Frequently asked questions

What information do I need to provide in order to be reimbursed for my medical bills?

Invoices can be comfortably deposited with us by Service Portal (www.bdae.com/en/service-portal) or Webupload (webupload.bdae.com). This ensures a quick reimbursement of your costs. Please keep these for at least 24 months for any plausibility checks.

You will find further information on the claims reimbursement form for your policy.

Which language should the bills be in?

We ask that you submit your bills in either German or English wherever possible. If your invoices are in a different language kindly translate the most important details and submit this translation along with the original invoices.

Can I choose my own doctor?

Yes, you can choose to use any doctor anywhere in the world.

Which hospitals do you recommend?

For questions relating to hospitals, please contact our assistance service provider Allianz Partners Deutschland GmbH under the helpline number +49-40-30 68 74-74.

Which treatments are covered during pregnancy and what do I need to bear in mind?

The following treatments are covered, depending on your product:

- Routine antenatal checks, ultrasound scans, delivery
- If medically necessary: midwife services during pregnancy
- Midwife services during delivery and up to 14 follow-up appointments (based on the services covered by statutory health insurance in Germany).

Please send us a copy of all relevant medical records and other information, including details of your current doctors and any previous pregnancies, once you know you are pregnant.

Contact

Postal Address:

BDAE Holding GmbH
Claims handling
Kühnehöfe 3
22761 Hamburg
Germany

Phone:

BDAE Front Desk: +49-40-30 68 74-0

FAX:

BDAE Front Desk: +49-40-30 68 74-90

E-Mail: claims@bdae.com

Internet: www.bdae.com/en

Office Hours:

The office is open:

Monday to Thursday from 8:00 to 18:00,

Friday from 8:00 to 17:00 Uhr (CET).

BDAE Holding GmbH
Kühnehöfe 3 • 22761 Hamburg • Germany
Phone: +49-40-30 68 74-0 • Fax: +49-40-30 68 74-90
info@bdae.com • www.bdae.com

State: 02.04.2024

Claims Handling

Reimbursement of your medical costs

Through your membership of the BDAE, you are part of a community of insured persons, which pays for the costs of an individual insured person. However, by insuring yourself, you ensure that you will not be left with the costs of treatment in the event of illness. Because in such an undesirable case, the community would also bear your costs.

In order for us to be able to reimburse your medical costs as quickly and smoothly as possible, we kindly request that you to read our tips and frequently asked questions in this flyer. With your cooperation we will be able to process your reimbursement as quickly as possible.

Thank you for your cooperation!

Claims handling procedures

As soon as your claims documents have been submitted we will send you an email notification.

- Following this we will immediately check the medical circumstances of your claim.
- Ideally, the reimbursement will be assessed immediately.
- Reimbursable costs will then be transferred within 14 days of having dispatched the list of settled invoices.
- In some cases we might have to revert back to you and/or your medical practitioner in order to obtain further details with regard to your medical history. We will then require a letter signed by you stating the release from confidentiality of your medical practitioner. As long as this letter has not been provided we will not be able to investigate further and settle your claim. Unfortunately, we are regularly facing delays from the providers in answering our questions.
- Once we have obtained all necessary information we will assess your claim and inform you in writing.

Procedures for dental treatment

Claims documents for dental treatments must include specific details about the tooth/teeth being treated and must contain a list of all medical costs/procedures involved. Our insurance products cover the cost for synthetic fillings.

Depending on the product, a dental checkup is insured, but no preventative dental treatment (e.g. scaling and polishing). In order to make sure that your dental treatment is covered we recommend obtaining a cost and treatment plan from your dentist. We will then assess it and confirm which costs are covered under your insurance policy. Please note that there are waiting periods with regard to tooth replacement. Further details are provided in the terms and conditions of your policy.

Principles of international private health insurance

The reimbursement of claims unfortunately frequently leads to misunderstandings and conflicts. At best, the Insured Member will receive what he or she deems obvious. In principle, we have to follow two main criteria of the insurers we cooperate with:

- The total amount of claims must be within certain limits to ensure the sustainability of the products from an economic perspective, but also in order to protect the overall community of Insured Members.
- Medical costs submitted for reimbursement must be assessed properly, in order to protect the interests of all Insured Members. If insurance premiums need to be increased due to an inefficient assessment of claims all Insured Members would be affected. This is why investigations are necessary when the extent of a certain treatment or the amount of its costs appear to be unreasonable.

Exclusion of pre-existing conditions

Most of our insurance products, with the exception of the EXPAT INFINITY, exclude benefits for pre-existing conditions and existing treatment needs. Such pre-existing conditions are calculated risks, producing predetermined costs. If we suspect a medical claim to be related to a pre-existing condition we must therefore make sure that this is an unsubstantiated suspicion. So what does this mean exactly?

If you suffer from an illness or have a medical ailment before you obtain your insurance policy it is considered a pre-existing condition. All costs related the treatment of such illness or ailment will not be covered.

If you have an illness that existed prior to your insurance cover, but has not caused any symptoms and has only been diagnosed after you have been insured with us, this illness will not be considered a pre-existing condition and will be covered. However, illnesses that are known to be chronic diseases will require a detailed assessment from our side, as to when it has been diagnosed and/or first appeared.

Frequently asked questions

When is a release from duty of confidentiality needed?

This document might become necessary to ask a former insurer or doctor for more information on a certain claim or application. To allow them to pass this information to us, your consent is needed.

Does my insurance cover visits to my home country?

Yes - depending on the product, you will be covered for visits to your home country up to a certain number of days. Please see the details in the terms and conditions of your policy.

What happens if a visit to my home country exceeds the time covered by my policy?

You will not be reimbursed for any medical costs you incur in these circumstances.

When is medical evacuation possible?

Evacuation to your home country will be covered if it is medically necessary and appropriate medical treatment is not available in your destination country.

If you have any further questions, please contact us under the helpline number +49-40-30 68 74-74.

What is the time limit for submitting my bills?

Bills can be submitted up to three years from the date of the claim – irrespective of whether you are still insured with us at the time you submit them. The three years are counted from the end of the year in which the claim occurs.

However, we do of course prefer claims to be submitted as soon as possible, as it is more difficult to process them the more time has passed.

What should I do if I have lost the original bills?

In this case, please contact our claims handling teams.