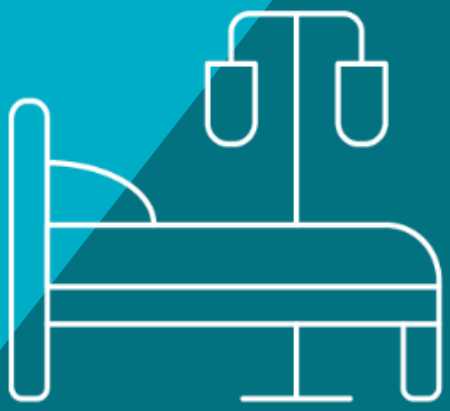
Complementary
Health insurance

Special terms and conditions OptiSoins Active



June 2021

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OptiSoins Active Special Terms and Conditions

The **OptiSoins *Active* Special Terms and Conditions** apply exclusively in conjunction with the **OptiSoins Health Terms and Conditions of Insurance**.

The **OptiSoins *Active* Special Terms and Conditions** apply only to **Insured** that have taken out the **OptiSoins** annual healthcare insurance contract, and are divided into 3 categories:

- the **OptiSoins *Active* Special Terms and Conditions** of Insurance
- the **OptiSoins *Active* Special Terms and Conditions** for assistance **abroad**
- the **OptiSoins *Active* Special Terms and Conditions** for complementary services during and after hospitalisation.

1. OptiSoins Active Special Terms and Conditions of Insurance

1.1. Purpose of the insurance

1.1.1. In the event of a **claim**, the **Company** guarantees the payment of benefits within the limits and in the manner described in these **Special Terms and Conditions**, in conjunction with the **OptiSoins Terms and Conditions of Insurance**.

1.1.2. A **claim** shall be considered as a medically necessary treatment of the **Insured** as a result of **disease**, **childbirth** or **accidental bodily injury**. The **claim** begins at the commencement of medical treatment and ends when there is no more need for treatment. Should treatment be extended to a **disease** or consequences of an accident that are not directly related to current treatment, this shall be considered as a new **claim**.

Medical treatment may be provided on an in-patient basis in a **hospital facility** or on an out-patient basis. Dental and eye care, as well as prevention and screening treatments are out-patient medical treatments and are not refundable as in-patient medical treatments.

1.2. Insurability

Insurance cover is granted to persons who, at the same time:

1.2.1. at the time they take out the cover, have an entry age allowing the calculation of the premium according to an age bracket that is provided for and in force;

1.2.2. have their permanent legal **domicile** in the Grand Duchy of Luxembourg, in Germany, in Belgium or in France, while residing there at least nine months per year;

1.2.3. are insured by virtue of their employment under statutory **health insurance** in Luxembourg (hereinafter referred to as "statutory **health insurance**");

1.2.4. are accepted on the basis of medical criteria and insurance techniques.

1.3. Benefits of the Company

1.3.1. In the event of a **claim**, the **Company** shall refund medical expenses or benefits that:

- have a curative and/or diagnostic nature;
- are medically necessary;
- are performed by licensed healthcare providers or who are eligible for comparable status;
- are sufficiently proven in therapeutic terms;

- are incurred during the lifetime of the **claim**.

The insurance covers the cost of the following services:

1.3.2. Medical treatment in a hospital facility

1.3.2.1. In the event of a **claim**, 100% are refunded to top up the contribution of statutory **health insurance** covering:

- the costs of medical procedures;
- accommodation in a single room (standard first class) with the exception of meals and comfort products.

The costs of accommodation in a luxury single room are not refundable;

- the costs of additional services relating to diagnosis or treatment that are billed separately by the hospital (e.g. laboratory tests or X-rays, medicines, use of operating room);
- transport costs by road ambulance, in relation to treatment in a **hospital facility**, to the hospital and back up to 400 km in total;
- the costs for an accompanying bed for one of the parents in the room of a hospitalised child, provided that the child has not yet reached the age of 18 at the time of admission to hospital.

Additional costs related to the parent's accommodation and meals are not refundable;

- in the context of childbirth, the costs for an accompanying bed for the newborn's father in the room of the hospitalised mother, on the condition that the father or mother are insured under an **OptiSoins** contract.

