

Group Insurance Plan

For

ESAKE – PSAK A1



Date : 1/10/2020



GENERAL INFORMATION

This leaflet is a summary of the Insurance terms and conditions of the group policy, designed for the Basketball Players of the Greek A1 Basketball League.

The purpose of this summary is to describe the coverages provided and to explain the use of the plan.

It should be noted that this leaflet in no case replaces the Group Insurance Contract. It should be further noted that the policyholder, reserves the right to change or cancel the present policy.

All coverages are valid 24 hours a day, in Greece and abroad.

A thorough review and familiarity of the benefits provided, as well as an awareness of the claims process, will enable Generali to provide a speedy claims process.

PARTICIPATION RIGHT ON THE INSURANCE

All Basketball Players of the Greek A1 Basketball League are entitled to participate in the insurance plan with the coverages mentioned in the Table of Coverage stated below.

Every newly insured person is entitled to participate in the insurance plan from the first day of his employment if this day is the first of the month or the first day of the consequent month and after he completes and sign the "Form of Participation in the Group Insurance".

Dependent members are considered the employee's wife or husband under 70 years of age and the employee's single children at least 14 days of age but under 25 years of age with respect of an unmarried child and is exclusively dependent on the employee for support.

TERMINATION OF THE INSURANCE

Coverage for main insured in the group Insurance Plan ceases:

- Upon termination of employment with the insured.
- Upon the 70th year of age of the employee.
- In the event that Group Policy is terminated.

Coverage for main insured dependent members in the group Insurance Plan ceases:

- Upon the dependent age limits mentioned above.
- In the event of stops be a dependent.
- In the event that Group Policy is terminated.
- Upon termination of employment of the main insured with the insured.



Table of Benefits

Life Insurance

1. LIFE INSURANCE

In case of death of an Insured, due to any cause, the bellow-mentioned amount will be paid to his/her beneficiaries:

- Insurance amount per person : € 25.000

2. PERMANENT TOTAL DISABILITY DUE TO SICKNESS

If as a result of a sickness the insured will become permanent total disabled, the bellow-mentioned amount will be paid to the insured person:

- Insurance amount per person : € 25.000

Accident –Disability Insurance

3. DEATH DUE TO ACCIDENT

In case of death of an Insured, due to accident, the bellow-mentioned amount will be paid to his/her beneficiaries:

- Insurance amount per person : € 25.000
- In conjunction with Life Insurance : € 50.000

4. PERMANENT TOTAL/PARTIAL DISABILITY DUE TO ACCIDENT

If, as a result of an accident, the Insured, will become totally and permanently disabled, the Company will pay to him/her an amount equal to

- Insurance amount per person : € 25.000
- If, as a result of an accident, the Insured, will become partial and/or permanent disabled, the Company will pay to him/her, an amount equal to a percentage (%) of according to the schedule with percentages of disabilities including in the policy : € 25.000

5. COMPREHENSIVE MEDICAL IN/OUT OF HOSPITAL COVERAGE DUE TO ACCIDENT / SICKNESS

- Maximum Amount of coverage per year per person **in the Contractive Network** : € 32.000
- Maximum Amount of coverage per year per person **out of the Contractive Network and Abroad** : € 15.000
- Maximum Amount of coverage per year per person **in, out of the Contractive Network and Abroad** cumulatively : € 32.000

Health Insurance

A. IN-HOSPITAL EXPENSES

Room and board per day:

- In Greece **in the Contractive Network** : B Class
- In Greece **out of the Contractive Network** : B Class up to € 170
- Abroad or in Intensive Care up to : € 300

Plastic surgery due to mastectomy (up to 2 years after the mastectomy, with the mandatory use of Social Security and up to € 3.000 per breast for all surgeries)

- : ✓

- Radiotherapies, chemotherapies : ✓

- Deductible **in the Contractive Network** per year per person : € ---
- Deductible **out of the Contractive Network and Abroad** per year per person : € 1.000



Matrix of Surgeon / Anaestheologist fees (not applied in contractive hospitals):

TYPE OF SURGERY	SURGEON	ANAESTHIOLOGIST
Minor	240,00 €	104,00 €
Minor Plus	456,00 €	256,00 €
Middle	1.200,00 €	352,00 €
Major	1.800,00 €	456,00 €
Major Plus	2.504,00 €	552,00 €
Complex	3.500,00 €	840,00 €

- Co-Insurance **in the Contractive Network** : 100%
- Co-Insurance **out of the Contractive Network** : 80%
- In case that Social Security or other Carrier covers at least 20% : 100%
- Co-Insurance **for IMPLANTS and SPECIAL MATERIALS in-out of the Contractive Network** : 80%
- In case that Social Security or other Carrier covers at least 20% : 100%

