.

B. What is Not Insured?

1. In the event of an elective surgery or equivalent planned medical procedure, neither the Inpatient daily hospital rate preceding the day of the surgery nor preoperative exams are covered.
2. Expenses concerning surgeries with a K number equal to or lower than 50.
3. Expenses with stomatology care.
4. Expenses incurred with maxillofacial surgery unless these are the result of malignant illness detected during the Policy term or of an accident that required hospital emergency care and occurred during the Policy term.

C. Health Care Provision Arrangements

This coverage is guaranteed under the in-network health care services and reimbursable health care services regime, as stipulated in the Module table, in Policy Schedule. Additionally, the client will benefit from access to the Allianz Health Medical Network and assume all estimated costs according to the prices negotiated between Allianz and the health care providers, during the Waiting Period, when applicable, or when the coverage limit is exceeded.

D. Claim/Pre-Approval Procedures

1. All health care services under this coverage require pre-approval from Allianz Portugal.
2. In the event of an accident or sudden illness making it impossible to request pre-approval, an authorization must be requested no later than 48 hours from the date of the event.
3. Allianz Portugal will be exempt from all liability regarding expenses incurred without pre-approval.
4. For the purposes of deductibles/co-payments, when the Insured Person is re-hospitalised, due to the same cause or due to a cause related to the previous admission, within a maximum period of 30 days after the discharge, no deductible/co-payment will be applied.

E. Waiting periods

This coverage is available only upon expiry of the following Waiting periods:

<ul style="list-style-type: none"> • Childbirth, Caesarean section or miscarriage, arterial or venous pathology treatment in the lower limbs; • Medical, surgical or other treatments with diagnostic of herniated disc, abdominal wall or other; • Medical, surgical or lithotripsy of kidney, urinary tract, gall bladder and/or bile duct stones; 	<p>365 days</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------



1. INPATIENT AND CHILDBIRTH

- Treatment of a proctologic pathology, such as haemorrhoids, fistulas, anal and perianal sphincter fissures;
- Medical or surgical treatments of duodeno-gastric-esophageal pathologies;
- Non-conservative treatment of benign gynaecological and endocrinal pathology* (namely pituitary, thyroid, parathyroid, breast, pancreas, adrenal and ovaries);
- Ears, nose and throat surgery due to benign pathology*;
- Joint pathology treatment through arthroscopy, arthrotomy or arthroplasty;
- Surgical or other invasive treatment of benign prostatic disease;
- Cataract surgery.

*For all pathology treatments with suspected malignancy, without documentary evidence prior to surgery, the waiting period of 365 still applies, and can be reassessed à posteriori when the malignancy is proved.

- All other hospitalisation and surgery situations;
- Accident situations.

365 days

90 days

No Waiting Period

2. INPATIENT CARE (WITHOUT MATERNITY CARE)

A. What is Insured?

1. Hospitalisation and Surgery

- Inpatient daily hospital rate, which include the use of a normal single bed or standard individual room, meals and nursing care on hospital floor;
- Hospitalisation expenses to accompany children under 12 years of age, including an extra bed, breakfast and two meals a day, provided that these are supplied by the hospital unit;
- Expenses with medical care, (non-private) nursing care and treatments, namely, among others, chemotherapy treatments, provided that these, even when connected to the motives of an authorized admission and performed during the relevant period, do not constitute the reason for the hospitalisation alone;
- Expenses connected to Intensive Care Unit;
- Costs with auxiliary diagnostic tests linked to the cause of an authorized hospitalisation and incurred during the respective period;
- Costs with medication administered to the patient during the hospitalisation, and linked to the cause of an authorized hospitalisation. Medication supplied by the Hospital or Clinic for use by the Insured Person following discharge are excluded;
- Costs with medication given to the Insured Person during and due to a surgery performed exclusively in that same day;

2. INPATIENT CARE (WITHOUT MATERNITY CARE)

- h) Emergency transportation of the Insured Person to a Hospital or Clinic in an emergency vehicle, as well as transportation of the hospitalised Insured Person to/from other health care unit, namely Hospitals or diagnostic centres, in the event of lack of diagnostic and therapeutic resources at the unit where the insured person is hospitalised, is only covered under this Policy when carried out by means provided by Allianz Portugal, excluding all other means of transportation, specially ambulances or others, not supplied by Allianz Portugal;
- i) Surgeon's fees;
- j) Costs with the surgical-medical team, according to the general principles, regarding the support team creation and its fees included in the C.A.N.V.R.A.N. and listed below:

Medical assistants team:

Surgery	51 to 150k	151 to 250k	Over 250k
Nr. of assistants	1	2	3
Fees	Maximum of 20% of the surgeon's fee;	Maximum first assistant cost of 20% of the surgeon's fee; maximum second assistant cost of 10% of the surgeon's fee;	Maximum first assistant cost of 20% of the surgeon fee; maximum cost of the other assistants, 10% of the surgeon's fee

- k) Costs with anaesthesiologist;
- l) Costs with the operating room and recovery unit, and costs with surgical, diagnostic and therapeutic materials used or supplied during the surgery;
- m) Intra-surgical prostheses;
- n) Fees of the surgeon, the assistants team and anaesthesiologist;
- o) Expenses incurred with other medically necessary services, provided as a result of the surgery and on the very same day.

2. Chemotherapy and Radiotherapy

For medical procedures related to oncology treatments (chemotherapy and radiotherapy), the following expenses are covered:

- a) Expenses concerning therapeutic procedures to the patient;
- b) Expenses with antineoplastic medication, acquired in a pharmacy or supplied by the hospital.

B. What is not insured?

1. **In the event of an elective surgery or equivalent planned medical procedure, neither the Inpatient daily hospital rate preceding the day of the surgery nor preoperative tests are covered.**
2. **Expenses concerning surgery with a K number equal to or lower than 50.**
3. **Expenses with stomatology care.**
4. **Expenses incurred with maxillofacial surgery unless these are the result of malignant illness detected during the Policy term or of an accident that required hospital emergency care and occurred during the Policy term.**
5. **Expenses incurred with childbirth, Caesarean section or miscarriage care.**

2. INPATIENT CARE (WITHOUT MATERNITY CARE)

C. Health Care Provision Arrangements

Depending on the contracted Module, this coverage may be guaranteed:

- Under the in-network health care services and reimbursable health care services regime, as stipulated in the Module table, in Policy Schedule;**

Additionally, the client will benefit from access to the Allianz Health Medical Network and assume all estimated costs according to the prices negotiated between Allianz and the health care provider, during the Waiting Period, when applicable, or when the coverage limit is exceeded.

