



INTERNATIONAL HEALTHCARE PLANS *for Individuals and Families*

Allianz  **Care**

MAKING YOUR LIFE SIMPLER, EASIER AND SAFER

In a world that brings people to be more and more mobile, we ensure that you don't have to worry about access to healthcare, anywhere your busy life takes you. Whether you are moving abroad for business or to enhance your educational background, whether your family moves with you or remains at home, we are there to support.





Over a century
of insurance
expertise

We are the international health and life experts at Allianz Partners. Our focus is on protecting the health and wellbeing of our clients and their families, through the delivery of innovative services and plans. Our product range and support services are specifically developed to meet your needs, ensuring that you feel understood, confident and valued.

We offer unparalleled level of service and this is why, each year, 95% of our clients choose to renew with us.

As a wholly owned subsidiary of the Allianz Group, we are able to draw on the resources and expertise of one of the world's leading financial services providers. The Allianz Group provides financial services to more than 86 million customers around the globe.

With so many local and international health insurance options on the market, beside are just some of the reasons to choose ours.



Our team is continuously striving to assure our customer's best possible experience, which is at the heart of our business. This customer-centric approach is the philosophy underlying every step we take in our team. We truly care.

Nazar Elkhawad
Senior Financial Administration Officer



Customer driven to me means delivering on promises, making sure we meet their everyday needs and make them always feel that they are our priority.

Rachel O'Brien
Senior Administrator, Client Services

Quality product

- Exceptional cover for chronic and congenital conditions.
- Generous cover for specialist fees, diagnostic tests, alternative treatment and physiotherapy.
- 100% oncology (cancer) cover.
- Same cover level as adults for newborns enrolled under the parents' policy.
- Wide range of pre-existing conditions covered – in the majority of cases without any additional exclusions and at no additional cost.
- 42 day cover for emergencies in the USA.

Flexibility

- Modular plan design allowing that cover can be adapted to suit requirements and type of budget.

Best care

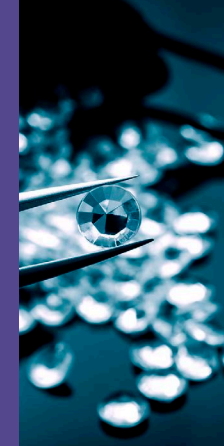
- Freedom to access your medical provider of choice or to use our comprehensive global medical provider network.

Simplicity

- Direct settlement available for in-patient treatment.

Innovation

- Access to MyHealth, our innovative mobile app – this includes symptom-checker functionality, claims submission, plus ability to find hospitals nearby and more.



COVER FOR PRE-EXISTING AND CHRONIC CONDITIONS

We can provide cover for the vast majority of pre-existing or chronic conditions. On average 70% of applications received are accepted for cover without any additional exclusions and at no additional cost.

Chronic conditions that arise while your membership is in effect are covered, within the limits of your chosen plan(s). No specific restrictions apply to the maintenance or ongoing supervision of such conditions and eligible costs are covered under the benefits outlined in the Table of Benefits.

Examples of pre-existing/chronic conditions which we may cover ▼

Asthma	Kidney stones
Dermatitis	Prostatitis
Gallstones	Thyroid disorders
Gastritis	Allergies
Hiatus Hernia	GERD
Hypercholesterolemia	Migraine
Hypertension	Infectious tropical diseases

Over 90% of fully completed applications we receive are underwritten within 48 hours



HOW TO CREATE YOUR PLAN

We offer you a modular plan design allowing that cover can be adapted to suit your needs, as well as your budget requirements. Our flexible solution provides you with the freedom to choose where you are covered, what is covered and the deductible option that applies. Simply talk to your broker and they will guide you through the options available to you, helping you make the best choice for your needs.

To help you get started we have outlined four simple steps that you can follow to choose the cover most suitable for you. ►

**Certain plans can only be selected in conjunction with other specific plans. Please request from your broker a copy of our Table of Benefits for full details.*

STEP 1 - SELECT A CORE PLAN

We offer four different Core Plans to choose from, each providing a different level of cover:

Premier Individual	Club Individual	Classic Individual	Essential Individual
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Our Core Plans cover a wide range of in-patient and day-care treatments as well as other benefits such as medical evacuation, nursing at home and rehabilitation treatment. Please request from your broker a copy of our Table of Benefits for further details.

Optional Core Plan deductible

If you wish to reduce the cost of your Core Plan, you can also select a Core Plan deductible and we will apply a discount to your premium.

