

International Medical Insurance Plans

Prime Table of Benefits

PRIME

Table of Benefits

Benefits apply per **Insured** per **Policy Period**, are set out in Euro (€).

*Pre-authorization is required for all claims where costs are likely to exceed €3.000 and/or for all claims under the **Benefits** marked *.*

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Annual Maximum Benefit	Up to: €3.000.000
In-patient Treatment Benefits	
Hospital Services* <ul style="list-style-type: none"> • Accommodation, meals and special diets • General nursing care • Consultation • Medicines and drugs • Laboratory and diagnostic tests • Treatment in intensive care or coronary care unit 	Paid in full
Accommodation type	Private room
Hospital Cash Benefit (per night) Provided that Hospital services are provided free of charge, either as part of the health system or covered by another insurance policy. Deductible does not apply.	€150 Maximum Period: 45 days
Parental Accommodation* Accommodation and meals for the parent of an In-patient Dependant who is under the age of 16 years, provided both (parent and Dependant) are Insureds and share the same room.	Paid in full
Surgery* <ul style="list-style-type: none"> • Surgeon's and anesthesiologist's fees • Surgical services (use of operation room and recovery room, operative and cutting procedures, treatment of fractures and dislocations, surgical dressings etc.) 	Paid in full
Reconstructive Surgery* Medically Necessary and directly attributable to an Accident or Illness for which a valid claim has been previously accepted under this Policy , provided that such surgery is performed within 12 months of the original covered event and constitutes part of the same course of treatment.	Paid in full
Rehabilitation* Provided that it follows an In-patient treatment that has been the subject of a prior valid claim under this Policy (i.e. within 15 days of discharge from the Hospital).	Paid in full Maximum Period: 90 days

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Emergency Services Road ambulance services (to the nearest Hospital).	Paid in full
Medical Appliances, Internal Protheses and Durable Medical Equipment* Internal replacement parts and devices such as bone and joint replacements, medical instruments, apparatuses, implements, appliances or implants. All must be related to a covered medical condition that has been the subject of a prior valid claim under this Policy .	Paid in full
Organ and Bone Marrow Transplant and Stem Cell Treatment* Stem cell treatment, kidney, liver, heart, lung or heart transplants to the Insured .	Paid in full
Out-patient Treatment Benefits	
Out-patient Medical Practitioner and Specialist Consultations and Treatments	Paid in full
Out-patient Prescribed Medications, Dressings and Durable Medical Equipment	Paid in full
Out-patient Laboratory Tests, Diagnostic Testing and Advanced Medical Imaging	Paid in full
Out-patient Consultations, up to 90 Days Before and After Surgery	Paid in full
Second Medical Opinion* Only in case of surgery or critical Illness .	Paid in full
Physiotherapy	Annual Maximum Benefit €2.500
Alternative Medicine Chiropractic, osteopathy, homeopathy, acupuncture and Traditional Chinese Medicine .	Annual Maximum Benefit €200
Emergency Dental Treatment Provided it occurs within 48 hours of the Accident .	Paid in full
Kidney Dialysis* On an In-patient or Out-patient basis.	Annual Maximum Benefit €200,000 Waiting Period: 12 months
Hospice Care* Palliative and supportive services to terminally ill Insureds on an In-patient or Out-patient basis or at home.	Paid in full Maximum Period: 180 days