In case of hospitalization in a Class higher than the one provided by the benefits table, the Insured's participation in the expenses increases by 20% per excess position

B. OUT OF HOSPITAL EXPENSES

- Maximum Amount of coverage per year per person : € 1.500
- Deductible per year per person : € 60
- Maximum limit for doctor's visits per year per person : € 150
- Maximum limit per doctor's visit out of network : € 30
- Maximum Number of visit per year per person : No specific limit
- Maximum amount for Dx Labs per year per person : € 750
- Maximum amount for Physiotherapies per person per year : € 600
- Maximum amount for Physiotherapies per visit per person : € 30
- Maximum number of visits for Physiotherapies per club (KAE) per year : € 100

**Physiotherapies are covered only as a result of an accident
Medicines are not covered**

- Co-Insurance : 80%
- In case that Social Security or other Carrier covers at least 20% : 100%

Specifically, in **contracted with Generali Diagnostic Centers** and **contractive doctors network**, compensations and charges will be as mentioned bellow:

1. For diagnostic exams in **contractive Diagnostic Centers**:

- Deductible amount is not applied √
- **Without** ΕΟΠΥΥ contribution insured person will pay, in the diagnostic center, **only** the amount of his contribution, meaning 20%
- **With** ΕΟΠΥΥ contribution insured person **will not** pay any amount at the diagnostic center √

2. For doctor's visit in **contractive doctors * network** (at their office):

- Deductible amount is not applied √
- Reimbursement will be 100%



* Generali will pay directly of doctor's visit cost (at doctor's office visit only) **without applying deductible amount**. Basic condition for Generali Network Doctors usage, is that insured has first contacted with the Medical Coordination Center of Generali Privilege System (**tel. 18112**). The above-mentioned service does not apply for diagnostic exams or medical acts that are realized at doctor's office during the visit. The expenses from these exams will be submitted to Generali and will be compensated according policy terms (deductible amount and co-insurance).

C. MATERNITY

▪ Normal Delivery - Indemnity	:	€	700
▪ Miscarriage - Indemnity	:	€	350
▪ Caesarean - Indemnity	:	€	1.000

In case no other expenses are submitted for reimbursement then Generali will pay:

D. IN HOSPITAL INDEMNITY DUE TO ACCIDENT OR SICKNESS

▪ Amount of Daily Indemnity (starting at 1 st day of Hospitalization and up to 90 days per case)	:	€	100
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LIFE INSURANCE

In the event of the death of an insured due to any cause, the Insurance Company will pay to his/her designated or legal beneficiaries the amount stated in the "Table of Coverages".

- **Beneficiaries**

The insured has the right to designate one or more beneficiaries, by completing and signing the special form provided by the Insurance Company or by sending a letter to the Insurance Company naming the beneficiaries.

The insured can change throughout the duration of the policy, his/her beneficiaries by filling in a new form. If no beneficiary has been designated at all, the benefit is paid to the insured's legal heirs.

- **Limitations**

The insurance does not cover death during air flights unless the insured is traveling as a simple passenger on aircrafts that fly on legal, usual commercial routes.

The company will pay even in the event of the death of the insured during war, revolution, or civil riots, provided that the insured was not on military duty and did not actively participate.

TOTAL PERMANENT DISABILITY DUE TO SICKNESS

In the event that an insured remains totally and permanently disabled as a result of a sickness and therefore is unable to work, the Insurance Company will pay the capital described in the Table of Coverages in three installments (20%, 30%, and 50%).



ACCIDENTAL DEATH OR PERMANENT DISABILITY DUE TO ACCIDENT

In the event of death or of permanent (total or partial) disability of the insured due to accident, Generali will pay to the designated or legal beneficiaries (in case of death) or to the insured (in case of permanent disability) the amount mentioned in the Table of Coverages.

An accident is always a result of a random, violent, external cause, independent of the will of the insured.

The insured is covered 24 hours/day, including working hours, in Greece and abroad. In case of accidental death, the amount paid is independent (additional) to the amount paid through the coverage of Life Insurance.

The disability that is not of a total nature is defined as partial; its degree (with 70% as the limit) is stipulated in the contract.

For example:

	RIGHT	LEFT
▪ Total arm loss	70 %	60 %
▪ Total thumb loss	18 %	16 %
▪ Total leg loss	60 %	60 %
▪ Deafness	40%	

In case of an anatomical or functional loss of one or more organs or limbs, the compensation cannot exceed 100 % of the capital assured.



