



INTERNATIONAL MEDICAL INSURANCE





WHY CHOOSE DCARE?

Choosing Dcare you get more than just a health plan. You get a trusted partner whose priority is your health. Our dedicated team are here to guide you all the way to making the right decision.

Dcare vision is to stand next to you and guide you throughout any difficulties you might experience with

your health. We want to provide our customers the highest customer care, the human touch, the ability to talk to someone who cares and has the knowledge and the ability to help; 24 hours a day, 7 days a week, 365 days a year!



FULL CANCER BENEFIT



CHRONIC MEDICAL CONDITIONS



PALLIATIVE TREATMENT

Terminal Conditions



RECONSTRUCTIVE SURGERY

Illness or Accident, Durable Medical Equipment



MATERNITY

Birth Defects & Congenital Abnormality of Birth Defects



ORGAN TRANSPLANTATION

Bone Marrow & Stem Cell Transplants



MENOPAUSE COVERAGE



BODY PARTS REPLACEMENT & REHABILITATION



ACCIDENTAL DEATH BENEFIT



WIGS

	BASIC	CORE	CLASSIC	PRIME
Cover Levels All limits in this Schedule of Benefits are per Insured Person per Period of Insurance, unless specifically stated otherwise. Section 7 specifies what is not covered under each benefit.				
Maximum Annual Policy Limit Per Year - (Emergency medical evacuation and repatriation does not fall within this limit)	€2,000,000	€500,000	€1,000,000	€2,000,000
ITEM 1 IN-PATIENT AND DAY-PATIENT BENEFITS The Benefits provided under this section do not provide cover for Costs for Medical Treatment associated with cryopreservation, implantation or re-implantation of living cells or tissues, whether autologous or provided by a donor. The Benefits provided under this section do not provide cover for Costs for Medical Treatment associated with pregnancy or childbirth.				
Costs for Emergency Care or surgical care, intensive care, operating theatre, anaesthetics, nursing and Physician charges for surgery, treatment, services and supplies routinely provided as a result of Emergency Care	Covered	Covered	Covered	Covered
Costs for Hospital accommodation and nursing services in a standard private or semi-private single bedded room	Covered	Covered	Covered	Covered
Costs for Medical Treatment provided by Physicians, Consultants and nurses and Ancillary Services	Covered	Covered	Covered	Covered
Costs for diagnostic tests and procedures, pathology, X-rays, MRI, CT and PET Scans	Covered	Covered	Covered	Covered
Costs for Physiotherapy	Covered	Covered	Covered	Covered
Costs for Prescription Drugs, dressings, sutures, casts or other supplies including Medically Necessary Durable Medical Equipment	Covered	Covered	Covered	Covered
Costs for nursing-at-home care where Medically Necessary which immediately follows a period of In-Patient cover by the Policy. Such treatment must be provided by a qualified nurse.	No Cover	Covered up to €100 per visit (max 20 days)	Covered up to €100 per visit (max 30 days)	Covered up to €100 per visit (max 45 days)
Costs for In-Patient where the treatment is Rehabilitation in a recognised Rehabilitation or extended care unit under the direction and supervision of a Physician. No other Rehabilitation costs are covered as a Benefit under the Policy.	Covered up to 30 days	Covered up to 30 days	Covered up to 45 days	Covered up to 90 days
Costs for a second surgical opinion from a Consultant recognised as a surgeon	Covered	Covered	Covered	Covered
Costs for Hospital accommodation in a standard single bedroom or semi-private single bedded room in a registered psychiatric unit for a psychiatric illness including a Consultant's fees, diagnostic procedures, and Prescription Drugs	Covered where the Insured Person has been covered under the Policy for more than 12 months	Covered where the Insured Person has been covered under the Policy for more than 12 months	Covered where the Insured Person has been covered under the Policy for more than 12 months	Covered where the Insured Person has been covered under the Policy for more than 12 months
Hospital cash benefit where In-Patient has been received at a free state hospital and no Claim is made for Costs under any other Benefit provided under the Policy for the same Illness or Bodily Injury. No Excess shall apply to this Benefit.	€100 per night (max 15 nights)	€100 per night (max 15 nights)	€125 per night (max 30 nights)	€150 per night (max 45 nights)
Costs directly related to any Medically Necessary Organ Transplantation or the implantation of bone marrow and stem cell transplants. This Benefit does not include the expense of locating a replacement organ or any expense incurred in removing the organ from the donor, storage of the organ or transporting it to the Hospital where transplantation takes place and any related administration charges. Nor does this Benefit include the procurement and/or implantation of any non-human organ.	Covered	Covered	Covered	Covered
Reconstructive Surgery following an Accident, Illness or surgery for cancer, for example breast reconstruction	Covered	Covered	Covered	Covered
Costs for prosthetic devices prescribed by a Physician or Consultant such as orthopaedic braces, hearing aids and artificial devices replacing body parts including other Durable Medical Equipment	Covered	Covered	Covered	Covered
Costs for Hospital accommodation for an Insured Person who is a parent to stay with a Dependant under 16 years of age who is receiving In-Patient treatment covered by the Policy	Covered	Covered	Covered	Covered

