

Table of Benefits

International Student Healthcare and Assistance Plan

Effective from 1st June 2022

In partnership with **Allianz Care**, **Antaé** has developed a **comprehensive insurance solution for international students coming to Switzerland**. This insurance package is perfectly suited to the local system and to international students' specific needs and budget. All benefits have been designed in order to match the requirements set out under KVG/LAMal law, however Allianz Care is not KVG/LAMal insurance and is not regulated under Swiss law.

With two different healthcare plans, **ScoreStudies Premium** and **ScoreStudies Essential**, you can choose the student insurance that best suits your needs!

The Core Plan, Out-Patient Plan, Optical Plan and Dental Plan, are provided by Allianz Care. The Assistance Plan is provided by Allianz Assistance.

Note: Treatment Guarantee is required for all inpatient or high cost treatments.

Core Plan	PREMIUM	ESSENTIAL
Region of Cover	Worldwide ex. USA	Switzerland
Maximum plan benefit CHF per accident/illness per lifetime	Unlimited	Unlimited
In-patient benefits		
Hospital accommodation	General ward	General ward
Intensive care	Full refund	Full refund
Prescription drugs and materials (prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	Full refund	Full refund
Surgical fees, including anaesthesia and theatre charges	Full refund	Full refund
Physician and therapist fees	Full refund	Full refund
Surgical appliances and materials	Full refund	Full refund
Diagnostic tests	Full refund	Full refund
Organ transplant	Full refund	Full refund
Psychiatry and Psychotherapy (in-patient and day-care treatment only) (in accordance with the limits set out in KVG/LAMal law)	Full refund	Full refund
Emergency in-patient dental treatment (Cover is limited to accidents and specific diseases as per KVG/LAMal; it is highly recommended to request confirmation of cover before seeking treatment)	Full refund	Full refund
Day-care treatment	Full refund	Full refund
Kidney Dialysis	Full refund	Full refund
Out-patient surgery	Full refund	Full refund
Nursing at home or in a convalescent home (immediately after or instead of hospitalisation) (in accordance with the limits set out in KVG/LAMal law)	Full refund	Full refund
Rehabilitation treatment (in-patient, day-care and out-patient, must commence within 14 days of discharge after acute medical and/or surgical treatment ceases) (in accordance with the limits set out in KVG/LAMal law)	Full refund	Full refund
Local ambulance	50% up to CHF 500	50% up to CHF 500

Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	Full refund, max. 42 days	Full refund, max. 42 days
CT and MRI scans (in-patient and out-patient treatment)	Full refund	Full refund
PET and CT-PET scans (in-patient and out-patient treatment)	Full refund	Full refund
Oncology (in-patient and out-patient treatment)	Full refund	Full refund
Routine maternity in general ward (in-patient and out-patient treatment)	Full refund	Full refund
Check ups (limited to 7 sessions before and 1 after delivery) Ultrasounds	100% limited to 8 sessions	100% limited to 8 sessions
Prenatal course	100% limited to 2 ultrasounds	100% limited to 2 ultrasounds
Breastfeeding counselling	100% limited to CHF 150 3 sessions	100% limited to CHF 150 3 sessions
Complications of pregnancy and childbirth (in-patient and out-patient treatment)	Full refund	Full refund
Home delivery	Full refund	Full refund
Legal abortion	Full refund	Full refund

Core Plan (continued)	Limit	Limit
Emergency out-patient treatment	Full refund	Full refund
Dental treatment (Cover is limited to accidents and specific diseases as per KVG/LAMal; it is highly recommended to request confirmation of cover before seeking treatment)	Full refund	Full refund
Palliative Care	Full refund	Full refund
Long Term Care (in accordance with the limits set out in KVG/LAMal law)	Full refund	Full refund
Prescribed stay in a spa	CHF 10 per day, max. 21 days	CHF 10 per day, max. 21 days
Expat Assistance Programme* offers access to a range of 24/7 multilingual support services as follows: <ul style="list-style-type: none"> Confidential professional counselling (in-person, phone, video and chat) Legal and financial support services Critical incident support Wellness website access 	Covered	Covered
MyHealth Digital Services <ul style="list-style-type: none"> Manage your cover online with our app or portal anytime, anywhere Submit and track progress of claims Access your policy documents, health services, payment details and more 	Covered	Covered

Second Medical Opinion Service* Offers access to expert help on the best treatment options available, if you have been diagnosed with a serious illness or had surgery recommended	Covered	Covered
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Out-patient deductibles

The following are the Out-patient Plan deductibles payable per person, per insurance period. To reduce your premium, simply select the higher deductible. Please note a deductible of CHF 500 automatically applies to your policy, unless other deductible options are selected.

