

International Healthcare Plans

Table of Benefits Individual Policies

Valid from 1st November 2015

Treatment Guarantee is required for all benefits indicated with a 1 or 2 in the following tables and may be required for other benefits. Please refer to note 2 within the "Notes" section for more information.

Core Plans

Core Plan Benefits	Premier Individual	Classic Individual	Essential Individual
Maximum plan benefit GBP (£)	£1,867,500	£934,000	£415,000
Maximum plan benefit EUR (€)	€2,250,000	€1,125,000	€500,000
Maximum plan benefit USD (\$)	\$3,037,500	\$1,518,750	\$675,000
Maximum plan benefit CHF	CHF2,925,000	CHF1,462,500	CHF650,000
In-patient benefits¹ - please refer to note 2 for more information on Treatment Guarantee			
Hospital accommodation ¹	Private room	Private room	Semi-private room
Intensive care ¹	Full refund	Full refund	Full refund
Prescription drugs and materials ¹ (in-patient and day-care treatment only) (prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	Full refund	Full refund	Full refund
Surgical fees, including anaesthesia and theatre charges ¹	Full refund	Full refund	Full refund
Physician and therapist fees ¹ (in-patient and day-care treatment only)	Full refund	Full refund	Full refund
Surgical appliances and materials ¹	Full refund	Full refund	Full refund
Diagnostic tests ¹ (in-patient and day-care treatment only)	Full refund	Full refund	Full refund
Organ transplant ¹	Full refund	Full refund	£8,300/€10,000/ \$13,500/CHF13,000
Psychiatry and psychotherapy ¹ (in-patient and day-care treatment only) (10 month waiting period applies)	Full refund	£4,150/€5,000/ \$6,750/CHF6,500	£4,150/€5,000/ \$6,750/CHF6,500
Accommodation costs for one parent staying in hospital with an insured child under 18 ¹	Full refund	Full refund	Full refund
Emergency in-patient dental treatment	Full refund	Full refund	Full refund
Other benefits - please refer to note 2 for more information on Treatment Guarantee			
Day-care treatment ²	Full refund	Full refund	Full refund
Kidney dialysis ²	Full refund	Full refund	Full refund
Out-patient surgery ²	Full refund	Full refund	Full refund

Continued overleaf

Core Plan Benefits (continued)	Premier Individual	Classic Individual	Essential Individual
Nursing at home or in a convalescent home ² (immediately after or instead of hospitalisation)	£3,525/€4,250/ \$5,740/CHF5,525	£2,075/€2,500/ \$3,375/CHF3,250	£2,075/€2,500/ \$3,375/CHF3,250
Rehabilitation treatment ² (in-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases)	£3,670/€4,420/ \$5,970/CHF5,750	£2,075/€2,500/ \$3,375/CHF3,250	£1,660/€2,000/ \$2,700/CHF2,600
Local ambulance	Full refund	Full refund	£415/€500/ \$675/CHF650
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	Up to £8,300/€10,000/ \$13,500/CHF13,000, max. 42 days
Medical evacuation ² <ul style="list-style-type: none"> Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre² Where ongoing treatment is required, we will cover hotel accommodation costs² Evacuation in the event of unavailability of adequately screened blood² If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs² 	Full refund	Full refund	Full refund
Expenses for one person accompanying an evacuated person ²	£2,490/€3,000/ \$4,050/CHF3,900	£2,490/€3,000/ \$4,050/CHF3,900	£2,490/€3,000/ \$4,050/CHF3,900
Travel costs of insured family members in the event of an evacuation ²	£1,660/€2,000/ \$2,700/CHF2,600, per event	£1,660/€2,000/ \$2,700/CHF2,600, per event	£1,660/€2,000/ \$2,700/CHF2,600, per event
Repatriation of mortal remains ²	£8,300/€10,000/ \$13,500/CHF13,000	£8,300/€10,000/ \$13,500/CHF13,000	£8,300/€10,000/ \$13,500/CHF13,000
Travel costs of insured family members in the event of the repatriation of mortal remains ²	£1,660/€2,000/ \$2,700/CHF2,600, per event	£1,660/€2,000/ \$2,700/CHF2,600, per event	£1,660/€2,000/ \$2,700/CHF2,600, per event
CT and MRI scans (in-patient and out-patient treatment)	Full refund	Full refund	Full refund
PET ² and CT-PET ² scans (in-patient and out-patient treatment)	Full refund	Full refund	Full refund
Oncology ² (in-patient, day-care and out-patient treatment) <ul style="list-style-type: none"> Purchase of a wig 	Full refund	Full refund	Full refund
Preventative surgery ² (in-patient and out-patient treatment)	£165/€200/ \$270/CHF260, per lifetime	£165/€200/ \$270/CHF260, per lifetime	£165/€200/ \$270/CHF260, per lifetime
Preventative surgery ² (in-patient and out-patient treatment)	£24,900/€30,000/ \$40,500/CHF39,000	N/A	N/A
Complications of pregnancy ² (in-patient and out-patient treatment) (10 month waiting period applies)	Full refund	Full refund	N/A
Laser eye treatment (limited to one treatment per lifetime)	£830/€1,000/ \$1,350/CHF1,300, per lifetime	N/A	N/A
In-patient cash benefit (per night) (where treatment has been received free of charge)	£125/€150/ \$205/ CHF195, max. 25 nights	£125/€150/ \$205/ CHF195, max. 25 nights	£125/€150/ \$205/ CHF195, max. 25 nights
Emergency out-patient treatment (where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Out-patient Plan)	£625/€750/ \$1,015/CHF975	£625/€750/ \$1,015/CHF975	N/A
Emergency out-patient dental treatment (where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Dental Plan)	£625/€750/ \$1,015/CHF975	N/A	N/A
Palliative care ²	Full refund	Full refund	Full refund
Long term care ²	Full refund, max. 90 days per lifetime	Full refund, max. 90 days per lifetime	Full refund, max. 90 days per lifetime
Accidental death (insured members aged 18 to 70)	£8,300/€10,000/ \$13,500/CHF13,000	N/A	N/A

