



International Healthcare Plans

ICARE PLUS & ICARE

Valid from 1st November 2021

Table of Benefits

Why partner with Allianz Care?

Allianz Care is specialised in providing international healthcare solutions and is part of Allianz Group, the number one insurance brand in the world. With a team of 1,200 employees spread throughout the globe, they are well versed in the complexities of International Health Insurance, partnering with local experts where required to offer locally compliant solutions.

Allianz Care is rated 4.6 out of 5 star on Feefo and has been awarded as a Feefo Trusted Service in 2019 and 2020.

2021 ★★★★★ feefo
Gold Trusted Service Award

Why choose Aon's solution



Quality cover

Aon in collaboration with Allianz Care has created a solution that include comprehensive healthcare cover for you and your family*. Allianz Care has a network of more than 900,000 medical providers around the world, settling medical bills directly with the provider for most in-patient treatments.



Simplified underwriting

Simple underwriting process allowing swift submission and conversion.



'Always-on' assistance

Access to a range of digital services and 24/7 support channels.



Flexibility and value for money

We offer you comprehensive cover via modular solutions, whereby you can choose what you want to be covered for and by how much, depending on your needs and budget.



Digital for speed and convenience

Forget the paperwork! We know how important digital technology is in our busy, modern life. You can avail of all the advantages of Allianz Care's innovative digital tools.



TeleHealth Hub

Access medical consultations from the comfort of your home or office! TeleHealth Hub is available with our Out-patient Plans.



Second medical opinion

We offer you access to a second medical opinion service, to provide you with further information when you are unsure about a diagnosis, treatment options, or need surgery.



Olive, Allianz Care's health and wellbeing program

Access to useful tools to motivate and guide you towards a healthier life. For example, Olive gives you access to HealthSteps, a fitness app that connects to smart phones and wearables devices, to monitor the number of steps taken, calories burned, sleep schedule and more.



Personal oncology case management service

Available 24/7 to support you from the point of diagnosis and throughout the treatment. The dedicated case manager helps you understand your cover, contacting you regularly to check how treatment is going and proactively look after administration in advance of treatment.

Key to Table of Benefits

-  Covered in full, up to the maximum plan benefit.
-  Cover is not available.
-  Waiting period applies.

Treatment Guarantee 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.

Core Plans

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

Core Plan benefits	ICARE PLUS	ICARE
Maximum plan benefit EUR (€)	€3,000,000	€1,500,000

In-patient benefits - please refer to note 2 for more information on Treatment Guarantee

Hospital accommodation ¹	Private room: Max. €350 per day, max. 45 days Semi-private room: 	Semi-private room: 
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)  10 months		
Accommodation costs for one parent staying in hospital with an insured child under 18	Max. €50 per day	Max. €50 per day
Emergency in-patient dental treatment		€1,250

Other benefits - please refer to note 2 for more information on Treatment Guarantee

Day-care treatment ²		
Kidney dialysis ²		
Out-patient surgery ²		

Core Plan benefits	ICARE PLUS	ICARE
Nursing at home or in a convalescent home (immediately after or instead of hospitalisation)	✓	€1,000
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 - 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 costs²	✓ ✓ ✓ Max. 7 days	✓ ✓ ✓ Max. 7 days
Expenses for one person accompanying an evacuated person ²	€3,000	✗
Travel costs of insured family members in the event of an evacuation ²	€2,000	✗
Repatriation of mortal remains ²	✓	€10,000
Travel costs of insured family members in the event of the repatriation of mortal remains ²	€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 per lifetime	✓ €200 per lifetime
Routine maternity ² (in-patient and out-patient treatment)  10 months	€5,000 per pregnancy	✗
Complications of pregnancy and childbirth (in-patient and out-patient treatment)  10 months	✓	✗
Palliative care ²	Max. 30 days	Max. 30 days
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: - Confidential professional counselling (in-person, phone, video and chat) - Legal and financial support services - Critical incident support - Wellness website access	Services available	Services available
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Core Plan benefits			ICARE PLUS	ICARE
	Travel Security Services*	Offers 24/7 access to personal security information and advice for all your travel safety queries. This includes: - Emergency Security Assistance Hotline (not a free phone number) - Country intelligence and security advice - Daily security news and travel safety alerts	Services available	Services available
	MyHealth Digital Services	- 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	Services available	Services available
	Olive*	Allianz Care's Health & Wellness support program includes, for example: - HealthSteps fitness app - Access to wellness resources	Services available	Services available
	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	Services available	Services available

Out-patient Plans

The ICare Plus Out-patient plan is included with your ICare Plus Core plan. The ICare Out-patient plan is included with your ICare Core plan.

