

The complete pre-contractual and contractual information regarding the product is provided in other documents.

What is this type of insurance?

Health Insurance for Private Customers.



What is insured?

According to the option contracted for each insured person, the following coverages and annual capital can be guaranteed:

- ✓ Hospitalization and Surgery: 30.000€, 75.000€, 150.000€ or 500.000€
- ✓ Childbirth (Normal, IIP or Cesarean): 5.000€ or 10.000€ (Hospitalization and Surgery sub-limit)
- ✓ Ambulatory Assistance: 1.000€, 2.500€ ou 10.000€
- ✓ Oncology (> 18 years): 1.000.000€
- ✓ Ocular Prostheses and Orthoses: 250€ or 500€
- ✓ Non-Ocular Prostheses and Orthoses: 2.000€ or 2.500€
- ✓ Hospitalization Allowance: 50€/day
- ✓ Displacement allowance: 50€/day
- ✓ International Medical Coverage for Serious Diseases: 1.000.000€
- ✓ Dental: Access to the dental care network
- ✓ Medications: 1.000€
- ✓ Stomatology: 1.000€
- ✓ Assistance in Portugal
- ✓ Travel Assistance
- ✓ Senior Assistance

Services:

- ✓ Online Physician: Online Consultation, Nutrition Consultation, Psychology Consultation, Healthy Habit Test and Healthy Living Program
- ✓ 2nd Medical Opinion
- ✓ Access to the Allianz Health Network
- ✓ Access to the Wellness Network



What is not insured?

In addition to other exclusions in the General and Special Conditions of the contract, stand out:

- ✗ Medical expenses incurred with a pre-existing illness, pregnancy or accident, declared or not, as well as with diseases and/or symptoms that are clinically proven to be related with those pre-existing situations;
- ✗ Expenses for treatment or correction of anomalies, malformations or congenital diseases;
- ✗ Expenses related to medical acts of an aesthetic nature, plastic or reconstructive and its complications, except those required by accident or malignant disease occurred during the term of the contract;
- ✗ Consultations, treatments or surgeries for correction obesity and metabolic syndrome, whatever are the clinical or surgical indications;
- ✗ Expenditures on the treatment of disorders of the mental health, unless expressly agreed otherwise on the contract for psychiatric consultations;
- ✗ Expenses resulting from treatments of varicose veins sclerosis;
- ✗ Expenses resulting from surgical treatments related to myopia, astigmatism and hyperopia, unless the pathology has manifested itself during the term of the contract and the number of diopters is greater than 4;
- ✗ Expenses related to or arising from situations of infertility and medical acts practiced in the assisted reproduction;
- ✗ Expenses within the scope of Compulsory Insurance.



Are there any restrictions on cover?

- ! Insurance capital limit applicable for coverage, in the event of an accident;
- ! Sublimits in the coverage of Ambulatory Assistance: consultation 50 € / act, Physiotherapy 350 €, Malignant skin lesions 200 € and Benign skin lesions 80 €;
- ! When intentional omissions and inaccuracies occur in the risk statement, the Insurer will not be obliged to cover the claims that have occurred;

- ! If a deductible or co-payment has been established, in the event of a claim, this amount will be borne by the Policyholder or Insured Person;
- ! The coverage of Oncology (> 18 years) implies co-payment at 0 € for the client, but for this purpose a Global Pre-Authorization must be presented.
- ! The payment of medical fees is limited to the amount (k) indicated in the Particular Conditions;
- ! There are medical acts subject to pre-authorization to be guaranteed by insurance;
- ! Coverage, other than Network Access, comes into effect only after the grace period has elapsed:
 - 90 days for Outpatient, Medicines, Stomatology and Daily Subsidies (unless related to hospitalizations subject to 365 days) and all hospitalizations / surgeries that do not require a 365-day grace period;
 - 180 days for Oncology (> 18 years), Prostheses and Orthotics and International Medical Coverage for Serious Diseases;
 - 365 days for Childbirth and specific surgeries, indicated in the Particular Conditions.
- ! The Insurance is only valid for customers with residence in Portugal.



Where am i covered?

- ✓ Portugal
- ✓ Spain, only on a reimbursement basis, except with regard to dental coverage that is only guaranteed on a reimbursement basis network (Network Conventional Stomatology ADE, S.A.)
- ✓ Italy, only for the purpose of using the agreed stomatology network - ADE, S.A.
- ✓ Worldwide: in the event of an accident or sudden illness in travels not exceeding 30 days by the insured person
- ✓ International Medical Coverage for Serious Illness only works abroad and in network providers, indicated case by case.



What are my obligations?

Before the subscription of the contract:

- State accurately all the circumstances that you know are relevant to the risk assessment;

During the term of the contract:

- Communicate all circumstances that alter the risk;
- Pay your premiums or fractions in a timely manner;

In case of a claim:

Within the Network:

- Select a provider from the provider network indicated by Allianz Portugal;
- Settle the co-payments fixed;

Outside the Network:

- Present the expenses for reimbursement within a maximum period of 180 days after their realization;

General:

- In case of sudden illness or accident abroad, it is necessary to activate the Travel Assistance coverage;
- Provide Allianz Portugal, either directly or through the doctors or hospitals to which it has resorted, with all the information requested by those.



When and how do i pay?

The initial premium is paid on the date of conclusion of the contract. Subsequent premiums or fractions are due on the date of maturity.

The premium must be paid by debit in the account.



When does the cover start and end?

The contract takes effect from the time of the payment of the initial premium and until a subsequent premium or installment is no longer paid, unless, however, there is any other reason for the termination of the contract.

On the first annuity, the contract period can be slightly below or slightly over one year, depending on the date the insurance was contracted and the date you choose as the renewal date: : The 1st day of the month in which the insurance was contracted or the 1st day of the month following that in which the insurance was contracted.

Age Limit:	Insured Person	Adherence	Permanence
Base, Standard, Mais, Extra	Proposer, Spouse or Equivalent	Up to 65 years	Without limit
	Children or Similar	0 to 24 years	Up to 25 years
Total	Proposer, Spouse or Equivalent	Up to 60 years	Without limit
	Children or Similar	0 to 24 years	Up to 25 years
Dental	Proposer, Spouse or Equivalent	Without limit	Without limit
	Children or Similar	0 to 24 years	Up to 25 years
55 Mais	Proposer, Spouse or Equivalent	From 55 years	Without limit



How do I cancel the contract?

Due to a) **Delation**, upon prior notice in writing addressed to the other party, or using another means of which there is a long-lasting record, at least 30 days before the date of annual expiry of the policy. b) **Termination** by justified reason.

c) **Free Resolution** (without just cause) within 30 days of receipt of the policy when the Policyholder is a natural person.

The contract can also be terminated by revocation, by mutual agreement and also by Expiry (see table with limits of permanence).

Communications must be in written form or be provided by another means that provides a lasting record.

This English version is only for information purposes and in the event of any dispute and for all the legal effects, the Portuguese version of this document prevails.