

**A. Benefit upgrade Altius Medical Hypercover (Incl. Professional Associations) – Schemes: Standard, Executive, Supreme**

According to Article B.25.1 of your Insurance Policy, the following benefits are upgraded without any increase in premiums:

**A. Basic Inpatient Cover:**

**1. Benefit of pregnancy or/and maternity expenses and maternity allowance**

COVER C(1)(G) – BENEFIT OF PREGNANCY OR/AND EXPENSES AND ALLOWANCE	STANDARD	EXECUTIVE	SUPREME
Maternity Allowance	€500	€1.500	€3.000
Pregnancy / Maternity Benefit (includes any complications and pediatrician visits at the clinic)	€1.000	€1.500	€2.000

**2. Accommodation abroad**

For medical incidents where the Participating Member will be admitted and spend the night in a hospital abroad for at least one (1) night.

Cover:

- One (1) day before and one (1) day after hospitalization for the Participating Member.
- One (1) companion during hospitalization of the Participating Member.

	STANDARD	EXECUTIVE	SUPREME
DAILY MAXIMUM AMOUNT	€100	€100	€100
MAXIMUM PERIOD OF COVERAGE PER YEAR (DAYS)	5	7	15

**3. Tickets for treatment abroad**

Cover:

- Economy class.
- The Participating Member will receive treatment (medical aid) as an in-patient.
- One (1) companion.

	STANDARD	EXECUTIVE	SUPREME
MAXIMUM ANNUAL AMOUNT	N/A	€300 per person	€300 per person
MAXIMUM NUMBER OF INCIDENTS	N/A	1	2

**4. Annual routine (check-up) tests**

	STANDARD	EXECUTIVE	SUPREME
MAXIMUM ANNUAL AMOUNT	€150	€200	€250

**5. Care of rehabilitation expenses**

	STANDARD	EXECUTIVE	SUPREME
MAXIMUM MONTHLY BENEFIT PER EVENT	€1.000	€2.000	€3.000

MAXIMUM MONTHS COVERED PER EVENT	3	3	3
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## 6. Home nursing care

	STANDARD	EXECUTIVE	SUPREME
MAXIMUM ANNUAL AMOUNT	€500	€1.000	€2.000

## **B. BASIC INPATIENT COVER & SUPPLEMENTARY BENEFIT 1 OUTPATIENT COVER:**

### 1. Costs for personal medical equipment/aids

	STANDARD	EXECUTIVE	SUPREME
BASIC INPATIENT	€100	€300	€500
SUPPLEMENTARY BENEFIT 1 - OUTPATIENT	€100	€300	€500

### 2. Alternative medicine and paramedical professions

	STANDARD	EXECUTIVE	SUPREME
BASIC INPATIENT	€500	€1.500	€2.500
SUPPLEMENTARY BENEFIT 1 - OUTPATIENT	€300	€500	€700

### 3. Physiotherapy

	STANDARD	EXECUTIVE	SUPREME
BASIC INPATIENT	€700	€1.200	€1.500
SUPPLEMENTARY BENEFIT 1 - OUTPATIENT	€500	€900	€1.200

## **C. SUPPLEMENTARY BENEFIT 1 – OUTPATIENT COVER:**

### 1. Additional screening for adults

	STANDARD	EXECUTIVE	SUPREME
MAXIMUM AMOUNT ANNUALLY	N/A	€100	€200

### 2. Refractive disorders

	STANDARD	EXECUTIVE	SUPREME
MAXIMUM LIMIT PER TWO YEARS	N/A	N/A	€100

## **EXCLUSIONS:**

The exclusion no. "32" is changed as follows: "Any hospitalization lasting more than two hundred and fifty (250) days cumulatively per incident", instead of the duration of one hundred and eighty (180) days).

In exception No. 5 point (5c) has been added as an exception "Scoliosis of the Nasal Diaphragm, unless the member is insured for a continuous period of three (3) years, before the appearance of the first symptoms, which lead to treatment or surgery operation. Only nasal septum surgery is covered. Rhinoplasty is not covered."