



NATO

Affinity Cover

Valid 1st January 2023



Content

Welcome

You and your family can depend on us, as your international health insurer, to give you access to the best care possible.

This guide is a summary of important information about your cover.

Reading the Table of Benefits and Terms and Conditions will help you make the most of your cover.

Introduction	4
Table of benefits.....	5
Terms & conditions of your cover	9
How to access your cover	17
General definitions & Exclusions	20
Your contacts	29

This document is intended simply as a guide. Any document other than the text of the Group Insurance Contract is legally void. This text is the subject of a contract that can be terminated on a periodical basis.

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of €72,104,026 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA.

The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at 1 place du Samedi, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159. Allianz Care and Allianz Partners are registered business names of AWP Health & Life Services Limited.

Introduction

Your Affinity Cover

What is Affinity cover?

NATO Affinity is a new optional top-up cover to your NATO Base cover.

While your NATO Base cover, including the previous NATO-wide supplementary cover for hospitalisation, serious illnesses and handicapped children, is provided and partially paid for by NATO, the NATO Affinity cover is a top-up that you choose to purchase — or not — on an individual basis.

You can choose your level of cover and which dependants, if any, you want to add to this top-up, and pay for it yourself.

Why would I need Affinity cover?

A top-up cover will help cover some or all of the eligible out-of-pocket expenses not covered by the NATO Base cover.

Who can avail of NATO Affinity cover?

The following conditions apply to be eligible for NATO Affinity cover:

- Active or retired NATO staff: the policyholder must work for – or have worked for – NATO and have an active NATO Base cover.
- Former NATO Staff (Leavers Category) the policyholder and dependants must:
 - have or have had a Base cover with NATO,
 - and have another base insurance provider if no longer with NATO,
 - reside outside of the United States of America.
- The policyholder must be in the eligible NATO category (International Civilian Staff, Consultants, Seconded Staff and Retired Staff) to avail of the NATO Affinity cover. Exceptions are for Temporary staff who are not eligible for the present Affinity cover. Non-dependant children and ex-partners cannot avail of the NATO Affinity cover either but can subscribe to a continuation plan as an alternative via the Association.
- Dependants must be within the age ranges as set in accordance with the relevant statutory provisions by NATO.
- By purchasing a NATO Affinity cover, members become de facto members of the Intercover Association.

Table of benefits

Cover overview

Plan choices

You can choose one of three Affinity cover options:

- Advance
- Advance Plus
- Advance Pro

The Affinity option selected by the policyholder can apply to some or all dependants covered by the policy. Whichever cover option is selected will apply to all members on the policy.

The same level of cover option chosen applies to all the members specified by the policyholder for cover under the NATO Affinity cover.

To see which benefits are covered and the different levels of cover offered under the NATO Affinity cover, please refer to the [Table of Benefits](#).

What am I covered for?

This plan is a top-up cover designed to supplement NATO Base cover or another base insurance provider (if no longer with NATO).

Treatments eligible for reimbursement are listed in the [Table of Benefits](#).

NATO Affinity Benefits and cover options

Benefits		Advance	Advance Plus	Advance Pro
Out-patient Benefits & Consultations	Medical Practitioner Fees	5% of the amount paid with a limit of 150€ per year per beneficiary	10% of the amount paid with a limit of 200€ per year per beneficiary	
	Specialist Fees	5% of the amount paid with a limit of 300€ per year per beneficiary	10% of the amount paid with a limit of 400€ per year per beneficiary	
Prescribed Drugs	Prescribed Drugs and Dressings	10% of the amount paid with a limit of 300€ per year per beneficiary	10% of the amount paid with a limit of 500€ per year per beneficiary	
	Prescribed oral hormonal contraceptives and intra uterine devices			
	Homeopathic Drugs			
Prescribed phytotherapy	Prescribed phytotherapy			
Prescribed Orthopaedic Appliances & Special Equipment	Prescribed orthopaedic appliances such as hearing aids and orthopaedic soles, per appliance	no cover	no cover	10% of the amount paid with a limit of 3 000€ per year per beneficiary
	Prescribed orthopaedic shoes, wheelchairs, renewal of orthopaedic appliances and support stockings, per appliance			
	Repair of prescribed orthopaedic appliances			
Other treatments	Prescribed Physiotherapy	5% of the amount paid with a limit of 20 consultations per year per beneficiary	10% of the amount paid with a limit of 20 consultations per year per beneficiary	
	Prescribed Speech Therapy			
	Prescribed Psychotherapy	5% of the amount paid with a limit of 10 consultations per year per beneficiary	10% of the amount paid with a limit of 10 consultations per year per beneficiary	
	Prescribed Osteopathy			
	Chiropractic treatment			
	Acupuncture			
	Podiatry			
	Treatment given by a qualified nurse or midwife	5% of the amount paid	10% of the amount paid	
	Chinese herbal medicine	no cover	10% of the amount up to 6 consultations per year per beneficiary	
	Dietician fees			
Examinations & Tests	CT, MRI	no cover	no cover	10% of the amount paid with a limit of 500€ per year per beneficiary
	PET, CT-PET			
	Diagnostic tests			