Core Plan Deductibles

To reduce your Core Plan premium, simply select an optional deductible from the list below and read across to find the relevant premium discount. The level of discount will depend on whether you have selected a Maternity Plan. Please note that either a Core Plan deductible OR an Out-patient Plan deductible can be chosen (details follow). Where a deductible is selected it is payable per person, per Insurance Year. Also, our premiums are expressed in whole numbers (i.e. without any cents or pence etc.), therefore, percentages may be slightly higher or lower than those stated below.

Optional Core Plan Deductibles	Discount if a Maternity Plan is not included in your cover	Discount if a Maternity Plan is included in your cover
No deductible	0% premium discount	0% premium discount
£374/€450/\$610/CHF585 deductible	5% premium discount	2.5% premium discount
£625/€750/\$1,015/CHF975 deductible	10% premium discount	5% premium discount
£1,245/€1,500/\$2,025/CHF1,950 deductible	20% premium discount	10% premium discount
£2,490/€3,000/\$4,050/CHF3,900 deductible	35% premium discount	17.5% premium discount
£4,980/€6,000/\$8,100/CHF7,800 deductible	50% premium discount	25% premium discount
£8,300/€10,000/\$13,500/CHF13,000 deductible	60% premium discount	30% premium discount

Out-patient Plans

OPTIONAL

The following Out-patient Plans can be purchased with any of our Core Plans. They cannot be bought separately.

