

A photograph of a woman with long dark hair, wearing a white long-sleeved shirt and dark jeans, lifting a young child into the air. The child is wearing a red long-sleeved shirt and grey pants, and is laughing joyfully. The background is a bright, sunlit park with green trees and a clear sky. A green rectangular overlay is positioned in the upper right corner of the image.

GlobalPass Healthcare Plans for Latin America

Allianz 
Worldwide Care

Who we are

Allianz Worldwide Care is an award winning international health insurance provider and is rated A+ Superior by A.M. Best*. Our structure, product design and support services have been specifically developed to meet the needs of individuals and families.

Our focus is on earning and maintaining client loyalty through superior customer service. From the design of our market leading health insurance products, to arranging treatment for our members, every step of the client experience has been carefully considered to ensure they receive an unparalleled level of service.

As a wholly owned subsidiary of the Allianz Group, we are able to draw on the resources and expertise of one of the world's leading financial services providers. Founded in 1890, the Allianz Group provides financial services to more than 85 million customers around the globe.



**Rating effective from 17th December 2015. For the latest rating, please access www.ambest.com*


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Reasons to choose our plans

With so many local and international health insurance options on the market, below are just some of the reasons to choose ours:



Three comprehensive plans: choose the option that best suits your needs and budget




Exceptional cover for chronic and congenital conditions

Choice of two geographical regions of cover available: 'Worldwide' and 'Latin America and Caribbean only'




24/7 multilingual Helpline and Emergency Assistance Services




Access to the 24/7 MediLine medical advice service



Innovative MyHealth mobile app



All inclusive plans without Riders



Full Dental options available



Annual Health and Wellbeing checks available

Cover for pre-existing and chronic conditions



We can provide cover for the vast majority of pre-existing or chronic conditions. On average, 70% of applications received are accepted for cover without any additional exclusions and at no additional cost. Alternatively, a surcharge may be applied to the premium and where this is the case, we may be able to offer the option of excluding the condition from cover to keep your premium cost down.

Chronic conditions that arise while your policy is in effect are covered, within the limits of your chosen plan(s). No specific restrictions apply to the maintenance or ongoing supervision of such conditions and eligible costs are covered under the benefits outlined in the Table of Benefits.

over 95%
of fully completed applications are underwritten within 48 hours

Examples of pre-existing/chronic conditions we may cover:

<i>Asthma</i>	<i>Dermatitis</i>	<i>Gallstones</i>	<i>Gastritis</i>
<i>Hiatus Hernia</i>	<i>Hyper-cholesterol</i>	<i>Hypertension</i>	<i>Kidney stones</i>
<i>Prostatitis</i>	<i>Thyroid disorders</i>	<i>Allergies</i>	<i>GERD</i>
<i>Migraine</i>	<i>Infections and tropical diseases</i>		



Access to treatment

We have direct settlement arrangements in place through our global medical provider network. This allows you to access treatment on a cashless basis, as the costs will be paid directly by us to your medical provider.

Direct settlement for in-patient costs

For all in-patient treatment and certain out-patient treatments, you/your medical practitioner will need to send a completed Pre-authorization Form to us in advance.

This provides our Medical Services Team with the opportunity to verify your cover for the treatment, contact your medical provider to facilitate a smooth admission, arrange for the direct settlement of your hospital bills (where possible) and oversee your treatment.

Following pre-approval you have peace of mind in knowing that cover for the required treatment or costs is guaranteed. Benefits which require pre-approval through submission of a Pre-authorization Form are indicated in the Table of Benefits on page 9.

Please note that you should settle any applicable patient contributions that apply (such as the plan deductible) with your medical provider at the time of treatment.

Reimbursement for out-patient and dental costs

For out-patient treatment (e.g. doctors' visits or dental treatments) where your provider informs you that a direct settlement agreement is not in place, you will need to settle the bill at the time of treatment and simply claim back the eligible medical expenses from us.