	BASIC	CORE	CLASSIC	PRIME
ITEM 2 OUT-PATIENT MEDICAL TREATMENT BENEFITS The Benefits provided under this section are only provided on an Out-Patients basis. No cover is provided for In-Patient or Day-Care treatment unless specifically included. The Benefits provided under this section do not provide cover for Costs for Medical Treatment associated with pregnancy or childbirth.				
Costs for Out-Patient including surgery undertaken at a recognised Hospital	Covered	Covered	Covered	Covered
Costs for consultations with Physicians, Medical Specialists and Consultants	No Cover	No Cover	Covered for up to €50 per visit, max 25 visits	Covered
Costs for Endoscopy, Gastroscopy, Colonoscopy, Cystoscopy, MRI, PET, CT Scans and X-rays and pathology, diagnostic tests and procedures undertaken by a recognised Out-Patient medical facility	No Cover	€400 per procedure	Covered	Covered
Costs of Out-Patient consultations and physiotherapy when received for a period of 90 days prior to in-patient or day-patient admission for surgery and up to 90 days after leaving the Hospital	No Cover	€400	Covered for up to €50 per visit, max 25 visits	Covered
Costs for Prescription Drugs, dressings and Durable Medical Equipment if prescribed by a Physician	No Cover	€400	Up to €2,000	Covered
Costs for treatment of a mental illness, psychiatric or psychological disorder including consultations and Prescription Drugs provided the treatment is supported by a referral by a Physician or a Medical Specialist	No Cover	No Cover	Up to € 1,500 per annum and a lifetime maximum of € 5,000	Up to € 1,500 per annum and a lifetime maximum of € 10,000
Costs for Physiotherapy, provided it has been prescribed by a Physician	No Cover	Up to €30 per visit, 10 visits	Maximum 1 visit per day and 25 visits. Up to €750	Maximum 1 visit per day and 45 visits. Up to €2,500
Costs for Complimentary Medical Treatment being homeopathic, chiropractic, acupuncture and osteopathic treatment provided they have been prescribed by a Physician	No Cover	No Cover	Up to €150	Up to €150
Costs for Medical Treatment for Aids and/or HIV including any Related Condition where the illness was contracted as a direct result of blood transfusion received after the Insured Person's inclusion under the Policy. This Benefit has a 12 month Waiting Period from the date the Insured Person is covered under the Policy	No Cover	No Cover	Up to €3,000 and maximum €10,000 per lifetime	Up to €3,000 and maximum €10,000 per lifetime
Costs for hormone replacement therapy for the early onset of menopause where the Insured Person is under age 40 for the purposes of relieving the symptoms. Costs are only provided for Prescribed Drugs and patches. No Benefits are provided for implants	No Cover	No Cover	€500	€1000
Hormone Replacement (menopause over age 40. Tablets and patches only (no implants)	No Cover	No Cover	€250	€500
ITEM 3 CANCER BENEFIT The Benefits provided under this section do not provide any cover until the point that an Insured Person has been diagnosed with cancer. However, cover during the period before diagnosis of cancer may be provided for Medical Treatment or other Costs under another Benefit provided under the Policy.				
Costs for all Medical Treatment from the date that an Insured Person is diagnosed by a Physician as suffering from Cancer including In-Patient and Day-Patient and Out-patient oncology treatment, including consultations, diagnostic or other tests, scans, investigations, chemotherapy, radiotherapy, Prescription Drugs, stem cell transplants from either blood or bone marrow, dressings and Durable Medical Equipment	Covered for Chemotherapy and Radiotherapy received as an In-Patient, Outpatient or day care, including diagnostic tests related to therapy 30 days before each session and thirty (30) days after each session	Covered	Covered	Covered
Costs for Wigs following or during a covered Medical Condition	No Cover	Up to €150	Up to €150	Up to €150