- Under strict Access to Network regime, in which case the Module table will show "unlimited" capital, 100% co-payments within the network and without reimbursement out of the network.**

D. Claim/Pre-Approval Procedures

- All health care services under this coverage require pre-approval from Allianz Portugal.
- In the event of an accident or sudden illness making it impossible to request pre-approval, an authorization must be requested no later than 48 hours from the date of the event.
- Allianz Portugal will be exempt from all liability regarding expenses incurred without pre-approval.
- For the purposes of deductibles/co-payments, when the Insured Person is re-hospitalised, due to the same cause or due to a cause related to the previous admission, within a maximum period of 30 days after the discharge, no deductible/co-payment will be applied.

E. Waiting periods

This coverage is available only upon expiry of the following Waiting periods:

<ul style="list-style-type: none"> Arterial or venous pathology treatment in the lower limbs; Medical, surgical or other treatments with diagnostic of herniated disc, abdominal wall or other; Medical, surgical or lithotripsy of kidney, urinary tract, gall bladder and/or bile duct stones; Treatment of a proctologic pathology, such as haemorrhoids, fistulas, anal and perianal sphincter fissures; Medical or surgical treatments of duodeno-gastric-esophageal pathologies; Non-conservative treatment of benign gynaecological and endocrinal pathology* (namely pituitary, thyroid, parathyroid, breast, pancreas, adrenal and ovaries); Ears, nose and throat surgery due to benign pathology*; Joint pathology treatment through arthroscopy, arthrotomy or arthroplasty; Surgical or other invasive treatment of benign prostatic disease; Cataract surgery. 	<p>365 days</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------



2. INPATIENT CARE (WITHOUT MATERNITY CARE)

*For all pathology treatments with suspected malignancy, without documentary evidence prior to surgery, the waiting period of 365 still applies, and can be reassessed à posteriori when the malignancy is proved.

- All other hospitalisation and surgery situations;
- Accident situations.

90 days

No Waiting period

3. Childbirth

A. What is Insured?

- Obstetrician's fee and, in the event of a caesarean section, the surgical-medical team's fee.
- Nurse-midwife's fee, except in the event of a planned caesarean section. The nurse-midwife's fee is similar to the second assistant's fee in a surgical-medical team.
- Costs of the facilities required to perform the act, specially the delivery room, operating room, recovery room.
- Inpatient daily hospital rate related to the parturient Insured Person, including room or bed, meals and nursing care on the floor.
- Costs with surgical, diagnostic and therapeutic materials used during the surgery and the entire period of hospitalisation of the parturient.
- Costs with medication when administered to the parturient Insured Person during the hospitalisation.
- Expenses with other medically necessary services provided by the Hospital or Clinic to the parturient Insured Person for the medically justified hospitalisation.
- Expenses related to the new-born, such as paediatrician' fees, inpatient daily hospital rate and other medically necessary services provided by the Hospital or Clinic exclusively during the period in which, the mother's hospitalisation is medically justified.



3. Childbirth

B. Health Care Provision Arrangements

Depending on the contract Module, this coverage may be guaranteed:

- Under the in-network health care services and reimbursable health care services regime, as stipulated in the Module table, in the Policy Schedule;**

Additionally, the client will benefit from access to the Allianz Health Medical Network and assume all estimated costs according to the prices negotiated between Allianz and the health care provider, during the Waiting Period, when applicable, or when the coverage limit is exceeded.

- Under strict Access to Network regime, in which case the Module table will show "unlimited" capital, 100% co-payments within the network and without reimbursement out of the network.**

C. Claim/Pre-Approval Procedures

- All healthcare services under this coverage require pre-approval from Allianz Portugal.
- Allianz Portugal will be exempt from all liability regarding expenses incurred without pre-approval.

D. Waiting periods

This coverage is available only upon expiry of the following Waiting periods:

Childbirth, caesarean section or miscarriage	365 days
----------------------------------------------	----------

4. NON-OCULAR PROTHESES AND ORTHOSES

A. What is Insured?

We guarantee payment of expenses incurred with renting or purchasing of non-ocular prostheses and orthoses, such as:

- Auditory and orthopaedic prostheses.
- Auditory orthosis.
- Wheel chairs, crutches, articulated beds (if leased) and other ancillary equipment.

B. What is not Insured?

Expenses with stomatological prostheses.

C. Health Care Provision Arrangements

Depending on the contracted Module, this coverage may be guaranteed:

- Under the in-network health care services and reimbursable health care services regime, as stipulated in the Module table, in Policy Schedule;**

Additionally, the client will benefit from access to the Allianz Health Medical Network and assume all estimated costs according to the prices negotiated between Allianz and the health care provider, during the Waiting Period, when applicable, or when the coverage limit is exceeded.

- Under strict Access to Network regime, in which case the Module table will show "unlimited" capital, 100% co-payments within the network and without reimbursement out of the network.**



4. NON-OCULAR PROTHESES AND ORTHOSES

D. Waiting Periods

If during the waiting period, you want or need to use this coverage, you can do so under the Allianz Health Network providers, thereby benefiting of the prices agreed between Allianz Portugal and the Providers.

This coverage is available only upon expiry of the waiting period:

180 days

5. OCULAR PROTHESES AND ORTHOSES

A. What is Insured?

We guarantee payment of expenses incurred with purchasing of ocular protheses and orthoses, such as:

1. Glasses frames;
2. Glasses lenses;
3. Contact lenses.

B. What is Not Insured?

Expenses incurred with sun glasses, with or without prescription lenses.

C. Health Care Provision Arrangements

Depending on the contracted Module, this coverage may be guaranteed:

- 1. Under the in-network health care services and reimbursable health care services regime, as stipulated in the Module table, in Policy Schedule;**

Additionally, the client will benefit from access to the Allianz Health Medical Network and assume all estimated costs according to the prices negotiated between Allianz and the health care provider, during the Waiting Period, when applicable, or when the coverage limit is exceeded.

- 2. Under strict Access to Network regime, in which case the Module table will show "unlimited" capital, 100% co-payments within the network and without reimbursement out of the network.**

D. Waiting Periods

If during the waiting period, you want or need to use this coverage, you can do so under the Allianz Health Network providers, thereby benefiting of the prices agreed between Allianz Portugal and the Providers.

