

International health insurance for you and your family

We offer a range of international health insurance plans to cover you and your loved ones wherever you are in the world.

Over a century of insurance expertise

Allianz Worldwide Care specialises in international health insurance. As a wholly owned subsidiary of the Allianz Group, the company is able to draw on the resources and expertise of one of the world's leading insurers and financial services providers. Founded in 1890, the Allianz Group provides financial services to more than 60 million customers, in over 70 countries.

Committed to service excellence

Our focus on earning and maintaining client loyalty through superior service has resulted in a 95% client retention rate. Our commitment to customer service is highlighted by our claims handling process, whereby 95% of fully completed Claim Forms are processed within 48 hours.

Comprehensive cover

You can choose from a selection of Core Plans, which cover a wide range of in-patient and day-care treatments as well as other benefits such as medical evacuation, emergency out-patient treatment and nursing at home. These Core Plans can be supplemented by Out-patient, Dental, Maternity and/or Repatriation plans. There is also a choice of geographical regions of cover.



- Multilingual helpline and emergency assistance 24/7
- MediLine medical advice service
- Freedom of choice – choose your preferred doctors and hospitals
- Medical evacuation to the nearest appropriate medical centre when necessary
- Direct settlement for in-patient treatment
- Fully completed claims processed within 48 hours (for out-patient/dental treatment)
- Policy documents and website available in English, German, French, Spanish, Portuguese and Italian
- Multilingual Online Services, including the facility to check cover details and track claims and benefit limits

Professional Adviser
**International
Fund & Product
Awards 2011**
Best International
Private Health Care Group
Winner



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Allianz Worldwide Care

International Healthcare Plans

Table of Benefits Individual Policies

Valid from
1st November
2011

Treatment Guarantee is required for all in-patient benefits¹ and may be required for other benefits² as indicated in the following tables - please refer to note 2 for more information.

Core Plans

Core Plan Benefits	Premier Individual	Club Individual	Classic Individual	Essential Individual
Maximum plan benefit £ GBP	£1,867,500	£1,245,000	£934,000	£415,000
Maximum plan benefit €	€2,250,000	€1,500,000	€1,125,000	€500,000
Maximum plan benefit US\$	\$3,150,000	\$2,100,000	\$1,600,000	\$710,000
Maximum plan benefit CHF	CHF3,375,000	CHF2,250,000	CHF1,687,500	CHF750,000
In-patient benefits¹ - please refer to note 2 for Treatment Guarantee				
Hospital accommodation ¹	Private room	Private room	Private room	Semi-private room
Prescription drugs and materials ¹ (in-patient and day-care treatment only)	Full refund	Full refund	Full refund	Full refund
Surgical fees, including anaesthesia and theatre charges ¹	Full refund	Full refund	Full refund	Full refund
Physician and therapist fees ¹ (in-patient and day-care treatment only)	Full refund	Full refund	Full refund	Full refund
Surgical appliances and prostheses ¹	Full refund	Full refund	Full refund	Full refund
Diagnostic tests ¹ (in-patient and day-care treatment only)	Full refund	Full refund	Full refund	Full refund
Organ transplant ¹	Full refund	Full refund	Full refund	£8,300/€10,000/ \$14,000/CHF15,000
Psychiatry and psychotherapy ¹ (in-patient and day-care treatment only) (10 month waiting period applies)	Full refund	£4,980/€6,000/ \$8,500/CHF9,000	£4,150/€5,000/ \$7,100/CHF7,500	£4,150/€5,000/ \$7,100/CHF7,500
Accommodation costs for one parent staying in hospital with an insured child under 18 ¹	Full refund	Full refund	Full refund	Full refund
Emergency in-patient dental treatment	Full refund	Full refund	Full refund	Full refund
Other benefits - please refer to note 2 for Treatment Guarantee				
Day-care treatment ²	Full refund	Full refund	Full refund	Full refund
Out-patient surgery ²	Full refund	Full refund	Full refund	Full refund
				Continued overleaf

