

A photograph of a woman with long brown hair smiling and hugging two children. The child on the left is a young girl with dark hair, wearing a dark blue cardigan over a white floral top and a red skirt. The child on the right is a young boy wearing a red t-shirt with the number '88' in white and blue stripes on the sleeves, and blue jeans. They are standing outdoors in a park-like setting with tall grasses and trees in the background.

Allianz Worldwide Care International
Healthcare Plans for Egypt

Individual Benefit Guide

Valid from 1st May 2015

Allianz 

Table of contents

Your healthcare cover	1-2
Managing your policy	4-5
Accessing treatment	6-11
Contact details	14

Please note that this document is provided as a quick guide to access treatment and to administrate your policy. It needs to be read in conjunction with your Individual Terms and Conditions document and your Table of Benefits.

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

Address: Plot no. 14B01 Building no. (A1), Cairo Festival City, 5th Settlement, New Cairo

Phone: (202) 232 23000 Fax: (202) 232 23001

الليانز لتأمينات الحياة - مصر (ش.م.م)

مسجلة تحت رقم ٢٠٠١/١٥

الليانز للتأمين - مصر (ش.م.م)

مسجلة تحت رقم ٢٠٠١/١٣

الليانز مصر للاستثمارات المالية - (ش.م.م)

سجل تجاري رقم ٣٩٨٦٠٨ / القاهرة

العنوان: قطعة 14B01 مبنى A1 مدينة كايرو فيستفال سيتي - التجمع الخامس القاهرة الجديدة - القاهرة

تليفون: ٣٠٠٠ ٢٣٢٢ (٢٠٢) فاكس: ٣٠٠١ ٢٣٢٢ (٢٠٢)



HOTLINE
19909

www.allianz.com.eg

Your healthcare cover

Your health insurance policy is an annual contract between Allianz Insurance Company – Egypt and the insured member(s) named on the Insurance Certificate. The contract is composed of:

- The Individual Terms and Conditions. This sets out the terms and conditions of your health insurance policy and should be read in conjunction with your Insurance Certificate, Table of Benefits and NEXtCARE Insurance Card.
- The Insurance Certificate. This states the plan(s) chosen, the start date and renewal date of the policy (and effective dates of when dependents were added) as well as the geographical area of cover. Any further endorsements or special conditions unique to your cover will be indicated in the Insurance Certificate (and will have been detailed on a Special Conditions Form issued prior to the inception of your policy). Please note that we will send you a new Insurance Certificate if you request (and we accept) a change such as adding a dependent, or if we apply a change which we are entitled to make.
- Your NEXtCARE Insurance Card. This indicates the provider network applicable to your cover and the contact details that you may need to contact us.
- The Table of Benefits. This shows the plan(s) selected, the associated benefits available to you, and specifies which benefits/treatments require submission of a Pre-authorization Form. It also confirms any benefits to which specific benefit limits, waiting periods, deductibles and/or co-payments apply.
- Information provided to us by, or on behalf of, the insured member(s) in the signed Application Form, Confirmation of Health Status Form or others (hereafter referred to collectively as the “relevant application form”) or other supporting medical information.
- The Benefit Guide (this document). This provides useful information on how to manage your policy, how to access treatment and how to make contact with us.

What we cover

- a) The extent of your cover is determined by your Table of Benefits, the Insurance Certificate, any policy endorsements, the Individual Terms and Conditions, as well as any other legal requirements. We will reimburse, in accordance with your Table of Benefits and Individual Terms and Conditions, medical costs arising from the occurrence or worsening of a medical condition.
- b) Treatments and procedures are only covered if they have a palliative, curative and/or diagnostic purpose, are medically necessary, appropriate and performed by a licensed physician, dentist or therapist. Claims/costs will be paid/reimbursed if the medical diagnosis and/or prescribed treatment are in accordance with generally accepted medical procedures.

Third Party Administrator

To provide an efficient local service, we have selected NEXtCARE to administer your policy. NEXtCARE will deal directly with the network of medical providers associated to your plan, to ensure the direct settlement of your eligible medical treatment within Egypt.

For the administration of your policy outside Egypt, we are working in partnership with Allianz Worldwide Care SA, a specialist international health insurance company within the Allianz Group. We are both backed by the resources and expertise of Allianz SE, one of the world's leading insurance companies, providing you with a service that is fast, flexible and totally reliable.

Your NEXtCARE Insurance Card

A personalized NEXtCARE Insurance Card containing essential contact numbers is issued to every insured member. We suggest that you keep this card with you at all times. Acceptance and use of the NEXtCARE Insurance Card automatically implies acceptance of all the terms, conditions, limitations and exclusions of this policy.

