

MAJOR RISK+



TABLE OF BENEFITS

THINKCARE BENEFITS	MAJOR RISK+
Annual limit per year & per person & life time coverage	\$2,000,000 / €2,000,000
HOSPITALISATION BENEFITS	Africa Zone 1 (Option Europe Zone 2 & Worldwide excl. USA Zone 3)
Accommodation standard in hospital overnight or as a day case	Private room max. \$/€350 per day - Semi-private room Full refund
Parent accommodation with an insured child under 18	Full refund
Day care treatment or out-patient surgery	Full refund
Nursing care	Full refund
Operating room, medicine & surgical dressing	Actual costs up to 30 days
Prescribed drugs and materials	Full refund
MRI, PET & CT-PET scans	Full refund
Intensive care, intensive therapy, coronary care, dependency unit	Full refund
Surgical fees including anesthesia	Full refund
Reconstructive surgery following accident/eligible medical condition	Full refund
Specialist's consultations fees	Full refund
Diagnostic test - pathology Xrays	Full refund
Organ and bone marrow transplant services	Full refund
Pacemaker	Full refund
Dialysis	Full refund
Cancer treatment	Full refund
Terminal illness - palliative & hospice care	Up to \$50,000 / €50,000



Psychiatric treatment	Full refund waiting period 10 months
Reconstructive surgery	Full refund
Rehabilitation	Up to 60 days/condition
Nursing care at home	Up to \$100/€100/day max 30 days/condition
In-patient emergency dental care	Full refund
Local transport by ambulance	Full refund
Hospitalization cash benefit	\$150 / €150 per night

NON-HOSPITALISATION BENEFITS

Outpatient services (per year & per person)	Up to \$5,000/€5,000
Pre and post hospitalisation consultations & diagnosis analysis within X days from the admission	Up to \$5,000/€5,000 (pre-hospi 15 days and post-hospi 90 days max)
General practitioner fees	Full refund
Specialist fees	Full refund
Day patient & out-patient surgery	Full refund
Lab test, Xrays, diagnostic & pathology test	Full refund
Prescribed medicine & drugs	Full refund up to €500/\$500
Psychiatry & psychotherapy	Not covered
Prescribed medical aids	Up to \$1500 / €1500 condition post-hospitalization

ALTERNATIVES THERAPIES

Chiropractic, osteopathy, homeopathy, acupuncture treatment, physiotherapy, traditional Chinese medicine by a recognised practitioner	Up to \$500/€500
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WELLNESS

Check-up including screening for early detection (full health screen, mammogram, Papanicolaou (PAP) test, prostate cancer screen) & vaccinations

Up to \$200/€200

HIV & AIDS

In-patient treatment care & day care treatment

Full refund

OPTICAL - VISION CARE

Including glasses, frames, contact lenses, laser treatment after 9 months of policy purchase

Not covered

MATERNITY CARE

Normal pregnancy and delivery costs

Not covered

Complications of pregnancy and childbirth

Not covered

Cover for new born baby

Up to \$100,000/€100,000 if added to contract within 30 days

Chronic conditions & preexisting conditions

According to medical questionnaire

DENTAL TREATMENT

Routine dental treatment (check up, basic treatment)

Not covered

Major restorative dental treatment including orthodontic, prostheses bridges, implants

Not covered

Medical Assistance - Evacuation - Repatriation

Axa Global Assistance

Claims Administrations - Process reimbursement

Henner

Direct billing hospital

Yes

Annual deductible or per condition

No

Optional

Co-insurance 10% & 20% on Outpatient Treatment Care only



AREA OF COVER

The ThinkCare plan offers a range of options in relation to geographical cover. (Africa & Indian Subcontinent zone 1, Europe zone 2 including zone 1; worldwide zone 3 including zone 1 and zone 2). The chosen area of cover will be specified in the insurance certificate

TREATMENT PRE-AUTHORISATION/GUARANTEE

Certain treatments and costs require Pre-Authorisation and submission of a Treatment Guarantee Form in advance. Following approval by Think Insurtech & Henner TPA, cover for these required treatments or costs can then be guaranteed.

If Pre-Authorisation is not obtained for the benefits listed below, we reserve the right to decline a claim. We should be contacted at least five working days before receiving treatment, so that we can ensure that there will be no delays at the time of admission. This will ensure that members benefit from cashless access to hospitals for in-patient treatment, where possible, and have their treatment overseen by our team of medical professionals.

In the case of an emergency, we should be informed within 48 hours of the event to ensure that no Pre-Authorisation penalty will apply to the claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only 80% of the eligible benefits.

These benefits are listed below, along with further important details:

All in-patient & Outpatient benefits listed below

If Treatment Guarantee is not obtained for the benefits listed below, we reserve the right to decline a claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only 50% of the eligible benefits.

- Kidney dialysis
- Day-care treatment
- Out-patient surgery
- MRI (Magnetic Resonance Imaging) scan. Treatment Guarantee may be required for this test if you would like us to settle the bill directly with the medical provider.
- PET (Positron Emission Tomography) and CT-PET scans.
- Nursing at home or in a convalescent home.
- Routine maternity and complications of pregnancy and childbirth (in-patient treatment only).
- Oncology (in-patient and day-care treatment only).
- Occupational therapy (out-patient treatment only).
- Rehabilitation treatment.
- Medical evacuation (or repatriation where covered).
- Travel costs of insured family members in the event of an evacuation/repatriation.
- Repatriation of mortal remains.
- Travel costs of insured family members in the event of the repatriation of mortal remains.
- Expenses for one person accompanying an evacuated/repatriated person.
- Palliative care.
- Long term care.



CLAIMS PROCESS AND TURNAROUND

If the policy is in 1st Euro or 1st USD, claims are reimbursed based on medical treatment under the chosen plan. Think Insurtech delegate the claims process to Henner Third Party Administrator (TPA) and you should send a fully completed claim form, diagnosis, invoice and receipt of payment to them by Scan/Email or through the "My Henner" mobile application. Fully completed claims are processed in 5 working days.

If you are French and the policy is a Top Up of the CFE (Caisse des Français à l'Etranger), you should observe the same process as 1st Euro/1st USD and Henner will submit claims to CFE. Benefits indicated correspond to the total sum jointly paid by the CFE & Think Insurtech.

Note that retirees, whose claims are settled by CPAM of Tours, are required to claim from the CPAM of Tours prior to submitting claim to Henner.

Think Insurtech and Axa Global Healthcare only cover claims that are usual, reasonable and customary

POLICY TERMS AND CONDITIONS

Note that benefits subject to underwriting cover may be excluded for pre-existing conditions, or a higher premium may be applied to reflect the risk to medical conditions. Cover is conditional upon acceptance of your application form which is only confirmed when an insurance certificate is provided including the payment of the premium. Benefits are subject to our policy terms and conditions as detailed in our general conditions issued to members upon policy inception.

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If you have any queries, please do not hesitate to contact us:

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