

COLONNADE EXPATRIATE CARE - BENEFIT TABLE

Main Features

- Medical Expense Benefit up to 2.000.000 Euro per year
- Hospital Referral and Direct Billing
- Cover of Maternity & Childbirth, Oncology, AIDS/HIV included
- 24 Hours Worldwide Emergency Assistance
- Free Medical Advice over Phone, Second Medical Opinion, and Country Guides
- Optional Benefits: Dental & Vision Care, Personal Accident, Personal Property & Third Party Liability, and Leisure Travel
- Online Access to Claim Information
- It can be taken out from at least 3 people (including relatives traveling with the employee)

Area of Cover

- Worldwide
- Worldwide excluding USA & Canada

Insured Persons

- Employers located in the EEA may request cover for all Expatriated Employees and their Dependants globally
- Individual Expatriates may request cover for themselves and their Dependants, if their home country or host country is located within the EEA
- The age limit for enrolment is 65 years (*benefit stops at max. age 75*) EEA = European Economic Area

| Core Plan | | | | |
|---|--|---------------------------|---|---|
| Medical Expenses (up to 2.000.000 € per year) | | Expatriate Care 100 | Expatriate Care 90 | Expatriate Care 80 |
| Co-payment by the Ins | ured Person: | None | 10%, with min. 125€/year and max. 2.500€/year | 20%, with min. 250€/year and max. 5.000€/year |
| Hospitalization | Standard Private Room including general nursing care | 100% | 90% | 80% |
| & Outpatient Surgery | Parental Accommodation Theatre fees; intensive care; medical imaging; diagnostic and laboratory tests; prescribed medicines and drugs, blood and plasma; surgical appliances; rental of medical aids; surgical appliances | 100% | 90% | 80% |
| | Physician fees, including anesthetist, surgeon, specialist, radiologist, physiotherapist and pathologist | 100% | 90% | 80% |
| | Physician fees for Pre-and Post- Hospitalization Services | 100% | 90% | 80% |



| Hospital Cash | Inpatient Cash Benefit – Double benefit in case of Coma (Stay of at least 48 hrs. Limited to 30 nights per policy year) | 50 €/night | 40 €/night | 30 €/night |
|----------------------------|--|---|---|---|
| | Physician and specialist consultations | 100% | 90% | 80% |
| | Physiotherapy costs | 100% | 90% | 80% |
| | Prescribed medicines and drugs | 100% | 90% | 80% |
| | Medical imaging, diagnostic and laboratory tests, and surgical appliances | 100% | 90% | 80% |
| Outpatient | Prescribed Medical aids | 100% | 90% | 80% |
| | Preventive care and examinations | 100% up to 1.500 €/year | 90% up to 1.200 €/year | 80% up to 900 €/year |
| | Complementary Medicine: Physiotherapist, chiropractor, acupuncturist, bonesetter, osteopath, homoeopath or Chinese medicine practitioner | 100% up to 5.000 €/ year | 90% up to 4.000 €/ year | 80% up to 3.000 €/ year |
| Local Ambulance | Local emergency medical transport | 100% | 90% | 80% |
| | Inpatient in hospital or nursing home | 100% | 90% | 80% |
| Private Nursing | Home nursing by a Registered Nurse (Up to 60 days per insured per year) | 100% | 90% | 80% |
| | Palliative Care | 100% up to 5.000 € | 90% up to 4.000 € | 80% up to 3.000 € |
| *Maternity & Childbirth | Pregnancy, Childbirth and Complications of Pregnancy | 100% up to 12.500 € | 90% up to 10.000 € | 80% up to 7.500 € |
| | Congenital Conditions (10 months waiting period)* | 100% up to 100.000 € /lifetime benefit | 90% up to 80.000 € /lifetime benefit | 80% up to 60.000 € /lifetime benefit |
| Oncology | Inpatient and outpatient treatment, including specialist fees, diagnostic and laboratory tests, radiotherapy, chemotherapy and hospital charges | 100% | 90% | 80% |
| Organ Transplant | Costs of operations, related treatments and testing involved with the transplantation of organs from a human donor Including direct costs of surgery to remove organ from donor (<i>not to exceed 30% of</i> <i>the total treatment costs</i>) | 100% up to 200.000 € per Illness | 90% up to 160.000 € per Illness | 80% up to 120.000 € per Illness |