Benefits		Advance	Advance Plus	Advance Pro
Dental Treatment	Routine Dental treatment and Periodontics	10% of the amount paid with a limit of 300€ per year per beneficiary	10% of the amount paid with a limit of 500€ per year per beneficiary	10% of the amount paid with a limit of 2 000€ per year per beneficiary
	Dental Prostheses			
	Dental Surgery			
	Orthodontic treatment, for children up to the age of 18 years			
	Orthodontic treatment for members over the age of 18 years			
Transport	Local ambulance	no cover	no cover	10% of the amount paid with a limit of 500€ per year per beneficiary
	Private transport expenses for renal dialysis, chemotherapy or radiotherapy			
	Doctor's travelling expenses (home visits only), per kilometre.*			
Preventative Treatment	Vaccination	10% of the amount paid with a limit of 50€ per year per beneficiary	10% of the amount paid with a limit of 100 € per year per beneficiary	10% of the amount paid with a limit of 200€ per year per beneficiary
	Cancer Screening: <ul style="list-style-type: none"> Annual pap smear Mammogram Prostate screening Colonoscopy Other Cancer screening tests 			
	Genetic Tests	10% of the amount paid with a limit of 50€ per year per beneficiary	10% of the amount paid with a limit of 100 € per year per beneficiary	10% of the amount paid with a limit of 200€ per year per beneficiary
Glasses & Contact Lenses	Frames (every 2 calendar years)	no cover	no cover	10% of the amount paid with a limit of 200€ every 2 years per beneficiary
	Prescribed lenses Prescribed special lenses	no cover	10% of the amount paid with a limit of 150€ per year per beneficiary	10% of the amount paid with a limit of 300€ per year per beneficiary
	Contact lenses if dioptré is greater than +5 or less than -5			
	Contact lenses			

Notes:

All the benefit limits stated in the table above are per year and per beneficiary.

*The NATO kilometres rate rules will be applied to the transport items for all members under the policies, including NATO leavers.

Family & sport pack

Benefits		Advance	Advance Plus	Advance Pro
Preventative Health	Sport gym membership	100% of the amount paid with a limit of 50€ per calendar year per beneficiary		
	Foam roller & sport mat	100% of the amount paid with a limit of 15€ per year per beneficiary		
	SADS screening	100% of the amount paid with a limit of 60€ per year per beneficiary		
	Children sports club membership (for insured members aged 18 or younger)	100% of the amount paid with a limit of 25€ per calendar year per beneficiary		
Support	Parenting Course (for parents who have a child insured members as dependant)	100% of the amount paid with a limit of 30€ towards 1 course		
	Parent hospitalised (for parents who have a insured child as dependant hospitalised for over a week)	cleaning or tutoring hours up to 100 euros per year per hospitalization and a maximum of 7 days		

Important notes:

- Claims will be paid upon receipt of the original invoice, including the price in relation to the treatment or benefit as listed above.
- Only one claim per insured member can be submitted for each of the Family & Sports package benefits per year.
- Only licensed sporting activities can be claimed against the Family & Sports Package benefit.
- You understand and agree that AWP Health & Life SA (the Insurer), AWP Health & Life SA (Irish Branch) and AWP Health & Life Services Limited are not responsible or liable for any claim, loss or damage, directly or indirectly resulting from your use of any of the products covered by the Family & Sports Package.

Repatriation & Evacuation - prior approval required

Benefits	Advance	Advance Plus	Advance Pro
Medical repatriation <ul style="list-style-type: none"> • In the case of a medical emergency where the necessary treatment is not available locally and if you are fit to travel: medical repatriation to your home country. • Transport costs of insured family members in economy class in the event of the medical repatriation. • In the event of death, the repatriation of mortal remains <p>Prior-authorisation need to be requested by contacting the helpline.</p>	no cover	Covered	Covered
Medical evacuation <ul style="list-style-type: none"> • Transport costs of insured family members in economy class in the event of a medical evacuation. 	no cover	Covered	Covered

Terms & conditions of your cover

This section describes the rules of your Affinity policy.

How to enrol?

When available to purchase, you can enrol in the NATO Affinity cover online - through MyHealth digital services or by phone by calling your NATO helpline on +32 2 210 6600.




Eligible NATO members (active or retired staff who are currently covered under the NATO Base cover) can purchase NATO Affinity cover within 6 months of the start date of their NATO Base cover. We call this the 'enrolment window'.

If you choose not to enrol in the NATO Affinity cover within this 6 month 'enrolment window' there will be other 'purchase windows' in the future. Additional opportunities to purchase Affinity cover, beginning in 2024 will be available.

The 'purchase windows' will occur every 2 years from the 1st of October 2024 and last for 3 months each time, as long as you remain a member on the NATO Base cover.

Enrolment and purchase windows:



-  6 months enrolment window
-  1st January Renewal date
-  1st October – 31st December. purchase windows

If you add a new dependant to your NATO Base cover (e.g. a new baby or spouse) you will have the option to enrol that dependent into the NATO Affinity cover within 6 months from the start date of their NATO Base cover.

When will my policy start?

If you purchase Affinity cover during the enrolment window:

Your Affinity cover will usually start on the 1st January. If you joined the NATO Base cover mid-year, your NATO Affinity cover may start on the same date as your NATO Base cover, or 1st January, depending on your purchase date. The policy start date will be clearly stated on your insurance certificate.