Additional costs related to the father's accommodation and meals are not refundable;

- fixed telephone and television hire charges, with the exception of communication costs.

In the event of medical treatment at a **hospital facility abroad**, the 100% refund rate also applies even if the contribution of the statutory **health insurance** to the refund of the medical expenses is different to that for similar treatment in the **Insured**'s country of **domicile**. In the event of absence of contribution by the statutory **health insurance**, the refund is subject to the prior approval of the **Company** in the manner described in section 1.10 of the **Terms and Conditions of Insurance**.

In case of in-patient psychotherapy, the refund is subject to prior approval by the **Company** in accordance with section 1.10 of the **Terms and Conditions of Insurance**.

1.3.3. Out-patient medical care

1.3.3.1. In the event of a **claim**, 100% are refunded to top up the contribution of statutory **health insurance** covering:

- the costs of medical procedures performed by a physician during a visit or consultation;

- the costs of out-patient psychotherapy;
- the costs of medicines (traditional or homeopathic) and dressings;
- the costs of procedures performed by nurses, physiotherapists, speech therapists, podiatrists, **orthopaedic shoe and boot maker-truss makers** (excluding measurements) and midwives considered as paramedical acts;
- the costs of laboratory analyses and tests, and medical imaging costs;
- the costs of remedial gymnastics, physical rehabilitation, massage, hydrotherapy, body wraps, heat treatments, physiotherapy and electrotherapy.

In the event of absence of contribution by statutory **health insurance** for one of the 6 points above, the rate of refund is limited to 20% of the refundable costs. In some cases where a series of procedures may be prescribed, in case of absence of contribution by statutory **health insurance**, the refund is subject to prior approval by the **Company** in the manner described in section 1.10 of the **Terms and Conditions of Insurance.**

In case of in-patient psychotherapy, the refund is subject to prior approval by the **Company** in accordance with section 1.10 of the **Terms and Conditions of Insurance**.

1.3.3.2. The following are also refunded, in the event of a **claim**, to top up the statutory **health insurance** contribution:

- the costs of care provided by osteopaths, naturopaths (Heilpraktiker), chiropractors and acupuncturists,
  - at a rate of 100% in the event of contribution by statutory **health insurance**, up to a maximum refund of 500 € per year per **Insured**;
  - at a rate of 80% in the absence of contribution by statutory **health insurance**, up to a maximum refund of 500 € per year per **Insured**.

For cases where a series of procedures may be prescribed, in the event of absence of contribution by statutory **health insurance**, the refund is subject to prior approval by the **Company** in the manner described in section 1.10 of the **Terms and Conditions of Insurance**;

- the costs of a medically necessary hospitalisation in a facility that also offers spa and sanatorium treatments or that serves as a convalescent home, as long as the related costs and expenses related to **spa treatments** covered by this contract have received the prior approval of the **Company** in the manner described in section 1.10 of the **Terms and Conditions of Insurance** and within the following limits:
  - the maximum number of treatment days authorised is 21 per year per **Insured,**
  - the medical treatment is refunded at a rate of 100% in the event of contribution by statutory **health insurance** and at a rate of 20% in the absence of contribution by statutory **health insurance**,
  - the accommodation and transportation expenses are limited to 175 € per year per **spa treatment** and per **Insured**;

any **spa treatment** must be prescribed by a **medical authority**. In the event of a stay in a spa, the **Insured** must provide the Company with a certificate of stay;

- the cost of therapeutic equipment as listed in section 1.7.10 of the **Terms and Conditions of Insurance** within the following limits:
  - 100% refund in the event of contribution by statutory **health insurance;**
  - 20% refund in the absence of contribution by statutory **health insurance**;

- wheelchair: refund of up to 2,000 € per **Insured**, every 3 years maximum for an **Insured** under 18 at the time of the **claim**, and every 4 years maximum for the other **Insured**;
- orthopaedic shoes and insoles (excluding sports insoles): maximum of 500 € per year per **Insured**;
- wigs (in case of **serious disease**): refund of a maximum of 250 € per year per **Insured**.