Swift claims process



We have a simple claims process in place which ensures you can seek reimbursement for medical expenses swiftly. The quickest and easiest way to submit a claim is via our MyHealth mobile app. Alternatively, claims can be submitted by completing and returning a Claim Form to us via email, post or fax. Once fully completed Claim Forms are submitted to us, along with any supporting documentation, they are processed and payment instructions will be issued promptly.

The Claim Form is available to download from our website: www.allianzworldwidecare.com/gpcf.

Where further information is required, you/your medical practitioner will be notified. We will advise you when the claim has been processed.

Quick and easy claims submission via MyHealth app



Available for Apple and Android smartphones and tablets, the MyHealth app allows members to submit medical claims in just three easy steps - no forms required!

1 Provide a few key details

2 Take a photo of your invoice(s)

3 Submit and you're done

The app (available in English, German, French, Spanish and Portuguese) also allows members to:

- Track the status of a claim
- Access contact details for our 24/7 multilingual Helpline, MediLine medical advice service and local emergency services
- View current policy documents, even when offline
- Locate a hospital nearby using GPS functionality
- Look up the local equivalent names of brand name drugs
- Translate common ailments into one of 17 languages

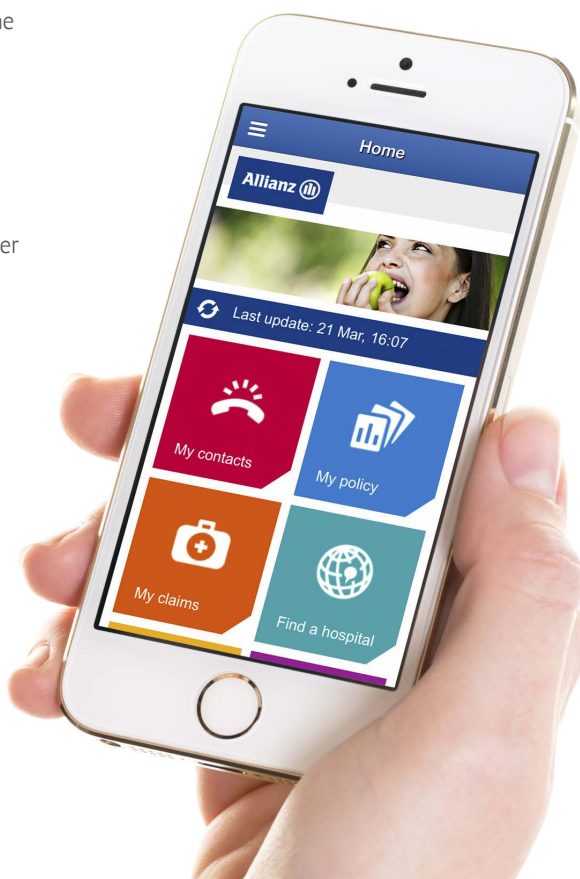
Want to find out more? You can view our short MyHealth app member video here: www.allianzworldwidecare.com/myhealth

53%

of all medical claims we receive are submitted using the MyHealth app and this number looks set to further increase

Alyson Duggan

Senior Claims Manager, Allianz Worldwide Care





Global member support services

Our primary goal is to deliver a first class service to our members. Below are just some of the services we can offer:



24/7 MediLine

Free 24/7 MediLine medical advice service, provided by an experienced English speaking medical team. This service offers information and advice on a number of health related topics, including:

- Lifestyle issues (e.g. nutrition, sports injuries, smoking and alcohol)
- Information regarding medications (e.g. advice on medication usage and reaction)
- Travel health information (e.g. vaccinations)
- Pre- and post-operative treatment advice

Medical evacuation services

Locally assisted medical evacuation services, using the most suitable local partner to provide fast, convenient and safe transport to a medical facility. Cover for the following associated expenses is also provided:

- Expenses for one person accompanying an evacuated person
- Travel costs of insured family members in the event of evacuation
- Repatriation of mortal remains
- Travel costs of insured family members in the event of the repatriation of mortal remains

Member web-based services

Access to our member web-based services at: www.allianzworldwidecare.com/members where you can search for medical providers and download forms. Please be aware that you are not restricted to using the medical providers listed on our website. The medical provider directory allows you to search for hospitals, clinics, doctors and specialists on a country by country basis, with the ability to narrow down the search to specific regions and cities. You can also search under medical practitioner categories e.g. internal medicine, as well as on specialism, e.g. general surgery, neurosurgery or traumatology.