If your NATO Base cover start date occurred in the previous calendar year compared to the purchase date of your NATO Affinity cover, you can backdate cover to the start date of your NATO Base cover up to 6 months by calling the helpline on +32 2 210 6600.

If you purchase Affinity cover during a purchase window:

Your Affinity cover will start on the 1st January of the following year.

All Affinity policies will renew on the 1st January each year regardless of the initial policy start date.

Where can I buy NATO Affinity cover?

You can purchase NATO Affinity cover directly through MyHealth digital services. During the 'enrolment window', you will be presented with the option to 'Purchase Affinity Cover' in a few simple steps.

For more information about MyHealth please refer to the 'MyHealth Digital Services' section of this document.

You can also purchase NATO Affinity cover by phone during the 'enrolment window' by contacting your NATO helpline on +32 2 210 6600.

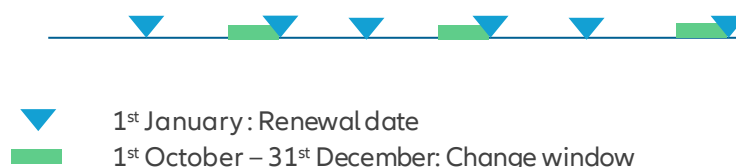
Currency

Affinity options are exclusively priced for purchase in Euro currency.

Changing or cancelling cover

You can make changes to your level of cover or cancel your NATO Affinity cover, at renewal, during the fixed 'change window' which will occur 3 months in advance of the January renewal date every two years beginning in 2024 (2024, 2026, 2028, etc.). Any changes made will apply to all members included in your Affinity policy.

Change window:



Changing NATO Staff Category (active, retired staff)

Your NATO Affinity cover will remain in place when you move from one NATO staff category to another (for example from 'Active' to 'Retiree'),.

If there is a change in premium as a result, your premium will be calculated on a pro rata basis for the remaining days in the current year and you will be charged or reimbursed the difference.

The change in NATO category does not enable the ability to change the NATO Affinity cover option. Such changes can only be made during the 'change window' (as outlined here).

Former NATO Staff - Leavers Category

If you are no longer employed by NATO, your NATO Base cover will be cancelled.

When your NATO Base cover is cancelled, you are entitled to retain your NATO Affinity cover, unless you are a US resident. In order to retain your entitlement to NATO Affinity cover you will need to purchase an alternative base cover with another insurance provider and inform us as soon as possible.

Note that once your NATO Base cover is cancelled, we no longer have visibility on dependants that may be removed or added to your new base plan or on the claims made under your new base cover. If you are eligible and wish to keep your NATO Affinity cover you will need to:

- contact us to request to add or remove dependants on your NATO Affinity cover,
- provide proof of claim payment under your new base plan for any claim made under your NATO Affinity cover.

If you are a US resident, termination of the NATO Base cover will simultaneously result in the termination of your NATO Affinity cover.

Renewing your premium

Your renewal premium is due on 1st January. Premium payment will be processed based on the payment method you selected.

Under the "Payments" tab in your MyHealth Digital Services account, you can view the premium due and the date the next payment will be due. This will also reflect any changes you have made to your cover.

If you have selected credit card payment the payment will be taken around the 15th of January.

For direct debit payment, the debit is scheduled for the 1st of January.

You can obtain an invoice for your premium by clicking on the "Upcoming Payments Due" option under the 'Payments' tab in your MyHealth Digital Services account.

If you wish to select a different payment method please use the 'Make a payment' option shown under the 'Payments' tab in your MyHealth Digital Services account. Alternatively, you can contact our Helpline at: unityhelpline@allianzworldwidecare.com.

If you wish to update your credit card details, log on to your MyHealth Digital Services account and click on 'My Policy', then 'Payment'.

If you pay by direct debit and wish to change the payment frequency of your premium at renewal, please send an email to unityhelpline@allianzworldwidecare.com, stating your name and policy number.

Adding dependants

If your family members are already covered under the NATO Base cover you will get an opportunity to add them to your Affinity cover at the time of purchase of NATO Affinity cover during the 'enrolment window'. If you want to only add some but not all your dependants, that is possible too.

If you have already purchased NATO Affinity cover during the enrolment window and you are subsequently adding new dependants (spouse/child) to your NATO Base cover, you will be able to add them to your NATO Affinity cover during their enrolment window.

The start date of their NATO Affinity cover will be the 1st January of the current year. If their NATO Base cover start date occurred in the previous calendar year compared to them being added to your NATO Affinity cover, you ask us to backdate their cover to the start date of their NATO Base cover up to 6 months. You can do so by calling the helpline on +32 2 210 6600.

All members' renewal on the policy will occur on the 1st January, regardless of start date.

While purchasing your cover within MyHealth digital services, you will be prompted to add the dependants that are already covered under your NATO Base cover. It is not mandatory to add them to the Affinity cover.

When the situation of the NATO staff member changes, the impact on the NATO Affinity cover depends on the nature of the situation. If you have a new dependant added to your NATO Base cover and have previously purchased a NATO Affinity cover, you will be asked whether you want to purchase NATO Affinity cover for them too.

A 'purchase window' for the new dependant opens for 6 months from the date their NATO Base cover starts as long as the policyholder has purchased the NATO Affinity cover prior to the dependant being added. You may add as many dependants as you wish as long as they are included in your Base cover.

