

Medical insurance benefits

Moore Stephens Isle of Man
Crew Benefits

PRECISE. PROVEN. PERFORMANCE.

Allianz Worldwide Care



Allianz Worldwide Care

We're pleased to be able to introduce you to The Allianz Group who have been offering international health insurance cover for almost 30 years. Allianz Worldwide Care was created in 1999 as the Group's specialist international medical insurance division.

Allianz Worldwide Care specialises in providing international health insurance for employees, individuals and their dependants. The company can provide health insurance to expatriates, third country nationals and local employees, subject to local legislation. The multinational team at Allianz Worldwide Care mirrors the cultural diversity of its clients, combining a wide range of language skills with an extensive knowledge of regional cultures.

It is recognised as a leading provider of international health insurance handling claims for members based in over 197 countries and territories.

Provider Network

Allianz Worldwide Care has direct billing arrangements in place in over 170 countries. Its global network provides members with direct billing access to over 560,000 physicians and 5,000 hospitals. This includes predominantly physical facilities, such as hospitals, clinics, laboratories, pharmacies, etc. Additionally, Allianz Worldwide Care has identified over 7,100 individual practitioners in 197 countries and territories in order to improve network access for its insured membership.

International Healthcare Plans Table of Benefits Yacht Crew Plan

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	Yachts
Maximum plan benefit EUR (€)	€2,250,000
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 treatments only)	Full refund
Organ transplant 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
Kidney dialysis ²	Full refund
Out-patient surgery ²	Full refund
Local ambulance	Full refund
Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	Full refund Max. 42 days

Medical evacuation ² • Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre ² • Where ongoing treatment is required, we will cover hotel accommodation costs ² • Evacuation 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 costs ²	Full refund Max. 7 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	€2,000 per event
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)	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
Routine maternity ² (in-patient and out-patient treatment)	€3,000
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)	Full refund
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 ²	Full refund
Long term care ²	Full refund, Max. 30 days per lifetime

Out-patient plan	Yachts
Maximum plan benefit	€10,000
Out-patient benefits	
Medical practitioner fees and prescription drugs	80% refund
Specialist fees	80% refund
Diagnostic tests	80% refund

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 screen (yearly for men aged 50+, or earlier where a family history exists) - Colonoscopy (every five years for member 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 the age of six years, up to a maximum of 15 visits per lifetime)	80% refund, up to €750
Prescribed glasses and contact lenses	80% refund, up to €200

Repatriation plan	
Medical repatriation ² • 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 ² • Where ongoing treatment is required, we will cover hotel accommodation costs ² • 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 costs	Full refund Max. 7 days
Expenses for one person accompanying a repatriated person ²	Full refund
Travel costs of insured family members in the event of repatriation ²	€2,000 per event
Travel costs of insured member to be with a family member who is at peril of death or who has died	€1,500 per lifetime

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 benefits 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 €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.

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.

The benefits under this policy are provided as a supplement to Protection and Indemnity (P&I) coverage and the policy is subject to valid P&I coverage being in place. Benefits are only payable when the treatment costs incurred are not eligible for reimbursement under the P&I coverage and are payable only in respect of eligible treatment occurring on shore (including for medical conditions that have commenced whilst on board the ship). Benefits are payable in accordance with the benefit limits described above and subject to the policy terms and conditions.

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