STEP 2 - CHOOSE AN OUT-PATIENT PLAN*

Once you have selected your Core Plan, you can add an optional Out-patient Plan. We offer four different Out-patient Plans, each offering different levels of reimbursement for your out-patient costs:

Gold Individual	Silver Individual	Bronze Individual	Crystal Individual
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Optional Out-patient Plan deductible

If you haven't selected a Core Plan deductible at Step 1, you may select an Out-patient Plan deductible; this will reduce your Out-patient Plan premium. Please note that either a Core Plan or an Out-patient Plan deductible can be selected.

STEP 3 - CHOOSE YOUR SUPPLEMENTARY PLANS*

You can further extend your cover by selecting from our Maternity Plans, Dental Plans and/or our Repatriation Plan.

Maternity Plan Premier or Club	Dental Plan Dental 1 or Dental 2	Repatriation Plan
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STEP 4 - CHOOSE YOUR AREA OF COVER

We offer a choice of three different geographical areas of cover, so you can choose the one that is more applicable to your situation.



Worldwide



Worldwide excluding
USA



Africa only



HOW TO ACCESS COVER

With Allianz Partners, you will not need to invest a lot of time in the administration when requiring access to healthcare. We have a very straightforward process in place that will allow you to concentrate only on getting better.

Direct settlement for in-patient costs

We have direct settlement arrangements in place through our global medical provider network. This allows you to access treatment on a cashless basis, as the costs will be paid directly by us to your medical provider.

To access direct settlement, for all in-patient treatment and certain out-patient treatments, you/your medical provider will need to send us a completed Treatment Guarantee Form in advance, for treatment pre-authorisation. Following pre-approval you have peace of mind in knowing that cover for the required treatment or costs is guaranteed*.

Reimbursement for out-patient and dental costs

For out-patient treatment (e.g. doctors' visits or dental treatments) where your provider informs you that a direct settlement agreement is not in place, you will need to settle the bill at the time of treatment and simply claim back the eligible medical expenses from us.

You can claim back your eligible costs via our innovative MyHealth mobile app: simply fill in the details of your claim on your mobile device, take and attach a picture of your invoices and you are done.

In alternative to the MyHealth app, you can complete a Claim Form. Completed Claim Forms can be faxed, emailed or posted to us, along with any supporting documentation.



Swift 48 hour claims process

*We can process
a claim and issue
payment instructions
to your bank within 48
hours, when all of the
required information
has been provided.*

* Any patient contributions that apply (such as the plan deductible) will need to be settled with your medical provider at the time of treatment. Detailed information and terms and conditions related to the Treatment Guarantee process are outlined in our Benefit Guide – please ask your broker if you wish to consult it.

OUR MYHEALTH APP

Available for Apple and Android smartphones and tablets, our intuitive MyHealth app has been designed to give you easy and convenient access to your cover, no matter where you are. With MyHealth app you can access the following features from your mobile device:



My claims

Submit your claims in 3 simple steps and view your claims history.



My contacts

Access our 24/7 multilingual Helpline, local emergency numbers and the MediLine service.



Find a hospital

Locate medical providers nearby and get GPS directions through Google Maps.



Symptom checker

For a quick and easy evaluation of your symptoms.



My policy

Access your policy documents and your Membership Card on the go.



Pharmacy aid

Enter the brand name of your medicine, then select it to view its active ingredients.



