

# Welcome to Allianz

We are delighted to be looking after you. To start, we want to ensure that your transition to your new Allianz policy is as smooth as possible. That's why we're offering you an Allianz plan that is the closest match to the Aetna plan you are on, so your cover remains as consistent as possible. Depending on your plan, you may also find new benefits, so we encourage you to review your Table of Benefits in detail.

In this document, we help you compare your current Aetna plan to your new Allianz plan. The complete overview of your new cover is in your Table of Benefits. All the applicable terms and conditions are detailed in the Individual Benefit Guide, available to download from [www.allianzcare.com/en/UK/EI](http://www.allianzcare.com/en/UK/EI).

If you have any questions about the information in this document, please do not hesitate to contact us. We're here to help.

## Your new Allianz plan

Please note that in the tables below, the ✓ symbol means 'Covered in full up to the maximum plan limit'.

### If you're currently on an Aetna MHP Classic plan...

...you will be moving to our **Care Plus** Core Plan, **Active Plus** Out-patient Plan and **Bloom** Maternity Plan.

How your current and new plan compare:

	Your current Aetna plan	Your new Allianz plan
<i>Maximum Plan Limit</i>	\$4,000,000	\$4,000,000
<i>In-patient room type</i>	Private room outside USA Semi-private room inside USA	Private room
<i>In-patient and day-care treatment</i>	80%	✓
<i>In-patient psychiatry and psychotherapy</i>	80% max. 30 days (includes alcohol and drug abuse treatment)	✓ (excludes alcohol and drug abuse treatment)
<i>Cancer treatment</i>	80%	✓
<i>Congenital conditions</i>	Treatment and procedures for these are covered under several plan benefits	Treatment and procedures for these are covered under several plan benefits*
<i>Out-patient day-to-day costs</i>	80%	\$11,780 (limit shared with other benefits, of which \$1,350 for 'Medical practitioner fees and prescription drugs')
<i>Out-patient scans</i>	80%	✓
<i>Routine health checks</i>	80% up to \$500 80% up to \$2,500 per screening for colorectal screening	Covered in full for cancer screening only**
<i>Vaccinations</i>	80% up to \$500 (limit shared with 'Routine health checks')	✓

<i>Out-patient psychiatry and psychotherapy</i>	80% max 30 visits (includes alcohol and drug abuse treatment)	Not covered
<i>Medical evacuation</i>	Covered 80% for emergencies only	Covered in full for emergency and non-emergency
<i>Routine maternity</i>	80% up to \$5,000 per pregnancy	\$6,750 per pregnancy
<i>Complications of childbirth</i>	80% up to \$9,500 per pregnancy	\$13,500 per pregnancy
<i>Complications of pregnancy</i>	80%	✓
<i>Dental cover</i>	Covered 80% for accidental damage only	Emergency in-patient dental treatment

\*See your Table of Benefits for details of all benefits included.

\*\*Out-patient maximum plan limit applies.

And if you currently have an excess, note that Allianz calls it a 'deductible':

<b>If you are on this Aetna excess...</b>	<b>...then you are moving to this Allianz deductible</b>
Nil	No deductible
\$50	No deductible
\$100	No deductible
\$250	No deductible
\$500	No deductible
\$1,000	\$1,015
\$2,500	\$2,025
\$5,000	\$4,050
\$10,000	\$8,100

### If you're currently on an Aetna MHP Exclusive plan...

...you will be moving to our **Care Plus** Core Plan, **Active Pro** Out-patient Plan, **Smile** Dental Plan and **Bloom Plus** Maternity plan.

How your current and new plan compare:

	<b>Your current Aetna plan</b>	<b>Your new Allianz plan</b>
<i>Maximum Plan Limit</i>	\$4,000,000	\$4,000,000
<i>In-patient room type</i>	Private room outside USA Semi-private room inside USA	Private room
<i>In-patient and day-care treatment</i>	✓	✓
<i>In-patient psychiatry and psychotherapy</i>	Max. 30 days (includes alcohol and drug abuse treatment)	✓ (excludes alcohol and drug abuse treatment)
<i>Cancer treatment</i>	✓	✓
<i>Congenital conditions</i>	Treatment and procedures for these are covered under several plan benefits	Treatment and procedures for these are covered under several plan benefits*
<i>Out-patient day-to-day costs</i>	✓	\$25,650 (limit shared with other benefits)
<i>Out-patient scans</i>	✓	✓
<i>Routine health checks</i>	\$500 \$2,500 per screening for colorectal screening	\$810 'Cancer screening' covered in full **
<i>Vaccinations</i>	\$500 (limit shared with 'Routine health checks' benefit)	✓**
<i>Out-patient psychiatry and psychotherapy</i>	30 visits (includes alcohol and drug abuse treatment)	20 visits (excludes alcohol and drug abuse treatment)
<i>Medical evacuation</i>	Covered in full for emergencies only	Covered in full for emergency and non-emergency

