

# TABLE OF BENEFITS INDIVIDUAL POLICIES

VALID FROM  
1<sup>ST</sup> JANUARY 2019

The Out-patient, Dental, and Evacuation and Repatriation plans cannot be bought separately and the Core Plan option selected will determine the Out-patient, Dental, Evacuation and Repatriation Plans included in the cover.

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	Pack Premium	Pack Confort
Maximum plan benefit EUR (€)	€3,000,000	€1,500,000

In-patient benefits<sup>1</sup> - please refer to note 2 for more information on Treatment Guarantee

Hospital accommodation <sup>1</sup>	Private room max. €350 per day, max. 45 days Semi-private room – Full refund	Semi-private room – Full refund
Intensive care <sup>1</sup>	Full refund	Full refund
Prescription drugs and materials <sup>1</sup> (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
Surgical fees, including anaesthesia and theatre charges <sup>1</sup>	Full refund	Full refund
Physician and therapist fees <sup>1</sup> (in-patient and day-care treatment only)	Full refund	Full refund
Surgical appliances and materials <sup>1</sup>	Full refund	Full refund
Diagnostic tests <sup>1</sup> (in-patient and day-care treatment only)	Full refund	Full refund
Organ transplant <sup>1</sup>	Full refund	Full refund
Psychiatry and psychotherapy <sup>1</sup> (in-patient and day-care treatment only) (10 month waiting period applies)	€10,000	€8,000
Accommodation costs for one parent staying in hospital with an insured child under 18 <sup>1</sup>	Max. €50 per day	Max. €50 per day
Emergency in-patient dental treatment	Full refund	Full refund

Other benefits - please refer to note 2 for more information on Treatment Guarantee

Day-care treatment <sup>2</sup>	Full refund	Full refund
Kidney dialysis <sup>2</sup>	Full refund	Full refund
Out-patient surgery <sup>2</sup>	Full refund	Full refund
Nursing at home or in a convalescent home <sup>2</sup> (immediately after or instead of hospitalisation)	Full refund	€4,250
Rehabilitation treatment <sup>2</sup> (in-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases)	Full refund	€4,250
Local ambulance	Full refund	Full refund
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

Core Plan Benefits	Pack Premium	Pack Confort
CT and MRI scans (in-patient and out-patient treatment)	Full refund	Full refund
PET <sup>2</sup> and CT-PET <sup>2</sup> scans (in-patient and out-patient treatment)	Full refund	Full refund
Oncology <sup>2</sup> (in-patient, day-care and out-patient treatment)	Full refund	Full refund
Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes	€200 per lifetime	€200 per lifetime
Routine maternity <sup>2</sup> (in-patient and out-patient treatment) (10 month waiting period applies)	€10,000 per pregnancy	€7,000 per pregnancy
Complications of pregnancy and childbirth <sup>2</sup> (in-patient and out-patient treatment) (10 month waiting period applies)		
Infertility treatment <sup>2</sup> (18 month waiting period applies)	€12,000 per lifetime	€6,000 per lifetime
Home delivery	€1,000	€1,000
Laser eye treatment (limited to one treatment per lifetime)	€1,500 per lifetime	€1,000 per lifetime
In-patient cash benefit (per night) (where treatment has been received free of charge)	€150, max. 25 nights	€150, 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)	€750	€750
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)	€750	€750
Palliative care <sup>2</sup>	Full refund	Full refund
Long term care <sup>2</sup>	Full refund, max. 90 days per lifetime	Full refund, max. 90 days per lifetime

<sup>1</sup> 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.

<sup>2</sup> 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.

## OUT-PATIENT PLANS

The following Out-patient Plans, where selected must be purchased with the corresponding Core Plan. They cannot be bought separately.

