

# Welcome to Allianz

We are delighted to be looking after you. To start, we want to ensure that your transition to your new Allianz policy is as smooth as possible. That's why we're offering you an Allianz plan that is the closest match to the Aetna plan you are on, so your cover remains as consistent as possible. Depending on your plan, you may also find new benefits, so we encourage you to review your Table of Benefits in detail.

In this document, we help you compare your current Aetna plan to your new Allianz plan. The complete overview of your new cover is in your Table of Benefits. All the applicable terms and conditions are detailed in the Individual Benefit Guide, available to download from [www.allianzcare.com/en/UK/EI](http://www.allianzcare.com/en/UK/EI).

If you have any questions about the information in this document, please do not hesitate to contact us. We're here to help.

## Your new Allianz plan

Please note that in the tables below, the ✓ symbol means 'Covered in full up to the maximum plan limit'.

### If you're currently on an Aetna Ultracare Standard plan...

...you will be moving to our **Care Plus** Core Plan.









#### How your current and new plan compare:

	Your current Aetna plan	Your new Allianz plan
Maximum Plan Limit	\$1,500,000	\$4,000,000
In-patient room type	Private room	Private room
In-patient and day-care treatment	✓	✓
In-patient psychiatry and psychotherapy	Not covered	✓
Cancer treatment	✓	✓
Congenital conditions	Not covered	Treatment and procedures for these are covered under several plan benefits*
Out-patient day-to-day costs	Not covered	Not covered
Out-patient scans	Not covered	✓
Maintenance of chronic conditions	Not covered	Treatment and procedures for these are covered under several plan benefits*
Routine health checks	Not covered	Not covered
Vaccinations	Not covered	Not covered
Out-patient psychiatry and psychotherapy	Not covered	Not covered
Medical evacuation	✓	✓

Dental cover	Not included	Emergency in-patient dental treatment
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\*See your Table of Benefits for details of all benefits included.

And if you currently have an excess, note that Allianz calls it a 'deductible':

If you are on this Aetna excess...	...	...then you are moving to this Allianz deductible
\$45 per condition		No deductible
\$85 per condition		No deductible
\$170 per condition		No deductible
\$425 per condition		\$610 per Insurance Year
\$850 per condition		\$610 per Insurance Year
\$1,700 per condition		\$1,015 per Insurance Year
\$4,250 per condition		\$4,050 per Insurance Year
\$8,500 per condition		\$8,100 per Insurance Year

### If you're currently on an Aetna Ultracare Select plan...

...you will be moving to our **Care Plus** Core Plan and **Active** Out-patient Plan.

How your current and new plan compare:

	Your current Aetna plan	Your new Allianz plan
Maximum Plan Limit	\$2,500,000	\$4,000,000
In-patient room type	Private room	Private room
In-patient and day-care treatment	✓	✓
In-patient psychiatry and psychotherapy	Not covered	✓
Cancer treatment	✓	✓
Congenital conditions	Not covered	Treatment and procedures for these are covered under several plan benefits*
Out-patient day-to-day costs	\$5,000 (limit shared with other benefits)	\$6,750 (limit shared with other benefits, of which: \$675 for 'Medical practitioner fees' and \$270 for 'Prescription drugs')
Out-patient scans	✓	✓
Maintenance of chronic conditions	\$75,000 per lifetime	Treatment and procedures for these are covered under several plan benefits*
Routine health checks	Not covered	Not covered
Vaccinations	Not covered	\$150
Out-patient psychiatry and psychotherapy	\$1,000	Not covered
Medical evacuation	✓	✓
Dental cover	Not included	Emergency in-patient dental treatment

\*See your Table of Benefits for details of all benefits included.

And if you currently have an excess, note that Allianz calls it a 'deductible':

If you are on this Aetna excess...	...	...then you are moving to this Allianz deductible
\$45 per condition		No deductible
\$85 per condition		No deductible
\$170 per condition		No deductible
\$425 per condition		\$610 per Insurance Year
\$850 per condition		\$610 per Insurance Year

\$1,700 per condition		\$1,015 per Insurance Year
\$4,250 per condition		\$4,050 per Insurance Year
\$8,500 per condition		\$8,100 per Insurance Year

**If you're currently on an Aetna Ultracare Comprehensive plan...**

...you will be moving to our **Care Plus** Core Plan, **Active Plus** Out-patient Plan and **Smile** Dental Plan.

How your current and new plan compare:

	<b>Your current Aetna plan</b>	<b>Your new Allianz plan</b>
<i>Maximum Plan Limit</i>	\$4,000,000	\$4,000,000
<i>In-patient room type</i>	Private room	Private room
<i>In-patient and day-care treatment</i>	✓	✓
<i>In-patient psychiatry and psychotherapy</i>	Max. 30 days, up to \$10,000	✓
<i>Cancer treatment</i>	✓	✓
<i>Congenital conditions</i>	\$35,000 per lifetime	Treatment and procedures for these are covered under several plan benefits*
<i>Out-patient day-to-day costs</i>	\$10,000 (limit shared with other benefits)	\$11,780 (limit shared with other benefits, of which \$1,350 for 'Medical practitioner fees and prescription drugs')
<i>Out-patient scans</i>	✓	✓
<i>Maintenance of chronic conditions</i>	\$150,000 per lifetime	Treatment and procedures for these are covered under several plan benefits*
<i>Routine health checks</i>	\$700	Covered in full for cancer screening only**
<i>Vaccinations</i>	\$700 (limit shared with 'Routine health checks')	✓**
<i>Out-patient psychiatry and psychotherapy</i>	\$2,000	Not covered
<i>Medical evacuation</i>	✓	✓
<i>Dental cover</i>	\$750 25% co-insurance  'Preventative dental services' covered up to \$100	\$2,770 20% co-payment 50% co-payment for 'Dental prosthesis' and 'Orthodontic treatment'

\*See your Table of Benefits for details of all benefits included.

