

Table of Benefits

Individual Policies

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













Pre-authorization 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.

Benefits marked with a  are covered in full, subject to the maximum plan limit.








Core Plans

Core Plan Benefits	Pack Premium	Pack Confort
Maximum plan limit EUR (€)	€ 3,000,000	€ 1,500,000

In-patient benefits¹ - please refer to note 2 for more information on Pre-authorization

	Private room	Semi-private room
Hospital accommodation ¹		
Intensive care ¹		
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		
Surgical fees, including anaesthesia and theatre charges ¹		
Physician and therapist fees ¹ In-patient and day-care treatment only		
Surgical appliances and materials ¹		
Diagnostic tests ¹ In-patient and day-care treatment only		
Organ transplant ¹ In-patient treatment only		
Psychiatry and psychotherapy ¹ In-patient and day-care treatment only		
Accommodation costs for one parent staying in hospital with an insured child under 18 ¹	Max. € 50 per day	Max. € 50 per day
Emergency in-patient dental treatment		

Other benefits - please refer to note 2 for more information on Pre-authorization

Day-care treatment ²		
Kidney dialysis ² In-patient, day-care and out-patient treatment		
Out-patient surgery ²		
Nursing at home or in a convalescent home ² Immediately after or instead of hospitalisation		€ 4,250

Core Plan Benefits	Pack Premium	Pack Comfort
Rehabilitation treatment In-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases	☑	€ 4,250
Pre-hospitalisation tests Covered when they are needed in the 72 hours before in-patient or day-care treatment	☑	☑
Post-hospitalisation treatment Covered when it is needed in the 90 days following discharge from in-patient or day-care treatment for the same acute medical condition	☑	☑
Local ambulance	☑	☑
Emergency treatment outside area of cover For trips of a maximum period of six weeks	Max. 42 days	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 costs (max. 7 days)² 	☑	☑
Expenses for one person accompanying an evacuated person ²	€ 3,000	€ 3,000
Travel costs of insured family members in the event of an evacuation ²	€ 2,000	€ 2,000
Repatriation of mortal remains ²	€ 10,000	€ 10,000
Travel costs of insured family members in the event of the repatriation of mortal remains ²	€ 2,000 per event	€ 2,000 per event
CT and MRI scans In-patient and out-patient treatment	☑	☑
PET ² and CT-PET ² scans In-patient and out-patient treatment	☑	☑
Oncology ² In-patient, day-care and out-patient treatment	☑	☑
Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes	€ 200	€ 200
Routine maternity ² In-patient and out-patient treatment 10 month waiting period applies	€ 10,000 per pregnancy	€ 7,000 per pregnancy
Complications of pregnancy and childbirth ² In-patient and out-patient treatment 10 month waiting period applies		
Infertility treatment ² 18 month waiting period applies	€ 12,000 per lifetime	€ 6,000 per lifetime
Home delivery	€ 1,000	€ 1,000
Laser eye treatment	€ 1,500	€ 1,000
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 Can also be reimbursed within the terms of any separate Dental Plan	€ 750	€ 750
Palliative care ² In-patient, day-care and out-patient treatment	☑	☑
Long term care ² In-patient, day-care and out-patient treatment	Max. 90 days per lifetime	Max. 90 days per lifetime

Core Plan Benefits	Pack Premium	Pack Confort
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Additional Core Plan Services

<p>Expat Assistance Programme**</p> <p>Offers access to a range of 24/7 multilingual support services as follows:</p> <ul style="list-style-type: none"> • Counselling – confidential and professional support (in-person, phone and video) • Legal and financial referral services • Wellness website access 	✓	✓
<p>Travel Security Services**</p> <p>Offers 24/7 access to personal security information and advice for all your travel safety queries. This includes:</p> <ul style="list-style-type: none"> • Emergency Security Assistance Hotline • Country intelligence and security advice • Daily security news updates and travel safety alerts 	✓	✓
<p>Second Medical Opinion Service**</p> <p>Offers access to expert help on the best treatment options available if you have been diagnosed with a serious illness or had surgery recommended</p>	✓	✓
<p>MyHealth Digital Services</p> <ul style="list-style-type: none"> • Manage your cover online with our app or portal anytime, anywhere. • Submit and track progress of claims. • Access your policy documents, health services, payment details and more. 	✓	✓
<p>Olive**</p> <p>Our Health & Wellness support program includes, for example:</p> <ul style="list-style-type: none"> • Fitness app • Access to wellness resources 	✓	✓

¹ If pre-authorisation 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 pre-authorisation 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 limit	No limit	€ 25,000
Co-payment option	10%-20%	

Out-patient Benefits

<p>Video consultation services**</p> <p>Accessed via our TeleHealth Hub</p>	✓	✓
Medical practitioner fees	✓	✓
Specialist fees	✓	✓
<p>Prescription drugs</p> <p>Prescription drugs are those which legally can only be purchased when you have a doctor's prescription</p>	✓	✓
Prescribed drugs/Over-the-counter drugs	€ 50	✗
Prescribed ancillary nursing care	✓	✓
Diagnostic tests	✓	✓
Vaccinations	✓	✓
<p>Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine, acupuncture and podiatry</p> <p>Max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit</p>	Max. € 50 per visit	✗