This coverage is available only upon expiry of the waiting period:

180 days

6. OUTPATIENT CARE

A. What is Insured?

1. Medical Fee:
 - a. General Practice (GP) consultation;
 - b. Specialist consultation, including psychiatry, which is subjected to a maximum of 5 consultations per Insured Person and per year;
 - c. Other medical procedures considered medically necessary.



6. OUTPATIENT CARE

- d) Auxiliary Diagnostic tests:
 - i. Laboratory tests;
 - ii. Diagnostic imaging, such as, radiological examination, Mammogram, CT scan, MRI, Ultrasound, Doppler Ultrasound and other;
 - iii. Diagnosis using other techniques, such as, electrocardiogram, electroencephalogram, electromyograms and audiograms; allergy tests and respiratory tests; pathological anatomy (biopsy and cytology), among other.
- e) Prescribed treatments:
 - i. Physical Therapy;
 - ii. Kinesiotherapy for respiratory illnesses;
 - iii. Speech therapy, when motivated by a post-surgical situation or a stroke and trauma situation of a maxillofacial or craniocerebral origin;
 - iv. Nursing care, including injections;
- f) Minor surgery procedures with a K number equal to or lower than 50.

B. What is Not Insured?

1. Stomatology expenses.
2. Expenses connected to the purchase and/or placement of prosthetics or orthotics.
3. Expenses incurred with clinical procedures executed at home.
4. Expenses with orthoptics.

C. Health Care Provision Arrangements

Depending on the contracted Module, this coverage may be guaranteed:

1. **Under the in-network health care services and reimbursable health care services regime, as stipulated in the Module table, in Policy Schedule;**

Additionally, the client will benefit from access to the Allianz Health Medical Network and assume all estimated costs according to the prices negotiated between Allianz and the health care provider, during the Waiting Period, when applicable, or when the coverage limit is exceeded.

2. **Under strict Access to Network regime, in which case the Module table will show "unlimited" capital, 100% co-payments within the network and without reimbursement out of the network.**

D. Claim/Pre-Approval Procedures

Treatments and diagnostic tests listed below require the Provider to submit a pre-approval, to Allianz:

1. Treatments:
 - a) Physical Therapy;
 - b) Speech Therapy;
 - c) Laser Therapy;
 - d) Chronic pain treatment;
 - e) Endoscopy for therapeutic purposes;
 - f) Arterial embolization.



6. OUTPATIENT CARE

2. Auxiliary Diagnostic Tests:

- a) Medical genetics;
- b) Arteriogram/Angiogram;
- c) Polysomnogram;
- d) Amniocentesis;
- e) Nuclear medicine;
- f) Exams under sedoanalgesia/general anaesthesia;
- g) Other differentiated exams (e.g. virtual colonoscopy with CT scan, video capsule enteroscopy; pH-metry;
- h) Allergy provocation tests;
- i) Tests with radioactive isotopes.

E. Waiting Periods

This coverage is available only upon expiry of the waiting period:

90 days

7. DENTAL

A. What is Insured?

Access to a network of service providers in dental medicine and procedures upon payment of the values established in the applicable co-payments table, which is available in <https://www.allianz.pt>.

Dental procedures provided within this dental medicine providers network and corresponding co-payments are set according to the Nomenclature's table of the Portuguese Dental Association.

B. What is Not Insured?

Expenses regarding precious materials.

C. Health Care Provision Arrangements

This coverage is exclusively guaranteed under the Allianz Dental Providers Network, thereby benefiting of the prices agreed between Allianz Portugal and the Providers.

D. Territorial scope

The Allianz Dental Providers Network is available in Portugal, Spain and Italy. To access the Allianz Dental Providers Network in Spain or Italy you must contact the Dental Network Line - (See more information in the Policy Schedule of your contract).

8. MEDICAL ASSISTANCE IN PORTUGAL

A. What is Insured?

The provision of services through the Support Service and upon request from the Insured Person.

Guarantees	Limits
<p>Home medical care</p> <p>In an emergency, ensures a physician will be sent to the Insured Person's home or any other place in Portugal for consultation and eventual guidance regarding further care. The transportation costs will be paid by Allianz Portugal, and the Insured Person will be charged a co-payment.</p>	<p>Without capital limit; co-payment: See Module table in Policy Schedule</p>
<p>Home nursing care</p> <p>For Insured Persons who have been prescribed bed rest at home or regular residence, Allianz Portugal, through the Support Service, guarantees payment of the following nursing expenses exclusively under the agreed services:</p> <ul style="list-style-type: none"> a) Nursing fee; b) Intravenous, intradermal, intramuscular or subcutaneous injections; c) Dressing and treatment; d) Secretions aspiration; e) Gastric tube placement; f) Catheter insertion or removal with bladder lavage; g) Blood pressure control; h) Bed-bathing. 	<p>Co-payment = 2,5€ per visit</p> <p>Capital Limit of 1.000€</p>
<p>Transportation of sick or injured individuals</p> <ul style="list-style-type: none"> a) In emergency situations, Allianz Portugal, through the Support Service, will organize and bear the costs of an ambulance transport or, when required by the urgency and severity of the situation, according to the physicians appointed by Allianz Portugal, air medical transport suitable for injured or sick individuals' transportation in Portugal, of the injured or affected by a sudden illness Insured Person to the nearest Hospital or Clinic; b) Allianz Portugal, through the medical team of the Support Service shall provide guidance regarding urgent care suitable to the situation and the best treatment to follow in cooperation with the Insured Person's attending physician; c) When deemed vital, Allianz Portugal, through the Support Service shall also provide for transportation of the hospitalised Insured Person to/from other health care units, specially Hospitals or diagnostic centres, in the event of lack of diagnostic and therapeutic resources at the unit admitted in. 	<p>Without limits or charges</p>

8. MEDICAL ASSISTANCE IN PORTUGAL

Guarantees	Limits
<p>Medical Information</p> <p>a) Shall provide health information eventually requested with objective answers to the questions asked and based on official elements. When it is impossible to provide a prompt reply, Allianz Portugal shall take steps to seek the requested information and will contact the Insured Person back to convey that information. Allianz Portugal shall not be held liable for the interpretations of the Insured Person nor for eventual consequences of these interpretations;</p> <p>b) When required, Allianz Portugal shall provide the direct contact of the Insured Person with the Medical service, and eventual medical information provided cannot be understood as a medical consultation, but only as a general guidance provided by a physician.</p>	<p>Without limits or charges</p>
<p>Information on 24-hour pharmacy, doctors and health care institutions</p> <p>Through its Support Service, Allianz Portugal shall provide information on pharmacies open to service, as well as hospitals, clinics, health centres or first aid centres, both public or private, and specialty doctors, suitably equipped or fitted to treat specific illnesses or injuries.</p>	<p>Without limits or charges</p>

B. What is Not Insured?

1. Expenses with eventual treatments recommended or prescribed during house calls;
2. Any other medical expenses.

C. Claim Procedures

1. Contact immediately the Support Service, describe the situation and present all the necessary information for the provision of the requested support;
2. Follow the Support Service's instructions and take the necessary and possible steps to prevent worsening the consequences of the situation that originated the call;
3. Answer all information requests from the Support Service and promptly send all notifications, convocations or summoning eventually received;
4. Collect and provide to the Support Service all relevant elements to determine the liability of third parties, when applicable;
5. Insured Persons who made use of the Support Service for purposes of Health Transportation and/or Repatriation guarantees are required to take the necessary steps to recover transportation tickets already paid for and unused, and deliver to Allianz Portugal the recovered amounts.

Note: If the guarantee you need was not requested through the Support Service or was executed without its authorization, this service will not be paid, except in case of force majeure or proven material impossibility.

9. TRAVEL MEDICAL ASSISTANCE

A. What is Insured?

The provision of services through the Support Service and upon request from the Insured Person

Guarantees	Limits
<p>Health Transportation and Repatriation</p> <p>If the Insured Person has an accident or experiences sudden illness abroad, Allianz Portugal, through the Support Service shall be responsible for:</p> <ul style="list-style-type: none"> a) Ambulance transportation to the nearest hospital unit; b) Providing guidance by a medical team, that will establish the most suitable urgent care to the situation and the best treatment to follow in cooperation with the Insured Person's attending physician, as well as the most appropriate means of transportation to another hospital unit or home; c) Coordination and costs of this transportation. Allianz Portugal shall also be responsible for organizing a return trip, if the Insured Person is hospitalised in a hospital unit. When required by the urgency and severity of the situation, according to the physicians appointed by Allianz Portugal, an air medical transport suitable for injured or sick individuals' transportation shall be used in Portugal, Europe and countries on the Mediterranean Coast. For all other countries, transport will be done by a commercial flight or any other more appropriate mean. 	<p>Without limits or charges</p>
<p>Medical, surgical, pharmaceutical, and hospital expenses abroad</p> <p>When the Insured Person requires medical, surgical, pharmaceutical, or hospital assistance as a result of an accident or sudden illness occurring abroad, Allianz Portugal, through the Support Service, shall pay or reimburse the corresponding expenses.</p>	<p>€ 5.000,00</p>
<p>Person accompanying a hospitalised Insured Person</p> <p>In the event of hospitalisation of the Insured Person, and if his/her health condition does not advise repatriation or immediate return, Allianz Portugal bears the hotel expenses for accommodating a family member or other person designated by the Insured Person, already in place, for company.</p>	<p>€ 40,00/day Max. € 400,00</p>
<p>Round-trip ticket for a family member and accommodation</p> <p>In the event of a hospitalisation longer than 5 days, and if it is impossible to activate the guarantee provided for in the previous paragraph, Allianz Portugal bears all expenses incurred by a family member, including 1st class train ticket or economy class plane ticket and accommodations.</p>	<p>Unlimited Transportation; Daily limit for accommodations: 40 €</p>

9. TRAVEL MEDICAL ASSISTANCE

Guarantees	Limits
<p>Expenses incurred with children abroad</p> <p>In the event of repatriation or transportation of the Insured Person due to illness or injury, according to the guarantee provided in paragraph 1 above, if the Insured Person has minor(s) with less than 15 years old under his/her care and there is no family member or person of trust to accompany them on the trip, Allianz Portugal shall pay the expenses incurred by a person travelling with them to their residence or to the hospital or clinic where the Insured Person was hospitalised.</p>	Without limits or charges
<p>Information on doctors and health care establishments</p> <p>Allianz Portugal shall provide information on hospitals, clinics, health centres or first aid centres, both public or private, abroad.</p>	Without limits or charges

B. What is Not Insured?

1. **Medical, surgical, and hospital expenses in Portugal.**
2. **Stomatology expenses.**
3. **Expenses with obstetrics.**
4. **Expenses with purchase and/or placement of prosthetics, orthotics, contact lenses and similar.**
5. **Expenses incurred as a result of child birth and pregnancy complications, except if unpredictable during the first 26 weeks.**

C. Claim Procedures

1. Contact immediately the Support Service, describe the situation and present all the necessary information for the provision of the requested support.
2. Follow the Support Service's instructions and take the necessary and possible steps to prevent worsening the consequences of the situation that originated the call.
3. Answer all information requests from the Support Service and promptly send all notifications, convocations or summoning eventually received.
4. For medical, surgical, pharmaceutical and hospital expenses abroad, provide all original receipts of medical and surgical fees, prescribed medication, and inpatient hospitalisation.
5. Collect and provide to the Support Service all relevant elements to determine the liability of third parties, when applicable.
6. Insured Persons who made use of the Support Service for purposes of Health Transportation and/or Repatriation guarantees are required to take the necessary steps to recover transportation tickets already paid for and unused, and deliver to Allianz Portugal the recovered amounts.

Note: If the guarantee you need was not requested through the Support Service or was executed without its authorization, this service will not be paid, except in case of force majeure or proven material impossibility.

D. Territorial scope

This coverage is valid only for expenses incurred abroad.