1.3.3.3. In the event of treatment **abroad**, refunds amount to 100% if statutory **health insurance** contributes to the expenses and it has paid benefits equivalent to those applied in case of treatment in the **Insured**'s country of **domicile**, and only 20% in other cases, subject to section 1.10 of the **Terms and Conditions of Insurance** and on the understanding that the limits expressed in euro above still apply in all cases.

1.3.4. Prevention and screening

1.3.4.1. The following shall be refunded to top up the statutory **health insurance** contribution:

- up to 100% in the event of contribution by statutory **health insurance** or 50% in the absence of contribution by the latter, and up to a maximum of 250 € per year per **Insured**:
  - the cost of examinations and screening for **serious disease**s;
  - the cost of the services of a dietician, in pathological cases and in cooperation with the medical team treating the pathology.

In case of absence of contribution by statutory **health insurance** and in the event of a series of procedures, the refund is subject to prior approval by the **Company** in the manner described in section 1.10 of the **Terms and Conditions of Insurance**.

1.3.5. Dental and eye care

1.3.5.1. The following are refunded at a rate of 100% to top up the statutory **health insurance** contribution, up to a limit of 500 € every 2 years and per **Insured**:

- glasses (lenses and frames) and contact lenses.

1.3.5.2. The cost of refractive surgery is refunded to top up the statutory **health insurance** contribution:

- 100% in the event of contribution by statutory **health insurance** and 20% in the absence of contribution by statutory **health insurance**,
- and up to a limit of 250 € per eye.

Additional and/or ancillary expenses incurred by the **Insured** in connection with eye care such as eyeglass or contact lens care products, loyalty cards, mounting, shipping, warranty or extended warranty costs are not refundable.

1.3.5.3. The following shall be refunded to top up the statutory **health insurance** contribution:

- the costs of dental care up to 100%, and 40% in the absence of contribution by statutory **health insurance**;

- the costs of professional descaling up to a limit of 50 € per year per **Insured**;

- the costs of orthodontic treatment up to 80% of the actual costs incurred, minus the contribution by statutory **health insurance**, provided that it begins before the 17th birthday of the **Insured** at the time of the **claim**, it being stipulated that refunds will only apply to expenses incurred during the first three years of treatment;

- the costs of prosthetic treatment that includes fixed or removable dentures, repairs, dentist fees, equipment and laboratory costs, as well as the preliminary measures before the fitting of prostheses, up to a maximum of 80% of the actual costs incurred minus the amount of the statutory **health insurance** benefits. The maximum refundable amounts are listed under section 1.3.5.4.

In the event of absence of contribution by statutory **health insurance**, provided that there has been a prior agreement with the **Company** in the manner described in section 1.10 of the **Terms and Conditions of Insurance**, the refund of the orthodontic treatment is limited to 40% of the actual costs incurred, and the refund of prosthetic treatment expenses is limited to 40% of the actual amounts incurred with the maximum refundable amounts set out in section 1.3.5.4.

1.3.5.4. The maximum refundable amounts to be taken into account in the context of prosthetic treatment costs are as follows:

<table>
<tr><th colspan="2">Fixed dentures</th><th colspan="2">Removable dentures</th></tr>
<tr><td>Crown</td><td>600 €</td><td rowspan="3">Total, upper or lower dentures (14 teeth), resin plate</td><td rowspan="3">1100 €</td></tr>
<tr><td>Implant</td><td>600 €</td></tr>
<tr><td>Inlay</td><td>500 €</td></tr>
<tr><td>Single pivot tooth</td><td>400 €</td><td rowspan="3">Partial denture, resin plate</td><td>bottom plate: 250 €</td></tr>
<tr><td>Richmond pivot tooth</td><td>800 €</td><td>per tooth: 50 €</td></tr>
<tr><td>Pivot tooth with abutment</td><td>800 €</td><td>per hook: 90 €</td></tr>
<tr><td>Bridge element, gold and resin</td><td>800 €</td><td>Supplement for stainless steel base per maxillary</td><td>300 €</td></tr>
<tr><td>Bridge element, gold and ceramic</td><td>600 €</td><td>Extra charge for Lausap, Fixomatic, Vacuum suction system, etc.</td><td>300 €</td></tr>
<tr><td>Special anchor</td><td>600 €</td><td rowspan="2">Skeleton dentures, chrome cobalt</td><td>Hook base: 650 €</td></tr>
<tr><td>Hinge</td><td>200 €</td><td>per tooth: 220 €</td></tr>
<tr><td colspan="2">For all other dentures</td><td colspan="2">500 €</td></tr>
</table>

All additional and/or ancillary costs charged during a prosthesis treatment (non-limiting examples: temporary crown for personal convenience, metals, etc.) are included in the maximum refundable amounts mentioned in the above table.

