

GlobalPass Choice - Individual Plans

Table of Benefits

Valid from 1st May 2010



Please note that these plans are only available to those who are resident in Latin America (and they are not available to residents of Brazil).

Pre-authorization is required for all in-patient benefits¹ and may be required for other benefits², as indicated in the tables below - please refer to note 4 for more information.

Maximum benefits and optional deductibles	GlobalPass Individual Choice 1	GlobalPass Individual Choice 2
Maximum plan benefit	US\$2,500,000	US\$1,500,000
Optional plan deductible per person per Membership Year	US\$500/US\$1,000/US\$2,000/US\$5,000/US\$10,000/US\$20,000	
Optional plan deductible per family per Membership Year	US\$750/US\$1,500/US\$3,000/US\$6,000/US\$9,000/US\$15,000	

Core Plans

Benefits	GlobalPass Individual Choice 1	GlobalPass Individual Choice 2
In-patient benefits¹ - please refer to note 4 for pre-authorization		
Hospital accommodation (private room) ¹	Full refund	Full refund
Prescription drugs and materials ¹ (in-patient and day-care treatment only)	Full refund	Full refund
Surgical fees, including anesthesia and theatre charges ¹	Full refund	Full refund
Physician and therapist fees ¹ (in-patient and day-care treatment only)	Full refund	Full refund
Surgical appliances and prostheses ¹	Full refund	Full refund
Diagnostic tests ¹ (in-patient and day-care treatment only)	Full refund	Full refund
Organ transplant ¹	Full refund (up to US\$25,000 per diagnosis for organ, cell or tissue procurement, transportation and harvesting)	Full refund (up to US\$25,000 per diagnosis for organ, cell or tissue procurement, transportation and harvesting)
Psychiatry and psychotherapy ¹ (in-patient and day-care treatment only) (24 month waiting period applies) (up to 90 days lifetime maximum)	US\$25,000	US\$12,500
Accommodation costs for one parent staying in hospital with a member aged under 18 ¹	Full refund	Full refund
Emergency in-patient dental treatment	Full refund	Full refund

Continued overleaf.

Benefits (continued)	GlobalPass Individual Choice 1	GlobalPass Individual Choice 2
Other benefits ² - please refer to note 4 for pre-authorization		
Day-care treatment ²	Full refund	Full refund
Out-patient surgery ²	Full refund	Full refund
Nursing at home or in a convalescent home ² (immediately after or instead of hospitalization)	US\$200 per day, max. 30 days	Not covered
Rehabilitation treatment ² (immediately after acute medical treatment ceases)	US\$6,250	US\$3,550
Local ambulance	US\$3,000	US\$3,000
Medical evacuation ²	Full refund	Full refund
Expenses for one person accompanying an evacuated person ²	US\$3,750	US\$3,750
Repatriation of mortal remains ²	Full refund	Full refund
CT scans (in-patient and out-patient treatment)	Full refund	Full refund
MRI, PET and CT-PET scans ² (in-patient and out-patient treatment)	Full refund	Full refund
Oncology ² (in-patient and out-patient treatment)	Full refund	Full refund
Palliative care ²	US\$10,000	Not covered
Long term care ²	Max. 30 days per lifetime	Max. 30 days per lifetime
Routine maternity ² (in-patient and out-patient treatment) (10 month waiting period applies)	US\$8,500	US\$4,000
Complications of pregnancy ² (10 month waiting period applies)	Full refund	Full refund
Complications of childbirth ² (10 month waiting period applies)	US\$12,500	US\$12,500

Out-patient Plans

Benefits	GlobalPass Individual Choice 1	GlobalPass Individual Choice 2
Doctor fees (including specialist fees)	80% refund, max. 25 visits	Not covered
Prescription drugs	80% refund, max. US\$3,000	Not covered
Diagnostic tests	80% refund	Not covered
Prescribed physiotherapy, speech therapy, oculomotor therapy, occupational therapy ² , chiropractic treatment, osteopathy, homeopathy and acupuncture	80% refund, max. 50 visits	Not covered
Psychiatry and psychotherapy (24 month waiting period applies)	80% refund, max. 25 visits	Not covered
Routine health checks including cancer screening	US\$300	Not covered

Dental Plans

Benefits	GlobalPass Individual Choice 1	GlobalPass Individual Choice 2
Overall maximum dental benefit	US\$1,500	Not applicable
Reimbursement		
Dental treatment	50% refund	Not covered
Dental surgery	50% refund	Not covered
Periodontics	50% refund	Not covered
Orthodontic treatment and dental prostheses (10 month waiting period applies)	50% refund	Not covered
Emergency out-patient dental treatment	80% refund	Not covered

Please note that we offer the choice of purchasing GlobalPass Individual Choice 1 without the Dental Plan. A 5% discount on your GlobalPass Individual Choice 1 premium will apply.

Notes

1. Area of cover

Allianz Worldwide Care offers a choice of two geographical areas of cover:

- Worldwide, which provides cover anywhere in the world.
- Latin America and Caribbean only.

The chosen area of cover will be specified in the Membership Certificate.

2. Congenital and hereditary conditions

Congenital and hereditary conditions are covered up to a maximum lifetime limit of US\$750,000. The pre-existing conditions clause is applicable for congenital and hereditary conditions.

3. Pre-existing conditions

Pre-existing conditions are covered under this contract, unless indicated otherwise in a Special Conditions Form that issues with your Membership Certificate, if relevant.

Pre-existing conditions are medical conditions or any related conditions, for which symptom(s) have been shown at some point during the five years prior to commencement of cover, irrespective of whether any medical treatment or advice was sought. Any such condition or related condition about which you or your dependants could reasonably have been assumed to have known or where pre-existence is clearly supported by one of three pre-defined sources of internationally published medical evidence (PubMed: www.ncbi.nlm.nih.gov/PubMed, ELSEVIER: www.elsevier.com or Uptodate: www.uptodate.com) will be deemed to be pre-existing.

Pre-existing conditions which have not been declared on the Application Form are not covered by us. In addition, conditions

arising between completing the Application Form and confirmation of acceptance by the Underwriting Department of Allianz Worldwide Care will equally be deemed to be pre-existing and will not be covered if not disclosed.

4. Pre-authorization

Certain treatments and costs require submission of a Pre-authorization 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 Pre-authorization Form are indicated by either a 1 or a 2.

¹ If pre-authorization is not obtained for 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 pre-authorization is not obtained for 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.

A Pre-authorization Form is included in your Membership Pack and additional copies are available on request from Allianz Worldwide Care. The form should be submitted 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.

While submission of a Pre-authorization Form is not required in advance of emergency treatment, either you, your physician, one of your dependants or a colleague needs to inform us about the hospital admission within 48 hours of the event.

Payment of claims will be in accordance with the standard and generally accepted medical charges of the country in which treatment is provided.

5. Claims process and turnaround

Allianz Worldwide Care has a simple claiming process in place to ensure that members can seek reimbursement for medical expenses. Once received, fully completed Claim Forms are processed promptly and payment instructions are issued to the member's bank. If further information is required to complete the claim, this will be requested.

6. Waiting periods

A waiting period is a period of time starting on your contract commencement date (or effective date if you are a dependant), during which you are not entitled to cover for particular benefits. The Table of Benefits will indicate which benefits are subject to waiting periods.

7. 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 Membership Year, under that particular plan. Some benefits also have a specific benefit limit which is applied separately, for example "Nursing at home or in a convalescent home". Specific benefit limits may be provided on a "per Membership Year" 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. "80% refund, max. US\$3,000". Where the term "Full refund" appears next to certain benefits, please note that this refund is subject to the maximum plan benefit, if one applies to your plan(s).

8. Contract 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 a Membership Certificate is provided. This Table of Benefits provides an outline of the cover we provide under each plan. Cover is subject to our contract terms and conditions, as detailed in our Individual Benefit Guide, which is issued to members upon contract inception.

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

sales@allianzworldwidecare.com
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
Fax: + 353 1 629 7117
client.services@allianzworldwidecare.com

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