10. INTERNATIONAL MEDICAL COVERAGE FOR SERIOUS ILLNESSES

A. What is Insured?

Provided the Second Medical Opinion Coverage was used in advance and that it considers the treatments to be the most appropriate, we guarantee payment of in-network service for, expenses incurred by the Insured Person with services provided out of Portugal for the treatment of Serious Illnesses, specially:

1. Hospitalisation:
 - a) Inpatient daily hospital rate costs for the Insured Person, including use of a standard single room, living room, ward or Intensive Care Unit, meals and general nursing expenses;
 - b) Other hospital services, including outpatient consultations;
 - c) Expenses incurred with an additional bed for a companion, when the hospital provides this service.
2. Treatments or surgeries performed in outpatient medical centres.
3. Medical fees regarding outpatient or inpatient consultations, treatments, medical care or surgery.
4. Services, treatments or medical and surgical prescriptions, such as:
 - a) Anaesthesia and its application, when performed by an anaesthesiologist;
 - b) Laboratory and pathology tests, diagnostic radiology, radiotherapy, chemotherapy, electrocardiograms, echocardiograms, myelogram, electroencephalograms, angiograms, CT scans and other diagnostic and/or treatment exams deemed medically necessary for the situation concerned;
 - c) Blood transfusion, administration of plasma and IV fluids;
 - d) Oxygen delivery and intravenous perfusion, and injections.
5. Services provided during the collection of organs or tissues from dead donors for transplant into the Insured Person, including costs with the organ or tissue collection, conservation and transportation.
6. Services provided during the collection of organs or tissues from living donors for transplant into the Insured Person, including:
 - a) Search for potential donors;
 - b) Hospital services provided to the donor, including use of a standard single room, living room, ward or Intensive Care Unit, meals and general nursing expenses, as well as laboratory tests and other medically necessary services to obtain the organ or tissue to be transplanted into the Insured Person;
 - c) Surgery and other medical procedures the donor must be subjected to during the collection of the organ or tissue to be transplanted to the Insured Person.
7. Required services, equipment and materials to collect bone marrow for tissue transplant into the Insured Person, as long as they are provided after the diagnostic of Serious illness that triggered the Agreement coverages.
8. Pharmaceuticals or drugs delivered by medical prescription during inpatient care or, after discharge, for a maximum period of 30 days, provided the products were prescribed within the post-operative procedures.
9. Intrasurgical Prosthetics whenever there is a surgical procedure during the inpatient care.
10. Round trip for the Insured Person and companion, including accommodation of the latter up to a maximum annual limit of € 5,000.00 .
11. If transportation of the Insured Person requires use of either a land or air ambulance, we guarantee the corresponding costs subjected to medical prescription and Allianz Portugal pre-approval.

10. INTERNATIONAL MEDICAL COVERAGE FOR SERIOUS ILLNESSES

B. What is Not Insured?

1. Expenses incurred in Portugal.
2. Expenses incurred outside the international medical providers framework recommended by Allianz Portugal.
3. Expenses incurred without clearance and pre-approval from Allianz Portugal, even if medically necessary and otherwise guaranteed under this coverage.
4. Expenses with any serious illness and or treatment not provided for in this coverage.
5. Expenses with any serious illness or clinical situation diagnosed before the coverage waiting period expired.
6. Expenses incurred before the Second Medical Opinion service was activated.
7. Expenses with coronary heart diseases treated with non-surgical techniques.
8. Expenses with any type of angioplasty.
9. Expenses incurred with the treatment of illness caused by organ transplant, except if the illness is considered a Serious illness for the purposes of this coverage.
10. Expenses with custody services, home health care or services provided in a recovery centre or institution, nursing home or home for the elderly, even when these services are prescribed by a physician and related to a covered illness or clinical situation.
11. Expenses incurred with any type of prosthetics, except for intrasurgical prostheses, orthopaedic braces, girdles, bandages, crutches, artificial limbs or organs, wigs (even if the use is considered necessary during chemotherapy treatment), orthopaedic shoes, inguinal support belts, and other similar equipment or items, except for breast implants required as a result of a mastectomy due to cancer guaranteed under this coverage.
12. Expenses incurred with all types of medication or pharmaceuticals products not prescribed by the physician, supplied by a licensed pharmacist or that do not require a medical prescription.
13. Expenses incurred with transplant of transgenic organs, genetically modified organs, animal organs, mechanical or provisional organs.
14. Expenses incurred in the context of brain syndrome or support and custody expenses arising from senility or brain deterioration.
15. Expenses incurred with alternative medicine, even if specifically prescribed by a physician.
16. Expenses incurred with the purchase or rental of wheel chairs, articulated beds, special mattresses, AC units, air purifiers and any other similar items or devices.
17. Expenses devoid of medical nature in the scope of this coverage, such as, among others, expenses with interpreters, telephone or expenses with travel arrangements.
18. Incurred by companion(s) of the diseased Insured Person and not guaranteed by this coverage.
19. Incurred with situations mentioned in point C. as Exclusions.

10. INTERNATIONAL MEDICAL COVERAGE FOR SERIOUS ILLNESSES

C. Serious Illnesses in the Scope of this Coverage

Serious illness	Exclusions
<p><u>Cancer</u> Treatment of cancer involving treatment of a single or multiple malignant lesion, characterized by its uncontrolled growth and dispersion of malignant cells and/or invasion of other tissues.</p> <p>Also includes:</p> <ul style="list-style-type: none"> - Chronic lymphocytic leukaemia - Papillary bladder cancer 	<ul style="list-style-type: none"> a. Treatment of lesions showing only first malignant changes, as well as non-invasive and/or "in situ" tumours; b. Skin cancer, except for malignant melanomas ; c. Malignant lesions in the presence of any human immunodeficiency virus . <p>*It is considered "in situ" any malignant neoplasm limited to the epithelium where it originated from and without invasion of the adjacent tissues. This is a malignant, non-invasive tumour that was detected at an early stage, thereby having a favourable prognosis when fully removed.</p>
<p><u>Neurosurgery</u> Any invasive or non-invasive procedure in the brain or other neurological intracranial structures, including benign tumours in the spinal column.</p>	<p>Any situation where procedures are the result of an accident, either early or late.</p>
<p><u>Coronary heart disease that requires coronary artery surgery - bypass.</u> Surgery to correct a narrowing or a blockage in the coronary arteries. Includes:</p> <ul style="list-style-type: none"> a) Bypass graft to correct stenosis in one or more coronary arteries; b) Surgery of the ascending aorta. <p>Angiographic evidence of underlying disease is required.</p>	<p>Treatments for trauma injuries and congenital disorders of the aorta and heart arteries.</p>
<p><u>Stroke</u> Sudden and violent failure of essential brain functions with neurological consequences that persist for a period exceeding 24 hours that tend to be permanent (e.g.: infarction of brain tissue, haemorrhage and embolism of extracranial origin). Requires a clear and positive diagnostic through hospitalisation in an Intensive Care Unit .</p>	<ul style="list-style-type: none"> a. Transient ischemic attacks; b. Subdural haematoma; c. Infarction or haemorrhage due to infection or tumour; d. Costs incurred with home care for recovery.