1.3.5.5. In the event of treatment **abroad**, the highest percentages listed in section 1.3.5.3, i.e. either 100% or 80% are to be taken into account for the calculation of refunds in the event of contribution by statutory **health insurance** and provided that it has paid benefits equivalent to those applied in the event of treatment in the **Insured**'s country of **domicile**, and 40% in other cases, provided that there was a prior agreement (see section 1.10 of the **Terms and Conditions of Insurance**) and on the understanding that the limits expressed in euro shall continue to apply in all cases.

1.3.5.6. The refundable benefits added to those paid by statutory **health insurance** and/or another insurer may in no case exceed the actual costs incurred by the **Insured**.

2. OptiSoins Active Special Terms and Conditions of assistance abroad

2.1. Definitions

Under these **Special Terms and Conditions**, the following definitions apply:

2.1.1. Competent medical authority

A medical practitioner recognised by Luxembourg legislation or by the legislation in force in the country where the **Insured** is located.

2.1.2. Domicile

The legal or elected **domicile** in the Grand Duchy of Luxembourg, in Germany, in Belgium or in France and stated in the **Specific Terms and Conditions**.

2.1.3. Abroad

Any country outside the legal or elected **domicile** of the **Insured**.

2.1.4. Epidemic

Development and rapid spread of a contagious **disease** among a large number of people. The **epidemic** is limited to a well-defined region, country or area.

2.1.5. Medical evacuation

Transport to a hospital in Luxembourg or **abroad** of a sick or injured **Insured** accompanied by medical personnel (physician and/or nurse). **Medical evacuation** is only used in cases of medical emergency where there is no possibility of appropriate treatment on site.

2.1.6. Hotel costs

These costs cover bed and breakfast accommodation.

2.1.7. Medical incident

The **disease** or **accidental bodily injury** suffered by the **Insured**.

2.1.8. Pandemic

This is an **epidemic** that is spread over a large international geographic area. It affects a particularly large part of the world's population.

2.1.9. Service Provider

Inter Partner Assistance s.a., RPM 0415.591.055, an insurance company authorised in Belgium under code no. 0487 for the provision of travel insurance (Royal Decrees of 01.07.1979 and 13.07.1979 – Belgian Gazette of 14.07.1979 with its registered office at B-1050 Brussels, av. Louise 166 bte 1.)

Tel. (+352) 44 24 24 4624

which undertakes to perform all insured assistance services on behalf of the **Company**. Any request for services under this contract must therefore be addressed to **INTER PARTNER ASSISTANCE**.

2.1.10. Data

The personal **data** about the **Insured** that are communicated to the **Company** under the contract are processed for the purpose of insurance management, customer management, anti-fraud measures and litigation management, **claim** management and assistance services by **AXA Assurances Luxembourg** and Inter Partner Assistance SA, Avenue Louise 16/1, 1050 Brussels and may be transferred by the latter to the service providers and subcontractors that it uses and that may be located outside the European Union, including, among others, AXA Business Services, for **data** collected by it in the course of assistance services.

2.1.11. Repatriation

The return of the **Insured** to their legal **domicile** or to a hospital close to the legal **domicile**, in the Grand Duchy of Luxembourg, in Germany, in Belgium or in France.

2.1.12. Temporary stay

A stay limited to a period of 60 consecutive calendar days.

2.2. Purpose and geographical scope of Personal Assistance

2.2.1. Purpose

The **Service Provider** shall guarantee, up to the amounts specified, including taxes, an assistance service in the event of a **medical incident** which occurs to the **Insured** during a **temporary stay abroad** and that leads to hospitalisation.

