

# PANTAENIUS INTERNATIONAL CREW MEDICAL CONDITIONS (PCMC)

## COMPARISON PANTAENIUS CREW MEDICAL PREMIER – BASIC PLAN

**Pre-Authorisation:** All inpatient costs and any other claims likely to exceed €3.250/\$4.250/£2.500 in any one insurance year must be authorised and agreed by the 24 hour Assistance Company before being incurred. In the case of an emergency admission, the Assistance Company must be notified within 72 hours. Failure to comply will affect settlement of your claim. If pre-authorisation is not obtained, the Insured Person shall be responsible for the first €1.300/\$1.700/£1.000 of any claim.

All benefit and deductible amounts are per person per insurance year, unless otherwise indicated.

A. Core Plan	Premier Plan	Basic Plan
Maximum plan benefit	€2.250.000 \$2.812.500 £1.500.000	€750.000 \$937.500 £500.000
<b>In-Patient Benefits</b>		
Hospital services: - Accommodation (private room) and meal charges - All inpatient treatment - All inpatient physician fees - All inpatient surgeon/anaesthetist fees - All intensive care unit charges	Full refund	Full refund
Physiotherapy (in-patient and day-care treatment only)	Full refund	Full refund
Parental Accommodation when an insured child up to 18 years is in Hospital	Full refund	Full refund
Organ Transplantation surgery	Full refund	./.
<b>Other Benefits</b>		
Daycare Surgery	Full refund	Full refund
Local ambulance services	Full refund	€10.000/\$12.500/£6.600
Out of area cover (for trips of an aggregate period up to a maximum of six weeks)	Full refund	./.
Emergency medical evacuation / repatriation	Full refund	Full refund
Repatriation of mortal remains or local burial	€10.000/\$12.500/£6.600	€10.000/\$12.500/£6.600
Travel costs of insured family members in the event of an evacuation / repatriation	€2.000/\$2.500/£1.335	€2.000/\$2.500/£1.335
CT, MRI, PET and CT-PET scans (in-patient and out-patient treatment)	Full refund	Full refund
Oncology, Chemotherapy and Radiotherapy (in-patient, day-care and out-patient treatment)	Full refund	Full refund
Maternity Care Normal pregnancy/childbirth and newborn care (in-patient and out-patient treatment) Complicated Pregnancy	€3.000/\$3.750/£2.000 Full refund	./. ./.
Emergency Room services	Full refund	Full refund

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Palliative Care	Full refund, max. 30 days per lifetime	./.
<b>B. Out-Patient Plan</b>	<b>Premier Plan</b>	<b>Basic Plan</b>
Deductible	€250/\$310/£160	€300/\$375/£200
Medical practitioner fees and prescription drugs	Full refund	80% refund, max. €600/\$750/£400
Specialist fees + Diagnostic tests (combined limit)	Full refund	€1.500/\$1.875/£1.000
Physiotherapy	€3.000/\$3.750/£2.000	€1.000/\$1.250/£650, max 10 sessions
Complementary therapies (Osteopathy, Chiropractic, Homeopathy, Acupuncture)	€1.000/\$1.250/£667	./.
Routine health checks (including screening for early detection of illness or disease and Well Child Tests)	€750/\$940/£500	./.
<b>C. Dental Treatment Plan</b>	<b>Premier Plan</b>	<b>Basic Plan</b>
Deductible (not applicable to out-patient emergency dental treatment)	€250/\$310/£160	€300/\$375/£200
Out-patient emergency dental treatment	Full refund	80% refund, max. €1.000/\$1.250/£667
Out-patient routine dental treatment	€2.500/\$3.125/£1.667	80% refund, max. €1.000/\$1.250/£667

## NOTES

### Deductible

Benefits under the Out-Patient-Plan and Dental Treatment Plan (B & C) are subject to a deductible. Deductible is that part of the cost which remains payable by you and which has to be deducted from the reimbursable sum. Where applied, deductibles are payable per person per Insurance Year.

### Geographical Area of Cover

The agreed Geographical Area of cover is shown in the Insurance Certificate.

### Routine Dental Treatment

Cover is only available for non-analgesic dental treatment and dental prostheses (including inlays) if the insured person has attended a routine dental examination within the last 12 months and concluded all the necessary and advised treatments.

### Chronic Conditions

Chronic conditions are covered within the terms of your policy.

### Pre-existing Conditions

Pre-existing conditions (including any pre-existing Chronic Conditions) are covered within the terms of your policy.

### Waiting Periods

There are no waiting periods to qualify for covered benefits.

### Extended Liability Period

The liability period is extended to three months after cancellation of cover as defined in the crew medical conditions.

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## Benefit limits

There are two kinds of benefit limits shown in the Table of Benefits. The maximum plan benefit is the maximum we will pay for all benefits in total, per member, per Insurance Year. Some benefits also have a specific benefit limit, for example 'Repatriation of mortal remains or Local Burial'. Specific benefit limits may be provided on a „per Insurance Year“ basis, a „per lifetime“ basis or on a „per event“ basis, such as per trip, per visit or per pregnancy. Where a specific benefit limit applies or where the term „Full refund“ appears next to certain benefits, the refund is subject to the maximum plan benefit. The currency is determined by the agreed currency for premium payment. All limits are per member, per insurance year, unless otherwise stated in your Table of Benefits.

## Termination of Cover

Insurance coverage ends at the same date the employment contract of the employee is terminated.

## Policy Terms and Conditions

The Table of Benefits provides an outline of the cover we offer under your policy. Please note that cover is subject to our standard policy definitions, limitations and exclusions. These are detailed in the crew medical conditions, which are issued to members upon policy inception.

## Emergency

Emergency constitutes the onset of a sudden and unforeseen medical condition that requires urgent medical assistance. Only treatment commencing within 24 hours of the emergency event will be covered.