

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 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 a Summit Islands Plan with Aetna and will be offered cover under a Summit UK 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.

Also, the Allianz Summit Plans follow almost the same structure as Aetna Summit Plans, with some minor changes outlined further below.

Key differences in terminology

- If your Aetna Summit Plan included an 'excess', note that in your Allianz Summit Plan this will be called 'deductible'. However, this is just a terminology change and otherwise your excess (or deductible that is) will continue working in the exact same way as before. Regarding the amount of your excess/deductible, this may have changed slightly depending on your plan (see your Table of Benefits to confirm).

If your Aetna Summit Plan included an 'out-patient coinsurance', note that in your Allianz Summit Plan 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. Regarding the amount of your coinsurance/co-payment, this may have changed slightly depending on your plan (see your Table of Benefits to confirm).

Changes to your cover

- Regarding **newborn care for babies conceived via assisted conception**: Aetna excluded in-patient treatment for babies born via assisted conception on the 1750 and 2500 plans, in case of acute medical conditions beginning before the baby is eight days old. In your new Allianz Summit UK 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 £24,900 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.*

- Regarding **newborn care for babies conceived via natural conception**: Aetna applied a £100,000 per lifetime limit, however no specific limit applies under the Allianz Summit UK plan. There is no specific benefit for newborn care in the Allianz Summit UK Plan: cover for the various medical treatments and services required for newborn care will be provided through the relevant in-patient, day-care and out-patient benefits listed in the Table of Benefits.
- You will notice that the cover available to you for **emergency treatments received outside your area of cover** has increased in the move from Aetna 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, with the following benefit limits:
 - £8,300 on the UK Summit 1750 Plan and UK Summit 2500 Plan
 - No benefit limit (full refund up to max. 42 days) on the UK Summit 5000 Plan.

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 Aetna).

- **Kidney dialysis** on an out-patient basis, is now covered in full on the UK Summit 1750 Plan. This was not covered previously on the Summit Islands 1750 Plan. .

- The Summit Islands Plan did not include cover for congenital conditions; however, cover will be provided now on the UK Summit 2500 and 5000 plans. The 'Congenital conditions' benefit will cover treatment on an in-patient and day-care basis. A limit of £15,369 per lifetime will apply to the 2500 Plan and a limit of £61,475 per lifetime will apply to the 5000 Plan. Out-patient treatment of congenital conditions will be covered under the out-patient benefits in your plan.
- If you had the '**General Practitioners fees for acute and chronic conditions**' benefit in your Aetna plan, note that the Allianz UK Summit 1750 Plan will not include cover for GP fees, however on the 2500 Plan, cover will be provided under the 'Medical practitioner fees' benefit up to a limit of £3,076 (shared with other out-patient benefits – check your Table of Benefits) and at 'Full refund' on the 5000 Plan.
- **Physiotherapy and complementary medicine** on an out-patient basis was covered on the Summit Islands 2500 Plan with a £500 limit when referred by a GP and with a £800 limit when referred by a specialist. The Allianz Summit UK 2500 Plan will provide cover up to a shared limit of £1,125 regardless of the type of practitioner providing the referral and for both acute and chronic medical conditions.
- The '**Out-patient podiatry, osteopathic and chiropractic treatment**' benefit in the Summit Islands 5000 Plan was covered in full however in the Allianz UK Summit 5000 plan, a limit of £2,461 will apply per Insurance Year.
- Regarding **non-emergency evacuation and associated accommodation costs**; cover will be provided within the 'Medical evacuation (in the event of non-emergency treatment)' benefit on the Allianz UK Summit plan up to the limit stated on your Table of Benefits.
- If your company is covered under the Summit Islands 2500 or 5000 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). With your previous policy, unless a Dental add-on plan was purchased, cover was provided only for **accidental damage to natural teeth, except when the damage is caused by eating**. Although the timeframe

allowed to seek treatment was longer (up to 10 days of the accident, including one follow-up consultation within 30 days of the accident), cover was limited to a specific category of emergency out-patient dental treatment.

- **Vaccinations** were excluded on the Summit Islands 1750 Plan, however this benefit will now be covered up to £92 on the Allianz UK Summit 1750 Plan. In addition, while a shared limit previously applied to 'Vaccinations' and to 'Routine health checks' combined (with separate amounts applying for aged 17 or under or aged 18 and over), cover will now be provided on Allianz UK Summit 2500 and 5000 with a separate limit for 'Vaccinations' and a separate limit for 'Health and wellbeing checks including cancer screening' (which is the name of the 'Routine health checks' benefit in your new Allianz UK Summit Plan).
- A different amount will be covered for '**Hospital cash benefit**', now called 'in-patient cash benefit' on the UK Summit 2500 and 5000 Plans: it was £100 and £125 (respectively) and now it will be £77 per night on both plans.

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 UK 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 UK Summit 5000 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.

- '**Organ transplant**' is now included in all Plans:

Organ transplant refers to the following organ or tissue transplants: heart, heart/valve, heart/lung, liver, pancreas, pancreas/kidney, kidney, bone marrow, parathyroid, muscular/skeletal and cornea. We do not reimburse the costs of acquiring organs.

- '**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.

- '**Travel costs of insured members to be with a family member who is at peril of death or who has died**' is included in the UK Summit 5000 Plan:

Travel costs of insured members to be with a family member who is at peril of death or who has died refers to the reasonable transportation costs of insured family members to be with a first-degree relative who is at peril of death or who has died (up to the amount specified in your Table of Benefits). In the case of a deceased relative, travel must commence within 6 weeks of their date of death. Reasonable transportation costs are considered to be round trip transport costs at economy rates. A first-degree relative is a spouse or partner, parent, brother, sister or child, including adopted children, fostered children or step-children. When claiming, please include copies of the travel tickets and the death certificate or a doctor's certificate supporting the reason for travel. Cover does not include hotel accommodation or other related expenses.

- '**Dietician fees**' is included on the UK 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.*

- **'Hormone replacement therapy'** is now included on the Summit UK 5000 Plan:

Hormone replacement therapy refers to the use of female hormones for the relief of symptoms resulting from cessation of ovarian function, either at the time of the natural menopause or following surgical removal of the ovaries. Cover is provided for medical practitioner fees, specialists fees as well as prescription drug expenses.

- **'Accidental death'** is now included on the UK 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. Some benefits included in your new UK 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 UK 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 policy.

The insurer is AWP P&C SA, registered as a foreign company in England and Wales with foreign company n. FC030280. Registered office: 7 Rue Dora Maar, 93400 Saint-Ouen, France. AWP P&C SA acts through its UK branch AWP P&C UK, registered in the United Kingdom as a branch of AWP P&C SA (registered branch number: BR015275, registered office: 102 George Street, Croydon, Surrey CR9 6HD).

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