The NEXtCARE Insurance Card aims to establish your identity and allows you to access the network of clinics, hospitals and pharmacies assigned to your healthcare plan. It is not transferable and should be returned or destroyed when membership ceases. The validity of the card is subject to continuity of membership.

Please note that we will send you a new NEXtCARE Insurance Card at policy renewal and/or any time when we need to record any changes that you may request or which we are entitled to make. Your new NEXtCARE Insurance Card(s) will replace any earlier version(s) you possess from the date the card is issued. Earlier versions should be destroyed.



Managing your policy

When cover starts for you and your dependents

Our acceptance of your application for cover is confirmed when we issue your Insurance Certificate and your cover is valid from the start date shown on the certificate. Please note that no benefit will be payable under your policy until the full premium has been paid.

If any other person is included as a dependent under your membership, their membership will start on the effective date as shown on your most recent Insurance Certificate which lists them as a dependent. Their membership may continue for as long as you remain the policyholder and as long as any child dependents remain under the defined age limit. Child dependents can be covered under your policy up until the day before their 18th birthday; or up until the day before their 24th birthday if they are in full time education. At that time, they may apply for cover in their own right, should they wish to do so.

Changes to policyholder

If a request is made at renewal to change the policyholder, the proposed replacement policyholder will be required to complete an application form and full medical underwriting will apply.

Changing your address/email address

Any change in your home, business or email address should be communicated to us in writing as soon as possible.

Other parties

No other person (except an appointed representative) is allowed to make or confirm any changes to your membership on your behalf, or decide not to enforce any of our rights. No change to your membership will be valid unless it is confirmed in writing by us.

Reasons your membership would end

Please remember that your membership (and that of all the other people listed on the Insurance Certificate) will end:

- If you do not pay any of your premiums on, or before, the date they are due.
- If you do not pay the amount of any IPT, taxes, levies or charges that you have to pay under your agreement with us on or before the due date.
- Upon the death of the policyholder.
- If there is reasonable evidence that the policyholder or any dependents misled or attempted to mislead us i.e. giving false information, withholding pertinent information from us, or working with another party to give us false information, either intentionally or carelessly, which may influence us when deciding whether they can join the scheme, the applicable premium to pay or whether we have to pay a claim.
- If you choose to cancel your policy, provided that no claims have been made and subject to the return in advance of all relevant insurance cards.

If your membership ends for reasons other than for fraud/non-disclosure, we will refund any premiums you have paid which relate to a period after your membership has ended.

Please note that if your membership ceases, your dependents' cover will also end.



Accessing treatment

First, please check that your plan covers the treatment you are seeking. Your Table of Benefits will confirm which benefits are available to you, however, you can always call the Helpline if you have any queries (the phone numbers are indicated on the front of your NEXtCARE Insurance Card).

Remember, some treatments require pre-authorization

The following treatments/benefits require pre-approval through submission of a Pre-authorization Form – if they are included in your cover, they will appear marked with a 1 or 2 in your Table of Benefits:

- All in-patient benefits (where you need to stay overnight in a hospital).
- CT, MRI (Magnetic Resonance Imaging), PET (Positron Emission Tomography) and CT-PET scans.
- Day-care treatment.
- Dental treatment (pre-authorization is required only in the case of dental radiology services).
- Expenses for one person accompanying an evacuated/repatriated person.
- Kidney dialysis.
- Long term care.
- Medical evacuation (or repatriation where covered).
- Nursing at home or in a convalescent home.
- Occupational therapy (only out-patient treatment requires pre-authorization).
- Oncology (only in-patient and day-care treatment requires pre-authorization).
- Out-patient diagnostic tests (pre-authorization is required only in the case of duplex, isotopic, echo and intervention scans).
- Out-patient prescription drugs (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).
- Out-patient surgery.
- Palliative care.
- Prescribed physiotherapy.
- Rehabilitation treatment.
- Repatriation of mortal remains.
- Routine maternity and complications of pregnancy and childbirth.
- Travel costs of insured family members in the event of an evacuation (or repatriation where covered).
- Travel costs of insured family members in the event of the repatriation of mortal remains.

Use of the Pre-authorization Form helps us to assess each case and facilitate direct settlement with the hospital. Please note that we may decline your claim if pre-authorization is not obtained.

What is Pre-authorization?

If you go to a **network hospital/clinic**, they will contact us directly for the necessary pre-authorization; however, if you select a **hospital or clinic outside of the network, or outside Egypt**, the relevant sections of a Pre-authorization Form need to be completed by you and your physician, and then emailed or posted to us for approval prior to treatment. Please contact us **at least five working days prior to receiving treatment** so that we can ensure that there will be no delays at the time of admission. A copy of the Pre-authorization Form has been included in your Membership Pack and additional copies can be requested by calling our Helpline.