	BASIC	CORE	CLASSIC	PRIME
ITEM 4 CHRONIC MEDICAL CONDITIONS The Benefits provided under this Section of the Schedule of Benefits over-rule any Benefits and Annual Policy Limits which may otherwise have been provided under the Policy. The Benefits provided under this section do not cover any Chronic Medical Condition which was diagnosed and pre-existed in the 24 months period before the Effective Date unless specifically agreed with us.				
Costs for In-Patient and Day-Patient treatment of an acute episode of a Chronic Medical Condition or to stabilise a Chronic Medical Condition or to provide routine management of a Chronic Medical Condition	Up to €10,000	Up to €15,000	Up to €50,000	Covered
Costs for Out-Patient treatment of an acute episode of a Chronic Medical Condition or to stabilise a Chronic Medical Condition or to provide routine management of a Chronic Medical Condition	No Cover	No Cover	Up to €2,000	Up to €5,000
Costs for Palliative Treatment of Terminal Conditions including hospice care where the prognosis of 6 months or less to live has been given by a Physician	Covered (max 30 days)	Covered (max 30 days)	Covered (max 180 days)	Covered (max 180 days)
Costs for Kidney dialysis where Medical Treatment is provided as an In-Patient, Day-Patient or Out-Patient	No Cover	Up to €50,000	Up to €100,000	Up to €200,000
ITEM 5 MATERNITY BENEFIT A 12 month Waiting Period applies to the Benefits provided under this section during the first 12 months following the Effective Date from the date the mother is included as an Insured Person under the Policy. The Benefits provided in this section do not cover routine treatment for Complications of Pregnancy and child birth relating to the mother.				
A Maternity Benefit payable to the Insured Person per pregnancy with no Excess. In the event of more than 1 child being born per pregnancy the Benefit will only be paid for one child. This Benefit is only payable where no Claim has been made for any Costs for Medical Treatment relating to the pregnancy and/or Childbirth under any other Benefit provided under the Policy. No Excess applies to this Benefit	No Cover	€500	€1,500	€2,500
Costs for any Medical Treatment required for a Medical Condition or Birth Defect suffered by a new born child of an Insured Person	No Cover	€200,000 for the first 30 days after birth	€200,000 for the first 30 days after birth	€200,000 for the first 30 days after birth
Costs for Medical Treatment to cure a Congenital Abnormality or Birth Defect which can be corrected with surgery after the initial 30 days from birth of the child	No Cover	Up to €10,000	Up to €10,000	Up to €10,000
ITEM 6 WELLNESS OPTICAL AND AUDIOLOGY BENEFIT A Waiting Period applies to the Benefits provided under this section during the first 12 months following the Insured Person being covered under the Policy. There is no Excess applicable to this Benefit. This Benefits under this section do not provide cover for any Medical Treatment or contact lenses or sunglasses.				
Costs for one Adult Wellness Health check-up per Period of Insurance which may include a cervical smear, mammogram, cancer screening, cardiovascular examination, neurological examination, breast ultrasound, blood tests and vital signs test including for example blood pressure, cholesterol, or liver function tests Costs for a Vision test limited to 1 test per Period of Insurance Costs for a Hearing test limited to 1 test per Period of Insurance	No Cover	Up to €50	Up to €170	Up to €250
Costs for one Child Wellness Health check-up per Period of Insurance which may include vaccinations, cervical smear, mammogram, cancer screening, cardiovascular examination, neurological examination, breast ultrasound, blood tests and vital signs test including for example blood pressure, cholesterol, or liver function tests	No Cover	No Cover	Up to €100	Up to €125

