

Table of Benefits

Individual Policies

The Out-patient, Dental and Repatriation plans cannot be bought separately and the Core Plan option selected will determine the Out-patient, Dental and Repatriation Plans included in the cover.



Pre-approval 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.

Benefits marked with a  are covered in full, subject to the maximum plan benefit.








Core Plans

Core Plan Benefits	Pack Premium	Pack Confort
Maximum plan benefit EUR (€)	€3,000,000	€1,500,000

In-patient benefits¹ - please refer to note 2 for more information on pre-approval

	Private room	Semi-private room
Hospital accommodation ¹		
Intensive care ¹		
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)		
Surgical fees, including anaesthesia and theatre charges ¹		
Physician and therapist fees ¹ (in-patient and day-care treatment only)		
Surgical appliances and materials ¹		
Diagnostic tests ¹ (in-patient and day-care treatment only)		
Organ transplant ¹		
Psychiatry and psychotherapy ¹ (in-patient and day-care treatment only)		
Accommodation costs for one parent staying in hospital with an insured child under 18 ¹	Max. €50 per day	Max. €50 per day
Emergency in-patient dental treatment		

Other benefits - please refer to note 2 for more information on pre-approval

Day-care treatment ²		
Kidney dialysis ²		
Out-patient surgery ²		
Nursing at home or in a convalescent home ² (immediately after or instead of hospitalisation)		€4,250

Core Plan Benefits	Pack Premium	Pack Confort
Rehabilitation treatment (in-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases)	☑	€4,250
Local ambulance	☑	☑
Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	Max. 42 days	Max. 42 days
Medical evacuation ² <ul style="list-style-type: none"> Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre² 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 costs (max. 7 days)² 	☑	☑
Expenses for one person accompanying an evacuated person ²	€3,000	€3,000
Travel costs of insured family members in the event of an evacuation ²	€2,000	€2,000
Repatriation of mortal remains ²	€10,000	€10,000
Travel costs of insured family members in the event of the repatriation of mortal remains ²	€2,000 per event	€2,000 per event
CT and MRI scans (in-patient and out-patient treatment)	☑	☑
PET ² and CT-PET ² scans (in-patient and out-patient treatment)	☑	☑
Oncology ² (in-patient, day-care and out-patient treatment)	☑	☑
Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes	€200	€200
Routine maternity ² (in-patient and out-patient treatment) (10 month waiting period applies)	€10,000 per pregnancy	€7,000 per pregnancy
Complications of pregnancy and childbirth ² (in-patient and out-patient treatment) (10 month waiting period applies)		
Infertility treatment ² (18 month waiting period applies)	€12,000 per lifetime	€6,000 per lifetime
Home delivery	€1,000	€1,000
Laser eye treatment	€1,500	€1,000
In-patient cash benefit (per night) (where treatment has been received free of charge)	€150, max. 25 nights	€150, max. 25 nights
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	€750
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	€750
Palliative care ²	☑	☑
Long term care ²	Max. 90 days per lifetime	Max. 90 days per lifetime

Additional Core Plan Services

Expat Assistance Programme** Offers access to a range of 24/7 multilingual support services as follows: <ul style="list-style-type: none"> Confidential professional counselling (in-person, phone, video and chat) Legal and financial support services Critical incident support Wellness website access. 	☑	☑
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Core Plan Benefits	Pack Premium	Pack Confort
Travel Security Services** Offers 24/7 access to personal security information and advice for all your travel safety queries. This includes: <ul style="list-style-type: none"> • Emergency Security Assistance Hotline, • Country intelligence and security advice • Daily security news updates and travel safety alerts. 	✓	✓
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	✓	✓
MyHealth Digital Services <ul style="list-style-type: none"> • Manage your cover with our app or portal anytime, anywhere. • Submit and track progress of claims. • Access your policy documents, health services, payment details and more. 	✓	✓
Olive** Our Health & Wellness support program includes, for example: <ul style="list-style-type: none"> • HealthSteps fitness app • Access to wellness resources 	✓	✓

¹ If pre-approval 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-approval 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.

Out-patient Plans

The following Out-patient Plans, where selected must be purchased with the corresponding Core Plan. They cannot be bought separately.