The personal assistance cover therefore does not apply to travel undertaken for the purpose of receiving treatment.

2.2.2. Geographical scope

The assistance benefits apply to a **temporary stay** by the **Insured abroad**. The benefits are also granted as soon as the **Insured** leaves their **domicile** to travel more than 100 km from their **domicile**.

2.2.3. Conditions for granting the assistance benefits

The **Service Provider** provides cover during the period of validity of the contract following defined events and during private or professional life within the limits of the territorial scope and the covered amounts.

These events must be the subject of a request for cover to the **Service Provider** at the time of the incident, unless otherwise expressly provided for in certain insurance covers.

No retroactive right to a refund or compensation is associated with any benefits not requested at the time of the incident and those refused by the **Insured** or arranged without the consent of the **Service Provider**. The event must be reported to the **Service Provider** as soon as it occurs.

2.2.4. Exclusions to all personal assistance coverage abroad

The cover does not extend to **claims** occurring **abroad** in the event of a **pandemic** of an infectious **disease** declared by the WHO (World Health Organization) if the Luxembourg authorities, the authorities of the country to which the **Insured** is travelling or the EU authorities have prohibited or advised against travelling to that place at the time of departure.

2.3. The Personal Assistance benefits

2.3.1. Rescue costs

Following a **medical incident**, the **Service Provider** shall refund the search and rescue costs incurred to safeguard the life or physical integrity of an **Insured** up to the equivalent of 10,000 € per **claim**, provided that the rescue is prompted by a decision taken by the competent local authorities or the official emergency services. The event must be notified to the **Service Provider** as soon as it occurs and a statement from the local authorities or emergency services must be sent to it.

2.3.2. Medical assistance

In the event of a **medical incident** suffered by an **Insured**, from the first call, the medical team of the **Service Provider** shall get in touch with the local treating physician in order to arrange its assistance in the conditions best adapted to the state of health of the **Insured**. At the request of the **Insured**, the **Service Provider** will organise the communication between the treating physician **abroad** and the family doctor. In every case, the organisation of first aid is the responsibility of the local authorities.

2.3.3. Dispatch of a physician on site

Following a **medical incident**, and if the medical team of the **Service Provider** considers it necessary, the **Service Provider** shall appoint a physician or medical team to visit the **Insured**, to better assess the measures to be taken and to organise them.

2.3.4. Repatriation or transportation following a medical incident

If the **Insured** is hospitalised following a **medical incident** and the medical team of the **Service Provider** deems it necessary to transport them to a better equipped or more specialised medical facility or one that is closer to their **domicile**, the **Service Provider** shall arrange for and cover the cost of the **repatriation** or medical transport of the sick or injured **Insured**, under medical supervision if necessary, and depending on the severity of the case, transport will be arranged by:

- rail (1st class);
- light medical vehicle;
- ambulance;
- regular flight, economy class, with special arrangements if necessary;
- air ambulance.

If the event occurs outside of Europe and the countries bordering the Mediterranean, transport shall only be by regular flight.

The decision relating to transport and the resources to be implemented is taken by the physician of the **Service Provider** based only on technical and medical considerations. The physician of the **Service Provider** must have given their agreement before transport. Information from local physicians and/or the usual treating physician, which may be essential, helps the **Service Provider**'s medical advisors to make the decision that seems most appropriate. In this regard, it is expressly agreed that the final decision, to be implemented in the interest of the **Insured**, rests with the **Service Provider**'s medical advisors, in order to avoid any conflict of **medical authority**. In addition, in the event that the **Insured** refuses to comply with the decision considered the most appropriate by the **Service Provider**'s medical advisors, they shall expressly release the **Service Provider** from any liability, in particular in the event of a return by their own means or in the event of a deterioration in their state of health.

The **Service Provider** may request the **Insured** to use their initial travel ticket if still valid. If this request is not made and when the **Service Provider** has paid the cost of the return trip, the **Insured** must hand over their unused ticket on their return.

