

Table of Benefits

The following plans are only available for groups of five members or more.

Cover is provided only for treatment within the insured member's country of residence, except in the case of emergency treatment.

Emergency treatment outside the country of residence will be covered for trips up to a maximum period of 21 days. Please refer to the "Notes" section at the end of this document for more information on areas of cover.

Treatment Guarantee is required for all benefits indicated with a 1 or 2 in the following tables and may be required for other benefits. Please refer to note 2 within the "Notes" section for more information.

Core Plans and Deductible

The following deductible applies only when the member is resident in area 1 (Worldwide excluding USA, Hong Kong, China, Israel, Singapore, Switzerland, United Kingdom and Africa). The deductible is payable per person, per Insurance Year.

Core Plan Deductible (applies to Area 1 only)	€3,000 / \$4,050 / CHF3,900	
Maximum Benefits	NGO Care Essential Plus	NGO Care Essential
Maximum plan benefit in €, USD (\$) and CHF		
Area 1: Worldwide excluding USA, Hong Kong, China, Israel, Singapore, Switzerland, United Kingdom and Africa	€250,000 / \$337,500 / CHF325,000	€100,000 / \$135,000 / CHF130,000
Area 2: Africa	€100,000 / \$135,000 / CHF130,000	€50,000 / \$67,500 / CHF65,000
Area 3: South East Asia and Sub-Indian Continent	€100,000 / \$135,000 / CHF130,000	€50,000 / \$67,500 / CHF65,000
Hospital accommodation	Semi-private room	Public Ward only
Core Plan Benefits	NGO Care Essential Plus	and NGO Care Essential
Hospital accommodation ¹	80% refund	
Intensive care ¹	80% refund	
Prescription drugs and materials ¹ (in-patient and day-care treatment only) (Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	80% refund	
Surgical fees, including anaesthesia and theatre charges ¹	80% refund	
Physician and therapist fees ¹ (in-patient and day-care treatment only)	80% refund	
Surgical appliances and materials ¹	80% refund	
Diagnostic tests ¹ (in-patient and day-care treatment only)	80% refund	
Psychiatry and psychotherapy ¹ (in-patient and day-care treatment only)	80% refund	
Accommodation costs for one parent staying in hospital with an insured child under $18^{\rm 1}$	80% refund	
Day-care treatment ²	80% refund	
Kidney dialysis²	80% refund	
Out-patient surgery ²	80% refund	
CT and MRI scans (in-patient and out-patient treatment)	80% refund	
PET and CT-PET scans ² (in-patient and out-patient treatment)	80% refund	

Core Plan Benefits	NGO Care Essential Plus and NGO Care Essential
Oncology ² (in-patient, day-care and out-patient treatment)	80% refund
Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes	€200/ \$270 / CHF260
Medical evacuation ²	Full refund
Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre ²	
Where ongoing treatment is required, we will cover hotel accommodation costs ²	
Evacuation in the event of unavailability of adequately screened blood ²	
If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs ²	Max. 7 days
Palliative care ²	80% refund, max. 30 days
Long term care ²	80% refund, max. 90 days per lifetime
Additional Core Plan Services	

Employee Assistance Programme* offers access to a range of 24/7 multilingual support services as follows: Confidential professional counselling (in-person, telephone, video and chat) Legal and financial support services Critical incident support Wellness website access	Services available
Travel Security Services* offers 24/7 access to personal security information and advice for all your travel safety queries. This includes: • Emergency Security Assistance Hotline (not a free phone number) • Country intelligence and Security advice • Daily security news updates and travel safety alerts	Services available
MyHealth Digital Services Manage your cover online with our app or portal anytime, anywhere. Submit and track progress of claims. Access your policy documents, health services, payment details and more.	Services available
Olive* Our Health & Wellness support program includes, for example: HealthSteps fitness app Access to Wellness resources	Services available
Second Medical Opinion Service* Offers access to expert help on the best treatment options available, if you have been diagnosed with a serious illness or had surgery recommended	Services available

Out-patient Plans and Deductible

The Out-patient Plan can only be purchased with any of the Core plans. It cannot be bought separately. The following deductible applies only when the member is resident in area 1 (Worldwide excluding USA, Hong Kong, China, Israel, Singapore, Switzerland, United Kingdom and Africa). The deductible is payable per person per Insurance Year.