	Pack Premium	Pack Confort
Maximum plan benefit EUR (€)	No limit	€25,000
Co-payment option	10%-20%	

Out-patient Benefits

Video consultation services**	✓	✓
Medical practitioner fees	✓	✓
Specialist fees	✓	✓
Prescription drugs (Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	✓	✓
Prescribed drugs / Over-the-counter drugs	€50	✗
Prescribed ancillary nursing care	✓	✓
Diagnostic tests	✓	✓
Vaccinations	✓	✓
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)	Max. €50 per visit	✗
Prescribed physiotherapy (max. 12 sessions per condition; limit also applies to prescribed and non-prescribed physiotherapy sessions, where combined)	€1,000	€1,000
Non-prescribed physiotherapy	5 visits	5 visits
Prescribed and occupational therapy ²	€1,000	€1,000
Prescribed speech therapy	€500	€500

Out-patient Benefits	Pack Premium	Pack Confort
Health and wellbeing checks including screening for the early detection of illness or disease Checks are limited to: <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) Bone densitometry (every five years for women aged 50+) Well child test (for children up to the age of six years) 	€1,200 15 visits	€400 15 visits
Cancer screening Checks are limited to: <ul style="list-style-type: none"> Annual pap smear Mammogram (every two years for women aged 45+, or younger where a family history exists) Annual prostate screening (yearly for men aged 50+, or younger where a family history exists) Colonoscopy (every five years for members aged 50+, or 40+ where a family history exists) Annual faecal occult blood test BRCA1 and BRCA2 genetic test (where a direct family history exists) 	☑	☑
Psychiatry and psychotherapy (18 month waiting period applies)	20 visits	10 visits
Prescribed medical aids	☑	☑
Prescribed glasses and contact lenses including annual eye examination	€550	€200

Dental Plans

The following Dental Plans, where selected must be purchased with the corresponding Core Plan. They cannot be bought separately.

Dental Plan Benefits	Pack Premium	Pack Confort
Dental treatment	€3,500	€2,500
Dental surgery		
Periodontics	€3,500	€2,500
Orthodontic treatment	€1,700	€1,000
Dental prostheses	€3,250	€2,100
- Limit per tooth	€550	€325

Repatriation Plan

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

Repatriation Plan Benefits	Pack Premium and Pack Confort
Medical repatriation ² <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 centre, provided that your home country is within your area of cover² Where ongoing treatment is required, we will cover hotel accommodation costs² Repatriation 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 costs (max. 7 days)² 	☑
Expenses for one person accompanying a repatriated person ²	€3,000
Travel costs of insured family members in the event of a repatriation ²	€2,000
Travel costs of insured members to be with a family member who is at peril of death or who has died	€1,500

** Certain services which may be included in your plan are provided by third party providers outside the Allianz group, such as the Expat 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

Allianz Care offers a range of options in relation to geographical cover. The chosen area of cover will be specified in the Insurance Certificate.

2. Pre-approval

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 benefits¹ listed.
- Infertility treatment².
- Kidney dialysis².
- Day-care treatment².
- Out-patient surgery².
- MRI (Magnetic Resonance Imaging) scan. 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.
- Nursing at home or in a convalescent home².
- Routine maternity² and complications of pregnancy and childbirth² (in-patient treatment only).
- 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.

¹ If Pre-approval 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-approval 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 Treatment Guarantee penalty will apply to the claim.

3. Claims process and turnaround

If the contract is 1st euro (where reimbursement is offered from the 1st euro incurred on medical treatment covered under the chosen plan):

Allianz Care has a simple claims process in place to ensure that members can seek reimbursement for medical expenses. You should send a fully completed Claim Form and relating invoices to Allianz Care. 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 received and when it is processed.

This swift claims processing policy ensures that members receive their claims payment in the most effective and efficient manner.

If you have a social security that is not CFE:

Allianz Care has a simple claims process in place to ensure that members can seek reimbursement for medical expenses. You should send a statement from your local social security entity stating the full information on what has been reimbursed or not reimbursed and a copy of the invoice to Allianz Care. Fully completed claims 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 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 received and when it is processed.

This swift claims processing policy ensures that members receive their claims payment in the most effective and efficient manner.

If you are French and the contract is supplemental to the CFE (Caisse des Français de l'Étranger):

Allianz Care will seek reimbursement on your behalf from the CFE. You should send a fully completed Claim Form and relating invoices to Allianz Care, and we will then submit these to the CFE. Fully completed Claim Forms are processed and payment instructions issued to the members' bank within five working days. Where further information is required to complete the claim, we will contact you. All limits indicated in the Table of Benefits correspond to the total sum jointly reimbursed by the CFE and Allianz Care. Allianz Care will only cover incurred charges that are usual and customary. The CFE reimbursement will be passed on to the member in full.

Please note that retirees, whose reimbursements are settled by the CPAM of Tours, are required to claim from the CPAM of Tours prior to submitting their claim to Allianz Care. Please include details of any reimbursement received from the CPAM of Tours.

The Claim Form is available to download from our website: www.allianzcare.com

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 €5,000". 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. This Individual Benefit Guide can also be downloaded from our website www.allianzcare.com/en/benelux

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