





Table of Benefits Individual Policies








































Policy terms and conditions

This Table of Benefits was designed for promotional purpose and offers an overview of the cover we provide under each plan. All amounts are per person, per Insurance Year, unless otherwise specified. Cover is subject to our policy terms and conditions, as detailed in our Individual Benefit Guide which is available on our website: www.allianzcare.com

Key to Table of Benefits

-  Covered in full, up to the maximum plan benefit.
-  Not available.
-  Waiting period applies (unless you have a non-underwritten policy).
-  Treatments/costs require pre-approval through submission of a Treatment Guarantee Form. Details of our Treatment Guarantee process can also be found in the Employee Benefit

Core Plans

| Core Plan Benefits | Premier Individual | Club Individual | Classic Individual | Essential Individual |
|---|---|--|---|---|
| Maximum plan limit EUR (€) | €2,250,000 | €1,500,000 | €1,125,000 | €500,000 |
| In-patient benefits | | | | |
| Hospital accommodation | Private room | Private room | Private room | Semi-private room |
| Intensive care |  |  |  |  |
| Prescription drugs and materials (in-patient and day-care treatment only) <small>(Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)</small> |  |  |  |  |
| Surgical fees, including anaesthesia and theatre charges |  |  |  |  |
| Physician and therapist fees (in-patient and day-care treatment only) |  |  |  |  |
| Surgical appliances and materials |  |  |  |  |
| Diagnostic tests (in-patient and day-care treatment only) |  |  |  |  |
| Organ transplant |  |  |  | €10,000 |
| Psychiatry and psychotherapy (in-patient and day-care treatment only) |  |  |  |  |
| Accommodation costs for one parent staying in hospital with an insured child under 18 |  |  |  |  |
| Emergency in-patient dental treatment |  |  |  |  |

| Core Plan Benefits | Premier Individual | Club Individual | Classic Individual | Essential Individual |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Other benefits | | | | |
| Day-care treatment | ✓ | ✓ | ✓ | ✓ |
| Kidney dialysis | ✓ | ✓ | ✓ | ✓ |
| Out-patient surgery | ✓ | ✓ | ✓ | ✓ |
| Nursing at home or in a convalescent home (immediately after or instead of hospitalisation) | €4,250 | €2,830 | €2,500 | €2,500 |
| 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) | €4,420 | €3,000 | €2,500 | €2,000 |
| Local ambulance | ✓ | ✓ | ✓ | €500 |
| Emergency treatment outside area of cover (for trips of a maximum period of six weeks) | ✓ max. 42 days | ✓ max. 42 days | ✓ max. 42 days | Up to €10,000, max. 42 days |
| Medical evacuation | | | | |
| • Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre | ✓ | ✓ | ✓ | ✓ |
| • Where ongoing treatment is required, we will cover hotel accommodation costs | ✓ | ✓ | ✓ | ✓ |
| • Evacuation in the event of unavailability of adequately screened blood | ✓ | ✓ | ✓ | ✓ |
| • 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 | Max. 7 days | Max. 7 days | Max. 7 days |
| Expenses for one person accompanying an evacuated person | €3,000 | €3,000 | €3,000 | €3,000 |
| Travel costs of insured family members in the event of an evacuation | €2,000, per event | €2,000, per event | €2,000, per event | €2,000, per event |
| Repatriation of mortal remains | €10,000 | €10,000 | €10,000 | €10,000 |
| Travel costs of insured family members in the event of the repatriation of mortal remains | €2,000, per event | €2,000, per event | €2,000, per event | €2,000, per event |
| CT and MRI scans (in-patient and out-patient treatment) | ✓ | ✓ | ✓ | ✓ |
| PET and CT-PET scans (in-patient and out-patient treatment) | ✓ | ✓ | ✓ | ✓ |
| Oncology (in-patient, day-care and out-patient treatment) | ✓ | ✓ | ✓ | ✓ |
| • Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes | €200 | €200 | €200 | €200 |
| Preventative surgery (in-patient and out-patient treatment) | €30,000 | €20,000 | ✗ | ✗ |
| Complications of pregnancy (in-patient and out-patient treatment) (10 month waiting period applies) | ✓ | ✓ | ✓ | ✗ |
| Laser eye treatment | €1,000 | €500 | ✗ | ✗ |
| In-patient cash benefit (per night) (where treatment has been received free of charge) | €150, max. 25 nights | €150, max. 25 nights | €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 | €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 | €500 | ✗ | ✗ |
| Palliative care | ✓ | ✓ | ✓ | ✓ |
| Long term care | ✓ max. 90 days per lifetime | ✓ max. 90 days per lifetime | ✓ max. 90 days per lifetime | ✓ max. 90 days per lifetime |
| Accidental death (insured members aged 18 to 70) | €10,000 | ✗ | ✗ | ✗ |

| Core Plan Benefits | Premier Individual | Club Individual | Classic Individual | Essential Individual |
|--|--------------------|-----------------|--------------------|----------------------|
| 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 | ✓ | ✓ | ✓ | ✓ |
| 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 (not a free phone number) Country intelligence and security advice Daily security news and travel safety alerts | ✓ | ✓ | ✓ | ✓ |
| Olive** Our Health & Wellness support program includes, for example: <ul style="list-style-type: none"> HealthSteps fitness app Access to wellness resources | ✓ | ✓ | ✓ | ✓ |
| MyHealth Digital Services <ul style="list-style-type: none"> Manage your cover online with our app or portal anytime, anywhere Submit and track progress of claims Access your policy documents, health services, payment details and more | ✓ | ✓ | ✓ | ✓ |
| 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 | ✓ | ✓ | ✓ | ✓ |

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 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 |
| €450 deductible | 5% premium discount | 2.5% premium discount |
| €750 deductible | 10% premium discount | 5% premium discount |
| €1,500 deductible | 20% premium discount | 10% premium discount |
| €3,000 deductible | 35% premium discount | 17.5% premium discount |
| €6,000 deductible | 50% premium discount | 25% premium discount |
| €10,000 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 can't be bought separately.

| Out-patient Plan Benefits | Gold Individual | Silver Individual | Bronze Individual | Crystal Individual |
|--|-----------------|-------------------|-------------------|--------------------|
| Maximum plan limit | No limit | €13,050 | €8,725 | €4,950 |
| Medical practitioner fees | ✓ | ✓ | €1,000 | €1,000 |
| Prescription drugs (Prescription drugs are those which legally can only be purchased when you have a doctor's prescription) | ✓ | ✓ | €1,000 | €1,000 |

| Out-patient Plan Benefits | Gold Individual | Silver Individual | Bronze Individual | Crystal Individual |
|--|--|--|-------------------|--------------------|
| Video consultation services** | ✓ | ✓ | ✓ | ✓ |
| Specialist fees | ✓ | ✓ | ✓ | ✓ |
| 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) | ✓ | ✓ | €1,125 | €500 |
| Prescribed physiotherapy (initially limited to 12 sessions per condition; limit also applies to prescribed and non-prescribed physiotherapy sessions, where combined) | ✓ | ✓ | €1,125 | €500 |
| • Non-prescribed physiotherapy | 5 visits | 5 visits | 5 visits | 5 visits |
| Prescribed speech therapy and occupational therapy | ✓ | ✓ | €1,125 | €500 |
| Health and wellbeing checks including screening for the early detection of illness or disease. Checks are limited to: • 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 – Annual pap smear – Mammogram (every two years for women aged 45+, or earlier where a family history exists) – Annual 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 faecal occult blood test • Bone densitometry (every five years for women aged 50+) • Well child test (for children up to the age of six years) • BRCA1 and BRCA2 genetic test (where a direct family history exists; Gold Individual Plan only) | 800 € 15 visits | 600 € 15 visits | ✗ | ✗ |
| Infertility treatment (18 month waiting period applies) | €12,000, per lifetime | €12,000, per lifetime | ✗ | ✗ |
| Psychiatry and psychotherapy (18 month waiting period applies) (Referral from doctor required for psychotherapy) | 30 visits | 20 visits | ✗ | ✗ |
| Prescribed medical aids | ✓ | €2,500 | ✗ | ✗ |
| Prescribed glasses and contact lenses including eye examination | €200 | €180 | ✗ | ✗ |
| Dietician fees | 4 visits | ✗ | ✗ | ✗ |
| Prescribed drugs (must be prescribed by a physician, although a prescription is not legally required for purchase) | €50 | ✗ | ✗ | ✗ |

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. Please note that either an Out-patient Plan deductible OR a Core Plan deductible can be chosen. Where a 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 Out-patient Plan Deductibles | Discount |
|---------------------------------------|----------------------|
| No deductible | 0% premium discount |
| €100 deductible | 10% premium discount |
| €200 deductible | 20% premium discount |

Maternity Plans

The Premier Maternity Plan can only be purchased with the Premier Individual Core Plan. The Club Maternity Plan can only be purchased with the Club 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 Maternity | Club Maternity |
|--|---|-----------------------|-----------------------|
| Routine maternity (in-patient and out-patient treatment) |  10 months | €7,500 per pregnancy | €5,000 per pregnancy |
| Complications of childbirth (in-patient treatment) |  10 months | €15,000 per pregnancy | €10,000 per pregnancy |




Dental Plans

Dental Plan 1 can only be purchased if both the Premier Individual Core Plan and Gold Individual Out-patient Plan have been selected. Dental Plan 2 can be purchased with any of the Core Plans. Our Dental Plans can't be bought separately.

| Dental Plan Benefits | | Dental 1 | Dental 2 |
|-----------------------|---|--------------------------|------------|
| Maximum plan limit | | No limit | €2,050 |
| Dental treatment | | 100% refund | 80% refund |
| Dental surgery | | 100% refund | 80% refund |
| Periodontics | | 100% refund | 80% refund |
| Orthodontic treatment |  10 months | 65% refund, up to €5,000 | 50% refund |
| Dental prostheses |  10 months | | |

Repatriation Plan

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

| Repatriation Plan Benefits | |
|---|--|
| Medical repatriation | |
| <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. This benefit only applies when your home country is within your area of cover. Where ongoing treatment is required, we will cover hotel accommodation costs. Repatriation in the event of unavailability of adequately screened blood. 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 |
| Expenses for one person accompanying a repatriated person | €3,000 |
| Travel costs of insured family members in the event of a repatriation | €2,000 per event |
| 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 that 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 this 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 the insurer, its reinsurers and administrators 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.

Area of cover

We offer a choice of three different geographical areas of cover. The cost of your cover will go up or down depending on which region of cover you choose. The areas of cover are subject to our terms and conditions.



Worldwide



Worldwide
excluding USA





Africa only

The cost of your cover will go up or down depending on which region of cover you choose. The areas of cover are subject to our terms and conditions.

Talk to us, we love to help!

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

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