



# DCare Benefit Comparison 2023



## Health Insurance Plan Comparison - DCare

Benefit limits are set out in EUR. Benefit limits apply per person. The following chart is intended as a summary comparison of all available DCare International Medical Insurance Plans administered by HDI Global Specialty SE. For full details of benefits, limitations and exclusions please refer to the product guide.

BENEFIT CURRENCY: EUR	PRIME	CLASSIC	CORE	BASIC
Annual benefit (all sections combined), per person	EUR 3,000,000	EUR 2,000,000	EUR 1,500,000	EUR 1,000,000
<b>INPATIENT TREATMENT &amp; DAY CARE TREATMENT</b>				
<ul style="list-style-type: none"> <li>Accommodation, meals, nursing care</li> <li>Inpatient consultation by a physician or specialist's fee</li> <li>Medicines and prescribed drugs</li> <li>Medical treatment, laboratory, and diagnostic tests</li> <li>Medical appliances &amp; prosthetics</li> </ul>	Paid in full	Paid in full	Paid in full	Paid in full
Accommodation	Private room	Private room	Private room	Private room
Parent accommodation per night	Paid in Full	Paid in Full	Paid in Full	Paid in full
Cash benefit per night	EUR 150 Max 45 days	EUR 125 Max 30 days	EUR 100 Max 15 days	EUR 100 Max 15 days
<b>SURGICAL BENEFITS - INPATIENT/DAY CARE</b>				
Inpatient or outpatient	Paid in full	Paid in full	Paid in full	Paid in full
Surgery/surgeon and anesthesiology services	Paid in full	Paid in full	Paid in full	Paid in full
<b>EMERGENCY SERVICES</b>				
Emergency room, emergency medical services (when directly admitted to the hospital)	Paid in full	Paid in full	Paid in full	Paid in full
Road ambulance costs (local)	Paid in full	Paid in full	Paid in full	Paid in full
Emergency dental treatment	EUR 250	EUR 150	EUR 100	Not covered
<b>OUTPATIENT TREATMENT - whether followed by inpatient treatment or not</b>				
Medical practitioner and specialist consultations & treatment	Paid in full	EUR 1,250	Not covered	Not covered
Costs for Out-Patient consultations and physiotherapy when received for a period of 90 days prior to in-patient or day-patient admission for surgery and up to 90 days after leaving the Hospital	Paid in full	Covered for up to EUR 50 per visit, max 25 visits	EUR 400	Not covered
Prescribed medications	Paid in full	EUR 2,000	EUR 400	Not covered
Outpatient diagnostic testing and advanced medical imaging: Echocardiography, ultrasound, endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy) X-rays and laboratory, MRI, CT, PET and other radiological imaging procedures	Paid in full	Paid in full	EUR 500	Not covered

BENEFIT CURRENCY: EUR	PRIME	CLASSIC	CORE	BASIC
<b>ALTERNATIVE MEDICAL TREATMENT</b>				
Chiropractic, osteopathy, homeopathy	EUR 200	EUR 175	Not covered	Not covered
Acupuncture and Traditional Chinese Medicine				
Physiotherapy	EUR 2,500	EUR 750	EUR 300	Not covered
Physical rehabilitation (inpatient only)	90 days	45 days	30 days	30 days
Nursing at Home (following in-patient treatment)	EUR 100 45 days	EUR 100 30 days	EUR 100 20 days	Not covered
Preventive care (includes 1 Vision test & 1 hearing test) (12 month waiting period)	EUR 400	EUR 300	EUR 150	EUR 100 (Excludes vision and hearing test)
<b>OTHER BENEFITS - INPATIENT/OUTPATIENT TREATMENT</b>				
Radiotherapy, chemotherapy, oncology (please refer to handbook for full list of Cancer treatment)	Paid in full	Paid in full	Paid in full	Paid in full *Out-patient limits apply
Costs for Wigs following or during a covered medical condition	EUR 150	EUR 150	EUR 150	Not covered
Chronic conditions - In-Patient	Paid in full	EUR 50,000	EUR 15,000	EUR 10,000
Chronic conditions - Out-Patient Management	EUR 5,000	EUR 2,000	Not covered	Not covered
Transplant services	Paid in full	Paid in full	Paid in full	Paid in full
Psychiatric care	EUR 1,500 (10,000 lifetime cover)	EUR 1,500 (5,000 lifetime cover)	Not covered	Not covered
Psychiatric care - In-Patient	30 days	30 days	30 days	30 days
HIV/AIDS	EUR 10,000	EUR 10,000	Not covered	Not covered
Kidney Dialysis	EUR 200,000	EUR 100,000	EUR 50,000	Not covered
Congenital conditions (EUR 10,000 maximum limit for members under 18)	EUR 50,000	EUR 35,000	EUR 25,000	Not covered
Hospice and palliative care	180 days	180 days	30 days	30 days
Costs for Hormone replacement therapy for the early onset of menopause where the Insured person is under 40	EUR 1,000	EUR 500	Not covered	Not covered
Hormone Replacement (Over 40) Tablets and patches only	EUR 500	EUR 250	Not covered	Not covered
<b>MATERNITY BENEFITS (No Excess applies to this benefit)</b>				
Routine Maternity	EUR 2,500	EUR 1,500	EUR 500	Not covered
Prenatal care, childbirth and postnatal care	As above	As above	As above	Not covered
Complications	As Above	As above	As above	Not covered
New-born infant benefit, first 31 days	EUR 200,000	EUR 200,000	EUR 200,000	Not covered
New-born infant vaccinations	EUR 125	EUR 100	EUR 50	Not covered

BENEFIT CURRENCY: EUR	PRIME	CLASSIC	CORE	BASIC
<b>MEDICAL ASSISTANCE AND REPATRIATION</b>				
Emergency assistance and emergency evacuation	Paid in full	Paid in full	EUR 100,000	EUR 100,000
Repatriation of mortal remains or local burial	Paid in full	EUR 25,000	EUR 10,000	EUR 10,000
Out of Area Cover (for max. 30 consecutive days)	Paid in full	Paid in full	Paid in full	Paid in full
<b>ADDITIONAL TRAVEL, ACCOMMODATION COSTS &amp; TELEMEDICINE</b>				
Accompanying travel and expenses	Paid in full	EUR 2,500	Not covered	Not covered
Second Medical Opinion	Covered	Covered	Covered	Covered
<b>DENTAL &amp; OPTICAL BENEFITS - Optional</b>	<b>PRIME PLUS</b>	<b>CLASSIC PLUS</b>		
Annual maximum per insured Class 1, Class 2, Class 3 and Class 4 services combined	EUR 1,000	EUR 500	Not covered	Not covered
Preventive dental services (Class 1)	75%	75%	Not covered	Not covered
Basic dental services (Class 2)	75%	75%	Not covered	Not covered
Major dental services (Class 3)	75%	75%	Not covered	Not covered
Orthodontic dental services (Class 4)	50%	50%	Not covered	Not covered
Optical Cover (Prescription Glasses and Lenses)	EUR 150	EUR 100	Not covered	Not covered



\*Out-patient benefit restricted to 30 days prior to and 30 days after each chemotherapy or radiotherapy treatment for; Consultations, Diagnostic tests, scans and other investigative procedures.

Please note there are waiting periods for Congenital Conditions, HIV/AIDS, Dental and Routine maternity benefits.

DCare medical plan, designed by AKD Insurance and insured by HDI Global Specialty SE, registered in Germany at a local Court of Hannover under company number HRB 211924 with its registered office at HDI-Platz 1, 30659 Hannover.

Our mission is simple; To deliver customer-oriented insurance and financial services products to the international community, supported by a concrete commitment to customer service.

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