

# Table of Benefits

Valid from 1st November 2006



## In-patient Plan

Treatment guarantee is required for all in-patient benefits<sup>1</sup> and may be required for other benefits<sup>2</sup> as indicated in the table below - please refer to note 2 for more information.

Benefits	
Overall Maximum Benefit £ GBP	£1,000,000
<b>In-patient benefits<sup>1</sup></b>	
Hospital accommodation <sup>1</sup>	Private room
Prescription drugs & materials <sup>1</sup>	Full refund
Surgical fees, including anaesthesia & theatre charges <sup>1</sup>	Full refund
Physician, surgeon, & anaesthetist fees <sup>1</sup>	Full refund
Surgical appliances and prostheses <sup>1</sup>	Full refund
Diagnostic tests <sup>1</sup>	Full refund
Physiotherapy <sup>1</sup>	Full refund
Psychiatry & psychotherapy <sup>1</sup> (10 month waiting period applies)	Full refund
Accommodation costs for one parent staying in hospital with an insured child under 12. <sup>1</sup> (Where treatment is carried out in the UK cover is provided for children under 18).	Full refund
<b>Other benefits<sup>2</sup></b>	
Day-care treatment	Full refund
Out-patient surgery	Full refund
Nursing at home or in a convalescent home <sup>2</sup> (immediately after or instead of hospitalisation)	Full refund
Local ambulance	Full refund
Maternity/Paternity cash benefit (mother/father has to be covered by policy for at least ten months before the baby is born)	£80 per birth per insured parent
Emergency treatment outside area of cover (for trips of a maximum period of 6 weeks)	Same as policy cover at home but only in the event of an emergency
CT, MRI <sup>2</sup> , & PET <sup>2</sup> scans (in-patient & out-patient treatment)	Full refund
Oncology <sup>2</sup> (in-patient & out-patient treatment)	Full refund
In-patient cash benefit (where treatment has been received free of charge)	£125 per night, Max. 99 nights
Travel costs <sup>2</sup> to the UK for hospital in-patient or day case treatment only when the Department of Health are not providing this service and where: <ul style="list-style-type: none"> <li>Your specialist confirms that private treatment is not available on the Channel Islands</li> <li>You have contacted the Dept of Health who have confirmed that they will not cover the costs</li> <li>The costs have been agreed by us prior to travel</li> </ul> (this benefit is also available for one parent to accompany an insured child under the age of 16)	£250 per return journey - includes standard rate travel fares and a max of £20 per taxi trip

# Out-patient Plan

Benefits	
Overall Maximum Benefit	N/A
Medical practitioner	Full refund
Specialist fees	Full refund
Diagnostic tests	Full refund
Prescribed acupuncture, chiropody, chiropractic treatment, homeopathy, osteopathy & podiatry	
• If referred by a medical practitioner	£500
• If referred by a specialist	Full refund
Prescribed physiotherapy	
• If referred by a medical practitioner	£250
• If referred by a specialist	Max. 10 sessions
Eye test	50% refund, Max. £30
Prescribed glasses and contact lenses	50% refund, Max. £150
Psychiatry and psychotherapy (10 month waiting period applies)	Max. 45 days

# Dental Plan

Benefits	
Overall Maximum Benefit	£200
Dental treatment	50% refund

# Notes.

## 1. Area of Cover.

Area of cover is Europe, UK, Jersey & Guernsey.

## 2. Treatment Guarantee.

Treatment guarantee is a process whereby Allianz Worldwide Care guarantees cover for certain required treatments and costs as listed below:

- All in-patient benefits as listed<sup>1</sup>
- MRI<sup>2</sup> (Magnetic Resonance Imaging) and PET<sup>2</sup> (Positron Emission Tomography) scans
- Nursing at home or in a convalescent home<sup>2</sup>
- Travel costs<sup>2</sup> to the UK<sup>2</sup>
- Oncology<sup>2</sup>

This will ensure that you have cashless access to hospitals for in-patient treatment, where possible, as well as giving you the advantage of treatment being overseen by our doctor. In the case of an emergency we should be informed within 24 hours of the event to ensure that no treatment guarantee penalty will apply to your claim.

If treatment guarantee is not obtained for benefits listed with 1, we reserve the right to decline a claim. If in the aftermath the treatment is proven medically necessary, we will pay only 80% of the eligible benefits.

If treatment guarantee is not obtained for benefits listed with 2, we reserve the right to decline the claim. If in the aftermath the treatment is proven medically necessary, we will pay only 50% of the eligible benefits.

## 3. Chronic Conditions.

Chronic Conditions are not covered within the terms of this plan. A chronic condition is defined as a sickness, illness, disease or injury which has one or more of the following characteristics:

1. It is recurrent in nature.
2. It is without a known generally recognised cure.
3. It is not generally deemed to respond well to treatment.
4. Requires palliative treatment.
5. Requires prolonged supervision or monitoring.
6. Leads to permanent disability.

## 4. Claims Process and Turnaround.

Allianz Worldwide Care has a simple claiming process in place to ensure that members can seek reimbursement for medical expenses.

All fully completed Claim Forms are processed and payment instructions issued to the member's bank within a maximum of 24 to 60 hours maximum. Where further information is required to complete the claim, the member/medical practitioner will automatically be notified by email and mail within 24 hours of receipt of Claim Form. An automatic email is sent to the member (where email addresses are provided to us) to advise them of the status of their claim at every stage of the process.

This swift processing policy will ensure that our members receive their claims payment in the most effective and efficient manner.

Both Claim and Treatment Guarantee Forms are available to download from our website: [www.allianzworldwidecare.com](http://www.allianzworldwidecare.com)

## 5. Policy Terms and Conditions.

The Table of Benefits provides an outline of the cover we provide under the Channel Islands Plan. However, please note that this cover is subject to our Policy Terms and Conditions as detailed in our Policy Benefit Guide that is issued to members upon policy inception. A copy of our Benefit Guide for the Channel Islands can be obtained on request from our Helpline (for details please see below).

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

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### Helpline

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