If pre-authorization is not obtained, the following will apply:

- If the treatment received is subsequently proven to be medically unnecessary, **we reserve the right to decline your claim.**
- For the benefits listed in the Table of Benefits with a **1**, **we reserve the right to decline your claim.** If the respective treatment is subsequently proven to be medically necessary, we will pay only **80%** of the eligible benefit.
- For the benefits listed in the Table of Benefits with a **2**, **we reserve the right to decline your claim.** If the respective treatment is subsequently proven to be medically necessary, we will pay only **50%** of the eligible benefit.

Treatment within your provider network

Under your insurance policy, you have access to a complete network of medical providers based in Egypt. The type of network selected for you is indicated on your **NEXtCARE Insurance Card** and the **detailed list of your network's medical providers** that can be accessed is available on the following website: www.nextcarehealth.com

When seeking treatment within your provider network, simply follow the steps below:

1. Present your NEXtCARE Insurance Card to your network medical provider.
2. The provider will contact NEXtCARE Egypt directly to process the necessary paperwork.
3. NEXtCARE Egypt will settle the bill directly with your medical provider on our behalf.
4. If you are responsible for the payment of any or all of the costs yourself (for example in the case of a deductible, co-payment or breach of benefit limit), please settle this amount directly with the provider at the time of treatment.

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:

- Out-patient psychiatry and psychotherapy.
- Vaccinations.

For information about how to claim for the above benefits, please refer to the “Getting out-patient or dental treatment” paragraph in the following section.

Treatment outside of your provider network or outside of Egypt

Getting in-patient treatment

If you receive in-patient treatment from a medical provider outside your network or outside Egypt we will (where possible and with sufficient notice) arrange for direct settlement to your medical provider, subject to your policy terms and conditions and Table of Benefits. You will be required to obtain pre-authorization for all in-patient treatments, following the process described below:

1. Obtain a Pre-authorization Form by calling our Helpline.
2. You and your physician will need to complete the relevant sections of the Pre-authorization Form prior to commencement of treatment.
3. Please send the completed form to us ideally 4-5 working days in advance of your treatment.

If it's an emergency:

1. Get the emergency treatment you need and call us if you need any advice or support.
2. Either you, your physician, one of your dependants or a colleague needs to call our Helpline (within 48 hours of the emergency) to inform us of the hospitalization. Pre-authorization Form details can be taken over the phone when you call us.

Getting out-patient or dental treatment

If you receive out-patient or dental treatment (inside or outside of Egypt) from a medical provider not included in your network, please settle the bill directly with the medical provider. You can then seek reimbursement from us following the steps below:

1. Obtain a Claim Form by calling our Helpline.
2. Get an invoice from the doctor/dentist which states your name, treatment date(s), the diagnosis/medical condition that you received treatment for, the date of onset of symptoms, the nature of the treatment and the fees charged.
3. Complete sections 1-4 and 7 of the Claim Form. Sections 5 and 6 only need to be completed by the doctor/dentist if their invoice does not state the diagnosis and nature of treatment.
4. Send the Claim Form and all supporting documentation, invoices and receipts to us. Details of how to submit your Claim Form and supporting documents are indicated on the Claim Form.

Without the diagnosis, we cannot process your claim promptly, as we will need to request these details from you or your doctor.

We will email or write to you to advise you when the claim has been processed.

Treatment in the USA

If you have "Worldwide" cover and wish to locate a medical provider in the USA, simply go to: www.allianzworldwidecare.com/olympus. If you have a query about a medical provider, or if you have selected a provider and wish to arrange an appointment, please call **(+1) 800 541 1983** (toll-free from the USA). You can also apply for a discount pharmacy card which can be used any time your prescription is not covered by your healthcare policy. To register and obtain your discount pharmacy card, simply go to: www.omhc.com/awc/prescriptions.html and click on "Print Discount Card".

Please note that treatment in the USA is not covered, if we know or suspect that cover was purchased for the purpose of travelling to the USA to receive treatment for a condition, when the symptoms of the condition were apparent to the member prior to the purchase of cover.

Evacuations and repatriations

At the first indication that a medical evacuation/repatriation is required, please call our 24 hour Helpline (contact details on the back cover of this guide) and we will take care of everything. Given the urgency of an evacuation/repatriation, we would advise that you call us, however, you can also contact us by email at: medical.services@allianzworldwidecare.com. When emailing, please include "*Urgent – Evacuation/Repatriation*" in the subject line. Please contact us before talking to any alternative providers, even if approached by them, to avoid potentially inflated charges or unnecessary delays in the evacuation process. In the event that evacuation/repatriation services are not organized by us, we reserve the right to decline all costs incurred.