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<p>Day Care Treatment*</p> <p>Received in Hospital without staying overnight.</p>	<p>Paid in full</p>
<p>Nursing at Home (per day)*</p> <p>By a qualified nurse, under the direction of a specialist, immediately following an In-patient treatment (i.e. within 90 days after discharge from the Hospital). It is excluded when related, directly or indirectly, to pregnancy, childbirth or maternity care.</p>	<p>Up to: €100</p> <p>Maximum Period: 45 days</p>
<p>Routine (Preventive) Health Screening</p> <p>Check-ups like cervical smear, mammogram, cancer screening, cardiovascular examination, neurological examination, breast ultrasound and blood tests. Deductible does not apply.</p>	<p>Annual Maximum Benefit €400</p> <p>Waiting Period: 12 months</p>
<h3>Cancer Treatment Benefits</h3>	
<p>Cancer Treatment*</p> <ul style="list-style-type: none"> • Radiotherapy, chemotherapy and oncology • Consultations • Medicines and drugs • Laboratory and diagnostic tests • Stem cell transplants from either blood or bone marrow and dressings • Durable Medical Equipment 	<p>Paid in full</p>
<p>Artificial Hair</p> <p>Due to cancer treatment.</p>	<p>Lifetime Maximum: €1.000</p>
<h3>Maternity & Childcare Benefits</h3>	
<p>Maternity Care</p> <p>Medical treatment and care arising directly or indirectly from Covered Pregnancy, including but not limited to complicated maternity, pre-natal and post-natal care, childbirth and miscarriage.</p>	<p>Annual Maximum Benefit €5.000</p> <p>Waiting Period: 12 months</p>
<p>Newborn Care</p> <p>Medical treatment for any Congenital Conditions and birth defects, provided that the Newborn is an Insured and maternity was the subject of a prior valid claim under this Policy.</p>	<p>Up to: €200.000</p>
<p>Infant Vaccinations</p> <p>Provided that the Infant is an Insured and maternity was the subject of a prior valid claim under this Policy.</p>	<p>Up to: €125</p>

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Psychiatric Care Benefits

<p>In-patient Psychiatric Care*</p> <p>Psychiatric treatment referred by a physician, on an In-patient basis.</p>	<p>Paid in full</p> <p>Annual Maximum Benefit 30 days</p> <p>Waiting Period: 12 months</p>
<p>Out-patient Psychiatric Care</p> <p>Psychiatric treatment referred by a physician, on an Out-patient or Day Care Treatment basis.</p>	<p>Annual Maximum Benefit €1.500</p> <p>Lifetime Maximum €10.000</p>

Additional Benefits

<p>Chronic Condition Treatment*</p> <p>Annual Maximum Benefit for In-Patient:</p> <p>Annual Maximum Benefit for Out-Patient:</p>	<p>Paid in full</p> <p>€5.000</p> <p>Waiting Period: 12 months</p>
<p>Congenital Conditions & Hereditary Conditions</p> <p>Care or medical treatment needed due to Congenital Conditions or genetic disorders.</p>	<p>Annual Maximum Benefit €50.000</p> <p>Waiting Period: 12 months</p>
<p>Hormone Replacement Therapy</p> <p>Medical treatment to treat early menopause (under the age of 40 years) symptoms.</p>	<p>Annual Maximum Benefit €1.000</p>

Medical Assistance, Repatriation & Accompanying Travel and Expenses Benefits

<p>Medical Emergency Assistance*</p> <p>Air transportation costs to the nearest place with suitable medical care in the event of a Medical Emergency, provided the local doctor and Health Assistance Service agree it is Medically Necessary.</p>	<p>Paid in full</p>
<p>Medical Emergency Evacuation*</p> <p>Costs of evacuation to the Country of Residence, by any appropriate means of transportation, when a Medical Emergency occurs outside the Country of Residence and local Hospitals cannot provide adequate treatment.</p>	<p>Paid in full</p>

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<p>Repatriation of Mortal Remains or Local Burial*</p> <p>Costs for the return of mortal remains (excluding personal effects) to the Country of Residence or costs for local burial (excluding memorial services and personal burial preferences).</p>	<p>Paid in full</p>
<p>Accompanying Travel and Expenses*</p> <p>Travel and accommodation costs for one close relative, friend or business associate to accompany:</p> <ul style="list-style-type: none"> • the Insured, provided the Insured is hospitalised outside the Country of Residence for more than seven (7) consecutive days and until the Insured is able to return to the Country of Residence, subject to a prior valid claim for Medical Emergency Evacuation under this Policy; or • the Insured's remains to the Insured's Country of Residence, provided it has been the subject of a prior valid claim under this Policy. 	<p>Paid in full</p>



5, Rafael Santi, 1st Floor Office 101,
6052 Larnaca, Cyprus

Tel: +357 24 822 622

Fax: +357 24 822 623

Email: dcare@akdinsurance.eu

www.dcaremedical.eu

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