

# Table of Benefits

Valid from 1<sup>st</sup> November 2016

The following plans are only available for groups of five members or more. Cover is provided only for treatment within the insured member's country of residence, except in the case of emergency treatment. Emergency treatment outside the country of residence will be covered for trips up to a maximum period of 21 days. Please refer to the "Notes" section at the end of this document for more information on areas of cover.

Treatment Guarantee is required for all benefits indicated with a <sup>1</sup> or <sup>2</sup> 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 and Deductible

The following deductible applies only when the member is resident in area 1 (Worldwide excluding USA, Hong Kong, China, Israel, Singapore, Switzerland, United Kingdom and Africa). The deductible is payable per person, per Insurance Year.

Core Plan Deductible	€3,000 / CHF3,900
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Maximum Benefits	NGO Care Essential Plus	NGO Care Essential
Maximum plan benefit in € and CHF		
<ul style="list-style-type: none"> <li>Area 1: Worldwide excluding USA, Hong Kong, China, Israel, Singapore, Switzerland, United Kingdom and Africa</li> <li>Area 2: Africa</li> </ul>	€250,000 / CHF325,000	€100,000 / CHF130,000
Hospital accommodation	Semi-private room	Public Ward only

Core Plan Benefits	NGO Care Essential Plus and NGO Care Essential
<b>In-patient benefits<sup>1</sup> - please refer to note 2 for more information on Treatment Guarantee</b>	
Hospital accommodation <sup>1</sup>	80% refund
Intensive care <sup>1</sup>	80% 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)	80% refund
Surgical fees, including anaesthesia and theatre charges <sup>1</sup>	80% refund
	Continued overleaf

Core Plan Benefits (continued)	NGO Care Essential Plus and NGO Care Essential
Physician and therapist fees <sup>1</sup> (in-patient and day-care treatment only)	80% refund
Surgical appliances and materials <sup>1</sup>	80% refund
Diagnostic tests <sup>1</sup> (in-patient and day-care treatment only)	80% refund
Psychiatry and psychotherapy <sup>1</sup> (in-patient and day-care treatment only) (10 month waiting period applies)	80% refund
Accommodation costs for one parent staying in hospital with an insured child under 16 <sup>1</sup>	80% refund
<b>Other benefits - please refer to note 2 for more information on Treatment Guarantee</b>	
Day-care treatment <sup>2</sup>	80% refund
Kidney dialysis <sup>2</sup>	80% refund
Out-patient surgery <sup>2</sup>	80% refund
CT and MRI scans (in-patient and out-patient treatment)	80% refund
PET <sup>2</sup> and CT-PET <sup>2</sup> scans (in-patient and out-patient treatment)	80% refund
Oncology <sup>2</sup> (in-patient, day-care and out-patient treatment)	80% refund
• Purchase of a wig	€200/CHF260 per lifetime
Palliative care <sup>2</sup>	80% refund, max. 30 days per lifetime
Long term care <sup>2</sup>	80% refund, max. 90 days per lifetime

## Out-patient Plans and Deductibles

OPTIONAL

The Out-patient Plan can only be purchased with any of the Core plans. It cannot be bought separately. The following deductible applies only when the member is resident in area 1 (Worldwide excluding USA, Hong Kong, China, Israel, Singapore, Switzerland, United Kingdom and Africa). The deductible is payable per person per Insurance Year.

Out-patient Plan Deductible	€500 / CHF650
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Out-patient Plan Benefits	NGO Care Essential Plus and NGO Care Essential
Medical practitioner fees and prescription drugs (prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	80% refund
Specialist fees	80% refund
Diagnostic tests	80% refund
Prescribed acupuncture, chiropractic treatment, chiropody, homeopathy, osteopathy and podiatry (If referred by a medical practitioner or specialist)	80% refund
Prescribed physiotherapy (If referred by a medical practitioner or specialist)	80% refund
Psychiatry and psychotherapy (10 month waiting period applies)	80% refund

# Maternity Plan

OPTIONAL

The Maternity Plan can only be purchased where both a Core Plan and Out-patient Plan have been selected, and are available to couples and families i.e. a spouse/partner must also be insured under the policy. Benefits are subject to a 12 month waiting period and are payable on a per pregnancy basis.

Maternity Plan Benefits	NGO Care Essential Plus and NGO Care Essential
Maximum plan benefit	€1,000 / CHF1,300
Routine maternity <sup>2</sup>	80% refund
Complications of pregnancy and childbirth <sup>2</sup>	80% refund

# Dental & Optical Plan

OPTIONAL

The Dental & Optical plan can only be purchased with any of the Core Plans. It cannot be bought separately.

Dental & Optical Plan Benefits	NGO Care Essential Plus and NGO Care Essential
Maximum plan benefit	€200 / CHF260
<b>Dental benefits</b>	
Dental treatment	80% refund
Dental surgery	80% refund
Periodontics	80% refund
Orthodontic treatment and dental prostheses (10 month waiting period applies)	80% refund
<b>Optical benefits</b>	
Prescribed glasses and contact lenses	80% refund

# Evacuation Plan

OPTIONAL

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

Evacuation Plan Benefit	NGO Care Essential Plus and NGO Care Essential
Medical evacuation (where treatment is not available locally) <sup>2</sup>	Full refund

<sup>1</sup> If Treatment Guarantee is not obtained for the benefits listed with a <sup>1</sup>, 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 <sup>2</sup>, 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.

# Notes



## 1. Area of cover

Allianz Worldwide Care provides two areas of cover under these plans: Area 1 and Area 2. The insured member's country of residence will determine which of these areas of cover will be applied to their policy. The areas of cover are as follows:

- Area 1: This area will apply to insured members worldwide excluding those who are residents of USA, Hong Kong, China, Israel, Singapore, Switzerland, United Kingdom and Africa.
- Area 2: This area will apply to insured members who are residents of Africa only.

Cover is provided only for treatment within the insured member's country of residence, except in the case of emergency treatment. Emergency treatment outside the country of residence will be covered for trips up to a maximum period of 21 days. Elective treatment outside the country of residence is not covered.

The 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 <sup>1</sup> or a <sup>2</sup>. These benefits are listed below, along with further important details:

- All in-patient benefits<sup>1</sup> listed
- Day-care treatment<sup>2</sup>
- Kidney dialysis<sup>2</sup>
- Out-patient surgery<sup>2</sup>
- MRI (Magnetic Resonance Imaging) scans. 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
- Oncology<sup>2</sup> (in-patient and day-care treatment only)
- Palliative care<sup>2</sup>
- Long term care<sup>2</sup>
- Routine maternity<sup>2</sup> (If the Maternity Plan is selected)
- Complications of pregnancy and childbirth<sup>2</sup> (If the Maternity Plan is selected)
- Evacuation<sup>2</sup> (If the Evacuation Plan is selected)

<sup>1</sup> If Treatment Guarantee is not obtained for the benefits listed with a <sup>1</sup>, 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 <sup>2</sup>, 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, as well as

providing the advantage of treatment being overseen by our 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 claiming process in place to ensure that members can seek reimbursement for medical expenses. 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 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. The maximum plan benefit varies depending on the residential area of the insured member (area 1 and area 2 as described above).

Some benefits also have a specific benefit limit, for example "Surgical appliances and materials". 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. Where a specific benefit limit applies (e.g. "80% refund"), 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 for smaller groups is subject to underwriting. We reserve the right to apply special conditions to such group schemes, including the recalculation of the premium to reflect the higher risk due to pre-existing medical conditions or additional risk factors.

Pre-existing conditions (including any pre-existing chronic conditions) are covered subject to these being declared on the Application Form and subject to the terms and conditions of your policy.

In addition, 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 Benefit Guide, which is issued to members upon policy inception. Our Benefit Guide can also be downloaded from our website: [www.allianzworldwidecare.com/ipfe](http://www.allianzworldwidecare.com/ipfe)

# Notes

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

Allianz Worldwide Care  
15 Joyce Way  
Park West Business Campus  
Nangor Road  
Dublin 12  
Ireland

[sales@allianzworldwidecare.com](mailto:sales@allianzworldwidecare.com)  
[www.allianzworldwidecare.com](http://www.allianzworldwidecare.com)

Helpline	
English:	+ 353 1 630 1301
German:	+ 353 1 630 1302
French:	+ 353 1 630 1303
Spanish:	+ 353 1 630 1304
Italian:	+ 353 1 630 1305
Portuguese:	+ 353 1 645 4040
Fax:	+ 353 1 630 1306

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