Out-patient Plan Deductible (applies to Area 1 only)	€500 / \$675 / CHF650	
Out-patient Plan Benefits	NGO Care Essential Plus and NGO Care Essential	
Medical practitioner fees	80% refund	
Video consultation services*	Full refund	
Prescription drugs (prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	80% refund	
Specialist fees	80% refund	
Diagnostic tests	80% refund	
Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine, acupuncture and podiatry (max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit)	80% refund	
Prescribed physiotherapy (initially limited to 12 sessions per condition; limit also applies to prescribed and non-prescribed physiotherapy sessions, where combined)	80% refund	
Non-prescribed physiotherapy	5 visits	
Psychiatry and psychotherapy (Referral from Doctor required for Psychotherapy) (10 month waiting period applies)	80% refund	
Prescribed glasses and contact lenses	80% refund, max. €200 / \$270 / CHF260	
Annual eye examination	80% refund	

Maternity Plan

The Maternity Plan can only be purchased where both a Core Plan and Out-patient Plan have been selected, and are available to couples and families i.e. a spouse/partner must also be insured under the policy. Benefits are subject to a 12 month waiting period and are payable on a per pregnancy basis.

Maternity Plan Benefits	NGO Care Essential Plus and NGO Care Essential
Maximum plan benefit	€1,000 / \$1,350 / CHF1,300
Routine maternity ² (12 month waiting period applies)	80% refund
Complications of pregnancy and childbirth ² (12 month waiting period applies)	80% refund

Dental Plan

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

Dental Plan Benefits	NGO Care Essential Plus and NGO Care Essential
Maximum plan benefit	€200 / \$270 / CHF260
Dental benefits	
Dental treatment	
Dental surgery	
Periodontics	80% refund
Dental prostheses (10 month waiting period applies)	
Orthodontic treatment (10 month waiting period applies)	

* Certain services which may be included in your plan are provided by third party providers outside the Allianz group, such as the Employee Assistance Programme, Travel Security services, HealthSteps app, Second Medical Opinion and tele-medicine services. If included in your plan, these services will show in your Table of Benefits. These services are made available to you subject to your acceptance of the terms and conditions of your policy and the terms and conditions of the third parties. These services may be subject to geographical restrictions. The HealthSteps app does not provide medical or health advice and the wellness resources contained within Olive are for informational purposes only. The HealthSteps app and the wellness resources contained within Olive shouldn't be regarded as a substitute for professional advice (medical, physical or psychological). They are also not a substitute for the diagnosis, treatment, assessment or care that you may need from your own doctor. You understand and agree that AWP Health & Life SA (Irish Branch) and AWP Health & Life Services Limited are not responsible or liable for any claim, loss or damage, directly or indirectly resulting from your use of any of these third party services.

Notes

1. Area of cover

Cover is provided only for treatment within the insured member's country of residence, except in the case of emergency treatment. This product is only suitable for those who are resident outside of the following countries: USA, Hong Kong, China, Israel, Singapore, Switzerland and United Kingdom.

We provide two areas of cover under these plans: Area 1 and Area 2. The insured member's country of residence will determine which of these areas of cover will be applied to their policy.

The areas of cover are as follows:

- Area 1: This area will apply to insured members worldwide excluding those who are residents of USA, Hong Kong, China, Israel, Singapore, Switzerland, United Kingdom and Africa.
- Area 2: This area will apply to insured members who are residents of Africa only.
- Area 3: This area will apply to insured members who are residents of South East Asia and the Sub-Indian Continent.

Emergency treatment outside the country of residence will be covered for trips up to a maximum period of 21 days. Elective treatment outside the country of residence is not covered. The 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 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.
- Kidney dialysis².
- Out-patient surgery².
- MRI (Magnetic Resonance Imaging) scans. Treatment
 Guarantee may be required for this test if you would like us to
 settle the bill directly with the medical provider.
- PET² (Positron Emission Tomography) and CT-PET² scans.
- Oncology² (in-patient and day-care treatment only).
- Palliative care².
- Long term care².
- Routine maternity² (If the Maternity Plan is selected).
- Complications of pregnancy and childbirth² (If the Maternity Plan is selected).
- Medical evacuation².

- 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 Care has a simple 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 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. The maximum plan benefit varies depending on the residential area of the insured member (area 1 and area 2 as described above).

Some benefits also have a specific benefit limit, for example "Surgical appliances and materials". 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. Where a specific benefit limit applies (e.g. "80% refund"), 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 for smaller groups is subject to underwriting. We reserve the right to apply special conditions to such group schemes, including the recalculation of the premium to reflect the higher risk due to pre-existing medical conditions or additional risk factors.

Pre-existing conditions (including any pre-existing chronic conditions) are covered subject to these being declared on the Application Form and subject to the terms and conditions of your policy.

In addition, 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 Benefit Guide, which is issued to members upon policy inception. Our Benefit Guide can also be downloaded from our website: www.allianzcare.com/en/group-hub/ipfe.html

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

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