COMPREHENSIVE MEDICAL IN-HOSPITAL AND OUT-OF-HOSPITAL COVERAGE DUE TO ACCIDENT/SICKNESS

In the event that an Insured is hospitalized in a Hospital or a Clinic, due to an accident or sickness or he/she is given first aid in the emergency department of a Hospital, the Company will refund the percentage % mentioned in the Table of Coverages and up to the maximum limits mentioned in the Table of Coverages.

The first amount according the amount mentioned in Table of Benefits (**deductible amount**) paid by the person or by family, during each year, will not be refunded. However, the relevant supporting documents must be sent to the Company in order to update the insured's records.

"In-Hospital expenses" are considered to be:

- Room and Board (up to the maximum daily limit mentioned in the Table of Coverages)
- Doctor fees (surgeon, etc.)
- Medicines prescribed (and taken inside the hospital or clinic)
- Surgical operations
- X-rays and laboratory tests (taken inside the hospital or clinic)
- Radiotherapies, chemotherapies
- Transportation to and from the hospital or clinic by ambulance, etc.
- Blood transfusions
- Bandages etc.
- Nurses' fees after doctor's prescription
- Oxygen and rent for oxygen equipment
- Rent for necessary equipment for treatment
- Physiotherapy in a hospital or clinic.

"Out-of-Hospital expenses" are considered to be:

- Doctor visits
- X-rays and Laboratory tests (taken outside a hospital or a clinic).
- Homoeopathic
- Physiotherapies are covered only as a result of an accident

Medicines are not covered

Ozone therapy expenses, Acupuncture, chiropractic, phycologist, psychiatrist, knowledge and school difficulties treatment and any other alternative treatment expenses that comes from specialties not recognized by in force legal framework are not refunded.



Maternity Benefits

In the event of Normal Delivery, or Miscarriage or Caesarean the company will pay to the insured the amount stated in the Table of Coverages.

Maternity benefits are paid to the female insured under the condition that the insured has participated in the group insurance program for at least 300 days prior to the date of delivery. – Valid only for new-hired employees and their spouses.

In case no other expenses are submitted for reimbursement then Generali will pay:

IN HOSPITAL INDEMNITY DUE TO ACCIDENT OR SICKNESS

In the event of hospitalization of an insured in a hospital or a clinic due to an accident or sickness, the company will pay the amount of Daily Indemnity, which is mentioned in the table of coverages.

The maximum benefit period per accident or sickness is also mentioned in the Table of coverages.

SURGICAL INDEMNITY DUE TO ACCIDENT OR SICKNESS

In the event that an Insured has been operated in a hospital or clinic due to an accident or sickness, the company will pay a percentage of the amount mentioned in the Table of Coverages and according to classification of each operation. (according to the of surgical operation classification table including in the policy). The percentages that specify the amount of the claim, according the kind and the seriousness of the operation, are defined on the bellow table:

COMPLEX = 100%
MAJOR PLUS= 65%
MAJOR= 35%
MIDDLE= 20%
MINOR PLUS = 6%
MINOR = 3%

The claim is paid regardless the amount of surgical expenses and even if the insured is paid from another Insurance Carrier. In case more than one operations take place during the same surgical procedure, then the Company shall pay the indemnity for the operation to which corresponds the highest percentage of coverage as mentioned in the Table of Percentage of Surgical Indemnity.

In case of an operation that has taken place in the out-of-hospital clinic or in a private clinic, the Company shall pay the 50% of the percentage mentioned in the Table.

Should the surgical operation not be mentioned in the Classification of Surgeries Table, the Company shall pay a percentage equal to the one mentioned for an operation of equivalent seriousness.



EXCLUSIONS

- Accidents caused by war, revolution, strike etc., unless the insured did not actively participate in them.
- Accidents or sicknesses due to nuclear reactions, radiation, earthquakes, or other natural phenomena that cause extended destructions.
- Direct or indirect consequences of nuclear transformation and/or radiation caused by the artificial acceleration of the atomic particles.
- Suicide or attempt to commit suicide
- Accident due to participation on race with motorbikes or other vehicles including testings or trainings.
- Accident due to extreme sports (wrestling, races, scuba diving etc.).
- Piloting of aircrafts, unless the insured is travelling as a simple passenger of an air transport company that operates legally and follows normal commercial flights.
- Pre-existing disability due to accident or injury and complications. Not applied for medical coverages.
- Accidents or sicknesses caused using intoxicants, narcotics and other hallucinogines and psychotic substances, as well as the excessive use of alcohol.
- Expenses concerning pre-existing sickness conditions are not covered during the first 6 months from the effective date of the policy. This exception does not apply to the transferred, already insured group from the previous private insurance company.
- Expenses for mental or job-related diseases. and nervous disorders.
- Any expenses concerning maternity such as birth, miscarriage, caesarean, (except those are mentioned in the table of coverages) and abortion.
- Cosmetic surgery, except if necessary due to an accident. Medical treatment and surgical operations to eliminate or correct natural defects and deformities, apparent or invisible, that pre-existed to the inception date of the policy. Plastic surgery due to mastectomy is been covered according the terms mentioned in the Table of Coverages.
- Obesity
- All congenital disorders or their complications
- Expenses for Robotic surgery or telesurgery (remote surgery) unless surgery is required with this surgical way.
- Any expenses for purchase or maintenance or repair of auxiliary devices, artificial body parts, eyeglasses, accessories and instruments used for treatment purposes.
- Treatments, surgical operations and X-rays, concerning teeth gums, except if proven necessary due to an accident.
- Any expenses that are related to the refractive irregularities of the eyes (myopia, presbyopia, astigmatism, etc.)
- Expenses for health examinations - check-ups and vaccinations.
- Any expenses concerning the medical control of a female insured's ability to conceive a child or a male insured's impotence treatment.
- Expenses paid from Social Security Carrier or other Insurance Carrier (in this case the program covers the difference).



