

Welcome

We are delighted to be looking after you. To start, we want to ensure that your transition to your new Atlantasanad/Allianz policy is as smooth as possible. That's why we're offering you an Atlantasanad/Allianz plan that is the closest match to the Atlantasanad/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 Atlantasanad/Aetna plan to your new Atlantasanad/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.

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

First, your plan will be named differently

The Atlantasanad/Allianz plans are named differently than the Atlantasanad/Aetna plans. Please refer to the table below to understand how your plan name will change:

If your Atlantasanad/Aetna plan is...	...then it's changing to this plan (or combination of plans):
Option 1	Care Plus Core Plan
Option 2	Care Plus Core Plan + Active Out-patient Plan
Option 3	+ Bloom Maternity Plan

There will be a new element in your cover

Your new Atlantasanad/Allianz plan will include co-payments on certain benefits. A co-payment is the percentage of the medical treatment costs which you must pay: e.g. if a benefit has an 80% refund, this means that a co-payment of 20% applies, therefore we will pay 80% of the costs of each eligible treatment per insured person, per Insurance Year.



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Your new plan with Atlantasanad/Allianz

If you're currently on the Atlantasanad/Aetna Option 1 plan...

...you will be moving to our **Care Plus** Core Plan.

How your current and new plan compare:

	Your current Atlantasanad/Aetna plan	Your new Atlantasanad/Allianz plan
<i>Maximum Plan Limit</i>	\$450,000 (MAD 5,000,000)	\$4,000,000
<i>In-patient room type</i>	Private room	Private room
<i>In-patient and day-care treatment</i>	✓	✓
<i>In-patient psychiatry and psychotherapy</i>	✓ Max. 30 days	✓
<i>Cancer treatment</i>	✓	✓
<i>Congenital conditions</i>	Not covered	Treatment and procedures for these are covered under several plan benefits*
<i>Out-patient day-to-day costs</i>	Not covered	Not covered
<i>Out-patient scans</i>	✓	✓
<i>Maintenance of chronic conditions</i>	Not covered	Treatment and procedures for these are covered under several plan benefits*
<i>Routine health checks</i>	Not covered	Not covered
<i>Vaccinations</i>	Not covered	Not covered
<i>Out-patient psychiatry and psychotherapy</i>	Not covered	Not covered
<i>Medical evacuation</i>	✓	✓
<i>Dental cover</i>	Emergency out-patient dental treatment	Emergency in-patient dental treatment
<i>Routine Maternity</i>	Not covered	Not covered

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

If you're currently on the Atlantasanad/Aetna Option 2 plan...

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

How your current and new plan compare:

	Your current Atlantasanad/Aetna plan	Your new Atlantasanad/Allianz plan
<i>Maximum Plan Limit</i>	\$1,530,687 (MAD 17,000,000)	\$4,000,000
<i>In-patient room type</i>	Private room	Private room
<i>In-patient and day-care treatment</i>	✓	✓
<i>In-patient psychiatry and psychotherapy</i>	✓ Max. 30 days	✓
<i>Cancer treatment</i>	✓	✓
<i>Congenital conditions</i>	Not covered	Treatment and procedures for these are covered under several plan benefits*
<i>Out-patient day-to-day costs</i>	Max. \$766 (MAD 8,500)	Max. \$6,750
<i>Out-patient scans</i>	✓	✓
<i>Maintenance of chronic conditions</i>	Not covered	Treatment and procedures for these are covered under several plan benefits*
<i>Routine health checks</i>	Not covered	Not covered
<i>Vaccinations</i>	Not covered	\$150

<i>Out-patient psychiatry and psychotherapy</i>	Covered within out-patient limit after 24 months waiting period	Not covered
<i>Medical evacuation</i>	✓	✓
<i>Dental cover</i>	Emergency out-patient dental treatment	Emergency in-patient dental treatment
<i>Routine maternity</i>	\$991 (MAD11,000)	\$6,750

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

If you're currently on the Atlantasanad/Aetna Option 3 plan...

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

How your current and new plan compare:

	Your current Atlantasanad/Aetna plan	Your new Atlantasanad/Allianz plan
<i>Maximum Plan Limit</i>	\$1,530,687 (MAD 17,000,000)	\$4,000,000
<i>In-patient room type</i>	Private room	Private room
<i>In-patient and day-care treatment</i>	✓	✓
<i>In-patient psychiatry and psychotherapy</i>	✓ Max. 30 days	✓
<i>Cancer treatment</i>	✓	✓
<i>Congenital conditions</i>	Not covered	Treatment and procedures for these are covered under several plan benefits*
<i>Out-patient day-to-day costs</i>	Max. \$2522 (MAD28,000)	Max. \$6,750
<i>Out-patient scans</i>	✓	✓
<i>Maintenance of chronic conditions</i>	Not covered	Treatment and procedures for these are covered under several plan benefits*
<i>Routine health checks</i>	Not covered	Not covered
<i>Vaccinations</i>	Not covered	\$150
<i>Out-patient psychiatry and psychotherapy</i>	Covered within out-patient limit after 24 months waiting period	Not covered
<i>Medical evacuation</i>	✓	✓
<i>Dental cover</i>	Emergency out-patient dental treatment	Emergency in-patient dental treatment
<i>Routine maternity</i>	\$3,152 (MAD35,000)	\$6,750

