

Table of Benefits

Valid from
1st November
2011

The following plans are only available for corporate groups of three employees or more.

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 Plan

Core Plan benefits	
Maximum plan benefit £ GBP	£1,245,000
In-patient benefits¹ – please refer to note 2 for Treatment Guarantee	
Hospital accommodation ¹	Private room
Prescription drugs and materials ¹ (in-patient and day-care treatment only)	Full refund
Surgical fees, including anaesthesia and theatre charges ¹	Full refund
Physician and therapist fees ¹ (in-patient and day-care treatment only)	Full refund
Surgical appliances and prostheses ¹	Full refund
Diagnostic tests ¹ (in-patient and day-care treatment only)	Full refund
Psychiatry and psychotherapy ¹ (in-patient and day-care treatment only) (10 month waiting period applies)	Full refund
Accommodation costs for one parent staying in hospital with an insured child under 12 ¹ (where treatment is carried out in the UK or in France, cover is provided for children under 18)	Full refund
Other benefits – please refer to note 2 for Treatment Guarantee	
Day-care treatment ²	Full refund
Out-patient surgery ²	Full refund
Nursing at home or in a convalescent home ² (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 10 months before the baby is born)	£100 per birth per insured parent
Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	Same as policy cover at home, but only in the event of an emergency
	Continued overleaf

Core Plan benefits (continued)	
CT scans (in-patient and out-patient treatment)	Full refund
MRI, PET and CT-PET scans ² (in-patient and out-patient treatment)	Full refund
Oncology ² (in-patient, day-care and out-patient treatment)	Full refund
In-patient cash benefit (per night) (where treatment has been received free of charge)	£156, max. 99 nights
Travel costs ² to another Channel Island/UK/France for hospital in-patient or day-care treatment as well as for pre- and post-operative treatment, when the Dept. of Health is not providing this service and where: <ul style="list-style-type: none"> Your specialist confirms that private treatment is not available locally You have contacted the Dept. of Health who have confirmed that they will not cover the costs The costs have been agreed by us prior to travel <small>(this benefit is also available for one parent to accompany an insured child under the age of 18)</small>	£310 per return journey includes standard air, train, underground and bus fares and a max. of £25 per taxi trip
Palliative care ²	Full refund, max. 30 days per lifetime

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 Plan

Out-patient Plan benefits	
Maximum plan benefit £ GBP	No limit
Out-patient benefits	
Medical practitioner fees	Full refund
Specialist fees	Full refund
Diagnostic tests	Full refund
Prescribed acupuncture, chiropody, chiropractic treatment, homeopathy, osteopathy and podiatry <ul style="list-style-type: none"> If referred by a medical practitioner If referred by a specialist <small>(max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit)</small>	£625 Full refund
Prescribed physiotherapy <ul style="list-style-type: none"> If referred by a medical practitioner If referred by a specialist 	£310 Full refund, max. 10 visits
Eye test	50% refund, max. £33
Prescribed glasses and contact lenses	50% refund, max. £187
Psychiatry and psychotherapy <small>(10 month waiting period applies)</small>	Full refund, max. 45 visits

Dental Plan

Dental Plan benefit	
Dental treatment	50% refund, up to £250

Notes

1. Area of cover

Area of cover is Jersey and Guernsey, the UK and the rest of Europe.

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
- Nursing at home or in a convalescent home²
- MRI (Magnetic Resonance Imaging), PET (Positron Emission Tomography) and CT-PET scans²
- Oncology² (in-patient and day-care treatment only)
- Travel costs² to another Channel Island, the UK or to France
- Palliative 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

Allianz Worldwide Care has a simple, swift 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 received and when it is processed.

4. 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:

- Is recurrent in nature
- Is without a known generally recognised cure
- Is not generally deemed to respond well to treatment
- Requires palliative treatment
- Requires prolonged supervision or monitoring
- Leads to permanent disability

5. 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 "Prescribed physiotherapy". 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 or per visit. In some instances we will pay a percentage of the costs for the specific benefit e.g. “50% refund, max. £187”. 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.

6. Policy terms and conditions

Please note that cover for smaller groups 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 each underwritten member’s application, which is only confirmed when an Insurance Certificate is provided. This Table of Benefits provides an outline of the cover we provide under the Corporate Healthcare Plan for the Channel Islands. Cover is subject to our policy terms and conditions, as detailed in our Employee Benefit Guide for the Channel Islands which is issued to members upon policy inception (and can also be downloaded from our website www.allianzworldwidecare.com).

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

Allianz Worldwide Care
18B Beckett Way
Park West Business Campus
Nangor Road
Dublin 12
Ireland

Helpline: + 353 1 630 1301
Fax: + 353 1 630 1306
Email: client.services@allianzworldwidecare.com
sales@allianzworldwidecare.com

www.allianzworldwidecare.com