10. INTERNATIONAL MEDICAL COVERAGE FOR SERIOUS ILLNESSES

Serious illness	Exclusions
<p><u>Transplant</u></p> <p>a) ORGAN TRANSPLANT FROM A LIVING DONOR Transplant surgery where the insured person receives a kidney, a liver segment, lung lobe or a portion of the pancreas due to irreversible damage of the corresponding function in the affected organ.</p> <p>This organ is replaced by another of the same type whose origin is from a living human being identified as a compatible donor.</p> <p>b) BONE MARROW TRANSPLANT Involves a transplant where the insured person receives bone marrow or stem cells from cord blood due to irreversible damage of the corresponding function. For bone marrow, it must be compatible with other of the same type originating from:</p> <ul style="list-style-type: none"> - the insured person himself/herself, that is, autologous bone marrow transplant. - from another human being identified as a compatible donor, that is, allogeneic bone marrow transplant. <p>Transplantation of the above organs shall only be accepted by Allianz Portugal when:</p> <ul style="list-style-type: none"> - This is the last and/or only therapeutic alternative for the Insured Person to recover his/her health or extend his/her life; and/or - The pathology affecting the organ that will be removed is complete and irreversible. 	<ul style="list-style-type: none"> a. When the transplant is intended to treat liver cirrhosis caused by substance abuse (including alcohol); b. Autologous transplant, except for bone marrow transplant . c. The transplant is for donation to a third party; d. When transplants from cadaveric donors are involved; e. Transplant with stem cells, except for bone marrow transplant; f. Transplant to treat a congenital disorder.

D. Capital Limit

- 1.000.000,00 year/ Insured Person
 - For insurance agreements that are effective for a period exceeding a year, the applicable capital limit for the whole duration of the contract per Insured Person is € 2,000,000.00
- Once reached this amount, the coverage terminates.

E. Territorial Scope

The International Medical Coverage applies for expenses incurred anywhere in the world (except Portugal) where there is an International Providers Network.

10. INTERNATIONAL MEDICAL COVERAGE FOR SERIOUS ILLNESSES

F. Claim procedures

All expenses under this coverage require pre-approval from Allianz Portugal.

Following a Second Medical Opinion to confirm the Serious Illness diagnosis and when a specific treatment outside Portugal is recommended, the Insured Person must:

1. Notify Allianz Portugal of the decision and request the corresponding pre-approval.
2. Observe the provisions in the pre-approval (Liability term), namely selecting the physicians or hospitals in the international providers network recommended by Allianz Portugal, as they are considered to be the most suitable for the Insured Person's clinical situation. If the Insured Person fails to comply with the rules established in the pre-approval, he/she will lose the right to compensation.
3. Deliver the pre-approval to the selected Provider.
4. Strictly follow the prescriptions of the physician responsible for the treatment and provide Allianz Portugal with all types of information regarding the circumstances or consequences of the illness.
5. Authorize the physicians and hospitals involved to forward clinical reports and any other elements considered relevant to document the procedure to Allianz Portugal clinical services.

Note: Failure to comply with any of the obligations in the previous paragraphs will be considered as an express waiver of the right to compensation. Allianz Portugal accepts no responsibility or liability regarding expenses incurred without pre-approval.

G. Waiting Periods

This coverage is available only upon expiry of the waiting period:

180 days

11. HOSPITALISATION CASH BENEFITIS

A. What is Insured?

Payment of a daily allowance for each day hospitalised, granted upon expiry of the period laid down as co-payment/deductible in the Module Table of the Policy Schedule.

B. What is Not Insured?

1. **Payment of allowance in the event of hospitalisation due to pregnancy, childbirth, caesarean-section or miscarriage, if the corresponding coverages do not apply.**
2. **Payment of allowance in the event of hospitalisation connected to illness or accident not covered under the Policy terms.**

C. Health Care Provision Arrangements

This coverage is guaranteed under the reimbursement regime, as stipulated in the Module Table, in Policy Schedule.



11. HOSPITALISATION Allowance

D. Waiting Periods

This coverage is available only upon expiry of the following Waiting periods :

- Childbirth, Caesarean section or miscarriage, arterial or venous pathology treatment in the lower limbs;
- Medical, surgical or other treatments with diagnostic of herniated disc, abdominal wall or other;
- Medical, surgical or lithotripsy of kidney, urinary tract, gall bladder and/or bile duct stones;
- Treatment of a proctologic pathology, such as haemorrhoids, fistulas, anal and perianal sphincter fissures;
- Medical or surgical treatments of duodeno-gastric-esophageal pathologies;
- Non-conservative treatment of benign gynaecological and endocrinal pathology* (namely pituitary, thyroid, parathyroid, breast, pancreas, adrenal and ovaries);
- Ears, nose and throat surgery due to benign pathology*;
- Joint pathology treatment through arthroscopy, arthrotomy or arthroplasty;
- Surgical or other invasive treatment of benign prostatic disease;
- Cataract surgery.

365 days

*For all pathology treatments with suspected malignancy, without documentary evidence prior to surgery, the waiting period of 365 still applies, and can be reassessed à posteriori when the malignancy is proved.

- All other hospitalisation and surgery situations

90 days

- Accident situations

No Waiting Period

12. TRANSPORTATION Allowance

A. What is Insured?

Payment of a daily allowance for each day hospitalised, whenever, due to insufficient resources in the surrounding area near home, the Insured Person has to seek inpatient care in a hospital or clinic more than 150 km away.

B. What is Not Insured?

1. **Payment of allowance in the event of hospitalisation due to pregnancy, childbirth, caesarean-section or miscarriage, if the corresponding coverages do not apply.**
2. **Payment of allowance in the event of hospitalisation connected to illness or accident not covered under the Policy terms.**

12. TRANSPORTATION ALLOWANCE

C. Health care Provision Arrangements

This coverage is guaranteed under the reimbursement regime, as stipulated in the Module table, in the Policy Schedule.

D. Claim Procedures

1. The distance between the Insured Person's place of residence and the Hospital or Clinic location, where the Insured Person is hospitalised, will be measured by the number of kilometres to cover in one single trip through the route recommended by the Michelin Guide.
2. The transportation allowance is only granted upon expiry of the period laid down as co-payment/deductible in the Module Table of the Policy Schedule.
3. The transportation allowance coverage complements hospitalisation allowance coverage and must be activated simultaneously.