2.3.5. Refund of medical expenses after a medical incident abroad

If necessary, the **Service Provider**, on behalf of the **Company**, shall advance costs arising from hospitalisation **abroad** following a **medical incident**, after exhausting the benefits offered by all third party payers. The guaranteed benefits and exclusions are listed in the **Special Terms and Conditions** and the **Terms and Conditions of Insurance** specific to your **OptiSoins** contract.

2.3.6. Conditions governing the payment of medical expenses under the Assistance formula

2.3.6.1. The hospitalisation **abroad** must be urgent and unforeseeable.

2.3.6.2. These payments and/or refunds serve to top up the refunds and/or payments obtained by the **Insured** or their dependants from statutory **health insurance** and within the limits of the **Special Terms and Conditions** and **Terms and Conditions of Insurance** specific to the **OptiSoins** contract.

2.3.6.3. Treatment costs in a **hospital facility** are advanced in line with the legal scale in force. The treatment costs in a **hospital facility** based on the private scale are only advanced if required by the circumstances or medical condition of the patient and subject to the prior approval of the medical department of the **Service Provider.**

2.3.7. Terms and conditions of payment of medical expenses

In the event of hospitalisation **abroad**, the **Service Provider** may advance medical expenses. In this case, the **Insured** undertakes within two months of receipt of bills, to take the necessary steps to recover these costs from statutory **health insurance** or any other insurance institution with which it is affiliated and to refund the **Service Provider** for the amount of money received.

If the **Insured** has paid their own costs, these shall be refunded by the **Company** to the **Insured** upon their return to their country of **domicile**, after recourse to the bodies referred to in the preceding paragraph, upon presentation of all original supporting documents.

2.3.8. Sending of medicines, prosthetics and glasses

When, after a **medical incident**, the **Insured** is short of essential medicines, prostheses, or spectacles, similar or equivalent versions of which are not available on site, but in the country of **domicile**, the **Service Provider** shall organise and pay for their search, shipment and provision on prescription from a competent **medical authority** and after receiving the approval of its medical department. Their purchase cost, plus any customs duties, are payable by the **Insured**, except for expenses that are covered under the **OptiSoins** contract.

2.3.9. Repatriation expenses of other Insured in case of medical evacuation or death of an Insured abroad

In the event of the **medical evacuation** or death of an **Insured abroad**, the **Service Provider** shall arrange and cover the costs of the early return of the other **Insured** to the country of their **domicile**. This return will be by 1st class train (distance from **domicile** less than 1,000 km) or by regular economy flight (distance from **domicile** over 1,000 km).

The cover shall extend not only to the accompanying **Insured** but also to accompanying persons covered by another **OptiSoins** contract. This cover applies provided that the other **Insured** cannot use the same means of transport as on the outward trip, or that originally planned for the return trip, and cannot make their way back to their **domicile** on their own or with the help of a replacement driver. The **Service Provider** may request the **Insured** to use their initial travel ticket if still valid. If this request is not made and when the **Service Provider** has paid for the return journey, the **Insured** must submit their unused travel document upon their return to the **Service Provider**, which shall become its owner.

2.3.10. Visit to an Insured hospitalised abroad

When the **Insured** is hospitalised **abroad** as a result of a **medical incident** and the physicians authorised by the **Service Provider** advise against transport before 5 days, the **Service Provider** will arrange and cover:

- either (return) travel by a family member or a close relative living in the country of the legal **domicile** of the **Insured** to go to the bedside of the sick or injured **Insured**. The local **hotel costs** of this person shall be borne by the **Service Provider** up to a maximum of 65 € per day, for up to 10 days, and upon presentation of original receipts;
- or the costs of extending the stay of a person accompanying the **Insured**, up to the same amount and under the same conditions.

2.3.11. Repatriation of the mortal remains during a trip

In the event of the death of an **Insured abroad** and if the family decides on burial or cremation in the country of the **Insured**'s legal **domicile**, the **Service Provider** will arrange for **repatriation** of the mortal remains and cover:

- the cost of funerary treatment;
- the cost of placing in a coffin on-site;
- the cost of the coffin up to a maximum of 620 €;
- the cost of transporting the mortal remains from the place of death to the place of burial or cremation in the country of the **Insured**'s legal **domicile**.