Claims

In relation to reimbursement medical claims, please note that:

- a) All claims should be submitted no later than six months after the end of the Insurance Year. If cover is cancelled during the Insurance Year, claims should be submitted no later than six months after the date that your cover ended. Beyond this time we are not obliged to settle the claim.
- b) A separate Claim Form is required for each person claiming and for each medical condition being claimed for.
- c) It is your responsibility to retain any original supporting documentation (e.g. medical receipts) where copies are submitted to us, as we reserve the right to request original supporting documentation/receipts up to 12 months after claims settlement, for fraud detection purposes. In addition, we advise that you keep copies of all correspondence with us as we cannot be held responsible for correspondence that does not reach us for any reason that is outside of our reasonable control.
- d) If the amount to be claimed is less than the deductible figure under your plan, keep collecting all relevant receipts and claim forms until you reach an amount in excess of your plan deductible, then forward to us all completed Claim Forms together with supporting receipts/invoices.
- e) Please specify on the Claim Form the currency in which you wish to be paid. Unfortunately, on rare occasions, we may not be able to make a payment in the currency you requested on the Claim Form, due to international banking regulations. In this instance we will review each case individually to identify a suitable alternative currency option. If we have to make a conversion from one currency to another, we will use the exchange rate that applies on the date on which the invoices were issued, or we will use the exchange rate that applies on the date that claims payment is made.

- f) Only costs incurred as a result of eligible treatment will be reimbursed within the limits of your policy, after taking into consideration any pre-authorization requirements. Any deductibles or co-payments outlined in the Table of Benefits will be taken into account when calculating the amount to be reimbursed.
- g) If you are required to pay a deposit in advance of any medical treatment, the cost incurred will only be reimbursed after treatment has taken place.

Claims for accidental death

If this benefit is provided on the healthcare plan selected, please note that claims must be reported within 90 working days following the date of death and the following documents must be provided:

- A fully completed Accidental Death Claim Form.
- A death certificate.
- A medical report indicating the cause of death.
- Police report or official written statement outlining the date, location and circumstances of the accident.
- Official documentation proving the insured member's family status, and for the beneficiaries, proof of identity as well as proof of relationship to the insured member.

Beneficiaries are the legal heirs or an authorized will which exists before the incident of death, unless otherwise specified by the insured member.

If you wish to nominate a beneficiary please contact our Helpline.

Please note that in the specific case of the death of the insured member and one or all of the beneficiaries in the same occurrence; the insured member shall be considered the last deceased.

Notes

Contact details

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

Within Egypt:

NEXtCARE EGYPT 24/7 Helpline – for general enquiries and emergency assistance

Helpline: 19154
Fax: +202 22908220
Email: cs@nextcare.com.eg

Outside Egypt:

Helpline: +353 1 630 1301
Fax: +353 1 630 1306
Email: client.services@allianzworldwidecare.com

Calls to our Helpline will be recorded and may be monitored for quality and regulatory purposes. Please note that only the policyholder (or an appointed representative) can make changes to the policy. Security questions will be asked of all callers to verify their identity.

Correspondence

Written correspondence between us must be sent by email or post (with the postage paid). We do not usually return original documents to you, unless you specifically request us to do so at the time of submission.

Making a complaint

In the case of complaints, please write to us at the address below, stating your full name, date of birth and policy number:

Allianz Insurance Company – Egypt S.A.E
Building A1
Plot 14 B 014
Cairo Festival City
Fifth Settlement, New Cairo
Cairo
Egypt

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

Address: Plot no. 14B01 Building no. (A1), Cairo Festival City, 5th Settlement, New Cairo

Phone: (202) 232 23000 Fax: (202) 232 23001



HOTLINE

19909

www.allianz.com.eg

البيان لتأمينات الحياة – مصر (ش.م.م)

مسجلة تحت رقم ٢٠٠١/١٥

البيان للتأمين – مصر (ش.م.م)

مسجلة تحت رقم ٢٠٠١/١٣

البيان مصر للاستثمارات المالية – (ش.م.م)

سجل تجاري رقم ٣٩٨٦٠٨ / القاهرة

العنوان: قطعة 14B01 مبنى A1 مدينة كايرو فيستفال سيتي - التجمع الخامس القاهرة الجديدة - القاهرة

تليفون: ٢٣٢ ٢٣٠٠٠ (٢٠٢) فاكس: ٢٣٢ ٢٣٠٠١ (٢٠٢)