

Medical insurance benefits

Moore Dixon Crew Benefits

Allianz Worldwide Cares



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 dependents. 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 benefits EUR (€)	€2,250,000
In patient Benefits¹ - Please refer to notes for Treatment Guarantee	
Hospital accommodation ¹	Private room
Prescription drugs and materials ¹	Full refund
<small>(in-patient and day-care treatment only) (Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)</small>	
Surgical fees, including anesthesia and theatre charges ¹	Full refund
Physician and therapist fees ¹ <small>(in-patient and day-care treatment only)</small>	Full refund
Surgical appliances and prostheses ¹	Full refund
Diagnostic tests ¹ <small>(in-patient and day-care treatments only)</small>	Full refund
Organ transplant	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
Local ambulance	Full refund
Emergency treatment outside area of cover <small>(for trips of a maximum period of six weeks)</small>	Full refund, max, 42 days.

Moore Dixon Crew Benefits

Medical evacuation ²	Full refund
<ul style="list-style-type: none"> •Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre. This benefit only applies when your home country is within your area of cover² •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
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
•Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes	€200 per lifetime
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

Additional Core Plan Benefits

Employee Assistance Programme offers access to a range of 24/7 multilingual support services as follows:	Covered
<ul style="list-style-type: none"> •Confidential professional counselling (in-person, phone, video and chat) •Legal and financial support services •Critical incidents support •Wellness website access 	
Travel Security Services offers 24/7 access to personal security information and advice for all your travel safety queries. This includes:	Covered
<ul style="list-style-type: none"> •Emergency Security Assistance Hotline •Country intelligence and security advice •Daily security news, updates and travel safety alerts 	

Out-patient Plan

Maximum plan benefit	€10,000
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Out-patient Benefits

Medical practitioner fees and prescription drugs (Prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	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:	80% refund,
•Physical examination	up to €750
•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)	
Prescribed glasses and contact lenses including eye examination	80% refund, up to €200

Repatriation Plan

Medical repatriation ²	Full refund
<ul style="list-style-type: none"> •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. This benefit only applies when 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 blood² •If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs² 	
Expenses for one person accompanying a repatriated person ²	Full refund
Travel costs of insured family members in the event of a repatriation ²	€2,000 per event
Travel costs of insured members to be with a family member who is at peril of death or who has died	€1,500

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 €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.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.

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.

Moore Dixon Brokers Limited

PO Box 25, 26-28 Athol Street, Douglas
Isle of Man, IM991BD British Isles

T +44 (0)1624 662020

E enquiries@mdcb.im

www.mdcb.im