Core Plan Benefits (continued)	Premier Individual	Club Individual	Classic Individual	Essential Individual
Nursing at home or in a convalescent home ² (immediately after or instead of hospitalisation)	£3,525/€4,250/ \$6,000/CHF6,375	£2,350/€2,830/ \$4,000/CHF4,245	£2,075/€2,500/ \$3,550/CHF3,750	£2,075/€2,500/ \$3,550/CHF3,750
Rehabilitation treatment ² (in-patient, day-care and out-patient treatment, immediately after acute medical treatment ceases)	£3,670/€4,420/ \$6,250/CHF6,630	£2,490/€3,000/ \$4,250/CHF4,500	£2,075/€2,500/ \$3,550/CHF3,750	£1,660/€2,000/ \$2,800/CHF3,000
Local ambulance	Full refund	Full refund	Full refund	£415/€500/\$710/ CHF750
Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	Full refund, max. 42 days	Full refund, max. 42 days	Full refund, max. 42 days	Up to £8,300/€10,000/ \$14,000/CHF15,000, max. 42 days
Medical evacuation ² <ul style="list-style-type: none"> Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre² Where ongoing treatment is required, we will cover hotel accommodation costs² Evacuation in the event of unavailability of adequately screened blood² If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs² 	Full refund	Full refund	Full refund	Full refund
Expenses for one person accompanying an evacuated person ²	£2,490/€3,000/ \$4,250/CHF4,500	£2,490/€3,000/ \$4,250/CHF4,500	£2,490/€3,000/ \$4,250/CHF4,500	£2,490/€3,000/ \$4,250/CHF4,500
Travel costs of insured family members in the event of an evacuation ²	£1,660/€2,000/ \$2,800/CHF3,000	£1,660/€2,000/ \$2,800/CHF3,000	£1,660/€2,000/ \$2,800/CHF3,000	£1,660/€2,000/ \$2,800/CHF3,000
Repatriation of mortal remains ²	£8,300/€10,000/ \$14,000/CHF15,000	£8,300/€10,000/ \$14,000/CHF15,000	£8,300/€10,000/ \$14,000/CHF15,000	£8,300/€10,000/ \$14,000/CHF15,000
Travel costs of insured family members in the event of the repatriation of mortal remains ²	£1,660/€2,000/ \$2,800/CHF3,000	£1,660/€2,000/ \$2,800/CHF3,000	£1,660/€2,000/ \$2,800/CHF3,000	£1,660/€2,000/ \$2,800/CHF3,000
CT scans (in-patient and out-patient treatment)	Full refund	Full refund	Full refund	Full refund
MRI, PET and CT-PET scans ² (in-patient and out-patient treatment)	Full refund	Full refund	Full refund	Full refund
Oncology ² (in-patient, day-care and out-patient treatment)	Full refund	Full refund	Full refund	Full refund
Complications of pregnancy ² (in-patient and out-patient treatment) (10 month waiting period applies)	Full refund	Full refund	Full refund	N/A
Laser eye treatment (limited to one treatment per lifetime)	£830/€1,000/\$1,400/ CHF1,500 per lifetime	£415/€500/\$710/ CHF750 per lifetime	N/A	N/A
In-patient cash benefit (per night) (where treatment has been received free of charge)	£125/€150/ \$210/ CHF225, max. 25 nights	£125/€150/ \$210/ CHF225, max. 25 nights	£125/€150/ \$210/ CHF225, max. 25 nights	£125/€150/ \$210/ CHF225, max. 25 nights
Emergency out-patient treatment (where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Out-patient Plan)	£625/€750/ \$1,050/CHF1,125	£625/€750/ \$1,050/CHF1,125	£625/€750/ \$1,050/CHF1,125	N/A
Emergency out-patient dental treatment (where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Dental Plan)	£625/€750/ \$1,050/CHF1,125	£415/€500/ \$710/CHF750	N/A	N/A
Palliative care and long term care ²	Full refund, max. 30 days per lifetime	Full refund, max. 30 days per lifetime	Full refund, max. 30 days per lifetime	Full refund, max. 30 days per lifetime
Accidental death (insured members aged 18 to 70)	£8,300/€10,000/ \$14,000/CHF15,000	N/A	N/A	N/A

¹ If Treatment Guarantee 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 Treatment Guarantee 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.

