

Table of Benefits

 Valid from 1st January 2025

Country of treatment																						
(For medical expenses incurred in a country not listed below, the benefit limits for Belgium will apply)																						
	Pre- authorisation	Level of cover	Belgium EUR	Luxembourg EUR	UK and Channel Islands GBP	Canada CAD	Denmark DKK	France EUR	Germany EUR	Greece EUR	Hungary HUF	Italy EUR	Netherlands EUR	Norway NOK	Poland PLN	Portugal EUR	Spain EUR	Turkey EUR	USA USD			
Benefits																						
Except those marked with a ¹ , all benefits are fully covered and have their limits doubled for members with a serious illness, where costs pertain to this illness.																						
Benefits marked with a ² are not available to the beneficiaries of the Temporary Staff base cover.																						
Benefits for the beneficiaries of the 'Children with disability' base cover are fully refunded (except for the transport benefits which remain covered at 90%) and have their limits doubled.																						
Out-patient benefits and consultations																						
Medical practitioner fees (limits are per calendar year)			No	90%	3,126	3,300	3,738	6,000	22,500	2,620	3,717	2,000	824,500	3,500	3,201	34,450	9,701	2,082	2,000	2,935	6,000	
Specialist fees (limits are per calendar year)			No	90%	6,252	6,600	7,476	10,000	45,000	5,240	7,434	4,000	1,649,200	7,000	6,402	68,900	19,402	4,164	4,000	5,870	10,000	
Medical report			No	90%	refund	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit		
Video consultation services via Telehealth Hub			No	Full refund	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit		
Prescribed drugs (please note that some prescribed medications may require pre-authorisation. Medical report or results of diagnostic tests can be required for some types of medications in order to establish medical necessity)																						
Prescribed drugs and dressings			No	90%	refund	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit		
Prescribed oral hormonal contraceptives and intra-uterine devices			No	90%	refund	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit		
Homeopathic drugs			No	90%	refund	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit		
Prescribed physiotherapy																						
Prescribed physiotherapy			Yes	90%	refund	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit		
Prescribed orthopaedic appliances and special equipment																						
Prescribed orthopaedic appliances such as hearing aids and orthopaedic soles, per appliance			Yes	90%	refund	2,672,87	2,821,64	3,193,10	10,100,52	23,312,16	2,865,51	4,142,46	1,906,77	660,866,95	2,562,53	3,731,49	38,929,78	8,975,22	3,743,32	2,324,39	3,056,06	7,662,44
Prescribed orthopaedic shoes, wheelchairs, renewal of orthopaedic appliances and support stockings, per appliance			Yes	90%	refund	2,672,87	2,821,64	3,193,10	10,100,52	23,312,16	2,865,51	4,142,46	1,906,77	660,866,95	2,562,53	3,731,49	38,929,78	8,975,22	3,743,32	2,324,39	3,056,06	7,662,44
Repair of prescribed orthopaedic appliances			Yes	90%	refund	1,336,44	1,410,83	1,596,55	5,050,27	11,656,09	1,432,75	2,071,23	953,39	330,433,49	1,281,27	1,865,73	19,464,89	4,487,62	1,871,67	1,162,20	1,528,03	3,831,23
Prescribed special equipment such as CPAP and incontinence material			Yes	90%	refund	2,672,87	2,821,64	3,193,10	10,100,52	23,312,16	2,865,51	4,142,46	1,906,77	660,866,95	2,562,53	3,731,49	38,929,78	8,975,22	3,743,32	2,324,39	3,056,06	7,662,44
Prescribed blood pressure monitor for diabetics, pregnant women with symptoms of pre-eclampsia, home dialysis patients and elderly patients with co-morbidities			Yes	90%	refund	2,672,87	2,821,64	3,193,10	10,100,52	23,312,16	2,865,51	4,142,46	1,906,77	660,866,95	2,562,53	3,731,49	38,929,78	8,975,22	3,743,32	2,324,39	3,056,06	7,662,44
Artificial limb			Yes	90%	refund	62,520	60,000	69,420	88,000	52,400	69,030	40,000	16,492,000	65,000	64,020	194,020	41,640	40,000	58,700	68,000		