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

Some elements of your cover will improve

- Regarding **newborn care for babies conceived via assisted conception**: your Atlantasanad/Aetna plan excluded in-patient treatment for babies born via assisted conception. In your new Allianz Plan you will not find this restriction; however, 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 it applies before any other benefit in your plan. Out-patient treatment is paid under the terms of the Out-patient Plan (where included).

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

- Regarding **newborn care for babies conceived via natural conception**: your Atlantasanad/Aetna plan applied a monetary limit as well as a maximum number of days for the stay in hospital, for treatment of acute medical conditions occurring within 30 days from birth. In your new Atlantasanad/Allianz plan, no specific limits apply to newborn care for babies born via natural conception if the baby is included in your policy within four weeks from birth: once included, the baby will be covered for the in-patient, day-care and out-patient benefits outlined in your Table of Benefits.
- **Kidney dialysis** is now covered in full regardless of the plan you are on. With your previous Atlantasanad/Aetna plan, there was no cover for renal dialysis on the Option 1 and 2 plans, while on Option 3 plan, renal dialysis costs were subject to a benefit limit that was shared with other 'Chronic conditions' costs.
- **Chronic condition management** costs were not covered under the Atlantasanad/Aetna Option 1 and 2 plans and limited to a monetary amount under the Option 3 plan. They are now covered under the various benefits listed in your Atlantasanad/Allianz plan, unless excluded as part of a full medical underwriting.
- **Psychiatry and psychotherapy** on an in-patient basis is now covered without limitation on the number of days covered.
- **Post-hospitalisation treatment** is now fully covered when it is needed in the 90 days

following discharge from in-patient or day-care treatment for the same acute medical condition.

- If you had an Atlantasanad/Aetna Option 2 or Option 3 plan, then the **Routine maternity** benefit available in your plan was USD\$991(MAD 11,000 or USD\$2,522 (MAD35,000) respectively. It will increase to \$6,750 in your new Atlantasanad/Allianz plan.

You'll have access to new services

Your new Atlantasanad/Allianz plan includes new services you didn't have before, for example:

- **Employee Assistance Programme (EAP)**
- **Travel security services**

You'll be covered for new benefits

- **'Long term care'** is now included in all plans:

Long term care refers to care over an extended period of time after the acute treatment has been completed, usually for a chronic condition or disability requiring periodic, intermittent or continuous care. Long-term care can be provided at home, in the community, in a hospital or in a nursing home.

- **'Emergency treatments outside your area of cover'** is now available in all Atlantasanad/Allianz plans and covered for up to a maximum of 42 days per Insurance Year.
- **'In patient cash benefit'** is now covered at \$205 per night, for a max. of 25 nights per year on all plans.

In-patient cash benefit is payable when you receive in-patient treatment for a medical condition that is covered by us but is free of charge for you, i.e. when the full cost of your treatment is funded by your national health service and no claim is made or paid by us under any section of this policy. In-patient cash benefit is limited to the amount specified in the Table of Benefits and is payable after you are discharged from hospital.

- **‘Congenital conditions’** are covered as any other condition unless excluded as part of full medical underwriting under your new plan with us.

- Under your new plan, you will now have a new benefit for **‘Emergency in-patient dental treatment’**.

- **Palliative care** is now covered in full.

Palliative care refers to ongoing treatment that aims to alleviate the physical/psychological suffering associated with progressive, incurable illness and to maintain quality of life. It includes in-patient, day-care and out-patient treatment following the diagnosis of a terminal condition. We will pay for physical care, psychological care, hospital or hospice accommodation, nursing care and prescription drugs.

- **‘Vaccinations’** cover is now available if you are moving from Atlantasanad/Aetna Option 2 or Option 3 plans.

Two benefits will no longer be covered

The following benefits will not be included in your new Atlantasanad/Allianz plan:

- **Psychiatry and psychotherapy** on an out-patient basis
- **Emergency out-patient dental treatment**

Accessing treatment

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

1. Some benefits included in your new Atlantasanad/Allianz plans 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.

2. 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).
3. **Claiming deadline.** Your cover under the Allianz Care Plans 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 up to three months after the treatment date as applicable under your previous policy.
4. **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.

This policy is underwritten by AtlantaSanad, registered in Morocco and governed by Law No. 17-99 of the Insurance Code. Limited company with a capital of 602,835,950 DH. RC Casablanca 16747. Address: 181, Bd. d'Anfa, Casablanca, Morocco.

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. AWP Health & Life SA provides administration services and technical support for the policy. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA.