

Remote Standard Plan Overall limit	\$1,000,000
Core Plan	Remote Technology Standard
Maximum plan benefit	Included in overall limit
In-patient benefits¹ - please refer to notes for more information on Treatment Guarantee	
Hospital accommodation ¹	Private room
Intensive care ¹	Full refund
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)	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 materials 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)	Full refund
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 more information on Treatment Guarantee	
Day-care treatment ²	Full refund
Kidney dialysis ²	Full refund
Out-patient surgery ²	Full refund
Nursing at home or in a convalescent home ² (immediately after or instead of hospitalisation)	\$3,375
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)	\$3,375
Local ambulance	Full refund
Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	\$50,000
Medical evacuation ² <ul style="list-style-type: none"> 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 	Full refund max 7 days
Expenses for one person accompanying an evacuated person ²	\$2,700
Travel costs of insured family members in the event of an evacuation ²	\$2,700
Repatriation of mortal remains ²	\$13,500
Travel costs of insured family members in the event of the repatriation of mortal remains ²	\$4,050

CT and MRI scans (in-patient and out-patient treatment)	Full refund
PET ² and CT-PET ² scans (in-patient and out-patient treatment)	Full refund
Oncology ² (in-patient, day-care and out-patient treatment)	Full refund
• Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes	\$270
Routine maternity ² (in-patient and out-patient treatment)	\$6,000
Complications of pregnancy and childbirth ²	\$13,500
In-patient cash benefit (per night) (where treatment has been received free of charge)	\$205, max. 25 nights
Emergency out-patient treatment	Full refund
Palliative care ²	Full refund
Long term care ²	Full refund Max. 90 days per lifetime
HIV/aids treatment ² (in-patient, day-care and out-patient treatment)	Full refund
Treatment for alcohol and drug addiction ² (in-patient and out-patient treatment)	\$15,000
Gender dysphoria services ² (in-patient, day-care and out-patient treatment) (24 month waiting period applies)	\$50,000 per lifetime
Additional Core Plan Services	
Employee 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 	Services available
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 	Services available
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. 	Services available
Olive Our Health & Wellness support program includes, for example: <ul style="list-style-type: none"> HealthSteps fitness app Access to wellness resources 	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

Out-Patient Plan	Remote Technology Standard
Maximum plan benefit	\$3,500
Deductible	\$135

Medical practitioner fees	
Prescription drugs (Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	\$1,350
Diagnostic tests	Full refund
Video consultation services	Full refund
Specialist fees	Full refund
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)	Full refund
Prescribed physiotherapy	\$600
- Non prescribed physiotherapy	10 visits
Prescribed speech therapy and occupational therapy ²	\$1,520
Vaccinations	
Health and wellbeing checks including screening for the early detection of illness or disease. Checks are limited to: <ul style="list-style-type: none"> 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) Bone densitometry (every five years for women aged 50+) Well child test (for children up to the age of six years) 	
Cancer screening. Checks are limited to: <ul style="list-style-type: none"> Annual pap smear Mammogram (every two years for women aged 45+, or younger where a family history exists) Annual prostate screening (yearly for men aged 50+, or younger 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 BRCA1 and BRCA2 genetic test (where a direct family history exists) 	\$300
Dietician	
Infertility treatment	\$16,000
Psychiatry and psychotherapy (Referral from doctor required for psychotherapy)	max. 10 visits
Prescribed medical aids	\$675
Hormone replacement therapy	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 indicated, we reserve the right to decline your claim. If the respective treatment is subsequently proven to be medically necessary, we will only pay **80%** of the eligible benefit for benefits listed with a **1**, and for those listed with a **2**, we will only pay **50%** of the eligible benefit. For further details please refer to our Benefit Guide, or simply contact our Helpline.

Chronic conditions

Chronic conditions are covered within the terms 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 are covered within the terms of your policy. 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, which 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 \$4,150. 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.

Policy Terms and Conditions

The Table of Benefits outlines 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.allianzcare.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.

Certain services which may be included in your plan are provided by third party providers, such as the Employee 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.

The following additional definitions will apply:

Gender dysphoria is the distress a person feels due to a mismatch between their gender identity and their sex assigned at birth.

Gender dysphoria services relates to any of the following medically necessary treatments:

- Behavioral health services such as counselling for gender dysphoria and related psychiatric conditions (e.g. anxiety, depression). Treatment must be prescribed by a psychiatrist or PhD clinical psychologist.
- Hormonal therapy.
- Age-related and gender-specific preventive health checks such as cervical, breast, prostate cancer screenings, as appropriate to the individuals biological anatomy.

- Gender reassignment and related surgery, if you are diagnosed as having gender dysphoria, and the following criteria are met:

- You are at least 18 years old.
- You have one letter of recommendation for surgery from a mental health professional for breast/chest surgery or two letters of recommendations from two separate mental health professional for genital surgery, including an extensive report. We will also accept a letter from a master's degree-level professional (it refers to anyone working in the mental health field – psychiatrist, mental health nurse or psychologist who has done a relevant master degree in this medical area) if the second letter is from a psychiatrist or PhD clinical psychologist.

The recommendation must be based on assessments conducted within the last 24 months and must indicate that your decision is current and not due to any other treatable condition or disorder. Each recommendation must state that the surgery is medically necessary according to evidence-based clinical guidelines.