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Intermediate surgery (reimbursement for this benefit is 90% for Leaving Staff (12 months), Non-dependent Children and temporary staff)																			
Major surgery	No	Full refund	4,989.12	5,266.82	5,960.31	18,854.58	43,522.47	5,348.80	7,730.36	3,959.13	12,335.58	6,065.43	72,663.55	16,752.95	6,987.28	4,338.64	5,704.40	14,296.83	
(reimbursement for this benefit is 90% for Leaving Staff (12 months), Non-dependent Children and temporary staff)	No	Full refund	9,799.90	10,345.38	11,707.58	37,037.99	85,488.14	10,506.50	15,189.12	6,991.07	24,230.90	9,395.42	13,682.15	142,736.19	32,907.02	13,724.33	8,522.22	11,204.87	28,091.32
Specialised institutions																			
Nursing home, rehabilitation centre specialised institution for handicapped person (per day)	Yes	90% refund	124.74	131.68	148.95	466.35	1,089.53	133.94	193.43	88.96	30,843.30	119.53	174.11	1,818.82	418.85	174.6	108.47	142.63	352.18
Convalescence home (per day)	Yes	90% refund		No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	
Transport																			
Local ambulance ¹	Yes	90% refund		No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	
Private transport expenses for renal dialysis, chemotherapy or radiotherapy ¹	Yes	90% refund		No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	
Doctor's travelling expenses (home visits only) per kilometre ¹	No	90% refund																	
Preventative treatment																			
Vaccinations																			
Concert screening																			
• Annual pap smear																			
• Mammogram																			
• Prostate screening																			
• Colonoscopy																			
• Other cancer screening tests																			
Genetic tests																			
Thermal cures																			
Consultations																			
Prescribed medical treatment																			
Room and board in cure centre (per cure)																			
Glasses and contact lenses																			
Prescribed lenses and contact lenses if dioptric is greater than +5 or less than -5 ²	No	90% refund	712.9	75.26	85.07	267.07	622.25	76.75	110.49	88.96	17,623.66	68.25	99.51	1,037.33	239.34	99.73	61.98	81.5	203.27
Prescribed ordinary lenses and special lenses (one pair per calendar year) ²	No	90% refund	1,781.63	1,880.80	2,128.48	6,733.67	15,542.23	1,909.93	2,761.68	127.1	440,510.33	1,708.11	2,487.64	25,943.75	5,982.56	2,495.25	1,549.37	2,037.07	5,102.69
Frames (every two calendar years except for Old CMC where limit applies; every calendar year), contact lenses and cleaning and sterilisation fluids for contact lenses ²	No	90% refund	712.75	752.42	851.48	2,698.45	6,219	764.22	11,104.59	508.47	176,280.58	682.61	995.07	10,377.81	2,393.36	998.21	619.84	814.93	2,045.73
Infertility (up to 43 years old)																			
Artificial insemination including hormone treatment to stimulate fertility (max. six attempts per lifetime) ²	Yes	90% refund		No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	
IVF/CSI/MSA and TESE (including hormone treatment to stimulate fertility (max. six attempts per lifetime) ²)	Yes	90% refund		No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	No limit	
Maternity grant following birth or adoption (per child) ^{1,2}	No	Full refund	2,138.24	2,257.26	2,456.17	3,848.06	18,651.14	2,292.15	3,313.95	1,525.37	52,676.13	2,049.95	2,985.19	29,741.85	7,179.95	2,994.53	1,859.47	2,444.78	2,946.52
Funeral expenses for all staff, retirees and dependents ¹	No	Full refund	4,729.69	4,992.96	3,550.50	8,422.97	34,256.78	4,992.49	7,742.15	2,480.13	11,941.425	3,849.45	7,095.36	46,203.83	15,881.79	3,799.77	4,113.05	5,407.77	6,437.78
Long term care																			
Home adaptation (three-year limit)	Yes	90% refund	3,335	3,887	2,700	6,283	27,597	3,128	3,028	1,112	303.797	2,254	3,105	50,144	4,356	1,234	1,801	629	5,020
Waiting period applies. Please refer to your NATO Benefit Guide for more information	Yes	Not applicable	Monthly: 900	Monthly: 1,049	Monthly: 729	1,696	844	817	300	Monthly: 844	82,001	Monthly: 608	838	Monthly: 13,535	Monthly: 1,176	Monthly: 333	Monthly: 486	Monthly: 1,355	Monthly: 16,260
Custodial care	Yes	Not applicable	Annually: 10,800	Annually: 12,588	Annually: 8,748	20,352	89,388	10,128	9,804	3,600	984,012	7,296	10,056	16,240	14,112	3,996	5,832	2,040	

Additional Benefits

Employee Assistance Programme*

- Offers access to a range of 24/7 multilingual support services as follows:
 - Confidential and professional counselling up to 5 sessions per issue, per calendar year (in-person, phone and video)
 - Legal and financial referral services
 - Wellness website access

For more information on the additional benefits, please refer to your NATO Benefit Guide available on [MyHealth Digital Services](http://my.allianzcare.com/myhealth/1/login):
my.allianzcare.com/myhealth/1/login

Travel Security Services*

- Offers 24/7 access to personal security information and advice for all your travel safety queries. This includes:
 - Emergency Security Assistance Hotline (not a free phone number)
 - Country intelligence and security advice
 - Daily security news updates and travel safety alerts

For more information on the additional benefits, please refer to your NATO Benefit Guide available on MyHealth Digital Services:
MyHealth Digital Services

MyHealth Digital Services

- Manage your cover online with our app or portal anytime, anywhere
 - Submit and track progress of claims
 - Access your policy documents, health services, payment details and more
- Access to wellness resources through the Health Assistant in MyHealth app

For more information please visit your Allianz Wellness Store at www.allianzcare.com/en/support/health-and-wellness/allianz-wellness-portal.html

Important Notes

* Certain services that may be included in your plan are provided by third party providers. If included in your plan, these services will show in your Table of Benefits. These services are made available to you subject to your acceptance of your policy's terms and conditions, as well as the service's terms and conditions set out by the relevant third party service provider. By accepting the third party service providers' terms and conditions you enter a separate contractual relationship directly with them. Their services may be subject to geographical restrictions. Full details of the third party service providers' terms and conditions are available in their websites and in the relevant application and/or platform where services may be hosted. The third party service providers are independent data controllers and we recommend that you review their privacy notices to understand how they process your personal data. The third party service providers offer non-insurance services that are not intended to be a substitute for in-person medical consultations, diagnosis, treatment, assessment or care. You understand and agree that the insurer, its reinsurer and their administrators are not responsible or liable for any claim, loss or damage, directly or indirectly resulting from your use of any of these third party services.

Olive*

This document shows the benefits you are covered for under the base medical cover. You should read it in conjunction with the NATO Benefit Guide. Geographic cover is worldwide including USA (rules apply to treatment received in USA, please refer to your NATO Benefit Guide), 90% of all eligible out-patient and dental costs are covered up to the benefit limit specified, unless treatment relates to a work related illness or accident, or if additional cover for serious illness or handicapped child cover applies. We will reimburse costs incurred for prescribed medical and dental treatment provided by a qualified physician in accordance with reasonable and customary charges. This Table of Benefits and the benefit limits stated are confidential and should not be released to any third party. Please note that English is the original and official language of this document.