	BASIC	CORE	CLASSIC	PRIME
ITEM 7 EMERGENCY DENTAL BENEFITS The Benefits provided under this section do not provide any cover for any Medical Treatment or any Emergency Dental Treatment required as a result of eating or drinking, normal wear and tear or tooth brushing or other oral hygiene procedure. The Benefits provided under this section also does not provide any cover for restorative or remedial work, the use of any precious metals, orthodontic treatment of any kind or dental surgery performed in a Hospital unless the dental treatment is the only treatment available to alleviate the pain. The Benefits provided under this section also do not provide any cover for Gingivitis, periodontitis or gum disease of any kind.				
Costs for Emergency Dental Treatment in the first 48 hours after the Accident	No Cover	Up to €250	Up to €350	Covered
The Costs of all other Emergency Dental Treatment	No Cover	Up to €100	Up to €150	Up to €250
ITEM 8 EVACUATION, TRAVEL AND TRANSPORTATION BENEFITS All Costs of travel and accommodation the subject of the Benefits provided under this section are subject to Pre-Authorisation prior to the proposed date of travel. The Benefits provided for in this section do not provide cover for travel or accommodation costs arising from a pregnant Insured Person requiring hospitalisation for child birth unless it is due to a Complication of Pregnancy.				
Costs for an emergency medical transfer of an Insured Person to the nearest suitable Hospital within the Area of Cover and returning the Insured Person to their Country of Residence after the Emergency Medical Treatment. This includes the Costs of a medical escort where necessary to accompany the Insured Person during transportation This Benefit only provides cover for Costs of an emergency medical Transfer involving ground transportation where arising from a Complication of Pregnancy This Benefit will only cover one Emergency Medical Evacuation and Repatriation (and any subsequent repatriation) for the same Medical Condition	€100,000 This benefit is in addition to the Annual Policy Limit	€100,000 This benefit is in addition to the Annual Policy Limit	Covered	Covered
Costs for a local ambulance	Up to €500	Up to €500	Up to €1,000	Covered
Costs for reasonable travelling expenses and accommodation of a friend or close relative of the Insured Person to accompany the Insured Person during transportation and until repatriation. The close friend or relative must have been travelling with the Insured Person at the time of the Accident or Illness necessitating the Emergency Medical Transfer of the Insured Person This Benefit does not cover further travel or accommodation costs if the Insured Person is transported to a second Hospital in the same country to which they have been transported	No Cover	No Cover	Up to €2,500	Covered
Costs of cremation or burial of an Insured Person in the country where the death occurred if outside the Home Country of the deceased or repatriation to the Home Country of the remains of the Insured Person if they died outside of their Home Country This Benefit does not include the cost of a religious practitioner, floral tributes, musical provision, hire of funeral vehicles or food or beverages This Benefit does not provide any cover where the Insured Person died in their Home Country	Up to €10,000	Up to €10,000	Up to €25,000	Covered
Costs for transport to a specified destination of any child or children under the age of 19 of an Insured person who are left at home or unattended as a result of an Emergency Medical Transfer. Alternatively, we will pay the Costs for an adult to travel economy class return to care for any child or children under the age of 19 left at home unattended	Covered	Covered	Covered	Covered
ITEM 9 OUT OF AREA COVER Emergency Care whilst out of Area of Cover provided you do not travel outside of your Area of Cover for more than the days specified under the Level of Cover				
Emergency Care whilst out of Area of Cover provided you do not travel outside of your Area of Cover for more than the days specified under the Level of Cover	15 days maximum	15 days maximum	15 days maximum	15 days maximum
ITEM 10 DEATH BY ACCIDENT The Benefit provided for in this section does not provide cover for any death of an Insured Person arising from the side effects of any medication or known risk from surgery, suicide or self inflicted injury, the use of illegal or other non-Prescription Drugs, the consumption of alcohol to such an extent that the Insured Person suffers mental or physical impairment contributing to their death or the Insured Person being in control of a motor vehicle acting in a dangerous or careless manner, Exceeding the speed limit or being over the legal driving limit for alcohol or drugs.				
A cash Benefit on the death by Accident of an Insured Person of the amount specified	No Cover	€5,000	€10,000	€20,000



HOW TO CHOOSE YOUR MEDICAL INSURANCE COVERAGE

The plan that covers YOUR medical needs:

Basic, Core, Classic and Prime

Your Area of Coverage:

Area 1: Worldwide

Area 2: Worldwide excluding USA, Canada, China, Hong-Kong, Macau, Japan, Singapore and Taiwan

Your Annual Excess you will like to have: NIL, €150, €350, €650, €1,700, €3,500 and €6,500

The excess is per family member once a year.