Out-patient Plan Benefits	Gold Individual	Silver Individual	Bronze Individual	Crystal Individual
Maximum plan benefit	No limit	£10,585/€12,750/ \$17,215/CHF16,575	£7,050/€8,500/ \$11,475/CHF11,050	£3,985/€4,800/ \$6,480/CHF6,240
Medical practitioner fees and prescription drugs (prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	Full refund	Full refund	£830/€1,000/ \$1,350/CHF1,300	£830/€1,000/ \$1,350/CHF1,300
Specialist fees	Full refund	Full refund	Full refund	Full refund
Diagnostic tests	Full refund	Full refund	Full refund	Full refund
Vaccinations	Full refund	Full refund	Full refund	N/A
Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine, acupuncture and podiatry (max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit)	Full refund	Full refund	£934/€1,125/ \$1,520/CHF1,463	£415/€500/ \$675/CHF650
Prescribed physiotherapy (initially limited to 12 sessions per condition; limit also applies to prescribed and non-prescribed physiotherapy sessions, where combined)	Full refund	Full refund	£934/€1,125/ \$1,520/CHF1,463	£415/€500/ \$675/CHF650
- Non-prescribed physiotherapy	5 visits	5 visits	5 visits	5 visits
Prescribed speech therapy, oculomotor therapy and occupational therapy ²	Full refund	Full refund	£934/€1,125/ \$1,520/CHF1,463	£415/€500/ \$675/CHF650
Health and wellbeing checks including screening for the early detection of illness or disease. Checks are limited to:	£665/€800/ \$1,080/CHF1,040	£498/€600/ \$810/CHF780	N/A	N/A
<ul style="list-style-type: none"> Physical examination Blood tests (full blood count, biochemistry, lipid profile, thyroid function test, liver function test, kidney function test) Cardiovascular examination (physical examination, electrocardiogram, blood pressure) Neurological examination (physical examination) Cancer screening <ul style="list-style-type: none"> Annual pap smear Mammogram (every two years for women aged 45+, or earlier where a family history exists) Prostate screening (yearly for men aged 50+, or earlier where a family history exists) Colonoscopy (every five years for members aged 50+, or 40+ where a family history exists) Annual faecal occult blood test Bone densitometry (every five years for women aged 50+) Well child test (for children up to the age of six years, up to a maximum of 15 visits per lifetime) BRCA1 and BRCA2 genetic test (where a direct family history exists; Gold Individual Plan only) 		N/A	N/A	N/A

Continued overleaf

Out-patient Plan Benefits (continued)	Gold Individual	Silver Individual	Bronze Individual	Crystal Individual
Infertility treatment (18 month waiting period applies)	£9,960/€12,000/ \$16,200/CHF15,600, per lifetime	£9,960/€12,000/ \$16,200/CHF15,600, per lifetime	N/A	N/A
Psychiatry and psychotherapy (18 month waiting period applies)	30 visits	20 visits	N/A	N/A
Prescribed medical aids	Full refund	£2,075/€2,500/ \$3,375/CHF3,250	N/A	N/A
Prescribed glasses and contact lenses including eye examination	£165/€200/ \$270/CHF260	£149/€180/ \$245/CHF234	N/A	N/A
Dietician fees	4 visits	N/A	N/A	N/A
Prescribed drugs (must be prescribed by a physician, although a prescription is not legally required for purchase)	£42/€50/ \$70/CHF 65	N/A	N/A	N/A

Out-patient Plan Deductibles

To reduce your Out-patient Plan premium, simply select an optional deductible from the list below and read across to find the relevant premium discount. Please note that either an Out-patient Plan deductible OR a Core Plan deductible can be chosen. Where a deductible is selected it is payable per person, per Insurance Year. Also, our premiums are expressed in whole numbers (i.e. without any cents or pence etc.), therefore, percentages may be slightly higher or lower than those stated below.

Optional Out-patient Plan Deductibles	Discount
No deductible	0% premium discount
£83/€100/\$135/CHF130 deductible	10% premium discount
£165/€200/\$270/CHF260 deductible	20% premium discount

Maternity Plan

OPTIONAL

Our Maternity Plan can only be purchased with the Premier Individual Core Plan. Please note that an Out-patient Plan must be selected in conjunction with the Maternity Plan. Our Maternity Plan is available to couples and families i.e. a spouse/partner must also be insured under the policy.

Maternity Plan Benefits	
Routine maternity ² (in-patient and out-patient treatment) (10 month waiting period applies)	£6,225/€7,500/\$10,125/CHF9,750, per pregnancy
Complications of childbirth ² (in-patient treatment) (10 month waiting period applies)	£12,450/€15,000/\$20,250/CHF19,500, per pregnancy

¹ If Treatment Guarantee is not obtained for the benefits listed with a 1, we reserve the right to decline a claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only 80% of the eligible benefits.

² If Treatment Guarantee is not obtained for the benefits listed with a 2, we reserve the right to decline a claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only 50% of the eligible benefits.

Dental Plan

OPTIONAL

Our Dental Plan can be purchased with any of the Core Plans, it cannot be bought separately.

Dental Plan Benefits	
Maximum plan benefit	£1,700/€2,050/\$2,770/CHF2,665
Dental treatment	80% refund
Dental surgery	80% refund
Periodontics	80% refund
Orthodontic treatment and dental prostheses (10 month waiting period applies)	50% refund

Repatriation Plan

OPTIONAL

The following Repatriation Plan can be purchased with any of the Core Plans. It cannot be bought separately.