Medical claims

Claiming deadline

You must submit all claims no later than two years after the treatment date. Beyond this timeframe we are not obliged to settle the claim as per the provisions relating to the limitation of actions arising from the insurance policy as laid down by [Articles L.114-1 to L.114-3 of the French Insurance Code](#).

Claim submission

You must submit a separate claim for each person claiming and for each medical condition being claimed for.

Currency

Please specify the currency you wish to be paid in. On rare occasions, we may not be able to make a payment in that currency due to international banking regulations. If this happens, we will identify a suitable alternative currency. Please note that Allianz reserve the right to choose which currency exchange rate apply while always working to serve the best interests of NATO members.

Reimbursement

Please note that only costs for incurred treatment will be reimbursed within the limits of your policy, after taking into consideration any required prior approval, and this will be net of any co-payments mentioned in the Table of Benefits.

Reasonable and customary cost:

We will only reimburse charges that are reasonable and customary in accordance with standard and generally accepted medical procedures. The nature of what constitutes reasonable and customary shall be determined with respect to the medical practices prevailing in the country in which the care is provided (type of treatment, quality of care and equipment, geographical zone and country) and is subject to the coding and pricing standards of the referenced and nomenclature procedures and treatments of each country.

The unreasonable or unusual nature of care may lead to the denial of payment or limitation on the amount of reimbursement.

In addition, if insurance cover of the same kind is taken out with multiple insurers it will only take effect within the limit of each insurance cover regardless of the date the insurance cover was taken out.

Treatment needed as a result of someone else's fault

The Insurer is subrogated in the insured's rights to the extent of the benefits paid in application of the contract, in connection with all rights and actions that the Insured would be entitled in law to exercise against a third party. If you are claiming for treatment that you need when somebody else is at fault, you must write and tell us as soon as possible. For example, if you need treatment following a road accident in which you are a victim. Please take any

reasonable steps to obtain the insurance details of the person at fault. We can then recover from the other insurer the cost of the treatment paid for by us. If you are able to recover directly the cost of any treatment that we have paid for, you will need to repay that amount to us.

Administration of your policy

Correspondence

You may write to us by email or post (with the postage paid by sender). Addresses are listed at the end of this guide. We do not usually return original documents to you, but we will if you ask us to.

Upgrading/reducing your cover

Once the NATO Affinity cover is purchased, the selected cover remains in place and renews automatically. After this time, you can decide to upgrade or downgrade your cover at renewal during the 'change window' (refer to section 'Changing cover option').

Cooling off

It is possible to cancel your policy, within 14 days of receiving the full terms and conditions of your policy.

If you cancel your contract within this 14-day period, you will be entitled to a full refund of the cancelled member(s) premiums paid for the Insurance Year, provided that no claims have been made. If you choose not to cancel (or amend) your policy within this 14-day period, the insurance contract will be binding on both parties and the full premium owing for the selected Insurance Year will be due for payment, according to the payment frequency selected by you.

In this case, you need to fill in the form "Right to change your mind" which was included in your membership pack. This form can be sent to Allianz by email at underwriting@allianzworldwidecare.com or at this address:

Allianz Care - Customer Care - Place du Samedi 1, 1000 Brussels, Belgium

Termination of your cover

You can terminate the contract in relation to all insured persons, or only in relation to one or more beneficiaries, at any time, without fees or penalties at the expiration of a period of 1 year, starting from the first subscription. The termination takes effect 1 month after we have received notification by registered letter, single letter, e-mail or other durable medium.

Reasons your membership would end.

Please remember that your membership (and that of all the other people listed on the Insurance Certificate) will end:

- If you do not pay any of your premiums on, or before, the date they are due.
- Upon the death of the policyholder, if there are no dependants included on the policy.

- If there is reasonable evidence that the policyholder or any dependants misled or attempted to mislead us. For example, giving false information, withholding pertinent information from us, working with another party to give us false information.
- If you choose to cancel your policy (see “Your right to cancel” section for further details).
- If you no longer meet the eligibility criteria (refer to section “Who can avail of the NATO Affinity cover?”).
- If you are no longer a member of the Intercover Association.

If your membership ends for reasons other than for fraud/non-disclosure, we will refund any premiums you have paid which relate to a period after your membership has ended, subject to the deduction of any money which you owe us.

Please note that if your membership ceases, your dependants' cover will also end.

Policy expiry

Please note that upon the expiry of your policy, your right to reimbursement ends. We will reimburse any eligible expenses incurred during the period of cover for up to 2 years after the expiry date. However, we will no longer cover any on-going or further treatment that is required after the expiry date of your policy.

The following terms also apply to your cover

Applicable law:

Your membership is governed by French law unless otherwise stated in the Insurance contract.

Economic sanctions:

Cover is not provided if any element of the cover, benefit, activity, business or underlying business violates any applicable sanction law or regulations of the United Nations, the European Union or any other applicable economic or trade sanction law or regulations.

The amounts we will pay:

Our obligation to the insured person is limited to the amounts indicated in the Table of Benefits and any policy endorsements. The total amount reimbursed to the insured, whether under this policy, public medical scheme or any other insurance will not exceed the figure stated on the invoice.