Out-patient Plans and Deductibles

The following are the optional Out-patient Plan deductibles payable per person per Insurance Year. To reduce your Out-patient Plan premium, select a deductible from the list below and read across to find the relevant premium discount. Our premiums are expressed in whole numbers (i.e. without any cents or pence etc.), so please note that percentages may be slightly higher or lower than those stated.

Optional Out-patient Plan Deductibles	Discount
No deductible	0% premium discount
£83/€100/\$140/CHF150 deductible	10% premium discount
£165/€200/\$280/CHF300 deductible	20% premium discount

The following Out-patient Plans can be purchased with any of the Core Plans. They cannot be bought separately.

Out-patient Plan Benefits	Gold Individual	Silver Individual	Bronze Individual	Crystal Individual
Maximum plan benefit	No limit	£7,450/€9,000/ \$12,700/CHF13,500	£4,570/€5,500/ \$7,750/CHF8,250	£2,075/€2,500/ \$3,550/CHF3,750
Medical practitioner fees and prescription drugs	Full refund	Full refund	£830/€1,000/ \$1,400/CHF1,500	£830/€1,000/ \$1,400/CHF1,500
Specialist fees	Full refund	Full refund	Full refund	Full refund
Diagnostic tests	Full refund	Full refund	Full refund	Full refund
Vaccinations	Full refund	Full refund	Full refund	N/A
Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine and acupuncture (max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit)	Full refund	Full refund	£934/€1,125/ \$1,600/CHF1,688	£415/€500/ \$710/CHF750
Prescribed physiotherapy, speech therapy, oculomotor therapy and occupational therapy ²	Full refund	Full refund	£934/€1,125/ \$1,600/CHF1,688	£415/€500/ \$710/CHF750
Routine health checks including screening for early detection of illness or disease Checks include: <ul style="list-style-type: none"> • Cardiovascular exam • Neurological exam • Cancer screening <ul style="list-style-type: none"> - Annual pap smear - Mammogram (for women aged 50+, or earlier where a family history exists) - Prostate screening (for men aged 50+, or earlier where a family history exists) • Well child test (for children up to the age of six years, up to a maximum of 15 visits per lifetime) 	£665/€800 \$1,125/CHF1,200	£498/€600/ \$850/CHF900	N/A	N/A
Infertility treatment (18 month waiting period applies)	£9,960/€12,000/ \$17,000/CHF18,000 per lifetime	£9,960/€12,000/ \$17,000/CHF18,000 per lifetime	N/A	N/A
Psychiatry and psychotherapy (18 month waiting period applies)	30 visits	20 visits	N/A	N/A
Prescribed medical aids	Full refund	£2,075/€2,500/ \$3,550/CHF3,750	N/A	N/A
Prescribed glasses and contact lenses	£165/€200/ \$280/CHF300	£149/€180/ \$250/CHF270	N/A	N/A

Maternity Plans

Premier Maternity can only be purchased with the **Premier Individual Core Plan**. **Club Maternity** can only be purchased with the **Club Individual Core Plan**. Please note that an **Out-patient Plan must be selected** in conjunction with a Maternity Plan. Maternity Plans are available to couples and families i.e. **a spouse/partner must also be insured under the policy**.

Maternity Plan Benefits	Premier Maternity	Club Maternity
Routine maternity ² (in-patient and out-patient treatment) (10 month waiting period applies)	£6,225/€7,500/\$10,500/CHF11,250 per pregnancy	£4,150/€5,000/\$7,100/CHF7,500 per pregnancy
Complications of childbirth ² (in-patient treatment) (10 month waiting period applies)	£12,450/€15,000/\$21,200/CHF22,500 per pregnancy	£8,300/€10,000/\$14,000/CHF15,000 per pregnancy

Dental Plans

Dental Plan 1 can only be purchased if both the **Premier Individual Core Plan** and **Gold Individual Out-patient Plan** have been selected. **Dental Plan 2** can be purchased with **any of the Core Plans**. **Neither Dental Plan can be bought separately**.