SUPPORTING DOCUMENTS FOR THE CLAIMS PAYMENT

The insured or his/her beneficiaries must submit to the Company the original documents of the expenses, incurred not copies of them.

LIFE INSURANCE

- A formal letter notifying the death
- Death Certificate of the insured
- Birth Certificate of the insured or a photocopy of the ID card of the insured
- Medical stipulating the causes of death
- A court certificate stating that no will has been published
- Certificate or judicial decision that is forced by law
- The company reserves the right to ask for additional information concerning the death of the insured (i.e. health book etc.)

PERMANENT DISABILITY

- A formal letter notifying the disability
- Decision of the insured's social security provider (if one exists) recognizing the permanent disability.
- Full medical report certifying the permanent disability, including all the relevant sickness or accident information and medical records.
- Any other medical certification that the company may require.

Note: The supporting documents stated above are the usual that must be submitted in similar claims. In special cases, the company retains the right to ask for additional documentation, if it is necessary for the further assessment of the claim.



IN-HOSPITAL EXPENSES

- Doctor's diagnosis.
- Charge and discharge notice of the Hospital or Clinic stating the reasons for hospitalization at the Hospital or Clinic.
- Original invoice of the Hospital, authenticated by the Tax office, presenting a breakdown analysis of the expenses.
- Original receipt of surgeon's fee or any other doctor's fees.
- In the event case that a private nurse has been employed, original receipt for the payment, initialed by the attendant doctor.

IN HOSPITAL INDEMNITY DUE TO ACCIDENT OR SICKNESS

Charge and discharge notice of the hospital or the clinic stating the reasons of hospitalization.

SURGICAL INDEMNITY DUE TO ACCIDENT OR SICKNESS

Charge and discharge notice of the hospital or the clinic stating the reasons of hospitalization.

Full medical report with the type of surgical operation.

OUT-OF-HOSPITAL EXPENSES

A) Doctor's visit:

- Original receipt of the doctor's fee, stating the name of the patient and a brief diagnosis.

B) X-rays, Laboratory tests:

- Doctor's referral stating the name of the patient.
- Doctor's diagnosis.
- Original receipt of the doctor's fee (microbiologist, X-ray specialist, etc.), stating the name of the patient and the examinations required.

C) Medicines:

- Doctor's prescription stating the name of the patient.
- Drug-store receipt naming the medicines and the name of the patient.
- Medicines' coupons.

MATERNITY

A) NORMAL DELIVERY

- Original invoices from the hospital
- Copy of the birth certificate

B) MISCARRIAGE

- Original invoices from the hospital
- Copy of histological exam.

C) CAESARIAN

- Original invoices from the hospital
- Copy of the birth certificate



NOTES

- In the event of an accident, it is mandatory to fill out and submit to the insurance company as soon as possible an Accident Announcement as soon as possible.
- For any expenses incurred abroad, all above-mentioned necessary documents must be certified by the Greek Consulate and legally translated in Greek.
- To avoid any delay in the claims procedure, all necessary documents, must be submitted and properly completed.
- For any expenses not mentioned in this leaflet please check in advance with the Insurance Company.
- The insured must submit his/her Tax Identification Number (or ID number) along with the rest of the documents submitted for reimbursement.
- In the event of dental treatment due to an accident, it is imperative that the insured will visit the Company's (GENERALI) dentist, BEFORE and AFTER the treatment. Such visits are free of charge.
- If the necessary documents are first submitted to Social Security Carrier or to any other public insurance provider, the company will require photocopies of all documents submitted including the original decision of the public insurance provider and the amount reimbursed, so that the company can subsequently cover the difference.
- Photocopies of receipts and taxes that apply to receipts, etc. are not covered.