Secure Online Services

Log-in access to a sophisticated range of secure Online Services. Your personal account will allow you to: download key policy documents in the language you have selected for your policy, check remaining benefit limits, confirm the status of any claims that have been received and uploaded by us and view claims-related correspondence in real time.

How to create your plan



We offer international healthcare solutions that allows you to choose where you are covered, what is covered and the deductible option that applies. Simply contact your broker and they will guide you through the options and work out the solution that best suits your needs.

To help you get started, we have outlined below three straightforward steps for choosing the cover that is right for you. The Table of Benefits on the following pages provides further details on the varying levels of cover available under each plan, as well as the available cover options.

1

Select a Plan

GlobalPass Individual Choice 1

GlobalPass Individual Choice 2

GlobalPass Connect

We offer three plan options to choose from (GlobalPass Individual Choice 1, GlobalPass Individual Choice 2 and GlobalPass Connect). These options provide different levels of cover for a wide range of in-patient and day-care treatments as well as other benefits such as medical evacuation, nursing at home and rehabilitation treatment. In addition, GlobalPass Individual Choice 1 and GlobalPass Connect also covers a wide range of out-patient and dental expenses.

Please note that we offer the choice of purchasing GlobalPass Individual Choice 1 and GlobalPass Connect without the Dental Plan. Where selected, a 5% discount on your premium will apply.

2

Choose a deductible

If you wish to reduce the cost of your plan, you can select a deductible option and we will apply a lower premium rate. Deductibles are payable either per person per Insurance Year or per family per Insurance Year.

You can choose from the following deductible options:

Per person per Insurance year -
available where two or less people
are covered under the same policy:

US\$500/US\$1,000/
US\$2,000/US\$5,000/
US\$10,000/US\$20,000

Per family per Insurance year -
available where three or more people
are covered under the same policy:

US\$750/US\$1,500/
US\$3,000/US\$6,000/
US\$9,000/US\$15,000

3

Choose your area of cover

We offer two different geographical areas of cover:



Worldwide, which provides cover
anywhere in the world



Latin America and Caribbean only

Table of Benefits

Valid from 1st May 2017

Please note that these plans are only available to those who are resident in Latin America and the Caribbean (and they are not available to residents of Brazil).

Pre-authorization is required for all benefits indicated with a ¹ or a ² in the following tables – please refer to “Additional information” section for more information.

Maximum benefits and deductible options	GlobalPass Individual Choice 1	GlobalPass Individual Choice 2	GlobalPass Connect
Maximum plan benefit	US\$9,000,000	US\$7,000,000	US\$3,000,000
Deductible options per person per Membership Year	US\$500/US\$1,000/US\$2,000/US\$5,000/US\$10,000/US\$20,000		
Deductible options per family per Membership Year	US\$750/US\$1,500/US\$3,000/US\$6,000/US\$9,000/US\$15,000		

Core Plans

Core Plan Benefits	GlobalPass Individual Choice 1	GlobalPass Individual Choice 2	GlobalPass Connect
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In-patient benefits - please refer to “Additional information” section for more information on pre-authorization