Out-patient Plan benefits	ICARE PLUS	ICARE
Maximum plan benefit	No limit	€10,000
Medical practitioner fees	✓	✓
Specialist fees	✓	✓
Prescription drugs (Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	✓	€5,000
Video consultation services*	✓	✓
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 (initially limited to 12 sessions per condition; limit also applies to prescribed and non-prescribed physiotherapy sessions, where combined)	✓	€1,000
Non-prescribed physiotherapy	5 visits	5 visits
Prescribed speech therapy, oculomotor therapy and occupational therapy ²	✓	€500

Out-patient Plan benefits	ICARE PLUS	ICARE
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) - 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, up to a maximum of 15 visits per lifetime)	€600	⊗
Psychiatry and psychotherapy (Referral from doctor required for psychotherapy)	20 visits	10 visits
Prescribed medical aids	✓	⊗



Dental Plans

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

Dental Plan Benefits	Dental 2500 (It can only be purchased with the ICare Plus Core Plan)	Dental 1000 (It can only be purchased with the ICare Core Plan)	Dental 300 (It can only be purchased with the ICare Core Plan)
Maximum plan benefit	€2,500	€1,000	€300
Dental treatment and dental surgery	85%	85%	85%
Periodontics	85%	85%	85%
Orthodontic & prosthesis treatment	100%, max. €2,000 per lifetime	⊗	⊗

Repatriation Plan

The following Repatriation Plan is included in any of our Core Plans.

Repatriation Plan Benefits	ICARE Repatriation Plan
Medical repatriation² - 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 blood ² - If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs²	   Max. 7 days
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 per lifetime

* 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

We offer three geographical areas of cover:

Zone 1: Worldwide excluding USA (excl. residents in Hong Kong, China, Israel, Singapore, Switzerland, UK and Brazil)

Zone 2: Worldwide excluding USA (for insured members resident in Hong Kong, China, Israel, Singapore, Switzerland, UK and Brazil)

Zone 3: Worldwide (US residents)

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.

2. Treatment Guarantee

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 Treatment Guarantee 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 Treatment Guarantee 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

Allianz Care has a simple claims process in place to ensure that members can seek reimbursement for medical expenses. You should claim back your eligible costs via the Allianz MyHealth app or online portal. 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.

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 for smaller groups is subject to underwriting. We reserve the right to apply special conditions including the recalculation of the premium to the group scheme to reflect the higher risk due to pre-existing medical conditions or additional risk factors. Pre-existing conditions (including any pre-existing Chronic Conditions) are covered subject to the pre-existing conditions being declared on the Application Form. 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 Benefit Guide, which is issued to members upon policy inception. This Benefit Guide can also be downloaded from our website: [Aon ICare - IBG](#).

Talk to us, we love to help!

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

 **Allianz Care**
15 Joyce Way
Park West Business Campus
Nangor Road
Dublin 12
Ireland

 **Helpline**
French: + 353 1 630 1303
Toll-free from France: 00 800 66 302 302

English: + 353 1 630 1301
German: + 353 1 630 1302
Spanish: + 353 1 630 1304
Italian: + 353 1 630 1305
Portuguese: + 353 1 645 4040

 **Email:** sales@allianzworldwidecare.com

 **www.allianzcare.com**

 www.facebook.com/AllianzCare/
 www.linkedin.com/company/allianz-care
 www.youtube.com/c/allianzcare
 www.instagram.com/allianzcare/
 twitter.com/AllianzCare