Dental Plan Benefits	Dental 1	Dental 2
Maximum plan benefit	No limit	£1,700/€2,050/\$2,875/CHF3,075
Reimbursement		
Dental treatment	100% refund	80% refund
Dental surgery	100% refund	80% refund
Periodontics	80% refund	80% refund
Orthodontic treatment and dental prostheses (10 month waiting period applies)	65% refund, up to £4,150/€5,000/\$7,100/CHF7,500	50% refund

Repatriation Plan

The following plan can be purchased with any of the Core Plans. It cannot be bought separately.

Repatriation Plan Benefit	
Medical repatriation ²	Full refund
<ul style="list-style-type: none"> Where the necessary treatment is not available locally, you can choose to be medically repatriated to your home country instead of to the nearest appropriate medical centre² 	Full refund
<ul style="list-style-type: none"> Where ongoing treatment is required, we will cover hotel accommodation costs² 	Full refund
<ul style="list-style-type: none"> Repatriation in the event of unavailability of adequately screened blood² 	Full refund
<ul style="list-style-type: none"> If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs² 	Full refund, max. 7 days
Expenses for one person accompanying a repatriated person ²	£2,490/€3,000/\$4,250/CHF4,500
Travel costs of insured family members in the event of a repatriation ²	£1,660/€2,000/\$2,800/CHF3,000
Travel costs of insured members to be with a family member who is at peril of death or who has died ²	£1,245/€1,500/\$2,125/CHF2,250 per lifetime

Notes

1. Area of cover

Allianz Worldwide Care offers a choice of three different geographical areas of cover:

- Worldwide, which provides cover anywhere in the world
- Worldwide excluding USA
- Africa only

The chosen 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 1 or a 2. These benefits are listed below, along with further important details:

- All in-patient benefits as listed¹
- Day-care treatment²
- Out-patient surgery²
- MRI² (Magnetic Resonance Imaging), PET² (Positron Emission Tomography) and CT-PET² scans
- Nursing at home or in a convalescent home²
- Complications of pregnancy²
- Routine maternity² and complications of childbirth² (in-patient treatment only)
- Oncology² (in-patient and day-care treatment only)
- Occupational therapy² (out-patient treatment only)
- Rehabilitation treatment²
- Medical evacuation² (or repatriation where covered)
- Travel costs of insured family members in the event of an evacuation/repatriation²
- Repatriation of mortal remains²
- Travel costs of insured family members in the event of the repatriation of mortal remains²
- Travel costs of insured members to be with a family member who is at peril of death or who has died²
- Expenses for one person accompanying an evacuated/repatriated person²
- Palliative care and long term care²

¹ If Treatment Guarantee 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 Treatment Guarantee 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.

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 have 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

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 24 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.

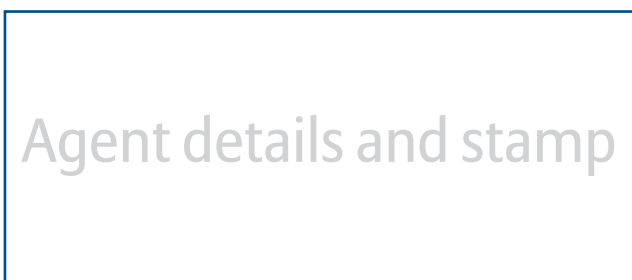
4. Benefit limits

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. Some benefits also have a **specific benefit limit**, for example "Nursing at home or in a convalescent home". 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. In some instances we will pay a percentage of the costs for the specific benefit e.g. "65% refund, up to £4,150/€5,000/ \$7,100/CHF7,500". Where a specific benefit limit applies or where the term "Full refund" appears next to certain benefits, 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 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 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 Individual Benefit Guide, which is issued to members upon policy inception. Our Individual Benefit Guide can also be downloaded from our website: www.allianzworldwidecare.com

For further details, please contact your broker:



To see a short movie about Allianz Worldwide Care, simply go to: www.allianzworldwidecare.com/movie