Circumstances outside our control (force majeure):

We will always do our best for you, but we are not liable for delays or failures in our obligations to you caused by things which are outside of our reasonable control. Examples are extremely severe weather, floods, landslides, earthquakes, storms, lightning, fire, subsidence, epidemics, acts of terrorism, outbreaks of military hostilities (whether or not war is declared), riots,

explosions, strikes or other labour unrest, civil disturbances, sabotage and expropriation by governmental authorities.

Fraud and non-disclosure:

The insured person loses any right to benefits if they voluntarily make a false declaration on the date, nature, causes, circumstances, consequences or amounts of the claim that has caused a prejudice to us.

This also applies if the insured person knowingly uses inaccurate documents as supporting documents.

Making contact with dependants:

In order to administer your policy, we may need to request further information. If we need to ask about one of your dependants (e.g. when we need to collect an email address for an adult dependant), we may contact you as the person acting on behalf of the dependant, and ask you for the relevant information, provided it is not sensitive information. Similarly, for the purposes of administering claims, we may send you non-sensitive information that relates to a family member.

Data protection

Our Data Protection Notice explains how we protect your privacy and process your personal data. You must read it before sending us any personal data. To read our Data Protection Notice visit:

<https://www.allianzcare.com/en/pages/privacy/france.html>.

Alternatively, you can contact us on +32 2 210 6600 to request a paper copy. If you have any queries about how we use your personal data, please email us at: AP.EU1DataPrivacyOfficer@allianz.com.

Complaints procedure

Our Helpline is always the first number to call if you have any comments or complaints.

If we can't resolve the problem on the phone, please email or write to us at:

unityhelpline@allianzworldwidecare.com

Allianz Care, Place du Samedi 1, 1000 Brussels, Belgium.

We will handle your complaint according to our internal complaint management procedure. For details see: www.allianzcare.com/complaints-procedure

You can also contact our Helpline to obtain a copy of this procedure.

If your complaint isn't resolved to your satisfaction, you can escalate the matter with the Association Intercover.

How to access your cover

Best-in-class services

We believe in providing you with the top-quality service that you deserve. In the following pages we describe the full range of services we offer. Read on to discover what is available to you.

MyHealth digital services



MyHealth

App available for
download in:



Online:
my.allianzcare.com

The use of these services is optional and requires your consent to data sharing in accordance with the General Data Protection Regulations (GDPR). All personal data within MyHealth Digital Services is encrypted for data protection.

Through MyHealth, available as a mobile app and online portal, you will have easy and convenient access to your cover, no matter where you are or what device you are using.

In MyHealth digital services, you have access to extensive features designed to manage your health as well as your claims.

My policy

- ✓ Access your policy documents and membership card on the go.
- ✓ Pay your premium online and view payments received.
- ✓ Add or change your payment card.
- ✓ Update your details online: email, phone number, password, address (if it's the same country as the previous address), marketing preferences etc.

My claims

Claims can be submitted via MyHealth digital services, under NATO Base Cover under 'My Claims' section in a few simple steps. You can also view your claims history.

My benefits

Explore your cover and your table of benefits.

Health Assistant:

Access digital tools and services to help you manage your health and wellness:

- ✓ Health & wellness hub: access to services like our HealthSteps, Expat Assistance Programme, Travel Security, BMI Calculator, Wellness webinars and more.
- ✓ Symptom checker: for a quick assessment of your symptoms
- ✓ Pharmacy aid: look up the local equivalent names of branded drugs
- ✓ Medical term translator: translate names of common ailments into 17 languages
- ✓ Emergency services: access local emergency numbers worldwide

Web based services with a hub dedicated to NATO members

Visit www.allianzcare.com/nato, the dedicated support hub dedicated to NATO members.

On www.allianzcare.com/nato you will find :

- ✓ Information about your services
- ✓ Quick access to the health & wellness programme
- ✓ Contact details for general enquiry and emergency

Claiming for your medical expenses

We understand that seeking treatment can be stressful.

We have designed a simple process where we look after the details - while you concentrate on getting better.

Check your level of cover

First, check that your plan covers the treatment you are seeking under your Table of Benefits.

Submit claims in MyHealth digital services

Claims can be submitted via MyHealth digital services, under NATO Base Cover or NATO Affinity cover under 'My Claims' section in a few simple steps.

In MyHealth digital services, select your active policy (preferably NATO Base cover) and 'submit the claim'. If applicable, we will make sure to assign the relevant portion of the claim to the Affinity cover.

[You only have to upload your claim once.](#)

Our team will process the claim, attributing each eligible amount under the NATO Base cover and the Affinity cover if applicable, according to the terms and conditions of your policies.

If your claim relates to benefits eligible under both your NATO Base cover and your Affinity cover, you will receive 2 separate payments relating to this claim, one for each cover.

Important Note:

You can submit your claim under either one of your active covers: NATO Base cover or NATO Affinity cover. We will recognise that you have two active policies and process against both.

The main thing to consider is to only submit a claim once.

Our claims officer will make sure that the correct portion of the claim gets processed against the applicable benefit of the relevant policy.

As part of the management of medical expenses, additional documents required to process your file may be requested.

General definitions & Exclusions

General definitions

The following definitions apply to commonly used terms. Wherever the following words/phrases appear in your policy documents, they will always be defined as follows:

Accident

Injury to the human body as a result of a sudden and violent action from an external force. The cause and symptoms of the injury must be medically and objectively definable, allow for a diagnosis and require therapy.

Accommodation costs for accompanying parent

It refers to the hospital accommodation costs where there is a medical reason for a parent to stay with their child. Only the price of the bed will be reimbursed, subject to pre-approval. A medical report confirming the requirement of an accompanying parent should be sent to our Medical Services team for review. Please note that this is only applicable for parents of children less than 12 years of age.

Acute

It refers to the sudden onset of symptoms or a medical condition.

CMC members (Continued Medical Coverage) prior to 2001

It refers to members who retired before 2001 (aged 65 or widow/widower/dependant) and who are entitled to a life-long continuation of their medical cover by Allianz Care.

Complementary treatment

It refers to therapeutic and diagnostic treatment that exists outside of traditional Western medicine. Such medicine includes but is not limited to chiropractic treatment, osteopathy, homeopathy, mesotherapy, biofeedback, lymph drainage and acupuncture as practiced by approved therapists. The treatment must be prescribed by a recognised practitioner.

Co-payment

It refers to the percentage of the costs which the insured person must pay.

Day-care treatment

It refers to planned treatment received in a hospital or day-care facility during the day, including a hospital room and nursing, that does not medically require the patient to stay overnight and where a discharge note is issued. Planned day-care treatment received in a hospital or day-care facility is covered and will be reimbursed at 90%, up to the amount specified in your Table of Benefits.

Dental treatment

It includes, but is not limited to prostheses, surgical extraction, dental surgery, annual check-up, simple fillings related to cavities or decay and root canal treatment

Dependant

It refers any person who is described as a dependant of a NATO agent as outlined in the NATO staff rules as follows: "the spouse, and/or other dependants of his/her household and for those who benefit from either the household allowance or the dependence allowance provided by NATO with an exception provided for those dependants, other than the spouse or children of the Insured Member, recognized as such by NATO after 31/12/2000."

Emergency

It refers to the onset of a sudden and unforeseen medical condition that requires urgent medical assistance.

Family history

Family history exists where a parent, grandparent, sibling, child, aunt or uncle has been previously diagnosed with the medical condition in question.

General Practitioner

It refers to a physician who is licensed to practice medicine under the law of the country in which treatment is given and where he/she is practising within the limits of his/her licence.

Grants

It refers to lump sums that will be paid to the member following certain events. For more information about the events please refer to the Section 2.15. "Grants".

Group Insurance Contract

It refers to the agreement AWP H&L S.A. has with NATO, which allows you and your dependants to be insured with us. This agreement sets out who can be covered, when cover begins, how it is renewed and how premiums are paid.

Hospital

It refers any establishment which is licensed as a medical or surgical hospital in the country where it operates and where the patient is permanently supervised by a doctor. The following are not considered hospitals: rest and nursing homes, doctor's practice, spas, cure-centres and health resorts. Hospital accommodation It refers to standard private or semi-private accommodation as shown in the Table of Benefits – deluxe, executive rooms and suites are not covered.

In-patient dental treatment

It refers to dental surgery under general anaesthesia which requires admission to hospital on an in-patient or day-care basis. Treatment is covered, and costs are reimbursed in accordance with the benefit limits for minor surgery. Costs for in-patient dental treatment involving dental implants or dental prosthetic work will fall under the overall yearly maximum dental limit.

In-patient treatment

It refers to treatment received in a hospital where an overnight stay is medically necessary. Please refer to your Table of Benefits for details of the in-patient benefits available to you.

Insured person

It refers to you and your dependants.

Intercover

It refers to the non-profit Association called Intercover created in February 2018. Intercover acts independently from any insurer to offer group plan conditions and prices to members as individuals. When you purchase NATO Affinity cover, you and your dependant(s) become de facto member(s) of the Association.

Maternity

It refers to expenses related to delivery only. All medically necessary pre and postnatal diagnostic tests and medical treatments will be covered either under out-patient or in-patient treatments.

Medical necessity

It refers to medical treatment, services or supplies that fulfil all of the following:

- (a) Essential to identify or treat your condition, illness or injury
- (b) Consistent with your symptoms, diagnosis or treatment of the underlying condition
- (c) In accordance with generally accepted medical practice and professional standards of care in the medical community at the time (this does not apply to complementary treatment methods if they form part of your cover)
- (d) Required for reasons other than the comfort or convenience of you or your doctor
- (e) Proven and demonstrated to have medical value (this does not apply to complementary treatment methods if they form part of your cover)
- (f) Considered to be the most appropriate type and level of service or supply
- (g) Provided at an appropriate facility, in an appropriate setting and at an appropriate level of care for the treatment of your medical condition.
- (h) Provided only for an appropriate duration of time

In this definition, the term “appropriate” means taking patient safety and cost effectiveness into consideration. In respect to in-patient treatment, “medically necessary” also means that diagnosis can’t be made or treatment can’t be safely and effectively provided on an out-patient basis.

NATO Affinity cover

It refers to the optional top-up coverage, known as Affinity, of the NATO Medical Plan provided according to the Group Insurance Contract subscribed to by Intercover..

NATO Base cover

It refers to the Base Medical Coverage of the NATO Medical Plan provided according to the Group Insurance Contract subscribed to by NATO.

NATO leavers

It refers to a former employee of NATO. This does not include the NATO retirees population.

NATO kilometre rule

It refers to the kilometre rate rules which is applied to transport items, as defined in the NATO annual kilometric allowance.

Occupational therapy

It refers to treatment that addresses the individual’s development of fine motor skills, sensory integration, co-ordination, balance and other skills such as dressing, eating, grooming, etc. in order to aid daily living and improve interactions with the physical and social world. Out-patient occupational therapy requires pre-approval.

Our/us/we

It refers to Allianz, Allianz Partners or Allianz Care.

Out-patient surgery

It refers to a surgical procedure performed in a surgery, hospital, day-care facility or out-patient department that does not require you to stay overnight out of medical necessity

Out-patient treatment

It refers to treatment provided in the practice or surgery of a medical practitioner, therapist or specialist that does not require you to be admitted to hospital.

Prescription drugs

It refers to products which you can't buy without a prescription and are to treat a confirmed diagnosis or medical condition or to compensate a lack of vital bodily substances. Examples are antibiotics, sedatives, etc. Prescription drugs must be clinically proven to be effective for the diagnosed condition. They must also be recognised by internationally accepted medical guidelines.

Preventative treatment

It refers to prescribed tests and examinations, performed at an appropriate age interval, for the early detection of cancer. They are limited to the ones stated in the paragraph "Preventative treatments".

Psychiatry and Psychotherapy

It refers to treatment of mental or nervous disorder carried out by a psychiatrist, clinical psychologist or a licensed psychotherapist. The disorder must be associated with present distress or substantial impairment of the individual's ability to function in a major life activity (e.g. employment). The condition must be clinically significant and not related to bereavement, relationship or academic problems. The disorder must meet the criteria for classification under an international classification system such as the Diagnostic and Statistical Manual (DSM-IV) or the International Classification of Diseases (ICD-10). Psychotherapy treatment on an in-patient or out-patient basis is only covered where you or your dependants are initially diagnosed by a medical doctor and referred to a psychiatrist, clinical psychologist or licensed psychotherapist for further treatment. Should further sessions be required, a progress report must be submitted to us, which indicates the medical necessity for any further treatment.

Rehabilitation

It refers treatment that combines therapies such as physical, occupational and speech therapy. It aims to restore original form or function after an acute

illness, injury or surgery. Treatment must take place in a licensed rehabilitation facility and start within 14 days of discharge from acute medical and/or surgical treatment.

Serious illness

It refers to any of the following medical conditions diagnosed by a registered medical practitioner:

- Active tuberculosis
- Alzheimer's disease
- Chronic arteriopathy with clinical ischemic manifestations
- Chronic severe nephropathy and nephrotic syndrome
- Chronic respiratory insufficiency
- Complicated bilharziasis
- Complications of organ transplant
- Cystic fibrosis
- Decompensated cirrhosis of the liver
- Disabling multiple sclerosis
- Haemophilia
- Hereditary metabolic diseases requiring prolonged treatment
- Homozygous haemoglobinopathy
- Insulin dependent or non-insulin dependent diabetes that cannot be managed by diet alone
- Disabling cerebrovascular accident
- Leprosy
- Malignant tumour, malignant disorder of the lymphatic or haematopoietic tissue
- Medullary aplasia
- Myocardial infarction (within the last six months)
- Paraplegia
- Parkinson's disease
- Polyarteritis nodosa, disseminated lupus erythematosus, progressive systemic scleroderma
- Progressive structural scoliosis (of which the angle exceeds 25 degrees up to rachitic maturation)
- Psychosis, severe personality disorder, mental retardation
- Severe immuno-deficiency requiring prolonged treatment and AIDS (Acquired Immune Deficiency Syndrome)
- Severe ankylosing spondylitis
- Severe arterial hypertension
- Severe cardiac insufficiency and valvulopathy, congenital cardiopathy
- Severe neuromuscular disorder such as myopathy
- Severe rheumatoid arthritis
- Ulcerative colitis and Crohn's disease

The above list is not exhaustive and medical conditions of comparable seriousness will be considered for cover.

Specialist

It refers to a licensed doctor possessing the additional qualifications and expertise necessary to practise as a recognised specialist of diagnostic techniques, treatment and prevention in a particular field of medicine.

Speech therapy

It refers to treatment carried out by a qualified speech therapist to treat diagnosed impairments. This includes conditions such as nasal obstruction, chronic middle ear infections, neurogenic impairment (e.g. lingual paresis, brain injury) or articulation disorders involving the oral structure (e.g. cleft palate) and impaired articulation due to learning difficulties (with the exclusion of bilingual education). Out-patient speech therapy requires pre-approval. All relevant documents (medical report, treatment plan, etc.) must be submitted to our Medical Services team.

Therapist

It refers to a chiropractor, osteopath, homeopath, acupuncturist, physiotherapist, speech therapist, neural therapist, pedicurist, who is qualified and licensed under the laws of the country in which treatment takes place. Some Out-patient therapy requires pre-approval.

Thermal cures

It refers to treatment geared towards improving a chronic medical condition or an additional form of rehabilitation after an acute illness, accident or surgery by physical measures such as but not limited to thermal baths, physiotherapy, ultrasound, diets, inhalation therapy, etc. It must be prescribed and delivered in a medical cure centre, where therapy is planned and overseen by physicians. Thermal cures require pre-approval. All relevant documents (medical report, treatment plan, etc.) must be submitted to our Medical Services team.

