

Table of Benefits

The table(s) below lists all of the benefits covered under the quotation. Treatment Guarantee (pre-authorization) is required for all benefits indicated with a 1 or 2 in the following table(s) and may be required for other benefits. Please refer to Notes section for more information. All benefit and deductible amounts are per person, per Insurance Year, unless otherwise indicated.

Overall plan limit GBP		£3,125,000
Core Plan		National Westminster Bank Plc
Maximum plan benefit		Included within overall maximum plan benefit
In-patient benefits¹ - please refer to notes for more information on Pre-authorization		
Hospital accommodation ¹		Private room
Intensive care ¹		Full refund
Prescribed 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 materials ¹		Full refund
Diagnostic tests ¹ (in-patient and day-care treatment only)		Full refund
Organ transplant ¹ (in-patient treatment only)		Full refund
Psychiatry and psychotherapy ¹ (in-patient and day-care treatment only)		Full refund, max. 30 days
Accommodation costs for one parent staying in hospital with an insured child under 18 ¹		Full refund
Reconstructive surgery ¹ (to restore natural function or appearance after a disfiguring accident or surgery for cancer) (where treatment for the accident or initial surgery is covered by this policy)		Full refund
Emergency in-patient dental treatment		Full refund
Other benefits² - please refer to notes for more information on Pre-authorization		
Day-care treatment ²		Full refund
Kidney dialysis ² (in-patient, day-care and out-patient treatment)		Full refund
Out-patient surgery ²		Full refund
Nursing at home or in a convalescent home ² (immediately after or instead of hospitalisation)		Full refund
Rehabilitation treatment ² (in-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases) (covered only if you've received in-patient treatment for three or more consecutive days/nights for the same medical condition)		Full refund, max. 120 days per discharge
Local ambulance		Full refund

Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	£30,000
Medical evacuation ² (in the event of emergency treatment) <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.14 days
Expenses for one person accompanying an evacuated person ²	Full refund
Travel costs of insured family members in the event of an evacuation ²	Full refund
Repatriation of mortal remains or burial expenses ²	Full refund
Travel costs of insured family members in the event of the repatriation of mortal remains ²	Full refund
Travel costs of insured members to be with a close relative who is at peril of death or who has died (one round trip per insured member per Insurance Year)	Full refund
CT and MRI scans ¹ (in-patient and day-care treatment only)	Full refund
PET and CT-PET scans ¹ (in-patient and day-care treatment only)	Full refund
Oncology ² (in-patient, day-care and out-patient treatment) <ul style="list-style-type: none"> • Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes 	Full refund £415
In-patient cash benefit (per night) (where treatment has been received free of charge)	£75 max. 20 nights
Congenital conditions ² (in-patient and day-care treatment)	£60,000 per lifetime
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)	£1,000
Palliative care ² (in-patient, day-care and out-patient treatment)	Full refund
Long term care ² (in-patient, day-care and out-patient treatment)	Full refund Max. 90 days per lifetime
HIV/AIDs treatment ² (in-patient, day-care and out-patient treatment)	£10,000
Post-hospitalisation treatment (covered when it is needed in the 90 days following discharge from in-patient or day-care treatment for the same acute medical condition)	Full refund
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:	Services available

<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 	
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	National Westminster Bank Plc
Maximum plan benefit	Included within overall maximum plan benefit
Pre-hospitalisation tests (covered when they are needed in the 72 hours before in-patient or day-care treatment)	Full refund
Medical practitioner fees	Full refund
Prescribed drugs and dressings	Full refund
Video consultation services	Full refund
Specialist fees	Full refund
Diagnostic tests	Full refund
Emergency out-patient treatment	Full refund
Chiropractic treatment, osteopathy and podiatry (max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit)	£2,500
Homeopathy, Chinese herbal medicine, Tui na, cupping, bone setting, acupuncture and ayurvedic treatment	£1,000
Prescribed physiotherapy (referral from doctor required) (initially limited to 12 sessions per condition)	Full refund
Post-hospitalisation physiotherapy (covered when required in the 90 days following in-patient or day-care discharge)	Full refund
Psychiatry and psychotherapy (Referral from doctor required for psychotherapy and initially limited to 10 sessions per condition)	£6,000
Prescribed medical aids	£1,250
Hormone replacement therapy	£325

Wellness Plan	National Westminster Bank Plc
Vaccinations	£150

Health and wellbeing checks including screening for the early detection of illness or disease.	£625
Cancer screening	£325
Annual hearing examination	£150
Annual eye examination	

Maternity Plan	National Westminster Bank Plc
Maximum plan benefit	Included within overall maximum plan benefit
Routine maternity ² (in-patient and out-patient treatment)	Full refund
Complications of pregnancy and childbirth ²	Full refund
Elective circumcision for newborn males	£307

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/€5,000/\$6,750/CHF 6,500/SGD52,650" (as applicable). 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.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.

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.