	Pack Premium			Pack Confort		
Maximum plan benefit EUR (€)	No limit			€25,000		
Out-patient Benefits	Pack Premium 80	Pack Premium 90	Pack Premium 100	Pack Confort 80	Pack Confort 90	Pack Confort 100
Medical practitioner fees and specialist fees	80% refund	90% refund	Full refund	80% refund	90% refund	Full refund
Prescription drugs (Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	80% refund	90% refund	Full refund	80% refund	90% refund	Full refund
Over-the-counter drugs	80% refund, max. €50	90% refund, max. €50	€50	N/A	N/A	N/A
Prescribed ancillary nursing care	80% refund	90% refund	Full refund	80% refund	90% refund	Full refund
Diagnostic tests	80% refund	90% refund	Full refund	80% refund	90% refund	Full refund
Vaccinations	80% refund	90% refund	Full refund	80% refund	90% refund	Full refund
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)	80% refund, max. €50 per visit	90% refund, max. €50 per visit	Full refund, max. €50 per visit	N/A	N/A	N/A
Prescribed physiotherapy (max. 12 sessions per condition; limit also applies to prescribed and non-prescribed physiotherapy sessions, where combined)	80% refund, max. €1,000	90% refund, max. €1,000	€1,000	80% refund, max. €1,000	90% refund, max. €1,000	€1,000
Non-prescribed physiotherapy	5 visits	5 visits	5 visits	5 visits	5 visits	5 visits
Prescribed oculomotor therapy and occupational therapy <sup>2</sup>	80% refund, max. €1,000	90% refund, max. €1,000	€1,000	80% refund, max. €1,000	90% refund, max. €1,000	€1,000

	Pack Premium			Pack Confort		
Out-patient Benefits	Pack Premium 80	Pack Premium 90	Pack Premium 100	Pack Confort 80	Pack Confort 90	Pack Confort 100
Prescribed speech therapy	80% refund, max. €500	90% refund, max. €500	€500	80% refund, max. €500	90% refund, max. €500	€500
Health and wellbeing checks including screening for the early detection of illness or disease. Checks are limited to: <ul style="list-style-type: none"> <li>Physical examination</li> <li>Blood tests (full blood count, biochemistry, lipid profile, thyroid function test, liver function test, kidney function test)</li> <li>Cardiovascular examination (physical examination, electrocardiogram, blood pressure)</li> <li>Neurological examination (physical examination)</li> <li>Cancer screening <ul style="list-style-type: none"> <li>Annual pap smear</li> <li>Mammogram (every two years for women aged 45+, or earlier where a family history exists)</li> <li>Prostate screening (yearly for men aged 50+, or earlier where a family history exists)</li> <li>Colonoscopy (every five years for members aged 50+, or 40+ where a family history exists)</li> <li>Annual faecal occult blood test</li> </ul> </li> <li>Bone densitometry (every five years for women aged 50+)</li> <li>Well child test (for children up to the age of six years, up to a maximum of 15 visits per lifetime)</li> </ul>	80% refund, max. €1,200	90% refund, max. €1,200	€1,200	80% refund, max. €400	90% refund, max. €400	€400
Psychiatry and psychotherapy (18 month waiting period applies)	80% refund, max. 10 visits	90% refund, max. 10 visits	10 visits	N/A	N/A	N/A
Prescribed medical aids	80% refund	90% refund	Full refund	80% refund	90% refund	Full refund
Prescribed glasses and contact lenses	80% refund, max. €550	90% refund, max. €550	€550	80% refund, max. €200	90% refund, max. €200	€200

## DENTAL PLANS

The following Dental Plans, where selected must be purchased with the corresponding Core Plan. They cannot be bought separately.

Dental Plan Benefits	Pack Premium	Pack Confort
Dental treatment and dental surgery	€2,500	€1,500
Periodontics	€2,300	€1,400
Orthodontic treatment (max. 3 years / 6 semesters)	€1,700	€1,000
Dental prostheses	€3,250	€2,100
- Limit per tooth	€550	€325

## EVACUATION AND REPATRIATION PLAN

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

Evacuation and Repatriation Plan Benefits	Pack Premium and Pack Confort
Medical evacuation / repatriation <sup>2</sup> <ul style="list-style-type: none"> <li>Where the necessary treatment is not available locally, you can choose to be medically evacuated / repatriated to your home country instead of to the nearest appropriate medical centre, provided that your home country is within your area of cover<sup>2</sup></li> <li>Where ongoing treatment is required, we will cover hotel accommodation costs<sup>2</sup></li> <li>Evacuation / Repatriation in the event of unavailability of adequately screened blood<sup>2</sup></li> <li>If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs (max. 7 days)<sup>2</sup></li> </ul>	Full refund
Expenses for one person accompanying an evacuated / repatriated person <sup>2</sup>	€3,000
Travel costs of insured family members in the event of an evacuation / repatriation <sup>2</sup>	€2,000
Repatriation of mortal remains <sup>2</sup>	€10,000
Travel costs of insured family members in the event of the repatriation of mortal remains <sup>2</sup>	€2,000 per event
Travel costs of insured members to be with a family member who is at peril of death or who has died	€1,500 per lifetime

## NOTES

### 1. AREA OF COVER

Allianz Care offers a range of options in relation to geographical cover. The chosen area of cover will be specified in the Insurance Certificate.

### 2. TREATMENT GUARANTEE/PRE-AUTHORISATION

Certain treatments and costs require submission of a Treatment Guarantee Form in advance. Following approval by Allianz 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 benefits<sup>1</sup> listed.
- Infertility treatment<sup>2</sup>.
- Kidney dialysis<sup>2</sup>.
- Day-care treatment<sup>2</sup>.
- Out-patient surgery<sup>2</sup>.
- 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.
- PET<sup>2</sup> (Positron Emission Tomography) and CT-PET<sup>2</sup> scans.
- Nursing at home or in a convalescent home<sup>2</sup>.
- Routine maternity<sup>2</sup> and complications of pregnancy and childbirth<sup>2</sup> (in-patient treatment only).
- Oncology<sup>2</sup> (in-patient and day-care treatment only).
- Occupational therapy<sup>2</sup> (out-patient treatment only).
- Rehabilitation treatment<sup>2</sup>.
- Medical evacuation<sup>2</sup> (or repatriation where covered).
- Travel costs of insured family members in the event of an evacuation/repatriation<sup>2</sup>.
- Repatriation of mortal remains<sup>2</sup>.
- Travel costs of insured family members in the event of the repatriation of mortal remains<sup>2</sup>.
- Expenses for one person accompanying an evacuated/repatriated person<sup>2</sup>.
- Palliative care<sup>2</sup>.
- Long term care<sup>2</sup>.

<sup>1</sup> 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.

<sup>2</sup> 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

If the contract is 1st euro (where reimbursement is offered from the 1st euro incurred on medical treatment covered under the chosen plan):

Allianz Care has a simple claims process in place to ensure that members can seek reimbursement for medical expenses. You should send a fully completed Claim Form and relating invoices to Allianz Care. Fully completed Claim Forms 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 Form. An email is sent automatically to the member (where email addresses are provided to us) to advise them when the claim is received and when it is processed.

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

If you are French and the contract is supplemental to the CFE (Caisse des Français de l'Étranger):

Allianz Care will seek reimbursement on your behalf from the CFE. You should send a fully completed Claim Form and relating invoices to Allianz Care, and we will then submit these to the CFE. Fully completed Claim Forms are processed and payment instructions issued to the members' bank within five working days. Where further information is required to complete the claim, we will contact you. All limits indicated in the Table of Benefits correspond to the total sum jointly reimbursed by the CFE and Allianz Care. Allianz Care will only cover incurred charges that are usual and customary. The CFE reimbursement will be passed on to the member in full.

Please note that retirees, whose reimbursements are settled by the CPAM of Tours, are required to claim from the CPAM of Tours prior to submitting their claim to Allianz Care. Please include details of any reimbursement received from the CPAM of Tours.

The Claim Form is available to download from our website: [www.allianzworldwidecare.com](http://www.allianzworldwidecare.com)

### 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 €5,000". 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/ipfbmi](http://www.allianzworldwidecare.com/ipfbmi)

If you have any queries, please do not hesitate to contact us:

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