Repatriation Plan Benefits	
Medical repatriation ² <ul style="list-style-type: none">Where the necessary treatment is not available locally, you can choose to be medically repatriated to your home country instead of to the nearest appropriate medical centre²	Full refund
<ul style="list-style-type: none">Where ongoing treatment is required, we will cover hotel accommodation costs²	Full refund
<ul style="list-style-type: none">Repatriation in the event of unavailability of adequately screened blood²	Full refund
<ul style="list-style-type: none">If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs²	Full refund, max. 7 days
Expenses for one person accompanying a repatriated person ²	£2,490/€3,000/\$4,050/CHF3,900
Travel costs of insured family members in the event of a repatriation ²	£1,660/€2,000/\$2,700/CHF2,600, per event
Travel costs of insured members to be with a family member who is at peril of death or who has died	£1,245/€1,500/\$2,025/CHF1,950, per lifetime

Notes



1. Area of cover

Allianz Worldwide Care offers a choice of three different geographical areas of cover:

- Worldwide, which provides cover anywhere in the world
- Worldwide excluding USA
- Africa only

The chosen area of cover will be specified in the Insurance Certificate.



2. Treatment Guarantee

Certain treatments and costs require submission of a Treatment Guarantee Form in advance. Following approval by Allianz Worldwide Care, cover for these required treatments or costs can then be guaranteed. In the Table of Benefits, benefits which require pre-approval through submission of a Treatment Guarantee Form are indicated by either a 1 or a 2. These benefits are listed below, along with further important details:

- All in-patient benefits¹ as listed.
- Day-care treatment².
- Kidney dialysis².
- Out-patient surgery².
- MRI (Magnetic Resonance Imaging) scan. Treatment Guarantee may be required for this test if you would like us to settle the bill directly with the medical provider.

- PET² (Positron Emission Tomography) and CT-PET² scans.
- Nursing at home or in a convalescent home².
- Complications of pregnancy².
- Routine maternity² and complications of childbirth² (in-patient treatment only).
- Oncology² (in-patient and day-care treatment only).
- Preventative surgery².
- Occupational therapy² (out-patient treatment only).
- Rehabilitation treatment².
- Medical evacuation² (or repatriation where covered).
- Travel costs of insured family members in the event of an evacuation/repatriation².
- Repatriation of mortal remains².
- Travel costs of insured family members in the event of the repatriation of mortal remains².
- Expenses for one person accompanying an evacuated/repatriated person².
- Palliative care².
- Long term care².

¹ If Treatment Guarantee is not obtained for the benefits listed with a 1, we reserve the right to decline a claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only **80%** of the eligible benefits.

² If Treatment Guarantee is not obtained for the benefits listed with a 2, we reserve the right to decline a claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only **50%** of the eligible benefits.

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 ensure that no Treatment Guarantee penalty will apply to the claim.



3. Claims process and turnaround

Allianz Worldwide Care has a simple claims process in place to ensure that members can seek reimbursement for medical expenses. Members with access to our Online Services can avail of our MyHealth app for quick and easy claims submission.

Fully completed claims are processed and payment instructions issued to the member's bank **within 48 hours**. Where further information is required to complete the claim, the member/medical practitioner will automatically be notified by email or mail within 48 hours of receipt of the claim. An email is sent automatically to the member (where email addresses are provided to us) to advise them when the claim is processed.

This swift claims processing policy ensures that our members receive their claims payment in the most effective and efficient manner.



4. 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 Year, 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 Year" 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. "65% refund, up to £4,150/€5,000/\$6,750/CHF6,500". 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 Year, unless otherwise stated in your Table of Benefits.



5. Policy terms and conditions

Please note that cover is subject to underwriting i.e. cover may be excluded for pre-existing conditions, or a higher premium rate may apply to reflect the higher risk due to pre-existing medical conditions or additional risk factors. Cover is conditional upon acceptance of your application, which is only confirmed when an Insurance Certificate is provided. 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 our Individual Benefit Guide, which is issued to members upon policy inception. This Individual Benefit Guide can also be downloaded from our website:

www.allianzworldwidecare.com

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