Please note no deductible applies to the LAMal covered prescribed drugs and will only apply to benefits mark with a*

	PREMIUM	ESSENTIAL
Out-patient deductible 1	CHF 500	CHF 500
Out-patient deductible 2	CHF 1,000	CHF 1,000
Out-patient deductible 3	CHF 1,500	CHF 1,500

Out-patient Plan	PREMIUM	ESSENTIAL
Maximum plan benefit	No limit	No Limit
Video consultation services	Full refund	Full refund
Medical practitioner fees*	Full refund	Full refund
LAMal covered prescribed drugs	Full refund	Full refund
Specialist fees*	Full refund	Full refund
Diagnostic tests*	Full refund	Full refund
Chiropractic treatment, lab tests, medications, medical aids prescribed by a chiropractor*	Full refund	Full refund
Osteopathy, homeopathy, Chinese herbal medicine, acupuncture and podiatry*	Full refund	Full refund
Prescribed physiotherapy and speech therapy*	Full refund	Full refund
Psychiatry and psychotherapy *	Full refund	Full refund
Preventive treatment* Mandatory and medically prescribed vaccinations & Inoculations, HIV/AIDS test and annual gynaecological exam	Full refund	Full refund
Prescribed medical aids*	Full refund	Full refund
Infertility treatment*	Full refund	Full refund
Dietician fees*	(max 12)	(max 12)

Optical Plan

Prescribed glasses and contact lenses

PREMIUM
CHF 200
Every 2 years

ESSENTIAL
N/A

Dental Plan	PREMIUM	ESSENTIAL
Maximum plan benefit CHF	CHF 1,000	Not covered
Simple fillings incl. x-rays	Max. 2	N/A
Simple tooth extraction excl. wisdom tooth extraction	Max. 2	N/A
Dental cleaning	Max. 1	N/A

Assistance Plan	PREMIUM	ESSENTIAL
Search and rescue	CHF 30,000	CHF 30,000
Medical repatriation	Full refund	Full refund
Repatriation of mortal remains	Full refund	Full refund
Parental presence in case of hospitalisation over 7 days (benefit only applies to treatments outside of Switzerland)	CHF 4,000	CHF 4,000
Theft of the ID documents (benefit only applies to events outside of Switzerland)	CHF 1,500	CHF 1,500
Emergency message transmission	Full refund	Full refund
Return flight postponement due to exam rescheduling	CHF 150	CHF 150

*Certain services which may be included in your plan are provided by third party providers outside the Allianz Group, such as the Expat Assistance Programme, Travel Security services, HealthSteps app, Second Medical Opinion and tele-medicine services. If included in your plan, these services will show in your Table of Benefits. These services are made available to you subject to your acceptance of the terms and conditions of your policy and the terms and conditions of the third parties. These services may be subject to geographical restrictions. The HealthSteps app does not provide medical or health advice and the wellness resources contained within Olive are for informational purposes only. The HealthSteps app and the wellness resources contained within Olive shouldn't be regarded as a substitute for professional advice (medical, physical or psychological). They are also not a substitute for the diagnosis, treatment, assessment or care that you may need from your own doctor. You understand and agree that AWP Health & Life SA (Irish Branch) and AWP Health & Life Services Limited are not responsible or liable for any claim, loss or damage, directly or indirectly resulting from your use of any of these third party services.

NOTES

Treatment Guarantee/Pre-authorisation

Direct Settlements require submission of a Treatment Guarantee Form in advance. Following approval by Allianz Care, cover for these required treatments or costs can then be guaranteed. **We highly recommend you to contact us in case of an inpatient or high cost treatment, as we can discuss payment options and if possible arrange the payment for you.**

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 be able to arrange a direct settlement with the hospital, where possible.

Benefit limits

There are two kinds of benefit limits shown in the Table of Benefits. The maximum plan benefit, which applies to certain plans, is the maximum we will pay for all benefits in total, per member, per Insurance Period, under that particular plan. Some benefits also have a specific benefit limit, for example "Nursing at home or in a convalescent home". Specific benefit limits may be provided on a "per Insurance Period" basis, a "per lifetime" basis or on a "per event" basis, such as per trip, per visit or per pregnancy. In some instances we will pay a percentage of the costs

for the specific benefit e.g. "50% refund". 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, if one applies to your plan(s). All limits are per member, per Insurance Period, unless otherwise stated in your Table of Benefits.

Hospital Accommodation Cover

Hospital accommodation refers to a stay in a general ward as indicated in the Table of Benefits. Any other type of hospital accommodation which is not included in our Score Studies plans (for example, semi-private or private) will be covered up to the cost of a General Ward accommodation in the same hospital and any additional costs must be settled by the insured person.

Policy terms and conditions

This Table of Benefits provides an outline of the cover we provide under each plan. Cover is subject to our policy terms and conditions, as detailed in the booklet which is issued to members upon policy inception. Cover is conditional upon acceptance of your application, which is only confirmed when an Insurance Certificate is provided.

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