Hospital accommodation (private room) ¹	Full refund		
Intensive care ¹	Full refund		
Prescription drugs and materials ¹ <small>In-patient and day-care treatment only. Prescription drugs are those which legally can only be purchased when you have a doctor's prescription</small>	Full refund		
Surgical fees, including anesthesia and theatre charges ¹	Full refund		
Physician and therapist fees ¹ <small>In-patient and day-care treatment only.</small>	Full refund		
Surgical appliances and materials ¹	Full refund		
Diagnostic tests ¹ <small>In-patient and day-care treatment only.</small>	Full refund		
Organ transplant ¹	Full refund (up to US\$50,000 per diagnosis for organ, cell or tissue procurement, transportation harvesting and living donor medical costs)		US\$500,000 (up to US\$50,000 per diagnosis for organ, cell or tissue procurement, transportation, harvesting and living donor medical costs)
Bariatric surgery ² <small>In-patient and out-patient treatment. 24 month waiting period applies.</small>	US\$15,000 per lifetime	Not covered	
Psychiatry and psychotherapy ¹ <small>In-patient and day-care treatment only. 24 month waiting period applies. Maximum 90 days per lifetime.</small>	US\$25,000	US\$12,500	Not covered
Accommodation costs for one parent staying in hospital with a member aged under 18 ¹	Full refund		US\$350 per night up to 30 nights
Emergency in-patient dental treatment	Full refund – no deductible is payable for this benefit		

Other benefits - please refer to “Additional information” section for more information on pre-authorization

Day-care treatment ²	Full refund		
Kidney dialysis ²	Full refund		
Out-patient surgery ²	Full refund		
Laser Eye treatment <small>Limited to one treatment per lifetime.</small>	US\$1,350	Not covered	
Nursing at home or in a convalescent home ² <small>Immediately after or instead of hospitalization.</small>	US\$200 per day, max. 30 days	Not covered	US\$100 per day, max. 30 days
Rehabilitation treatment ² <small>In-patient, day-care and out-patient treatment – must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases.</small>	US\$6,250	US\$3,550	US\$3,000
Local ambulance	US\$3,000 – no deductible is payable for this benefit		
Emergency treatment outside area of cover for trips of a maximum period of six weeks <small>Members with 'Worldwide' cover are also covered for emergency treatment.</small>	Full refund, max. 42 days – no deductible is payable for this benefit		

Core Plan Benefits (continued)	GlobalPass Individual Choice 1	GlobalPass Individual Choice 2	GlobalPass Connect
Medical evacuation ²	Full refund – no deductible is payable for this benefit		US\$100,000 – no deductible is payable for this benefit
Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical center ² .			
Where ongoing treatment is required, we will cover hotel accommodation costs ² .			
Evacuation in the event of unavailability of adequately screened blood ² .			
If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs ² .	Full refund, max. 7 days		
Expenses for one person accompanying an evacuated person ²	US\$3,750 – no deductible is payable for this benefit		US\$3,000 – no deductible is payable for this benefit
Travel costs of insured family members in the event of an evacuation ²	US\$2,800 per event – no deductible is payable for this benefit		US\$2,000 per event – no deductible is payable for this benefit
Repatriation of mortal remains ²	Full refund – no deductible is payable for this benefit		US\$20,000 – no deductible is payable for this benefit
Travel costs of insured family members in the event of the repatriation of mortal remains ²	US\$2,800 per event – no deductible is payable for this benefit		US\$2,000 per event – no deductible is payable for this benefit
CT and MRI scans In-patient and out-patient treatment.	Full refund		
PET ² and CT-PET scans ² In-patient and out-patient treatment.	Full refund		
Oncology ² In-patient, day-care and out-patient treatment. Purchase of a wig	Full refund US\$270 per lifetime		
Preventative surgery ² In-patient and out-patient treatment.	US\$25,000	US\$15,000	
Palliative care ²	US\$25,000	Not covered	US\$10,000
Long term care ²	Full refund, max. 90 days per lifetime		Not covered
Routine maternity ² In-patient and out-patient treatment. 10 month waiting period applies.	US\$8,500 No deductible is payable, where the deductible selected is below or equal to US\$2,000 for an individual plan or US\$3,000 for a family plan.	US\$4,000 No deductible is payable, where the deductible selected is below or equal to US\$2,000 for an individual plan or US\$3,000 for a family plan.	
- Stem cell storage ² In-patient treatment. Cost covers extraction and one year stem cell preservation.	US\$2,000 per covered pregnancy (included within routine maternity benefit)		
Complications of pregnancy ² In-patient and out-patient treatment. 10 month waiting period applies.	Full refund		US\$500,000 per lifetime
Complications of childbirth ² In-patient treatment. 10 month waiting period applies.	US\$12,500	US\$10,000	

Out-patient Plans

Out-patient Plan Benefits	GlobalPass Individual Choice 1	GlobalPass Individual Choice 2	GlobalPass Connect
Doctor fees (including specialist fees)	Full refund, max. 25 visits	Not covered	Full refund, max. 25 visits
Second medical opinion ²	Full refund	Not covered	
Prescription drugs <small>Prescription drugs are those which legally can only be purchased when you have a doctor's prescription</small>	Full refund, max US\$7,000	Not covered	Full refund, max US\$7,000
Specialized out-patient drugs ¹ <small>12 month waiting period applies.</small>	Full Refund	Not Covered	
Diagnostic tests	Full Refund	Not covered	Full Refund
Prescribed physiotherapy, speech therapy, oculomotor therapy, occupational therapy ² , chiropractic treatment, osteopathy, Chinese herbal medicine, homeopathy, acupuncture and podiatry	Full refund, max. 60 visits	Not covered	US\$10,000
Nutritionist consultations <small>Only as a result of a diagnosed medical condition. Physician referral is required.</small>	Full refund, max. 6 visits	Not covered	
Psychiatry and psychotherapy <small>24 month waiting period applies.</small>	Full refund, max. 25 visits	Not covered	
Health and wellbeing checks including screening for the early detection of illness or disease <small>Checks are limited to:</small> <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 tests (where a direct family history exists, GlobalPass Individual Choice 1 only) 	US\$400, no deductible is payable for this benefit	Not covered	US\$400, no deductible is payable for this benefit
Prescribed medical aids	Full refund	Not covered	US\$7,000
Prescribed glasses and contact lenses including eye examination	USD\$250	Not covered	

Dental Plans

Dental Plan Benefits	GlobalPass Individual Choice 1	GlobalPass Individual Choice 2	GlobalPass Connect
Overall maximum dental benefit	US\$1,500	Not applicable	US\$750

Reimbursement

Dental treatment	50% refund	Not covered	50% refund
Dental surgery	50% refund	Not covered	50% refund
Periodontics	50% refund	Not covered	50% refund
Orthodontic treatment and dental prostheses <small>10 month waiting period applies.</small>	50% refund	Not covered	50% refund
Emergency out-patient dental treatment	80% refund	Not covered	80% refund

Please note that we offer the choice of purchasing GlobalPass Individual Choice 1 and GlobalPass Connect plans without the Dental Plan. In this case, a 5% discount on your premium will apply.

Additional information

Congenital and hereditary conditions

Congenital and hereditary conditions are covered up to the maximum plan limit. However, for members under the age of 18, this is limited to US\$750,000 per lifetime (GlobalPass Choice) or US\$500,000 per lifetime (GlobalPass Connect).The pre-existing conditions clause is applicable for congenital and hereditary conditions.

Treatment in the USA

For healthcare treatment in the USA, Allianz Worldwide Care has established a partnership with Olympus Managed Healthcare (OMHC), offering access to an exclusive network of medical facilities and healthcare providers on a direct billing basis. You are not restricted to using this network. However, if you have a GlobalPass Connect plan and choose a provider outside of the network, we will only reimburse 60% of the medical expenses.

How can I arrange treatment in the USA?

If you have "Worldwide" cover and wish to avail of medical treatment in the USA, simply contact us on our USA number (+1) 800 541 1983. Alternatively, you can request a call back by clicking on "Contact me" at globalpass.omhc.com and following the instructions on screen.

Pre-existing conditions

Pre-existing conditions are covered under this policy, unless indicated otherwise in a Special Conditions Form that will be issued to you prior to acceptance of cover, if relevant.