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| * Mental or Behavioral Disorders | Inpatient treatment (after 10 months waiting period)* | 100% up to 100.000 € /lifetime benefit | 90% up to 80.000 € /lifetime benefit | 80% up to 60.000 € /lifetime benefit |
|---|---|---|--|--|
| | Outpatient treatment (after 18 months waiting period) | 100% up to 20 sessions /lifetime benefit | 90% up to 16 sessions/ lifetime benefit | 80% up to 12 sessions/ lifetime benefit |
| AIDS/HIV | AIDS/HIV treatment | 100% | 90% | 80% |
| Emergency Dental | Emergency Dental treatment following an accident | 100% | 90% | 80% |
| Emergency Vision | Emergency Vision treatment following an accident | 100% | 90% | 80% |
| Assistance | | Expatriate Care 100 | Expatriate Care 90 | Expatriate Care 80 |
| Medical Advice over th | e Phone | Included | Included | Included |
| Second Opinion Benefit (review of your medical file by 2 independent specialists working in world class medical centers in the United States) | | Included | Included | Included |
| Country Guides | | Included | Included | Included |
| Worldwide Emergency Assistance (including monitoring of medical condition, emergency medical evacuation, compassionate visit, return of minor child, delivery of essential medication, assistance in case of death, interpreter referral and legal referral) | | Fully Covered | Fully Covered | Fully Covered |
| Political Evacuation | | Expatriate Care 100 | Expatriate Care 90 | Expatriate Care 80 |
| Cost of emergency evacuation for political reasons | | Up to max. 50.000 € | Up to max. 50.000 € | Up to max. 50.000 € |
| Third Party Liability | | Expatriate Care 100 | Expatriate Care 90 | Expatriate Care 80 |
| Third Party Liability (Deductible of 100 \in) | | Up to max. 1.000.000 € | Up to max. 1.000.000 € | Up to max. 1.000.000 € |
| Legal Assistance | | Expatriate Care 100 | Expatriate Care 90 | Expatriate Care 80 |

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| Legal Assistance | Up to max. | Up to max. | Up to max. |
|---|------------|------------|------------|
| (Deductible of 10% with a minimum of 250 €) | 15.000 € | 15.000 € | 15.000 € |
| Bail Bond | Up to max. | Up to max. | Up to max. |
| | 50.000 € | 50.000 € | 50.000 € |

| Optional Benefits | | |
|-------------------|---|--|
| | Accidental Death and Permanent Disablement | 100.000 € increments up to max. 500.000 € |
| Personal Accident | Temporary Disablement resulting in loss of remuneration | 100 €/week increments up to max. 500 €/week |
| | (4 weeks deferment period, 104 weeks benefit period) | See wording |
| | Additional Benefits | |
| | Routine Dental Treatment | Up to 3.000 €/year |
| | Routine Dental Treatment | 100% |
| Dental Care | Major Restorative Dental Treatment | 80% |
| | Dental Prosthesis & Orthodontic Treatment | |
| | | 60% |
| | Vision Treatment | Up to 3.000 €/year |
| | | 100% |
| Vision Care | Eye Surgery | 80% |
| | Optical Devices | |
| | | 100% & max. 250 € every 2 years |
| Personal Property | Personal Properties | Up to 100.000€ |
| | Travel Assistance | Full Cover |
| Leisure Travel | Personal Belongings and Business Equipment | Up to 7.500 € |
| | Trip Cancellation and Interruption | Up to 10.000 € |

Terms and Conditions: Colonnade Insurance S. A. Branch Office in Hungary **Colonnade Expatriate Care Insurance terms and conditions 001-2023**

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