

Complementary health insurance



Information sheet on the insurance product

AXA Assurances Luxembourg S.A., an insurance company licensed in Luxembourg

OptiSoins

Disclaimer: this document is only intended to provide you with a summary of the principal coverages 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 kind of insurance is it?

This “Complementary Health” insurance product covers the Insured for medically required treatments in case of illness, childbirth or accidental bodily 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 covered?

Basic benefits

- ✓ Payment of medical costs associated with a hospital admission, including pre- and post-hospital medical care
- ✓ Assistance abroad:
 - Rescue costs (up to a maximum of € 10,000)
 - Medical assistance
 - Repatriation or transport
- ✓ Practical day-to-day services (home schooling, household help, pet sitting) during and after hospital admission (procured exclusively on Luxembourg territory for Insureds residing in Luxembourg)

Additional benefits according to the chosen scheme

- Outpatient medical care:
 - Consultations and visits,
 - Medications,
 - Paramedical procedures,
 - Curative treatments,
 - Thermal cures,
 - Therapeutic equipment,
 - Laboratory analysis and examinations,
 - Medical imaging,
 - Alternative treatments
- Prevention and screening
- Dental care
- Eye care

Disclaimer: the coverage ceilings and limits are stated in the insurance conditions and/or special insurance conditions.



What is not covered?

- ✗ Intentional acts by the Insured
- ✗ Care and treatments that are not medically necessary
- ✗ Damage resulting from war or related events
- ✗ Claims occurring before the effective date of the policy, or during waiting periods
- ✗ Claims occurring after the end of the policy
- ✗ 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 policy documents relating to the chosen product.



Are there exclusions from coverage?

- ! Suicide and/or 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 under the statutory insurance system, the Company is only obliged to reimburse 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 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 of the residence of the Policyholder and the Insured abroad
 - 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 of the Company's contribution and its scope
 - Be examined by a doctor designated by the Company when it so requests
 - Request prior permission for treatments for which this is required



When and how should payments be made?

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



When does cover begin and when does it end?

The start date and the duration of the insurance are indicated in the Special Conditions of the policy. The policy is concluded for a two year period and is tacitly renewable for a period of one year.



How can I terminate the policy?

If you wish to cancel your policy, in full or for one of the Insureds, you must notify your intention at least 30 days before the annual maturity 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.