The frequency of payment of your preference:

Annual, Semi-annual, Quarterly and Monthly

DCare is not just another Medical Insurance plan, being released in the market of the Medical World. When you apply to DCare, you become a member of our community - one which we call Family. With the help of our clients we address each claim as our own. We have the adequate means and staff to provide any support for your claim -psychological and physical. The foundation of DCare lies in the interest of our experiences with our current clients. We take into consideration the diversity of enquiries, requests and feedback of our customers and so have adopted the right people to support you psychologically and make sure the procedures of your insurance plan are on the right track of your existing coverage.

We would like to thank all of you who have taken the time to inform us of your enquiries, questions and concerns about how your claim has been treated. We greatly appreciate, the amount of time you have spent to help us improve as A.K. Demetriou and for choosing us to be part of your systematic medical experience.

With your support, we have overcome any implications that might have risen with individual claims, based on your coverage. At A.K. Demetriou we ensure full guidance to all our customers concerning their medical schemes.

DCare's motto is trust; trusting us to walk with you and guide you through your personal health enquiries. Through our experiences with our clients' medical claims, we hold that the medical insurance market is an evolving matter - one which needs constant update, as people's needs differ through time. At A.K. Demetriou we handle each of our clients' claim exclusively, to ensure a promising and supportive experience through your procedure. We understand the obstacles you might face each day and so DCare is the right insurance for you. Let us deal with your concerns of costs and safety; Join our family and trust us to help you.



CLAIMS PROCEDURE

(Using your Claim Forms)

To receive Pre-Authorization in case of Emergency Medical Hospitalization in Hospital or in case of Emergency Transportation and Hospitalization please contact **HealthWatch SA** at **+357 24 636 300** or **+302 313 084 328**

In-patient and Day-patient procedure Claims

Before undertaking any treatment please call HealthWatch our Customer Care Team as stated above.

In an emergency please make sure that You, a member of the hospital staff, Your family, a friend, or a work colleague, contact us as soon as practicable.

In most cases we will pay your hospital, clinic or medical practitioner directly.

If you have chosen an Excess please make sure you pay the amount to Hospital/Clinic and we will pay the rest.



Out-patient procedure Claims

Pay your out-patient services

Submit your out-patient claims to us

Our aim

is to process your claim within 3 working days*

Claim Submission

Please submit your claims documentation to

Email: dcare@healthwatch.gr

*If the Claim Form is correctly filled out and submitted with all necessary documentation; Receipts, Doctor Referrals and Results of Tests/Treatment.



All our DCare plans include the DCare web application by A.K. Demetriou Insurances anywhere you are in the world.

The functions of the web application are:

The functions of the web application in Greece are:

Doctors Appointment

- Find the Specialty you want
 - Choose the Location
 - Choose the Area
 - Request the date convenient for your appointment
 - State an alternative date for your appointment
 - Choose the convenient time for your appointment
- SUBMIT YOUR REQUEST

Diagnostic Center Appointment

- Choose the Location
 - Choose the Area
 - Choose the Diagnostic Center you prefer
 - Request the date convenient for your appointment
 - State an alternative date for your appointment
 - Choose the convenient time for your appointment
 - Upload your Doctors referral
- SUBMIT YOUR REQUEST

Doctor Checkup (Wellness Claim)

- Choose the Location
 - Choose the Area
 - Request the date convenient for your appointment
 - State an alternative date for your appointment
 - Choose the convenient time for your appointment
- SUBMIT YOUR REQUEST

Hospitalization Announcement

- Choose the Location
 - Choose the Clinic/Hospital your surgery will take place
 - The date your surgery was booked
 - Upload Doctors Report for surgery and/or related documents
- SUBMIT YOUR REQUEST

Claims Submission

- Upload your claim form including all related documents
- SUBMIT YOUR REQUEST



The functions of the web application in Cyprus are:

Hospitalization Announcement

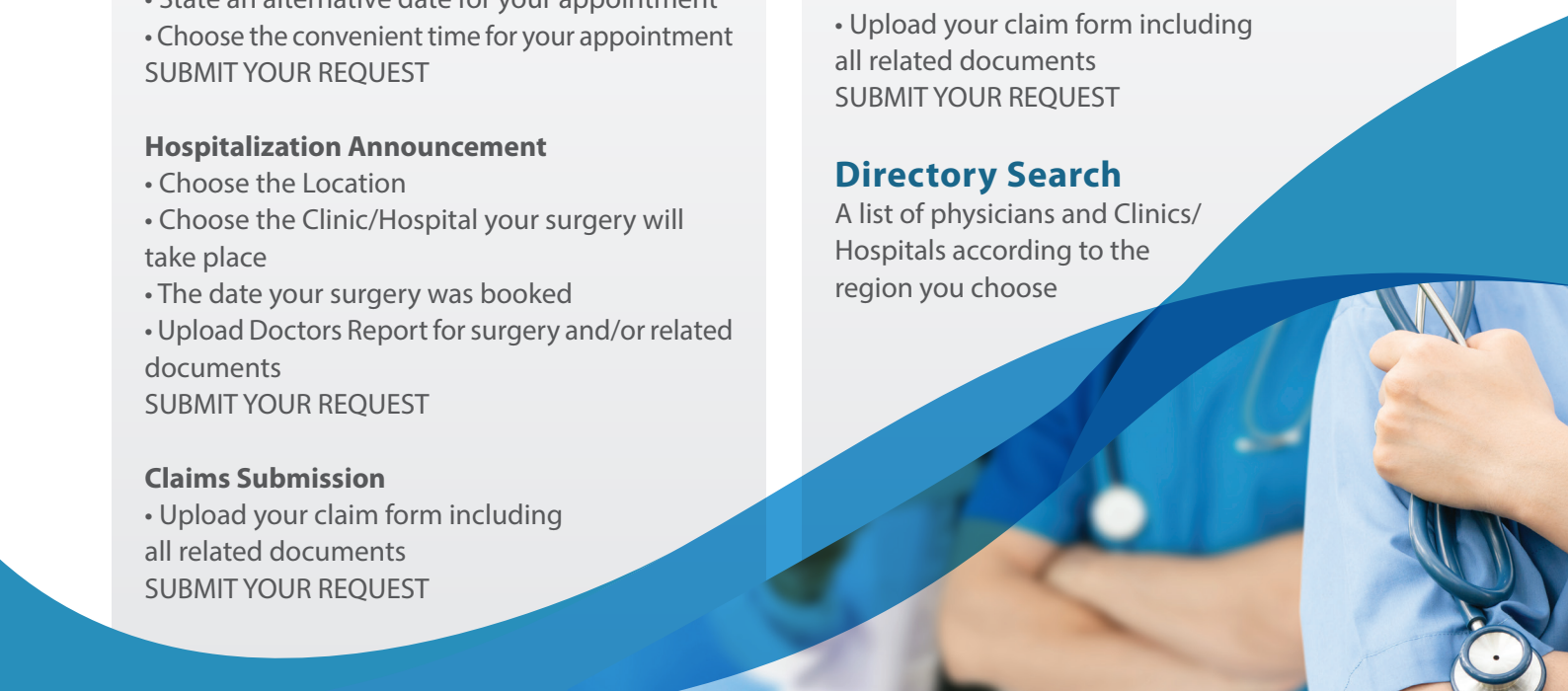
- Choose the Location
 - Choose the Clinic/Hospital your surgery will take place
 - The date your surgery was booked
 - Upload Doctors Report for surgery and/or related documents
- SUBMIT YOUR REQUEST

Claims Submission

- Upload your claim form including all related documents
- SUBMIT YOUR REQUEST

Directory Search

A list of physicians and Clinics/ Hospitals according to the region you choose





DCare medical plan, designed by A.K. Demetriou Insurance Agency, Sub-Agents and Consultants Limited, is administered by Dual Corporate Risks Limited coverholder acting on behalf of Lloyd's Brussels (Lloyd's Insurance Company S.A.) a subsidiary of Lloyd's and authorised by the National Bank of Belgium.

Lloyd's is the world's specialist insurance and reinsurance market. With expertise earned over centuries, Lloyd's is the foundation of the insurance industry and the future of it. Led by expert underwriters and brokers who cover more than 200 territories, the Lloyd's market develops the essential, complex and critical insurance needed to underwrite human progress.

Backed by diverse global capital and excellent financial ratings, Lloyd's works with a global network to grow the insured world – building resilience for businesses and local communities and strengthening economic growth around the world.



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