

Supplementary health insurance



Information document for the insurance product

AXA Assurances Luxembourg S.A. insurance company, authorised in Luxembourg

OptiSoins

Disclaimer: this document is only intended to provide you with a summary of the principal coverage and exclusions of the insurance product and is not customised to your specific needs. All pre-policy and policy information on the insurance product is included in the policy documentation for the chosen product.

What type of insurance is it?

This «Supplementary Health» insurance product covers the Insured for medically required treatments in case of illness, childbirth or personal injury.

Basic coverage relates to medical care provided as part of a hospitalisation and includes an assistance service when the Insured is abroad; it can be extended to out-patient medical care, dental care, eye care, prevention and screening.



What is insured?

Basic benefits

- ✓ Cover of medical expenses related to hospitalisation, as well as pre- and post-hospital medical care
- ✓ Assistance abroad:
 - Rescue costs (up to a maximum of EUR 10,000)
 - Medical assistance
 - Repatriation or transport
- ✓ Practical everyday services (schooling support, domestic help, looking after animals) during and after hospitalisation

Additional benefits according to the chosen scheme

- Out-patient care:
 - consultations and visits,
 - medications,
 - medical procedures by auxiliaries,
 - curative treatment,
 - thermal cures,
 - therapeutic equipment,
 - laboratory analysis and examinations,
 - medical imagery,
 - alternative care
- Prevention and screening
- Dental care
- Eye care

Disclaimer: any coverage ceilings, limits and excesses are included in the insurance conditions and/or Specific Terms and Conditions



What is not insured?

- ✗ The intentional act of the Insured
- ✗ Illnesses or accidents resulting from war, riots, acts of collective violence if it is established that the insured person took an active part
- ✗ Claims that occurred before the effective date of the policy, or during waiting periods
- ✗ Aesthetic treatments, contraception
- ✗ In case of protracted loss of autonomy of the Insured, the stay and/or non-medical care provided at home or in a convalescent or nursing home

Disclaimer: this list is not exhaustive. For more information, consult the insurance conditions and/or special conditions and/or Specific Terms and Conditions.



Are there exclusions from coverage?

- ! Attempted suicide, intoxication or chronic or non-accidental addiction
- ! If the curative treatment exceeds what is medically required, the Company may reduce benefits to an appropriate amount
- ! If the policyholder receives benefits from statutory insurance, the Company is only liable for the reimbursement of the remaining costs

Disclaimer: this list is not exhaustive. For more information, consult the policy documents relating to the chosen product.



Where am I covered?

- ✓ In Europe
- ✓ World-wide for all temporary stays (maximum 60 days)



What are my obligations?

- When signing up for the policy: declare exactly all the circumstances and all elements allowing the risk to be assessed
- Immediately declare the conclusion or the cover extension of a medical costs insurance under which the insured person is covered with another insurance company, private or public health insurance fund
- During the policy: declare any new circumstances that could modify the conditions of insurability.
 - The transfer from the residence of the Policyholder and the Insured to a country outside the Grand Duchy of Luxembourg
 - The loss of enrolment with Luxembourg statutory health insurance
 - The death of the policyholder
- Pay the premiums
- In case of an incident:
 - Declare hospital treatment within 10 days of starting
 - Provide all information and evidence required for the recognition of the claim and for the determination and scope of the Company's contribution
 - Be examined by a doctor designated by the Company when it so requests
 - Request prior authorisation for treatments that so require



When and how are payments made?

You must pay the premium. Either by direct debit, or by transfer (you will receive an invitation to pay) according to the periodicity chosen.



When does the cover begin and when does it end?

The start date and the duration of the insurance are indicated in the Specific Terms and Conditions of the policy. The policy runs for two years and is tacitly renewable for a period of one year.



How can I cancel the policy?

If you wish to cancel your policy, in full or for one of the Insured, you must notify your intention at least 30 days before the annual due date of the policy. The cancellation is done by registered letter with acknowledgement of receipt and must be signed by the policyholder and by the Insured.