The costs of the ceremony and burial or cremation in the country of the **Insured**'s legal **domicile** are not covered by the **Service Provider**.

In the event that the family decides on burial or cremation locally **abroad**, the **Service Provider** will arrange and cover the costs of the same benefits as those mentioned above. In addition, it will arrange and cover the costs of (return) travel by a family member or relative residing in the country of the **Insured**'s legal **domicile** to get to the place of burial or cremation. This trip is made by 1st class train (distance from **domicile** less than 1,000 km) or by regular economy flight (distance from **domicile** over 1,000 km).

In case of cremation on site **abroad** with a ceremony in the country of the **Insured**'s legal **domicile**, the **Service Provider** shall bear the cost of **repatriation** of the urn to this country. In all cases, the contribution of the **Service Provider** is limited to the expenses that would have been incurred by the return of the mortal remains to the country of the **Insured**'s legal **domicile**. The choice of companies involved in the **repatriation** process is the exclusive responsibility of the **Service Provide**r. The initial ticket not used by the **Insured** may be requested by the **Service Provider**, which becomes its owner.

2.4. Notification of hospitalisation abroad and request for assistance

2.4.1. In the event of hospitalisation abroad, notification must be made within 24 hours using the phone numbers given below.

2.4.1.1. For hospitalisation in the United States or Canada:

(+1)(305) 530 8600

2.4.1.2. For hospitalisation in another country:

(+352) 44 24 24 4848

2.4.1.3. For assistance (**repatriation**, transportation to a hospital, search or rescue, etc.), the request must be made to the telephone number of the **Service Provider**:

(+352) 44 24 24 4624

3. OptiSoins Active Special Terms and Conditions of complementary services during and after hospitalisation

3.1. Purpose and geographical scope of assistance

3.1.1. Purpose

The **Service Provider** covers, up to the amounts specified, including taxes, an assistance service in the event of hospitalisation in Luxembourg insured under this contract. At the request of the **Insured**, the benefits may be extended beyond the guaranteed limits. The costs related to the extensions will be borne by the **Insured**.

3.1.2. Geographical scope

The assistance service is granted exclusively in Luxembourg for **Insured domicile**d there. It takes place at the legal or elected **domicile** of the **Insured** and stated under the **Specific Terms and Conditions**.

The **Company** covers the services described in this section as long as they are available on the Luxembourg market and as long as it finds a service provider that meets the quality standards that appear to be necessary.

3.1.3. Conditions for granting assistance

Hospitalisation leading to the granting of complementary services must be notified by phone to the **Service Provider** by the **Insured** or one of their close friends or relatives in case of emergency hospitalisation. Following this notification, the **Service Provider** shall liaise with the **Insured** and arrange the agreed services. The request for access to the services must be made no later than 30 days after the end of hospitalisation. The services must be carried out within 90 days of discharge from hospital.

3.1.4. Exclusions to all the complementary services during and after hospitalisation

The assistance service is not granted in Germany, in Belgium or in France.

3.2. Assistance Services in Luxembourg during hospitalisation

3.2.1. Person of confidence

During hospitalisation, the **Service Provider** will arrange and cover the costs of the services offered below, up to a total of five benefits per hospitalisation, for a maximum of 4 hours each, to be chosen between:

3.2.1.1. Domestic help

If an **Insured** needs to be hospitalised in Luxembourg and no other person can help with the upkeep of their home, the **Service Provider** will arrange and cover the costs of domestic help with a maximum of 4 hours per benefit. The upkeep of the home is limited to the main living areas.

3.2.1.2. Childcare

If an **Insured** who is a parent to a child under 16 needs to be hospitalised in Luxembourg and no other person can help with childcare, the **Service Provider** will arrange and pay for childcare up to a maximum of 4 hours per benefit.