Translate

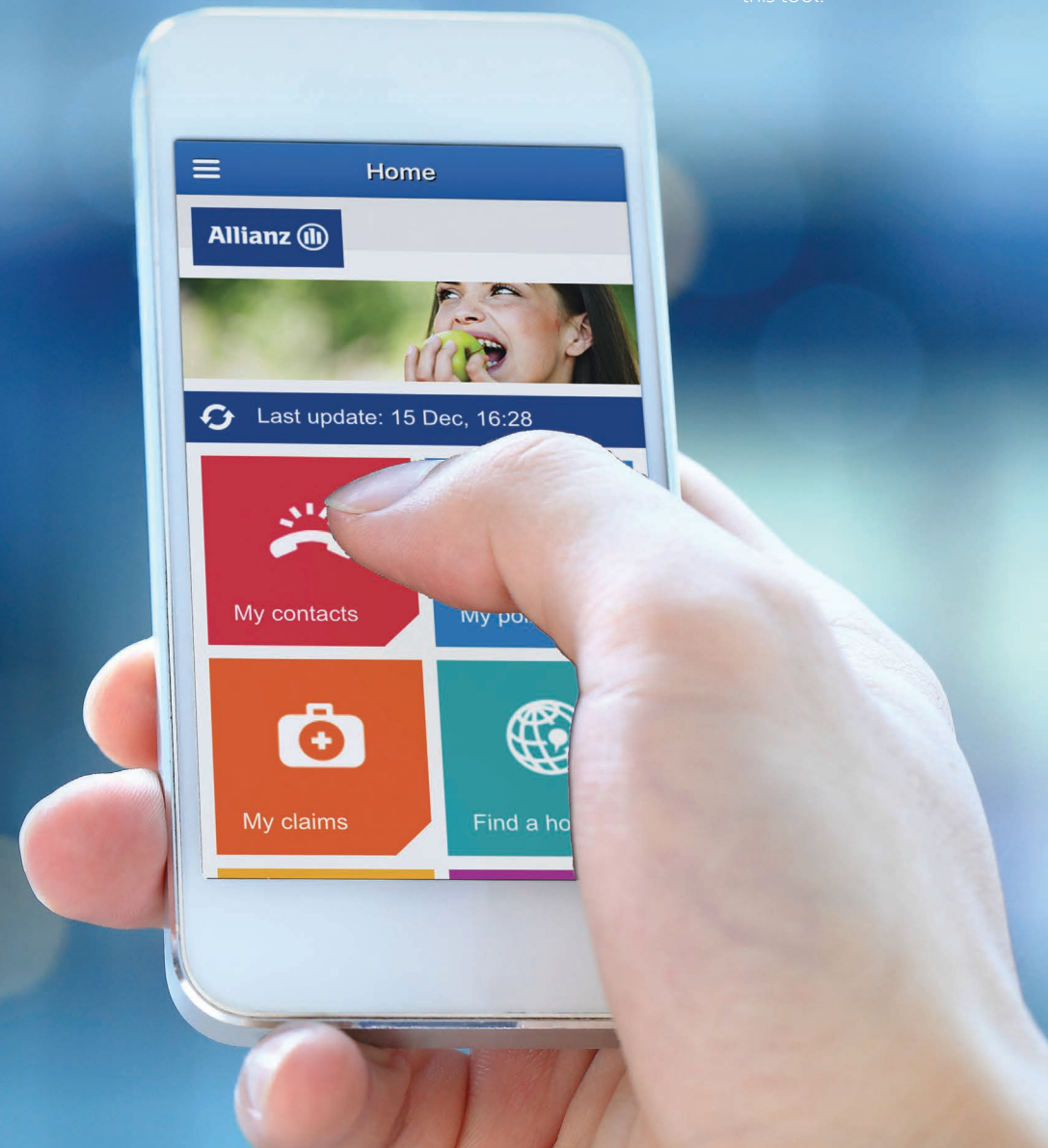
Translate common ailments into one of 17 languages.

MyHealth app is available in English, German, French, Spanish and Portuguese.

Want to find out more? Please check our website page: www.allianzworldwidecare.com/myhealth

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Over 100,000 of our policyholders are using our MyHealth app and 60% of all monthly claims are submitted through this tool.



GLOBAL AND LOCAL MEMBER SUPPORT SERVICES

We believe in making a difference by providing you with the superior level of service that you deserve, anytime, anywhere! Opposite are just some of the services we can offer to you ►

Go to www.allianzworldwidecare.com to find out more.



24/7 availability

Our multilingual Helpline is available 24 hours a day, 7 days a week to handle any questions about your cover or if you need assistance in case of an emergency.



Self-service administration via our Online Services

Log-in to access our range of Online Services from the comfort of your home or wherever you are. Via your easy-to-use, personal and secure account, you will be able to:

- Download policy documents and your personal Membership Card.
- View your Table of Benefits and check how much remains payable under each benefit.
- Check the status of your medical claims, and more.



Medical evacuation and repatriation services

Locally assisted medical evacuation and repatriation services, using the most suitable local partner to provide fast, convenient and safe transport to a medical facility.



Medical Provider Finder

Our Medical Provider directory is available on the Allianz Partners website:

www.allianzworldwidecare.com/providers. This online directory allows you to search for hospitals, clinics, doctors and specialists on a country by country basis, with the ability to narrow down the search to specific regions and cities. Users can also search under Medical Practitioner categories e.g. Internal Medicine, as well as on specialism, e.g. General Surgery, Neurosurgery or Traumatology etc. You are not restricted to using the providers listed in this directory.