Pre-authorization

Certain treatments and costs require submission of a Pre-authorization 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 Pre-authorization Form are indicated by either a 1 or 2.

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.

By submitting a Pre-authorization Form, members will benefit from cashless access to hospitals (where possible).

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.

Waiting periods

A waiting period is a period of time starting on your policy commencement date (or effective date if you are a dependent), during which you are not entitled to cover for particular benefits. The Table of Benefits will indicate which benefits are subject to waiting periods.

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 a Insurance Certificate is provided. This Table of Benefits provides an outline of the cover we provide under each plan. Cover is subject to our 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

How to apply



To get advice on your health insurance options, receive a quote, or apply for cover with Allianz Worldwide Care, simply contact your broker, who will advise you on the best options to suit your requirements.

If you wish to apply for one of our international healthcare plans, your broker will provide you with an Application Form to complete. You may include your spouse/partner and/or children on the Application Form.

Completed Application Forms are sent directly to our Underwriting Team. All applications are subject to underwriting, i.e. we will evaluate the status of your health (as well as the health of your dependants, if applicable), as declared by you on the Application Form. We will then contact you to inform you about our underwriting decision, and in case of acceptance we will send you our policy terms and confirm the applicable premium.

As soon as your application is accepted and the premium is paid, we will place you (and any dependants) on cover.

Frequently asked questions

Who is eligible to apply?

We will consider applicants for cover up to the day before their 76th birthday. Please note that only residents of the Caribbean or Latin America (excluding Brazil) are eligible to apply for a GlobalPass Individual plan.

Can I include my family members under my cover?

Yes. Your spouse/partner can be included as a dependent under your policy, together with any children under the age of 18, or under the age of 24, if in full-time education.

Will my plan cover any medical conditions that I had prior to the start of my cover?

We will consider an applicant's pre-existing medical conditions on a case by case basis during the underwriting process. All applicants are required to complete an Application Form and answer the questions in the Health Declaration section on the basis of your own and your dependent's (if applicable) complete medical history. If you are in any doubt as to whether a fact is material or relevant to the application, then it should be disclosed. If you are not sure whether something is material, you are obliged to inform us.

What is a deductible and how is it applied?

A deductible is part of the medical costs payable by you which is deducted from the reimbursable sum.

What currency can my premium be paid in and what payment methods are available?

Premiums are paid in US Dollars (\$) via bank transfer, cheque or credit card. You can choose to pay your premium annually, half-yearly, quarterly or monthly. Payments are subject to the following administration surcharges: 0% for annual payment, 4% for half-yearly payments, 6% for quarterly payments and 8% for monthly payments.

What happens if I move country, or return to my home country?

You will need to contact us as soon as possible if you change your country of residence as it may impact your cover or premium, even if you are moving home or to a country within your existing area of cover. If you move to a country outside of your current geographical area of cover, your existing cover will not be valid and therefore it is very important that you discuss this with us or your broker as early as possible. Please note that cover in some countries is subject to local health cover restrictions, particularly for residents of that country. It is your responsibility to ensure that your healthcare cover is legally appropriate. If you are in any doubt, please seek independent legal advice as we may no longer be able to provide you with cover. The cover provided by Allianz Worldwide Care is not a substitute for local compulsory health cover.

Which hospitals can I go to?

You can search for medical providers via the Hospital, Doctor and Health Practitioner Finder on our website: www.allianzworldwidecare.com/providers. For treatment in the USA, we have established a partnership with Olympus Managed Healthcare (OMHC), offering access to an exclusive network of medical facilities and healthcare providers on a direct billing basis. A full list of providers in this network is available at globalpass.omhc.com. For further information about the conditions that apply to treatment in the USA please consult your Benefit Guide.

Please note that Pre-authorization is required prior to in-patient treatment, as well as certain other treatments as specified in your Table of Benefits.



For further details, please contact your broker:

Agent's details and stamp



To find out more about Allianz Worldwide Care, simply go to:
www.allianzworldwidecare.com