E. Waiting Periods

This coverage is available only upon expiry of the following waiting periods:

<ul style="list-style-type: none"> • Childbirth, Caesarean section or miscarriage, arterial or venous pathology treatment in the lower limbs; • Medical, surgical or other treatments with diagnostic of herniated disc, abdominal wall or other; • Medical, surgical or lithotripsy of kidney, urinary tract, gall bladder and/or bile duct stones; • Treatment of a proctologic pathology, such as haemorrhoids, fistulas, anal and perianal sphincter fissures; • Medical or surgical treatments of duodeno-gastric-esophageal pathologies; • Non-conservative treatment of benign gynaecological and endocrinal pathology* (namely pituitary, thyroid, parathyroid, breast, pancreas, adrenal and ovaries); • Ears, nose and throat surgery due to benign pathology*; • Joint pathology treatment through arthroscopy, arthrotomy or arthroplasty; • Surgical or other invasive treatment of benign prostatic disease; • Cataract surgery. <p>*For all pathology treatments with suspected malignancy, without documentary evidence prior to surgery, the waiting period of 365 still applies, and can be reassessed à posteriori when the malignancy is proved.</p>	<p>365 days</p>
<ul style="list-style-type: none"> • All other hospitalisation and surgery situations; 	<p>90 days</p>
<ul style="list-style-type: none"> • Accident situations. 	<p>No Waiting Periods</p>

13. SECOND MEDICAL OPINION

A. What is Insured?

1. Pursuing the required steps to obtain a Second Medical Opinion regarding an existing diagnostic of Serious illness or an ongoing treatment from the best specialists worldwide and upon request from the Insured Person, such as:
 - a) Coordination in the information gathering process;
 - b) Execution of the required reports translation;
 - c) Forwarding to the more suitable specialty doctor, considering the Insured Person's pathology;
 - d) Provide the Second Medical Opinion within a maximum period of 30 working days from the date when all the required information was collected.
2. If the Insured Person decides to pursue the treatment abroad, the following services are also guaranteed:
 - a) Selection of foreign specialist doctors and hospitals most suitable for the treatment;
 - b) Referral to selected foreign specialist doctors and hospitals;
 - c) Collection of quotes and cost estimates including fees and hospitalisation regarding treatments or procedures to be effected abroad;
 - d) Scheduling medic appointments with the selected specialists by the Insured Person or Allianz Portugal;
 - e) Booking transports and accommodation abroad for the individual and family members;
 - f) Carrying out prior formalities required for of the Insured Person's hospitalisation;
 - g) Receiving and guiding the Insured Person in the hospital where he/she will be hospitalised and coordinate the care to be provided;
 - h) Review, control and analyse the invoices corresponding to performed treatments/consultations;
 - i) Execution of complete audits to all invoices and medical expenses incurred;
 - j) Negotiate discounts in favour of the Insured Person with the specialist doctors and hospitals.

B. What is Not Insured?

1. **Any services requested to the Second Medical Opinion Service when the Insured Person does not have a serious illness according to the terms stipulated in this coverage.**
2. **Any services connected to getting a first diagnostic.**
3. **Services not requested through Allianz Portugal.**
4. **Any medical expenses with fees, medication and/or inpatient care abroad.**
5. **Transportation and accommodation expenses in Portugal and abroad.**
6. **Any losses or damages directly or indirectly caused by the opinion of the consulted physician and/or professional.**



13. SECOND MEDICAL OPINION

C. Definition of Serious Illnesses in the Scope of this Coverage

Within the scope of this coverage, a serious illness is considered to be any of the following illnesses, that developed or not, in parallel with other type of disease:

1. Cancer diseases.
2. Cardiovascular diseases.
3. Organ transplants.
4. Neurological diseases, including stroke.
5. Chronic renal failure.
6. Parkinson disease.
7. Alzheimer disease.
8. Multiple sclerosis.
9. Acquired Immunodeficiency Syndrome (A.I.D.S.).
10. Any other serious disease considered as such by the Second Medical Opinion Service, taking into account the Insured Person's specific situation.

14. MEDICATIONS

A. What is Insured?

Expenses incurred with drugs prescribed by a physician.

B. What is Insured?

Expenses with:

1. Medication for obesity correction.
2. Vaccines, except allergy vaccines.
3. Contraceptive medication.
4. Medication to fight hair loss.
5. Shampoos, soaps, medicinal toothpastes and similars.
6. Beauty, cosmetics and hygiene products.
7. Dietary, homeopathic or manipulated products.
8. Baby food.
9. Hygiene and antiseptic products.
10. Dressing materials.

C. Health Care Provision Arrangements

This coverage is guaranteed under reimbursable health care services regime as stipulated in the Module Table of Policy Schedule.

D. Waiting Periods

This coverage is available only upon expiry of the waiting period:

90 days

15. STOMATOLOGY

A. What is Insured?

1. Stomatology consultations and treatments.
2. Dental prosthetics.
3. Orthodontic treatment and braces.
4. Radiological exams in stomatology.



15. STOMATOLOGY

B. What is Not Insured?

Costs regarding precious materials.

C. Health Care Provision Arrangements

This coverage is guaranteed under the in-network health care services and reimbursable health care services regime, as **stipulated** in the Module table, in the Policy Schedule. Additionally, the client will benefit from access to the Allianz Health Medical Network and assume all estimated costs according to the prices negotiated between Allianz and the health care providers, during the Waiting Period, when applicable, or when the coverage limit is exceeded.

D. Claim Procedures

The Insured Person must forward all evidence of expenses in the effected treatments details (for instance, completion of the "Dental Treatment Form" supplied by Allianz Portugal).

E. Waiting Periods

This coverage is available only upon expiry of the waiting period:

90 days

16. SENIOR ASSISTANCE

A. What is Insured?

The provision of services through the Support Service and upon request from the Insured Person.

