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SUMMIT – INTERNATIONAL HEALTHCARE PLANS FOR OMAN
Effective from 1st Sep 2022

Welcome

We understand that moving from one health insurance policy to another 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 Muscat Insurance Company (MIC)/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 Plan with MIC/Aetna and will continue being insured under a Summit Plan with MIC/Allianz: 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. The only exception is that if you were previously insured on the **Summit 5000+ Plan**, your new plan will now be **Summit 5000 Plan**.

Also, the MIC/Allianz Summit Plans follow almost the same structure as MIC/Aetna Summit Plans, with some minor changes outlined further below. The plan selection made by your company will remain the same in the move to us.

Key differences in terminology

- If your MIC/Aetna Summit Plan included an 'excess', note that in your MIC/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.

  If your MIC/Aetna Summit Plan included an 'out-patient coinsurance', note that in your MIC/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.

Improvements to your cover

- If your MIC/Aetna Summit plan included the **'Treatment for medical maternity complications during pregnancy or childbirth'** benefits, separate cover was provided for assisted conception and for natural conception. In the MIC/Allianz Summit product the two benefits are merged into one benefit called 'Complications of pregnancy and childbirth'. The limit on the new benefit will mirror the natural conception limit from the MIC/Aetna Summit plan (i.e. the higher of the two limits).

- Regarding **newborn care for babies conceived via assisted conception**: MIC/Aetna excluded in-patient treatment for babies born via assisted conception on the 1750, 2500, 4000 and 5000 plans, and applied a $150,000 limit on the 5000+ plan, in case of acute medical conditions beginning before the baby is eight days old. In your new MIC/Allianz Summit 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 $40,500 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.*

- You will notice that the cover available to you for **emergency treatments received outside your area of cover** has increased in the move from MIC/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:

  - $13,500 on the Summit 1750 Plan and Summit 2500 Plan
  - No benefit limit (full refund up to max. 42 days) on the Summit 4000 Plan and 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 previous plan with MIC/Aetna).

- **Kidney dialysis** is now covered in full regardless of the plan you are on. With MIC/Aetna, there was no cover for out-patient kidney dialysis on the Summit 1750 Plan, while on Summit 2500 Plan and Summit 4000 Plan the out-patient kidney dialysis was covered with a benefit limit shared with other out-patient benefits.

- The '**Congenital abnormalities**' benefit will be called 'Congenital conditions' under your new plan with us. This will continue not being covered under the Summit 1750 Plan. For all the other plans, it will be covered as it was with MIC/Aetna; however, the benefit limit will only apply to in-patient and day-care treatment and not to out-patient treatment. Out-patient treatment of congenital conditions will be covered under the out-patient benefits in your plan.

- The benefit '**Out-patient tests and diagnostic procedures for communicable diseases**' included on the MIC/Aetna plan provided cover when you did not have signs or symptoms. This cover does not exist as a standalone benefit in the MIC/Allianz Summit Plans, but cover for asymptomatic diagnostic tests is available under the 'Diagnostic tests' benefit, provided that there is medical necessity, or when needed in following country-specific health guidance. Diagnostic testing required for travel or recreational purposes is not covered.

- If your company is covered under the Summit 2500, 4000 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 MIC/Aetna 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.

Add-on plans

- **Travel and Personal Accident:** If your policy includes a travel and/or personal accident 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 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 Summit 4000 Optical Plan and on the 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.*

- **'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.*

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

- '**Accidental death'** is now included on the Summit 5000 Core 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. Your cover includes access to an Oman medical network of healthcare providers. The name of the network linked to your policy is indicated on the insured person's access card and a list of all providers included in the network is available. When accessing treatment within the Oman medical network, the provider will simply need to see your access card – then they will contact us directly for the necessary pre-approval and for the direct payment of eligible medical costs.

2. When needing treatment outside of Oman, insured persons need to check their Table of Benefits first: some benefits included in the new 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 persons will need to send us a Pre-authorisation 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 Pre-authorisation 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**, insured persons can simply access the treatment they require and inform us within 48 hours of any hospital admission. We can take Pre-authorisation Form details over the phone at that point.

3. For any other benefit that is not indicated in the Table of Benefits as subject to pre-approval, the

insured person can simply pay the medical provider upfront and then claim the eligible costs.

4. **Claiming deadline**. Your cover under the MIC/Allianz 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 MIC/Aetna policy.