\*\*Out-patient maximum plan limit applies.

And if you currently have an excess, note that Allianz calls it a 'deductible':

<b>If you are on this Aetna excess...</b>	<b>...then you are moving to this Allianz deductible</b>
\$45 per condition	No deductible
\$85 per condition	No deductible
\$170 per condition	No deductible
\$425 per condition	\$610 per Insurance Year
\$850 per condition	\$610 per Insurance Year
\$1,700 per condition	\$1,015 per Insurance Year
\$4,250 per condition	\$4,050 per Insurance Year
\$8,500 per condition	\$8,100 per Insurance Year

**If you're currently on an Aetna Ultracare Elite plan...**

...you will be moving to our **Care Pro** Core Plan, **Active Pro** Out-patient Plan and **Smile** Dental Plan.

How your current and new plan compares:

	<b>Your current Aetna plan</b>	<b>Your new Allianz plan</b>
<i>Maximum Plan Limit</i>	\$5,000,000	\$5,000,000
<i>In-patient room type</i>	Private room	Private room
<i>In-patient and day-care treatment</i>	✓	✓
<i>In-patient psychiatry and psychotherapy</i>	Max. 30 days	✓
<i>Cancer treatment</i>	✓	✓
<i>Congenital conditions</i>	\$50,000 per lifetime	Treatment and procedures for these are covered under several plan benefits*
<i>Out-patient day-to-day costs</i>	✓	✓**
<i>Out-patient scans</i>	✓	✓
<i>Maintenance of chronic conditions</i>	\$300,000 per lifetime	No specific limit Treatment and procedures for these are covered under several plan benefits*
<i>Routine health checks</i>	\$1,000	\$810, with 'Cancer screening' covered in full**
<i>Vaccinations</i>	\$1,000 (limit shared with 'Routine health checks')	✓**
<i>Out-patient psychiatry and psychotherapy</i>	\$10,000	20 visits
<i>Medical evacuation</i>	✓	✓
<i>Dental cover</i>	\$1,500  'Preventative dental services' covered up to \$200	\$2,770 20% co-payment 50% co-payment for 'Dental prosthesis' and 'Orthodontic treatment'

\*See your Table of Benefits for details of all benefits included.

\*\*Out-patient maximum plan limit applies.

And if you currently have an excess, note that Allianz calls it a 'deductible':

<b>If you are on this Aetna excess...</b>	<b>...then you are moving to this Allianz deductible</b>
\$45 per condition	No deductible
\$85 per condition	No deductible
\$170 per condition	No deductible
\$425 per condition	\$610 per Insurance Year
\$850 per condition	\$610 per Insurance Year
\$1,700 per condition	\$1,015 per Insurance Year
\$4,250 per condition	\$4,050 per Insurance Year
\$8,500 per condition	\$8,100 per Insurance Year

**If you currently have an Aetna Maternity Plan....**

...you will be moving to our **Bloom** Maternity Plan if your Aetna area of cover is **Area 1 or Area 2:**

	<b>Your current Aetna plan</b>	<b>Your new Allianz plan</b>
<i>Routine maternity</i>	\$8,500	\$6,750
<i>Complications of pregnancy</i>	\$8,500 (when pregnancy is from assisted conception)	✓ (The Core Plan's maximum plan limit applies as shown on the Table of Benefits)
<i>Complications of childbirth</i>	Covered in full when pregnancy is from natural conception	\$13,500

...you will be moving to our **Bloom Plus** Maternity Plan if your Aetna area of cover is **Area 3:**

	<b>Your current Aetna plan</b>	<b>Your new Allianz plan</b>
<i>Routine maternity</i>	\$12,750	\$13,500
<i>Complications of pregnancy</i>	\$12,750 (when pregnancy is from assisted conception)	✓ (The Core Plan's maximum plan limit applies as shown on the Table of Benefits)
<i>Complications of childbirth</i>	Covered in full when pregnancy is from natural conception	\$20,250

## Main differences in policy terms and conditions

- **Prescription drugs:** If your new Allianz policy includes an Out-patient plan, you will be covered for 'prescription drugs' on an out-patient basis. We will only cover those drugs that need a prescription by a doctor in order to be dispensed by the pharmacy. Currently on your Aetna policy, it is possible to claim for drugs that are available both over-the-counter and on prescription, as long as your doctor prescribed the drug.
- **New-born care for babies born from assisted conception:** Your current Aetna policy excludes in-patient treatment for new-born babies if the pregnancy was achieved by assisted conception. In your new Allianz policy, 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 applies before any other benefit in your plan. Out-patient treatment is paid under the terms of the out-patient plan (if included).

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

## 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 quoted premium.

## Accessing treatment

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

- Some benefits included in your new Allianz policy 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, you will need to send us a Treatment Guarantee Form in advance: this will help us assess each case, organise everything with the hospital before your 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**, you can simply access the treatment you require and inform us within 48 hours of any hospital admission. We can take Treatment Guarantee Form details over the phone at that point.

For any other benefit that is not indicated in the Table of Benefits as subject to pre-approval, you can simply pay the medical provider upfront and then claim the eligible costs via our MyHealth digital services (available as portal and mobile app).

- **Claiming deadline:** Your cover under Allianz 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 six months after the treatment date as applicable under your Aetna policy.
- **Medical provider network.** The list of medical providers that facilitate direct settlement with us may differ from your experience with Aetna. We are expanding our provider network as we endeavour to make sure that access to key medical providers is available.

# Contact us, we love to help!

If you need any assistance in understanding our cover with us, you'll find the contact details on your policy documents. Call us anytime, we will be happy to help.

*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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