Guarantees	Limits
<p><u>24 Hours Health Line</u></p> <ul style="list-style-type: none"> a) Scheduling appointments, exams and treatments, in clinics and hospitals of the Allianz Network; b) Information about providers of the Allianz Health Medical Network (through information available on the Allianz Insurance Company website); c) Information on hospitals, clinics and health centres, both public and private; d) information on pharmacies open to service; e) General health information (vaccines, life hygiene, nutrition, domestic accidents, etc.); f) Travel information: prevention, mandatory or recommended vaccination, nutrition, organizing a first aid kit for travelling, local hospital guidance. <p>Any information provided cannot be construed as a medical, diagnostic consultation or treatment indication, but only as as general guidance.</p>	<p>Without limits or charges</p>

16. SENIOR ASSISTANCE	
Guarantees	Limits
<p><u>Medical Advice by Telephone</u></p> <p>In an emergency, Allianz Portugal, through its Support Service, shall provide health professionals, namely doctors, who by telephone, guide the Insured Person, to make the most appropriate decision to his/her clinic situation.</p> <p>Medical information provided over the phone is for guidance/counselling only and never a diagnosis or treatment indication.</p>	<p>Without limits or charges</p>
<p><u>Home Medical Care</u></p> <p>In an emergency, Allianz Portugal, through its Support Service, ensures a physician will be sent to the Insured Person's home for consultation and eventual guidance regarding steps to be taken.</p> <p>The Insured Person shall settle the co-payment, and the Support Service shall settle the rest and the doctor's transportation .</p>	<p>Unlimited Co-payment: 20€/consultation</p>
<p><u>Medication delivery at Home</u></p> <p>Allianz Portugal, through its Support Service, guarantees delivery of medication at home whenever the Insured Person has a medical prescription, and is unable to do so himself.</p> <p>This service is limited to a 50 km radius from the Insured Person's residence to the nearest 24 hours pharmacy.</p>	<p>Without limits or charges (within 50km radius) Medication: Cost borne by the Insured Person</p>
<p><u>Home Nursing Care</u></p> <p>Upon discharge subsequent to inpatient care or bed rest of the Insured Person at his/her home, provided this is demonstrated with a medical prescription, and for the recovery period, Allianz Portugal, through its Support Service, guarantees to the Insured Person a nurse will be sent to his/her residence and all travel costs and fees and medical supplies (except for pharmaceutical products to be administered) shall be borne by Allianz Portugal up to the limit set forth above, and the Insured Person is responsible for settling the corresponding co-payment, whether it is a simple or complex procedure. Regardless of the type of procedure, it is up to the Insured Person to purchase and make available the pharmaceutical products to be administered by the nurse. For this purpose, the Insured Person may request the delivery of the pharmaceutical product at home through the service Medication delivery at Home.</p>	<p>Recovery period up to a maximum of 90 days/year/claim</p> <p>Co-payments: Simple procedure: 10 € / Procedure Complex Procedure: 30 € /Procedure</p>



16. SENIOR ASSISTANCE	
Guarantees	Limits
<p><u>Emergency Transport</u></p> <p>In the event of an emergency, Allianz Portugal, through its Support Service, shall provide to the Insured Person transportation in an ambulance or another more suitable way to the hospital unit closest to the hospital unit where he/she was hospitalised, when prescribed, and to return to the Usual Residence following medical discharge. If the home return service must be carried out, by medical prescription, in an ambulance, this must be requested with a prior notice of 24 hours.</p>	<p>Without limits or charges</p>
<p><u>Ambulance Transportation for Consultation, Treatments or Medical Exams</u></p> <p>If the Insured Person cannot move by himself/herself, as demonstrated by medical prescription and validated by the Support Service medical team, Allianz Portugal, through its Support Service, shall arrange transportation by ambulance for medical consultations, treatments or exams.</p>	<p>300€ / year Max. 50€ / transportation</p>
<p><u>Home Care</u></p> <p>Upon discharge subsequent to inpatient care or bed rest of the Insured Person at his/her home, provided this is demonstrated with a medical prescription, that prevents the Insured Person from moving about by his/her own means, Allianz Portugal, through its Support Service, shall send to the Insured Person's home someone to provide house cleaning services, bearing the service's costs:</p> <ul style="list-style-type: none"> a) Assistance with daily hygiene (without needing nursing care); b) Small domestic chores; c) Laundry and ironing (occasional); d) Take out the garbage; e) Change the bedding; f) Make the bed; g) Dusting; h) Take and bring clothes from the laundry; i) Get prescriptions from the pharmacy; j) Pet sitting; k) Groceries shopping; l) Cooking; m) Help during meals; n) Accompanying to appointments; o) Accompanying during lunch or dinner. 	<p>15 days /year Max. 4 hours /day</p> <p>Once this limit is exceeded, the Support Service may arrange for the provision of the listed services, and the costs will be borne by the Insured Person.</p>

16. SENIOR ASSISTANCE	
Guarantees	Limits
<p><u>Home Care Services</u> Following request from the Insured Person, Allianz Portugal, through its Support Service, shall arrange for the provision of the services listed below, at the agreed prices, and the costs shall be borne by the Insured Person:</p> <ul style="list-style-type: none"> a) Home Care Services; b) Home Catering Services; c) House Maid Services; d) Monitoring Service (Nights); e) House Repair Services; f) Other Domestic Services are available upon request. 	<p>Unlimited</p> <p>The agreed prices and the information on the several service providers must be checked through the 24 Hours Health Line</p>
<p><u>Medical Follow-Up by Telephone to the Insured Person</u> Allianz Portugal, through its Support Service, will ensure that the Insured Person is monitored on his/her health condition through a telephone contact. With this contact, Allianz Portugal, through its Support Service, shall reach the Insured Person to inquire about his/her health condition, eventually recommending appointments, exams, or treatments. During the telephone contact, the Insured Person may also benefit from the other services that complement the Allianz 55 Mais. Eventual information provided by Allianz Portugal through its Support Service cannot be construed as a medical, diagnostic consultation or treatment indication, but only as as general guidance.</p>	<p>1 Contact/Year</p>
<p>B. What is Not Insured?</p>	
<p>1. Expenses with eventual treatments recommended or prescribed during house calls ; 2. Any other medical expenses.</p>	
<p>C. Claim Procedures</p>	
<p>In order to benefit from the guarantees of this coverage, the Insured Person must contact the Assistance Service.</p> <p>Note: If the guarantee you need was not requested through the Support Service or was executed without its authorization, this service will not be paid.</p>	

This is a free translation of the Allianz Saúde Empresas General and Special Conditions and does not exempt consultation of the legally required pre-contractual and contractual information. In case of discrepancy, for any legal dispute the Portuguese version shall prevail.