3.2.1.3. Tutoring

If, as a result of a **medical incident** resulting in a covered hospitalisation, an **insured child** between the ages of 6 and 16 is immobilized for more than 15 consecutive days, the **Service Provider** will arrange and pay for a qualified and experienced educational advisor to follow the child in the hospital within 24 hours of the request (or within 48 hours of the end of the child's **disease**). Coverage is provided in Luxembourg during the school year, as determined by the Ministry of Education, from Monday to Sunday, from 9:00 a.m. to 7:00 p.m. (time to be determined by mutual agreement between the **Insured** and the **Service Provider**). The **Service Provider** does not provide services during school holidays. The organisation of this service is subject to the prior agreement of the **hospital facility** and the physician. The services provided under this benefit do not imply any obligation of result on the part of the **Company**. The insured child must have an up-to-date school course for each subject. The tutoring service is only provided in mathematics, science, German, French and English.

The maximum number of tutoring sessions during and/or after the insured child's hospitalization (see section 3.3.1.4) is five sessions per **claim**, each lasting a maximum of four hours.

3.2.1.4. Pet care

Following a covered hospitalisation, the **Service Provider** will arrange and cover the costs of the care or daily walk of pets (dogs and cats) up to a maximum of 4 hours per benefit.

3.2.2. Transport

3.2.2.1. Transport to the hospital

If, in the course of hospitalisation, the **Insured** must go to a **hospital facility** by their own means, the **Service Provider**, at the request of the **Insured**, will arrange and cover the cost of their transport to the nearest hospital, under medical supervision if necessary. And if, at the end of hospitalisation, the **Insured** cannot travel by their own means, the **Service Provider** will arrange and cover the cost of their return to their **domicile**.

3.2.2.2. Visits to hospitalised Insured

Following a covered hospitalisation, the **Service Provider** will arrange and cover the costs of return transport to the **hospital facility** for the parents, legal or de facto spouse or children to go to the **Insured**'s bedside.

3.2.2.3. For all transport services described in the two sections above, the contribution of the **Service Provider** is limited to three return trips per hospitalisation period and 250 € maximum per insurance year.

3.3. Assistance services in Luxembourg after hospitalisation

3.3.1. Person of confidence

During hospitalisation, the **Service Provider** will arrange and cover the costs of the services offered below, up to a total of five benefits per hospitalisation, for a maximum of 4 hours each, to be chosen between:

3.3.1.1. Domestic help

If, following a covered hospitalisation, an **Insured** needs to be hospitalised in Luxembourg and no other person can help with the upkeep of their home, the **Service Provider** will arrange and cover the costs of domestic help with a maximum of 4 hours per benefit. The upkeep of the home is limited to the main living areas.

3.3.1.2. Delivery of essential supplies

If, following a covered hospitalisation, the **Insured** is housebound and no other person can provide assistance, the **Service Provider** will organise the delivery of medicines prescribed by medical prescription and/or essential grocery supplies. Costs related to the purchase itself shall be borne by the **Insured**.

3.3.1.3. Childcare

If an **Insured** who is a parent to a child under 16 needs to be hospitalised in Luxembourg and no other person can help with childcare, the **Service Provider** will arrange and pay for childcare up to a maximum of 4 hours per benefit.

3.3.1.4. Tutoring

The tutoring cover, as set out in section 3.2.1.3 and subject to compliance with the limits, terms and conditions stipulated therein, may also be carried out at the **domicile** of the insured child after hospitalisation.

3.3.1.5. Pet care

Following a covered hospitalisation, the **Service Provider** will arrange and cover the costs of the care or daily walk of pets (dogs and cats) up to a maximum of 4 hours per benefit.

3.3.1.6. Post-natal care

After hospitalisation, the **Service Provider** will arrange and cover the costs of the presence of a midwife to provide post-natal care up to a maximum of 4 hours per benefit.

3.3.2. Transport

3.3.2.1. Carriage of children

If, following a covered hospitalisation, the **Insured** is unable to drive their children, the **Service**

Provider will arrange and cover the cost of the transport of children under 16 years of age to and from school.

3.3.2.2. **Transport of the Insured**

If, at the end of hospitalisation, the **Insured** cannot travel by their own means, the **Service Provider** will arrange and cover the cost of their return journey to a **hospital facility** for check-ups.

3.3.2.3. For all transport services described in the two sections above, the contribution of the **Service Provider** is limited to three return trips per hospitalisation period and 250 € maximum per insurance year.

For further details, please contact your AXA adviser

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and contractual documents
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