

Table of Benefits Individual Policies

Valid from 1st May 2015

All monetary figures shown are in US Dollars (\$).

Pre-authorization 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

Core Plan Benefits	Premier Individual Direct (Egypt)	Club Individual Direct (Egypt)	Classic Individual Direct (Egypt)	Essential Individual Direct (Egypt)
Maximum plan benefit USD (\$)	\$3,037,500	\$2,025,000	\$1,518,750	\$675,000
In-patient benefits¹ - please refer to note 2 for more information on pre-authorization				
Hospital accommodation ¹	Private room	Private room	Private room	Private room
Intensive care ¹	Full refund	Full refund	Full refund	Full refund
Prescription drugs and materials ¹ (in-patient and day-care treatment only)	Full refund	Full refund	Full refund	Full refund
Surgical fees, including anesthesia and theater charges ¹	Full refund	Full refund	Full refund	Full refund
Physician and therapist fees ¹ (in-patient and day-care treatment only)	Full refund	Full refund	Full refund	Full refund
Surgical appliances and prostheses ¹	Full refund	Full refund	Full refund	Full refund
Diagnostic tests ¹ (in-patient and day-care treatment only)	Full refund	Full refund	Full refund	Full refund
Organ transplant ¹	Full refund	Full refund	Full refund	\$13,500
Psychiatry and psychotherapy ¹ (in-patient and day-care treatment only) (10 month waiting period applies)	Full refund	\$8,100	\$6,750	\$6,750
Accommodation costs for one parent staying in hospital with an insured child under 18 ¹	Full refund	Full refund	Full refund	Full refund
Emergency in-patient dental treatment	Full refund	Full refund	Full refund	Full refund
Other benefits - please refer to note 2 for more information on pre-authorization				
Day-care treatment ²	Full refund	Full refund	Full refund	Full refund
Kidney dialysis ²	Full refund	Full refund	Full refund	Full refund
Out-patient surgery ²	Full refund	Full refund	Full refund	Full refund
Nursing at home or in a convalescent home ² (immediately after or instead of hospitalization)	\$5,740	\$3,820	\$3,375	\$3,375
Rehabilitation treatment ² (in-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases)	\$5,970	\$4,050	\$3,375	\$2,700
				Continued overleaf

Core Plan Benefits (continued)	Premier Individual Direct (Egypt)	Club Individual Direct (Egypt)	Classic Individual Direct (Egypt)	Essential Individual Direct (Egypt)
Local ambulance	Full refund	Full refund	Full refund	\$675
Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	Full refund, max. 42 days	Full refund, max. 42 days	Full refund, max. 42 days	Up to \$13,500, max. 42 days
Medical evacuation ²	Full refund	Full refund	Full refund	Full refund
<ul style="list-style-type: none"> Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical center² Where ongoing treatment is required, we will cover hotel accommodation costs² Evacuation in the event of unavailability of adequately screened blood² If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs² 	Full refund	Full refund	Full refund	Full refund
Expenses for one person accompanying an evacuated person ²	\$4,050	\$4,050	\$4,050	\$4,050
Travel costs of insured family members in the event of an evacuation ²	\$2,700 per event	\$2,700 per event	\$2,700 per event	\$2,700 per event
Repatriation of mortal remains ²	\$13,500	\$13,500	\$13,500	\$13,500
Travel costs of insured family members in the event of the repatriation of mortal remains ²	\$2,700 per event	\$2,700 per event	\$2,700 per event	\$2,700 per event
CT ² and MRI ² scans (in-patient and out-patient treatment)	Full refund	Full refund	Full refund	Full refund
PET ² and CT-PET ² scans (in-patient and out-patient treatment)	Full refund	Full refund	Full refund	Full refund
Oncology ² (in-patient, day-care and out-patient treatment)	Full refund	Full refund	Full refund	Full refund
Complications of pregnancy ² (in-patient and out-patient treatment) (10 month waiting period applies)	Full refund	Full refund	Full refund	N/A
Laser eye treatment (limited to one treatment per lifetime)	\$1,350 per lifetime	\$675 per lifetime	N/A	N/A
Emergency out-patient treatment (where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Out-patient Plan)	\$750	\$500	\$250	N/A
Emergency out-patient dental treatment (where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Dental Plan)	\$750	\$500	N/A	N/A
Palliative care ²	Full refund	Full refund	Full refund	Full refund
Long term care ²	Full refund, max. 90 days per lifetime	Full refund, max. 90 days per lifetime	Full refund, max. 90 days per lifetime	Full refund, max. 90 days per lifetime
Accidental death (insured members aged 18 to 70)	\$13,500	N/A	N/A	N/A

Core Plan Deductibles

To reduce your Core Plan premium, simply select an optional deductible from the list below and read across to find the relevant premium discount. The level of discount will depend on whether you have selected a Maternity Plan. Please note that either a Core Plan deductible OR an Out-patient Plan deductible can be chosen (details follow). Where a Core Plan deductible is selected it is payable per person, per Insurance Year. Also, our premiums are expressed in whole numbers (i.e. without any cents), therefore, percentages may be slightly higher or lower than those stated below.

