

International Healthcare Plans Table of Benefits

Treatment guarantee (pre-authorization) may be required for some benefits as indicated by a '1' or a '2' in the table(s) below. Please refer to Notes section for further details. All benefit and deductible amounts are per person per year, unless otherwise indicated.

Core Plan	Club Individual
Maximum plan benefit €	€1,500,000
In-patient benefits¹ - please refer to notes for Treatment Guarantee	
Hospital accommodation ¹	Private room
Prescription drugs and materials ¹ (in-patient and day-care treatment only)	Full refund
Surgical fees, including anaesthesia and theatre charges ¹	Full refund
Physician and therapist fees ¹ (in-patient and day-care treatment only)	Full refund
Surgical appliances and prostheses ¹	Full refund
Diagnostic tests ¹ (in-patient and day-care treatment only)	Full refund
Organ transplant ¹	Full refund
Psychiatry and psychotherapy ¹ (in-patient and day-care treatment only) <i>(10 month waiting period applies)</i>	€6,000
Accommodation costs for one parent staying in hospital with an insured child under 18 ¹	Full refund
Emergency in-patient dental treatment	Full refund
Other benefits - please refer to notes for Treatment Guarantee	
Day-care treatment ²	Full refund
Out-patient surgery ²	Full refund
Nursing at home or in a convalescent home ² (immediately after or instead of hospitalisation)	€2,830
Rehabilitation treatment ² (immediately after acute medical treatment ceases)	€3,000
Local ambulance	Full refund
Emergency treatment outside area of cover (for trips of a maximum period of 6 weeks)	Full refund, Max. 42 days
Medical evacuation ²	Full refund
Expenses for one person accompanying an evacuated/repatriated person ²	€3,000
Repatriation of mortal remains ²	€10,000
CT scans (in-patient and out-patient treatment)	Full refund

MRI, PET and CT-PET scans ² (in-patient and out-patient treatment)	Full refund
Oncology ² (in-patient and out-patient treatment)	Full refund
Complications of pregnancy ² (in-patient and out-patient treatment) (10 month waiting period applies)	Full refund
Laser eye treatment (limited to one treatment per lifetime)	€500 per lifetime
In-patient cash benefit (per night) (where treatment has been received free of charge)	€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
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)	€500
Palliative care and long term care ²	Full refund, Max. 30 days per lifetime

Out-patient Plan	Silver Individual
Maximum plan benefit	€9,000
Out-patient Plan Deductible	€0/€100/€200

Out-patient benefits

Medical practitioner fees and prescription drugs	Full refund
Specialist fees	Full refund
Diagnostic tests	Full refund
Vaccinations	Full refund
Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine and acupuncture (Max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit)	Full refund
Prescribed physiotherapy, speech therapy, oculomotor therapy and occupational therapy ²	Full refund
Routine health checks including cancer screening	€600
Infertility treatment (18 month waiting period applies)	€12,000 per lifetime
Psychiatry and psychotherapy (18 month waiting period applies)	20 visits
Prescribed medical aids	€2,500
Prescribed glasses and contact lenses	€180

Maternity Plans	Club Maternity
Routine maternity ² (in-patient and out-patient treatment) (10 months waiting period applies)	€5,000 per pregnancy
Complications of childbirth ² (in-patient treatment) (10 month waiting period applies)	€10,000 per pregnancy

Dental Plan	Dental 2
Maximum plan benefit	€2,050
Dental benefits	
Dental treatment	80% refund
Dental surgery	80% refund
Periodontics	80% refund
Orthodontic treatment and dental prostheses (10 month waiting period applies)	50% refund

Repatriation Plan	
Medical Repatriation ²	Full refund

NOTES

Treatment Guarantee/Pre-authorisation

Treatment Guarantee/Pre-authorisation is a process whereby we guarantee cover for certain treatment and costs, as indicated in the Table of Benefits with a **1** or a **2**. If Treatment Guarantee is not obtained for the benefits listed with a **1**, we reserve the right to decline your claim. If the treatment is subsequently proven to be medically necessary, we will only pay **80%** of the eligible benefit, and for those listed with a **2**, we will only pay **50%** of the eligible benefit. For further details please refer to the "How to Claim" Section of our Benefit Guide, or simply contact our Helpline.

Chronic Conditions

Chronic conditions that arise after policy commencement date are covered within the limits of your policy. Please refer to the definitions section of our Benefit Guide for further information or simply contact our Helpline.

Pre-existing Conditions

Pre-existing conditions (including any pre-existing Chronic Conditions) are covered under the terms of your policy, unless indicated otherwise in a Special Conditions Form enclosed. Please note that any pre-existing conditions that were not declared by you on the Application Form will not be covered. In addition, conditions arising between signing the Application Form and confirmation of acceptance by the Underwriting Department of Allianz Worldwide Care will equally be deemed to be pre-existing, and if not declared to us will not be covered.

For further details, please refer to the "Definitions" section of our Benefit Guide or simply contact our Helpline.

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 EUR 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).

Policy Terms and Conditions

The Table of Benefits provides an outline of the cover we offer under your policy. Please note that cover is subject to our standard policy definitions, limitations and exclusions. These are detailed in our Benefit Guide, which is issued to you upon policy inception. Our current Benefit Guide can also be downloaded from our website **www.allianzworldwidecare.com**

Policy Endorsement(s)

If there are any policy terms and conditions unique to your policy they will be listed below. Please read carefully in conjunction with our Benefit Guide.