Treatment

It refers to a medical procedure needed to cure or relieve illness or injury We/Our/Us. It refers to Allianz, Allianz Partners or Allianz Care.

Work related accident

It refers to an injury which is the result of an unexpected event, independent of the will of the insured and which arises from a cause outside the individual's control while an insured person is carrying out their occupational duties. The cause and symptoms must be medically and objectively definable, allow for a diagnosis and require treatment.

Work related illness

It refers to an illness which arises from a cause independent of the will of the insured while he or she is carrying out his/her occupational duties. The cause and symptoms must be medically and objectively definable, allow for a diagnosis and require treatment.

You/Your

It refers to the eligible insured person.

Exclusions

Although we cover most medically necessary treatment, expenses incurred for the following treatments, medical conditions, procedures, behaviours or accidents are not covered under the policy unless confirmed otherwise in the Table of Benefits or in any written policy endorsement.

Administration fees and phone or online consultations charged by the medical practitioners.

Any form of treatment or drug therapy which is experimental or unproven, based on local medical authorities.

Complementary or alternative treatment other than that included in definition "Complementary treatment".

Consequences of illness or accidents caused voluntarily or intentionally by the beneficiary or by the insured.

Consequences of insurrection and/or riots as well as brawling, except in the event of self-defence.

Consequences of illness or accident striking an Insured Member, who is voluntarily visiting or residing for non-professional reasons in a country that is indicated by name in the NATO Civil Personnel Regulations and of which the policyholder had formulated an express request for territorial exclusion.

Consequences of injuries or wounds resulting from races, matches or betting, except for regular sports competitions
Contraceptives, including condoms and Persona. Please note that it doesn't apply to hormonal contraceptives which are covered.

Cosmetic surgery except reconstructive surgery necessary to restore function or appearance after a disfiguring accident, or as a result of surgery for cancer.

Expenses incurred in respect of domestic help, personal or home trainers, adaptations to the home, sundry items such as mattresses, clothes, blankets, sheets except for orthopaedic appliances.

Hazards of war:

- In the case of active participation in the war, or
- When the insured person wears a military uniform or is armed.

Nutritional supplements, special food or food for babies even if prescribed by a doctor. Food supplements are only covered if you are receiving chemotherapy or radiotherapy. Food for members suffering from coeliac disease is reimbursed up to €38 per month.

Preventative tests or treatments without medical necessity: it refers to treatment that is undertaken without any clinical symptoms being present at the time of treatment. An example of such treatment is the removal of a precancerous growth (e.g. mole on the skin) or annual check-up.

Products that are purchased without a doctor's prescription.

The risks resulting from a navigational aviation accident are only covered if the Insured Member is found to have been aboard an aircraft authorized to fly by a navigability certificate and piloted by a pilot possessing a valid flying certificate and pilots license, the pilot being the Insured Member himself, provided that the pilot himself complied with the governing aviation regulations. The risks resulting from a navigational aviation accident, which occurred while the Insured Member was on board a commercial aircraft assigned to regular routes or aboard a government aircraft that may possibly belong to military aeronautics and/or equipped with a military personnel/staff aboard insofar as the transportation of the Insured Member in such an aircraft had been officially accepted by the authority in charge of the aircraft, are covered.

Treatment or diagnostic procedures of injuries arising from an engagement in races, matches or bets, except in the case of normal sporting competitions. Treatment required in respect of injuries sustained whilst taking part in aerial acrobatics, record attempts or try-outs.

Treatment that is not considered medically necessary.

Your contacts

If you have any queries, please do not hesitate to contact us.

24/7 Helpline for general enquiries and emergency assistance

Toll-free from Belgium, Bulgaria,
Czech Republic, Denmark,
Estonia, France, Germany, Italy,
Luxembourg, the Netherlands,
Norway, Poland, Portugal, Spain,
United Kingdom: 00 800 1 514
8585

Toll-free from Canada and USA:
011 800 15 14 8585

Toll-free from Greece: 00 800 441
46364
Toll-free from Turkey: 0800 448
825 967
Telephone (from anywhere in the
world): +32 2 2106600

Email:
unityhelpline@allianzworldwidecare.com

Fax: +32 2 2106506

Allianz Care
Place du Samedi 1
1000 Brussels
Belgium

Calls to our Helpline may be recorded and may be monitored for training, quality and regulatory purposes. Please note that in some instances the toll-free numbers are not accessible from a mobile phone, in which case please call +32 2 210 6600.

Please note that only the policyholder (or an appointed representative) or the Group Scheme Manager can make changes to the policy. Security questions will be asked of all callers, in order to verify their identity.

Intercover Association

Telephone: +33 1 84 20 78 68
Email: intercover@ambrelia.com
Website: www.intercover.org

Talk to us, we love to help

Follow us:



facebook.com/AllianzCare/



linkedin.com/company/allianz-care



twitter.com/AllianzCare



youtube.com/c/allianzcare



instagram.com/allianzcare/

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of €72,104,026 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA. The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at 1 place du Samedi, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159. Allianz Care and Allianz Partners are registered business names of AWP Health & Life Services Limited.