Optional Core Plan Deductibles	Discount if a Maternity Plan is not included in your cover	Discount if a Maternity Plan is included in your cover
No deductible	0% premium discount	0% premium discount
\$610 deductible	5% premium discount	2.5% premium discount
\$1,015 deductible	10% premium discount	5% premium discount
\$2,025 deductible	20% premium discount	10% premium discount
\$4,050 deductible	35% premium discount	17.5% premium discount
\$8,100 deductible	50% premium discount	25% premium discount
\$13,500 deductible	60% premium discount	30% premium discount

Out-patient Plans

The following Out-patient Plans can be purchased with any of our Core Plans. They cannot be bought separately.

Out-patient Plan Benefits	Gold Individual Direct (Egypt)	Silver Individual Direct (Egypt)	Bronze Individual Direct (Egypt)	Crystal Individual Direct (Egypt)
Maximum plan benefit	No limit	\$12,150	\$7,425	\$3,375
Medical practitioner fees and specialist fees	Full refund	Full refund	\$1,350	\$1,350
Prescription drugs ²	80% refund	80% refund Up to \$2,000	N/A	N/A
Diagnostic tests ²	Full refund	Full refund	Full refund	Full refund
Vaccinations	Full refund	Full refund	Full refund	N/A
Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine and acupuncture (max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit)	Full refund	Full refund	\$1,520	\$675
Prescribed physiotherapy ² (initially limited to 12 sessions per condition)	Full refund	Full refund	\$1,520	\$675
Prescribed speech therapy, oculomotor therapy and occupational therapy ²	Full refund	Full refund	\$1,520	\$675
Health and wellbeing checks including screening for the early detection of illness or disease. Checks are limited to:	\$1,080	\$810	N/A	N/A
<ul style="list-style-type: none"> Physical examination Blood tests (full blood count, biochemistry, lipid profile, thyroid function test, liver function test, kidney function test) Cardiovascular examination (physical examination, electrocardiogram, blood pressure) Neurological examination (physical examination) Cancer screening <ul style="list-style-type: none"> Annual pap smear Mammogram (every two years for women aged 45+, or earlier where a family history exists) Prostate screening (yearly for men aged 50+, or earlier where a family history exists) Colonoscopy (every five years for members aged 50+, or 40+ where a family history exists) Annual fecal occult blood test Bone densitometry (every five years for women aged 50+) Well child test (for children up to the age of six years, up to a maximum of 15 visits per lifetime) BRCA1 and BRCA2 genetic test (where a direct family history exists; Gold Individual Direct Plan only) 		N/A	N/A	N/A
Infertility treatment (18 month waiting period applies)	\$16,200 per lifetime	\$16,200 per lifetime	N/A	N/A
Psychiatry and psychotherapy (18 month waiting period applies)	30 visits	20 visits	N/A	N/A
Prescribed medical aids	Full refund	\$3,375	N/A	N/A
Prescribed glasses and contact lenses including eye examination	\$280	\$250	N/A	N/A

Out-patient Plan Deductibles

To reduce your Out-patient Plan premium, simply select an optional deductible from the list below and read across to find the relevant premium discount. Also, our premiums are expressed in whole numbers (i.e. without any cents), therefore, percentages may be slightly higher or lower than those stated below.

Where a deductible is selected it is payable per person, per out-patient consultation. The deductible applies to the following:

- Medical practitioner consultations
- Specialist consultations
- Psychiatry and psychotherapy consultations
- Health and wellbeing check consultations
- Infertility treatment consultations
- Vaccinations consultations

Optional Out-patient Plan Deductibles	Discount
No deductible	0% premium discount
\$5	1% premium discount
\$10	2% premium discount
\$15	4% premium discount

Maternity Plans

The **Premier Direct Maternity Plan** can only be purchased with the **Premier Direct Individual Core Plan**. The **Club Direct Maternity Plan** can only be purchased with the **Club Direct Individual Core Plan**. Please note that an **Out-patient Plan must be selected** in conjunction with a Maternity Plan. Maternity Plans are available to couples and families i.e. **a spouse/partner must also be insured under the policy**.

Maternity Plan Benefits	Premier Direct Maternity (Egypt)	Club Direct Maternity (Egypt)
Routine maternity ² (in-patient and out-patient treatment) (10 month waiting period applies)	\$10,125 per pregnancy	\$6,750 per pregnancy
Complications of childbirth ² (in-patient treatment) (10 month waiting period applies)	\$20,250 per pregnancy	\$13,500 per pregnancy

Dental Plans

Dental Plan 1 can only be purchased if both the **Premier Individual Direct Core Plan** and **Gold Individual Direct Out-patient Plan** have been selected. **Dental Plan 2** can be purchased with **any of the Core Plans**. **Neither Dental Plan can be bought separately**.

Dental Plan Benefits	Dental 1 Individual Direct (Egypt)	Dental 2 Individual Direct (Egypt)
Maximum plan benefit	No limit	\$2,770
Dental treatment ²	100% refund	80% refund
Dental surgery	100% refund	80% refund
Periodontics	80% refund	80% refund
Orthodontic treatment and dental prostheses (10 month waiting period applies)	65% refund, up to \$6,750	50% refund

Repatriation Plan

The following Repatriation Plan can be purchased with any of the Core Plans. It cannot be bought separately.

Repatriation Plan Benefits	
Repatriation benefits - please refer to note 2 for more information on pre-authorization	
Medical repatriation ²	Full refund
<ul style="list-style-type: none"> Where the necessary treatment is not available locally, you can choose to be medically repatriated to your home country instead of to the nearest appropriate medical center² 	Full refund
<ul style="list-style-type: none"> Where ongoing treatment is required, we will cover hotel accommodation costs² 	Full refund
<ul style="list-style-type: none"> Repatriation in the event of unavailability of adequately screened blood² 	Full refund
<ul style="list-style-type: none"> If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs² 	Full refund, max. 7 days
Expenses for one person accompanying a repatriated person ²	\$4,050
Travel costs of insured family members in the event of a repatriation ²	\$2,700 per event
Travel costs of insured members to be with a family member who is at peril of death or who has died	\$2,025 per lifetime

¹ If pre-authorization 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 pre-authorization 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.

Notes

1. Area of cover

We offer a choice of three different geographical areas of cover:

- Worldwide, which provides cover anywhere in the world
- Worldwide excluding USA
- Africa only

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

2. Pre-authorization

Certain treatments and costs require submission of a Pre-authorization Form in advance. Following approval by us, 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. These benefits are listed below, along with further important details:

- All in-patient benefits¹ as listed.
- Day-care treatment².
- Kidney dialysis².
- Out-patient surgery².
- CT², MRI² (Magnetic Resonance Imaging), PET² (Positron Emission Tomography) and CT-PET² scans.
- Nursing at home or in a convalescent home².
- Complications of pregnancy².
- Routine maternity² and complications of childbirth².
- Oncology² (in-patient and day-care treatment only).
- Occupational therapy² (out-patient treatment only).
- Rehabilitation treatment².
- Medical evacuation² (or repatriation where covered).
- Travel costs of insured family members in the event of an evacuation/repatriation².
- Repatriation of mortal remains².
- Travel costs of insured family members in the event of the repatriation of mortal remains².
- Expenses for one person accompanying an evacuated/repatriated person².
- Palliative care².
- Long term care².
- Prescription drugs² (pre-authorization is required only in the case of vitamins, hormones, minerals and interferons or medications for chronic conditions, for prescriptions due to last more than two weeks or that are related to a dental treatment or to a psychological / mental condition).
- Diagnostic tests² (pre-authorization is required only in the case of duplex, isotopic, echo and intervention scans).
- Dental treatment² (pre-authorization is required only in the case of dental radiology services).
- Prescribed physiotherapy².

¹ If pre-authorization 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 pre-authorization 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 benefit from cashless access to hospitals for in-patient treatment, where possible, and have their treatment overseen by our team of medical professionals.

In the case of an emergency, we should be informed within 48 hours of the event to ensure that no pre-authorization penalty will apply to the claim.

3. Claims process and turnaround

We have a simple claims process in place to ensure that members can seek reimbursement for any medical expenses which are not being handled on a direct settlement (cashless) basis. Claim Forms can be obtained from us. Full details of our claims process are provided in the Individual Benefit Guide issued at policy inception.

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. Some benefits also have a **specific benefit limit**, for example "Nursing at home or in a convalescent home". 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. In some instances we will pay a percentage of the costs for the specific benefit e.g. "65% refund, up to \$6,750". Where a specific benefit limit applies or where the term "Full refund" appears next to certain benefits, 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 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 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 Individual Benefit Guide, which is issued to members upon policy inception.

6. Medical provider network

Under these plans, you'll have access to our General Network, which includes a comprehensive list of medical providers in Egypt.

We have contractual arrangements in place with a large number of clinics/hospitals and pharmacies in Egypt. Upon presentation of your NEXtCARE Insurance Card each of these clinics/hospitals and pharmacies will provide their services and products without seeking immediate payment from you (unless the prescribed treatment is specifically excluded under your policy).

Please note that cover provided under the following benefits is available on a reimbursement basis only i.e. you will have to pay for eligible treatment and then complete and submit a Claim Form for:

- Psychiatry and psychotherapy
- Vaccinations

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

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This policy is supported by Allianz Worldwide Care SA, a limited company governed by the French Insurance Code and acting through its Irish Branch. Part of the Allianz Group, Allianz Worldwide Care SA is registered in France: No. 401 154 679 RCS Paris. Irish Branch registered in the Irish Companies Registration Office, registered No.: 907619, address: 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. Allianz Worldwide Care SA acts as the reinsurer and provides administration services and technical support for the policy. The insurer of this policy is Allianz Insurance Company – Egypt (S.A.E.)

Allianz Life Assurance Company – Egypt (S.A.E) Registered Under No. 15/2001
Allianz Insurance Company – Egypt (S.A.E) Registered Under No. 13/2001
Allianz Egypt For Financial Investments Company Commercial register no: 398608 / Cairo
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