Expat Assistance Programme (EAP)

The Expat Assistance Programme, fully supported by Morneau Shepell, offers you and your dependants access to the following range of 24/7 multilingual support services:

- Confidential professional counselling
- Critical incident support
- Legal and financial support services
- Wellness website access



Travel Security Services

As the world continues to witness an increase in security threats, we have partnered with red24, to provide services that enable you to manage your personal risk conveniently and effectively. Travel Security Services offer 24/7 access via phone, email or website to personal security information and advice for all your travel safety queries. This includes:

- Emergency security assistance hotline
- Country intelligence and security advice
- Daily security news updates and travel safety alerts



HOW TO APPLY

To get advice on your health insurance options, receive a quote, or apply for cover with Allianz Partners, simply contact your broker, who will advise you on the best options to suit your requirements.

If you wish to apply for one of our international healthcare plans, your broker will provide you with an Application Form to complete or will complete your details online on our Quote & Buy tool. You may include your spouse/partner and/or children on your application.

Completed Application Forms are sent directly to our Underwriting Team. All applications are subject to underwriting, i.e. we will evaluate the status of your health (as well as the health of your dependants, if applicable), as declared by you on the Application Form. We will then contact you to inform you about our underwriting decision, and in the event of acceptance by you we will send you our contract terms and confirm the applicable premium.

As soon as your application is accepted and the premium is paid, we will place you (and any dependants) on cover.



Green thinking

We provide policy documentation to new members in soft copy – this means they are available immediately via email or by logging onto your secure Online Services or MyHealth app account. Hard copy policy documents are available on request.

FREQUENTLY ASKED QUESTIONS

Q. Who is eligible to apply?

A. We will consider applicants for cover up to the day before their 76th birthday.

Q. Can I cover my family members under my policy?

A. Yes. The persons eligible to be covered under your policy are your spouse/partner together with any children under the age of 18, or under the age of 24, if in full-time education.

Q. Will my plan cover any medical conditions that I had prior to the start of my policy?

A. We will consider an applicant's pre-existing medical conditions on a case by case basis during the underwriting process. All applicants are required to complete an Application Form and answer the questions in the Health Declaration section on the basis of your own and your dependants' (if applicable) complete medical history. If you are in any doubt as to whether a fact is material or relevant to the application, then it should be disclosed. If you are not sure whether something is material, you are obliged to inform us.

Q. What is a deductible and how is it applied?

A. A deductible is part of the medical costs payable by you which is deducted from the reimbursable sum.

Q. What happens if I move country or return to my home country?

A. You will need to contact us as soon as possible if you change your country of residence as it may impact your cover or premium, even if you are moving home or to a country within your existing area of cover. If you move to a country outside of your current geographical area of cover, your existing cover will not be valid and therefore it is very important that you discuss this with us or your broker as early as possible. Please note that cover in some countries is subject to local health insurance restrictions, particularly for residents of that country. It is your responsibility to ensure that your healthcare cover is legally appropriate. If you are in any doubt, please seek independent legal advice as we may no longer be able to provide you with cover. The cover provided by Allianz Partners is not a substitute for local compulsory health insurance.

Q. What happens if I am outside of my selected area of cover and I need a treatment?

A. Your policy offers you cover for the emergency treatments outside your area of cover. This means that you will be covered for the medical emergencies occurring during business or holiday trips outside your area of cover. Full details are available in our Benefit Guide.

Q. Which hospitals can I go to?

A. You can search for medical providers via the Hospital, Doctor and Health Practitioner Finder on our website: www.allianzworldwidecare.com/en/support/view/provider-finder. Please note that you are not restricted to using providers from this directory and we do not always hold direct settlement agreements with the providers listed. Treatment Guarantee is required prior to in-patient treatment, as well as certain other treatments as specified in your Table of Benefits. We will, where possible, try to arrange the direct settlement of your in-patient medical expenses with your medical provider.

Q. Can I cancel my cover?

A. You can cancel the contract in relation to all insured persons, or only in relation to one or more dependants, within 30 days of receiving the full terms and conditions of your policy or from the start/renewal date of your policy, whichever is later. Please note that you cannot backdate the cancellation of your membership. If you wish to cancel your cover or the cover of a dependant, a "Right to change your mind" form will be included in your Membership Pack which you will need to complete and return to us.

If you cancel your contract within this 30 day period, you will be entitled to a full refund of the cancelled member(s) premiums paid for the new Insurance Year, provided that no claims have been made.

FOR FURTHER DETAILS, PLEASE CONTACT YOUR BROKER

Broker details and stamp



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www.linkedin.com/company/allianz-care



www.youtube.com/c/allianzcare



www.instagram.com/allianzcare/



www.snapchat.com/add/allianzcare