

# Welcome to Allianz Partners

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 Aetna 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 an Ultracare Plan with Aetna and will transfer to a Summit Plan with us.

The plan selections made by your company will be mapped to the closest available Summit plan in the move to us, as per table below:

Aetna plan name	Corresponding Allianz plan name
Ultracare Standard	Summit 1750
Ultracare Select	Summit 2500
Ultracare Comprehensive	Summit 4000

## Key differences in terminology

- If your Aetna Ultracare Plan included a 'coinsurance', note that in your Allianz Summit Plan this will be called 'co-payment'. You will find all terms and conditions related to the way our co-payments work in your Employee Benefit Guide.

## Changes to your cover

- 'Chronic condition maintenance costs' were not covered under the Aetna Ultracare Standard plan (unless for acute episodes) and limited to a monetary amount of \$75,000 per lifetime under the Aetna Ultracare Select plan and to \$150,000 per lifetime under the Aetna Ultracare Comprehensive plan. They are now covered under the various benefits listed in your Summit plan, unless excluded as part of a full medical underwriting or moratorium policy.
- Regarding newborn care: Aetna excluded 'treatment of birth defects' including birth trauma, for 12 months from the date of diagnosis on their Ultracare plans. In your new Allianz Summit Plans you will not find this restriction; however, there will be a limit for in-patient treatment that takes place in the first three months following birth, if the baby is born by surrogacy or is a multiple-birth baby born as a result of medically assisted reproduction. This limit is \$40,500 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 benefits.

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

- The Allianz Summit plans include a benefit for **'emergency treatment outside area of cover'**, which provides cover for a maximum of 42 days treatment whilst outside of area of cover, during trips of a maximum period of six weeks. If your company is moving to:
  - Allianz Summit 1750 plan: 'emergency treatment outside area of cover' will be a new benefit covered up to \$13,500.
  - Allianz Summit 2500 plan: cover will decrease from \$40,000 to \$13,500.
  - Aetna Summit 4000 plan: cover will increase from \$70,000 to full refund.

It is important to note that for emergencies outside of area of cover, Aetna excluded treatments related to conditions that existed prior to travel; however, with the Allianz Summit plans, cover is provided for all pre-existing conditions, except those that are excluded as part of a medically underwritten or moratorium policy.

- **'Kidney dialysis'** is now covered in full regardless of the plan you are on. With Aetna, there was no cover for kidney dialysis on the Ultracare Standard plan, while on the Ultracare Select plan and Ultracare Comprehensive plan, kidney dialysis was covered with a benefit limit shared with other maintenance of chronic conditions benefits.
- The **'Congenital abnormalities'** benefit will be called 'Congenital conditions' under your new Allianz Summit plan with us. This will continue not being covered under the Summit 1750 Plan. However, if your company is moving to:
  - Allianz Summit 2500 plan: the benefit limit changes from not covered to \$25,000 per lifetime (for in-patient and day-care treatment)
  - Allianz Summit 4000 plan: cover increases from \$35,000 per lifetime to \$50,000 per lifetime (for in-patient and day-care treatment).

Out-patient treatment of congenital conditions will be covered under the out-patient benefits in your plan.

- If your company is moving to the Allianz Summit 2500 or 4000 Plans, you will now have a new benefit for **'Emergency out-patient dental treatment'**. This will cover all types of dental emergencies treated within 24 hours of the emergency event (both acute medical conditions as well as accidental damage, including that caused by eating).
- **'In-patient psychiatry and psychotherapy treatment'** is covered on all Allianz Summit plans. If your company is moving to the Allianz Summit 1750 plan and 2500 plan, the benefit limit will increase from not covered to \$5,000.
- **'Organ transplant'** is now covered in full on all Allianz Summit plans. Previously a limit of \$500,000 applied to the same benefit on the Aetna Ultracare plans.
- For companies moving to the Allianz Summit 1750 and 2500 plans a new benefit for **'Vaccinations'** will be available.
- Regarding cover for **'HIV/AIDS treatment'**, companies moving to the Allianz Summit 2500 plan will have an increase in cover from \$10,000 per lifetime to \$10,000 per Insurance Year. For companies moving to the Allianz Summit 4000 Plan, cover will reduce from \$85,000 per lifetime to \$15,000 per Insurance Year.

## New benefits

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

- **'Laser eye treatment'** is now included within the Summit 4000 Optical Plan:
 

*Laser eye treatment refers to the surgical improvement of the refractive quality of the cornea using laser technology, including the necessary pre-operative investigations.*
- **'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.*

- **'Prescribed medical aids'** are now covered under all Allianz Summit plans; 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.*

## 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. Some benefits included in your new Allianz 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 Treatment Guarantee 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 Treatment Guarantee 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 Treatment Guarantee Form details over the phone at that point.

2. For any other benefit 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).
3. **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 previous Aetna policy.

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

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