Out-patient Benefits	Pack Premium	Pack Confort
Prescribed physiotherapy Referral from doctor required and initially limited to 12 sessions per condition	€ 1,000	€ 1,000
Non-prescribed physiotherapy	5 visits	5 visits
Prescribed and occupational therapy ²	€ 1,000	€ 1,000
Prescribed speech therapy	€ 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"> Physical examination Chest x-ray 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) Bone densitometry (every five years for women aged 50+) Well child test (for children up to the age of six years) 	15 visits	15 visits
Cancer screening Checks are limited to: <ul style="list-style-type: none"> Annual gynaecological exam Mammogram (every two years for women aged 45+, or younger where a family history exists) Annual prostate screening (yearly for men aged 50+, or younger 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 BRCA1 and BRCA2 genetic test (where a direct family history exists) 	☑	☑
Psychiatry and psychotherapy Referral from doctor required for psychotherapy and initially limited to 10 sessions per condition	20 visits	10 visits
Prescribed medical aids	☑	☑
Prescribed glasses and contact lenses including annual eye examination	€ 550	€ 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	€ 3,500	€ 2,500
Dental surgery		
Periodontics	€ 3,500	€ 2,500
Orthodontic treatment	€ 1,700	€ 1,000
Dental prostheses	€ 3,250	€ 2,100
- Limit per tooth	€ 550	€ 325

Repatriation Plan

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

Repatriation Plan Benefits	Pack Premium and Pack Comfort
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 centre. This benefit only applies when your home country is within your area of cover*. Where ongoing treatment is required, we will cover hotel accommodation costs². Repatriation 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 costs (max. 7 days)². 	☑
Expenses for one person accompanying a repatriated person ²	€ 3,000
Travel costs of insured family members in the event of a repatriation ²	€ 2,000
Travel costs of insured members to be with a close relative who is at peril of death or who has died	€ 1,500

** Certain services that may be included in your plan are provided by third party providers outside the Allianz Group, such as the Expat Assistance Programme, Travel Security services, fitness app, Second Medical Opinion and tele-medicine services. If included in your plan, these services will show in your Table of Benefits. These services are made available to you subject to your acceptance of the terms and conditions of your policy and the terms and conditions of the third parties. These services may be subject to geographical restrictions. The fitness app does not provide medical or health advice and the wellness resources contained within Olive are for informational purposes only. The fitness app and the wellness resources contained within Olive shouldn't be regarded as a substitute for professional advice (medical, physical or psychological). They are also not a substitute for the diagnosis, treatment, assessment or care that you may need from your own doctor. You understand and agree that AWP Health & Life SA (Irish Branch) and AWP Health & Life Services Limited are not responsible or liable for any claim, loss or damage, directly or indirectly resulting from your use of any of these third party services.

Notes

1. Area of cover

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

2. Pre-authorization

Certain treatments and costs require submission of a Pre-authorization Form in advance. Following approval by Allianz, 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 Pre-authorization Form are indicated by either a 1 or a 2. These benefits are listed below, along with further important details:

- All in-patient benefits¹ listed.
- Infertility treatment².
- Kidney dialysis².
- Day-care treatment².
- Out-patient surgery².
- MRI (Magnetic Resonance Imaging) scan. Pre-authorization 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.
- Routine maternity² and complications of pregnancy and childbirth² (in-patient treatment only).
- Oncology² (in-patient and day-care treatment only).
- 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 pre-authorization 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 pre-authorization 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 Pre-authorization 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 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. 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 have a social security that is not CFE:

Allianz has a simple claims process in place to ensure that members can seek reimbursement for medical expenses. You should send a statement from your local social security entity stating the full information on what has been reimbursed or not reimbursed and a copy of the invoice to Allianz. 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 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 your contract is supplemental to the CFE (Caisse des Français de l'Étranger):

If your contract is a top-up to the CFE, you should submit your claim directly to the CFE. This applies to:

- All claims incurred in France.
- All 'out-of-pocket' medical expenses incurred outside of France.

Please note that:

- Once the CFE has processed their contribution to your claim, we will be notified by the CFE.
- A claim will be generated for you in our system for us to process. You do not need to contact us.

Provided we have all the information required, we will then process your claim and issue payment instructions to your bank within five working days.

For all direct settlement claims incurred outside of France, we will continue to be your first point of contact for claiming. We will engage the CFE on your behalf.

If your contract is a top-up to a social security healthcare scheme (other than the CFE), you should submit your claim directly to your healthcare scheme first. Upon receiving a remittance slip from your scheme, you may then submit it to us as part of your claim submission.

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. Please include details of any reimbursement received from the CPAM of Tours.

The Claim Form is available to download from our website: www.allianzcare.com.

4. Benefit limits

There are two kinds of benefit limits shown in the Table of Benefits. The **maximum plan limit**, 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 limit, 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.allianzcare.com/en/benelux

If you have any queries, please get in touch.

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