

Welcome

We understand that moving insurer must be a straightforward and clear move, for the convenience of members, clients and business partners. To help you understand the new policy with us, in this document we highlight the key differences with the Al Ain Ahlia cover you are moving from.

You will find the complete overview of your new cover in your Table of Benefits. All the applicable terms and conditions are detailed in the Employee Benefit Guide, available to download from <https://www.allianzcare.com/summit>.

If you have any queries regarding the new cover or the key changes outlined in this document, please do not hesitate to contact us.

Cover structure

Your company was insured under a Summit Plan with Al Ain Ahlia and will continue being insured under a Summit Plan with us: we are not changing the plan names, so you will notice that the plans your company selected continue to be called the same in the Table of Benefits you receive from us. The only exception is that if you are currently insured on the **Summit 5000+ Plan**, your new plan will be **Summit 5000 Plan**.

Also, our Summit Plans follow almost the same structure as Al Ain Ahlia Summit Plans, with some minor changes outlined further below. The plan selection made by your company will remain the same in the move to us.

Key differences in terminology

- If your Al Ain Ahlia Summit Plan included an 'out-patient coinsurance', note that in your new Summit Plan with us this will be called 'out-patient co-payment'. However, this is just a terminology change and otherwise your out-patient

coinsurance (or co-payment that is) will continue working in the exact same way as before.

Improvements to your cover

- Your Al Ain Ahlia Summit plan included two benefits for '**Costs of medically necessary caesarean section if the medical condition is not an emergency**', whereby separate cover was provided for assisted conception and for natural conception. In our Summit product, the two benefits are merged into one benefit called 'Complications of pregnancy and childbirth – in the event of non-emergency treatment'. On the Summit 4000 Plan, the limit will be \$15,000 per pregnancy (instead of \$2,750 for assisted conception and full refund for natural conception) and on the Summit 5000 Plan, full refund will apply (instead of \$2,750 for natural conception and full refund for natural conception).
- Regarding **newborn care for babies conceived via assisted conception**: Al Ain Ahlia applied limits to in-patient treatment for babies born via assisted conception on the 4000 and 5000+ plans of \$41,000, and applied a \$150,000 lifetime limit on the 5000+ plan, in case of acute medical conditions beginning before the baby is eight days old. In your new Summit Plans with us you will not find this restriction; however, there will be restrictions as follows:
 - First 30 days; all babies are entitled to the same cover as their mother, for a period of 30 days from their date of birth
 - For the following 2 months: once added to the policy, a limit for in-patient treatment applies, if the baby is born by surrogacy or is a multiple-birth baby born as a result of medically assisted reproduction. This limit is \$28,150 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.

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

- You will notice that the cover available to you for **emergency treatments received outside your area of cover** has increased in the move from Al Ain Ahlia to us. You will have one benefit called 'Emergency treatment outside area of cover (for trips of a maximum period of six weeks) in your Table of Benefits, – this covers for up to 42 days of treatment per year at full refund.

Within this benefit, we will not apply additional benefit limits for out-patient treatments or ambulance service required for emergencies outside your area of cover (as per your current plan with Al Ain Ahlia).

- **Kidney dialysis** is now covered in full regardless of the plan you are on. On the Al Ain Ahlia Summit 4000 Plan the out-patient kidney dialysis benefit was limited to \$5,000.
- The '**Congenital abnormalities**' benefit will be called 'Congenital conditions' under your new plan with us. It will be covered as it was with Al Ain Ahlia; however, the benefit limit will only apply to in-patient and day-care treatment and not to out-patient treatment. Out-patient treatment of congenital conditions will be covered under the out-patient benefits in your plan.
- The benefit '**Out-patient tests and diagnostic procedures for communicable diseases**' on your Al Ain Ahlia Summit Plan provided cover for diagnostic tests when you did not have signs or symptoms. This cover does not exist as a standalone benefit in our Summit Plans, but cover for asymptomatic diagnostic tests is available under the 'Diagnostic tests' benefit, provided that there is medical necessity, or when needed in following country-specific health guidance. Diagnostic testing required for travel or recreational purposes is not covered.

Add-on plans

- **Personal Accident and Travel:** If your policy includes a Personal Accident and/or Travel add-on plan, we will no longer be able to offer you this cover therefore we will reflect this in your company's quoted premium.

New benefits

We have added a few new benefits in your new Summit Plans. Please refer to your Table of Benefits to find out more about these additions, including applicable benefit limits, co-payment or waiting periods.

- **Treatment of sleep apnoea** is now included in both the Summit 4000 and 5000 Plans.

***Sleep apnoea** is a sleep disorder characterised by pauses in breathing or periods of shallow breathing during sleep. If this benefit is indicated in your Table of Benefits, we will provide cover for the medical necessary treatment and diagnostic procedures related to a confirmed or suspected sleep apnoea diagnosis. The costs which are covered under this benefit include professional fees, a medical necessary sleep study, other necessary diagnostic tests, medical aids and drugs, up to the limits indicated on your Table of Benefits. Please note that proof of medical necessity is required.*

- '**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.*

- '**Dietician fees**' is now included on the Summit 5000 Wellness Plan:

***Dietician fees** relates to charges for dietary or nutritional advice provided by a health professional who is registered and qualified to practise in the country where the treatment is received. If included in your plan, cover is only provided in respect of eligible diagnosed medical conditions.*

- **Prescribed hearing aids** are now covered under the new 'Prescribed medical aids' benefit; previously these were excluded in your plan:

***Prescribed medical aids** refers to any device which is prescribed and medically necessary to enable you to carry out everyday activities. Examples include:*

- *Biochemical aids such as insulin pumps, glucose meters and peritoneal dialysis machines.*

- *Motion aids such as crutches, wheelchairs, orthopaedic supports/braces, artificial limbs and prostheses.*
 - *Hearing and speaking aids such as an electronic larynx.*
 - *Medically graduated compression stockings.*
 - *Long-term wound aids such as dressings and stoma supplies.*
- **'Accidental death'** is now included on the Summit 5000 Plan:

Accidental death benefit becomes payable if an insured person (aged 18 to 70) dies during the period of insurance as a result of an accident (including an industrial injury).

Accessing treatment

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

1. Your cover includes access to a UAE medical network of healthcare providers. The name of the network linked to your policy is indicated on the insured person's access card and a list of all providers included in the network is available as part of the membership pack. When accessing treatment within the UAE medical network, the provider will simply need to see the insured person's access card – then they will contact us directly for the necessary pre-approval and for the direct payment of eligible medical costs.

The above applies to all benefits included in your new Summit Plan with us. If there are any exceptions, these will be indicated on your Table of Benefits.

2. When needing treatment outside of the UAE medical network or outside of the UAE, insured persons need to check their Table of Benefits first: some benefits included in the new Summit 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, insured members will need to send us a Pre-authorisation Form in advance: this will help us assess each case, organise everything with the hospital before their arrival and make direct payment of the hospital bill easier, where possible.

If pre-approval via Pre-authorisation 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**, the insured member can simply access the treatment they require and inform us within 48 hours of any hospital admission. We can take Pre-authorisation Form details over the phone at that point.

3. For any other treatment outside of the UAE or outside of the UAE medical network that is not indicated in the Table of Benefits as subject to pre-approval, the insured member can simply pay the medical provider upfront and then claim the eligible costs via our MyHealth digital services (available as portal and mobile app).
4. **Claiming deadline.** Your cover under the Allianz Summit 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 six months after the treatment date as applicable under your current Al Ain Ahlia policy.
5. **Medical provider network.** The list of medical providers that facilitate out-patient direct settlement with us may differ from your experience with Al Ain Ahlia. We are expanding our provider network as we endeavour to make sure that access to key medical providers is available.