<i>Routine maternity</i>	✓	\$13,500 per pregnancy
<i>Complications of childbirth</i>	✓	\$20,250 per pregnancy
<i>Complications of pregnancy</i>	✓	✓
<i>Dental cover</i>	75% up to \$1,500	\$2,770 20% co-payment 50% co-payment for 'Dental prosthesis' and 'Orthodontic treatment'

\*See your Table of Benefits for details of all benefits included.

\*\*Out-patient maximum plan limit applies.

And if you currently have an excess, note that Allianz calls it a 'deductible':

<b>If you are on this Aetna excess...</b>	<b>...then you are moving to this Allianz deductible</b>
No deductible	No deductible
\$50	No deductible
\$100	No deductible
\$250	No deductible
\$500	No deductible
\$1,000	\$1,015
\$2,500	\$2,025
\$5,000	\$4,050
\$10,000	\$8,100

## Main differences in policy terms and conditions

- Your Aetna plan provided different levels of reimbursement depending on your location of treatment. The Aetna benefit limits shown in the above tables are based on treatment outside the US and inside the US network – additional penalties applied to treatment received in the US outside the US network. The plan that you are joining does not have different levels of reimbursement – the same benefit limits, deductibles and co-payments apply regardless of where treatment is received.
- **New-born care for babies born from assisted conception:** In your new Allianz policy there will be a limit for in-patient treatment that takes place in the first three months following birth, if the baby is born by surrogacy or is a multiple birth baby born as a result of medically assisted reproduction. This limit is \$40,500 per child\* and applies before any other benefit in your plan. Out-patient treatment is paid under the terms of the out-patient plan (if included).

*\*Please note that this limit also applies to babies that are adopted or fostered.*

## Accessing treatment

The process regarding accessing treatment will be slightly different under your new Allianz policy. You will find a complete description in the Benefit Guide – please find below a short summary for your convenience:

- Some benefits included in your new Allianz policy will be indicated in the Table of Benefits as subject to **pre-approval**. These benefits are usually in-patient treatments or high cost treatments. For these benefits, you will need to

send us a Treatment Guarantee Form in advance: this will help us assess each case, organise everything with the hospital before your arrival and make direct payment of the hospital bill easier, where possible.

If pre-approval via Treatment Guarantee Form is not obtained, the following will apply:

- If the treatment received is subsequently proven to be medically unnecessary, we reserve the right to decline the claim.
- If the treatment is subsequently proven to be medically necessary, we will pay 80% of in-patient benefits and 50% of other benefits.

In case of **emergency treatments**, you can simply access the treatment you require and inform us within 48 hours of any hospital admission. We can take Treatment Guarantee Form details over the phone at that point.

For any other benefit that is not indicated in the Table of Benefits as subject to pre-approval, you can simply pay the medical provider upfront and then claim the eligible costs via our MyHealth digital services (available as portal and mobile app).

- **Claiming deadline:** Your cover under Allianz offers an extended claims submission timeline whereby we will accept claims for processing up to six months after the end of the Insurance Year they refer to, as opposed to six months after the treatment date as applicable under your Aetna policy.
- **Medical provider network.** The list of medical providers that facilitate direct settlement with us may differ from your experience with Aetna. We are expanding our provider network as we endeavour to make sure that access to key medical providers is available.

# Contact us, we love to help!

If you need any assistance in understanding our cover with us, you'll find the contact details on your policy documents. Call us anytime, we will be happy to help.

*The insurer is AWP P&C SA, registered as a foreign company in England and Wales with foreign company n. FC030280. Registered office: 7 Rue Dora Maar, 93400 Saint-Ouen, France. AWP P&C SA acts through its UK branch AWP P&C UK, registered in the United Kingdom as a branch of AWP P&C SA (registered branch number: BR015275, registered office: 102 George Street, Croydon, Surrey CR9 6HD).*

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*This policy is supported by AWP Health & Life SA, a limited company governed by the French Insurance Code and acting through its Irish Branch. Part of the Allianz Group, AWP Health & Life SA is registered in France: No. 401 154 679 RCS Bobigny. Irish Branch is registered in the Irish Companies Registration Office, registered No.: 907619, address: 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA*