Supplementary health insurance

Information sheet on the insurance product

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

TeamUp Santé

Disclaimer: this document is only intended to provide you with a summary of the principal coverage and exclusions of the insurance product and is not customised to your specific needs. All pre-policy and policy information on the insurance product is included in the policy documentation for the chosen product.

What kind of insurance is it?

This "Supplementary health" insurance product provides cover for the Insured against medical treatments required in case of accident, sickness or childbirth. The basic cover is for medical care provided in the context of a hospital admission and includes an assistance service when the Insured is abroad; depending on the formula chosen, the cover also includes outpatient medical care, dental care, medical optics and visual aids, and prevention and screening services.

What is covered?

Basic benefits

✔ Payment of medical costs associated with a hospital admission, including pre- and post-hospital medical care

✔ Assistance abroad:
- search and rescue costs (up to a maximum of 10,000 EUR)
- assistance in case of death
- repatriation or transport
- sending medications
- language assistance

Supplementary benefits depending on the chosen formula

Outpatient medical care:
- medical consultations and reviews
- medications (including homeopathic medications)
- paramedical services
- curative care
- thermal cures
- therapeutic equipment
- laboratory investigations and examinations
- medical optics and visual aids
- dental care and prostheses
- prevention and screening
- medical imaging

Disclaimer: any cover ceilings, limits or excess amounts are stated in the conditions of insurance and/or in the Specific Terms and Conditions.

What is not covered?

✘ Intentional acts by the Insured

✘ Consequences of acts of war or injury recognised as being associated with military service

✘ Care that is not medically necessary, specifically aesthetic surgery

✘ Care provided before affiliation to the contract, during waiting periods or after affiliation to the contract is terminated

Disclaimer: this list is not exhaustive.
For more information, consult the policy documents relating to the chosen product.

Are there exclusions from cover?

! No reimbursement can exceed the costs that actually remain payable by the Insured, after deducting all contributions towards those costs

! Detoxification measures (detoxification treatment, drug rehabilitation and cessation treatments)

! Treatments in a sanatorium and convalescence measures, unless these are medically necessary

! If the policyholder receives benefits under the statutory insurance system, the Insurer is only obliged to reimburse the remaining costs

! Reimbursable costs incurred in a private hospital establishment are only covered if the establishment has been duly authorised

Disclaimer: this list is not exhaustive.
For more information, consult the policy documents relating to the chosen product.

Where am I covered?

✔ In the countries of the European Union

✔ Worldwide, during the first month of your stay

What are my obligations?

The policyholder, which is the Company, must:

- pay the premiums
- ensure performance of the contract conditions and communicate to the Insurer, on its own responsibility, all necessary information concerning the Insureds and also the request for affiliation, duly completed and signed by both itself and the Insured Person
- immediately communicate to the Insurer any changes that take place for all Insureds (new affiliations, departures, changes in civil status and family dependants, request for affiliation of a newborn within one month of birth, another contract relating to medical costs being taken out or terminated)

The Insured Person and beneficiaries must:

- when affiliation to the contract requires medical formalities, accurately declare all circumstances and elements that make it possible to assess the risk
- immediately declare the conclusion or extension of insurance cover for health costs under which the Insured is covered by another insurer, mutual health insurer or health insurance
- when care is provided:
  - communicate all supporting documents making it possible to assess the amount of the benefit that is due (in particular, the statement from the CNS [Luxembourg national health fund] or equivalent)
  - submit a declaration concerning any treatment in hospital within 10 days of its commencement
  - request prior permission for treatments for which this is required

When and how should payments be made?

You are responsible for paying the premium.

When does cover begin and when does it end?

The date when cover begins is indicated in the confirmation of affiliation; cover will end:

- in the first month following written notification by the company that the employment contract of the Insured Person has effectively been terminated
- on the date of termination of this contract for all Insureds
- on the first day of the month following receipt by the Insurer of a letter from the Company informing it of the Insured's decision no longer to receive cover under the contract
- on the death of the Insured Person
- on the retirement of the Insured Person
- in the month when the fraud is discovered, in case of fraud by an Insured

How can I terminate the contract?

If the Company wishes to terminate its TeamUp Santé contract , it should request its termination, by registered post with advice of delivery, at least three months before the renewal date. If the Insured Person / beneficiary wishes to terminate his or her cover, the request can be made at any time, either by submitting it via his or her Human Resources department, or by sending it directly to the Insurer.