



Allianz
Partners

Peace of mind, just a click away.

Welcome to Allianz Partners

S&P Global



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 - 2 Getting started – My Health App

 - 3 Your Benefits & FAQs

 - 4 Getting treatment & FAQs

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Local setup - UAE



Insurer – Orient Insurance P.J.S.C.

Cover administrator – Nextcare (inside the UAE) & Allianz Partners (outside the network or outside the UAE)



In-region support services

- 24/7 Helpline
- Medical Services
- Claims



Provider network

Inside the MEA region: Nextcare network

Rest of the World: Allianz Partners global network



MyHealth Digital
Services for members

LUMI 
MOBILE APP





Getting Started





Welcome to MyHealth

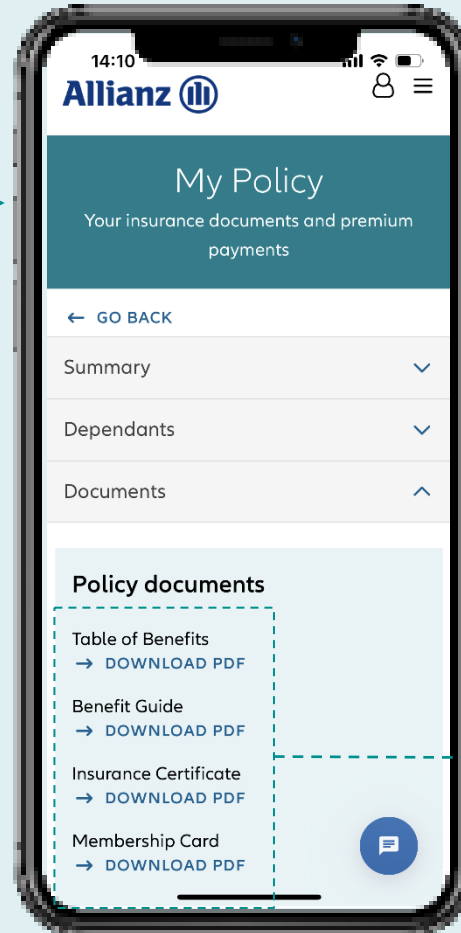
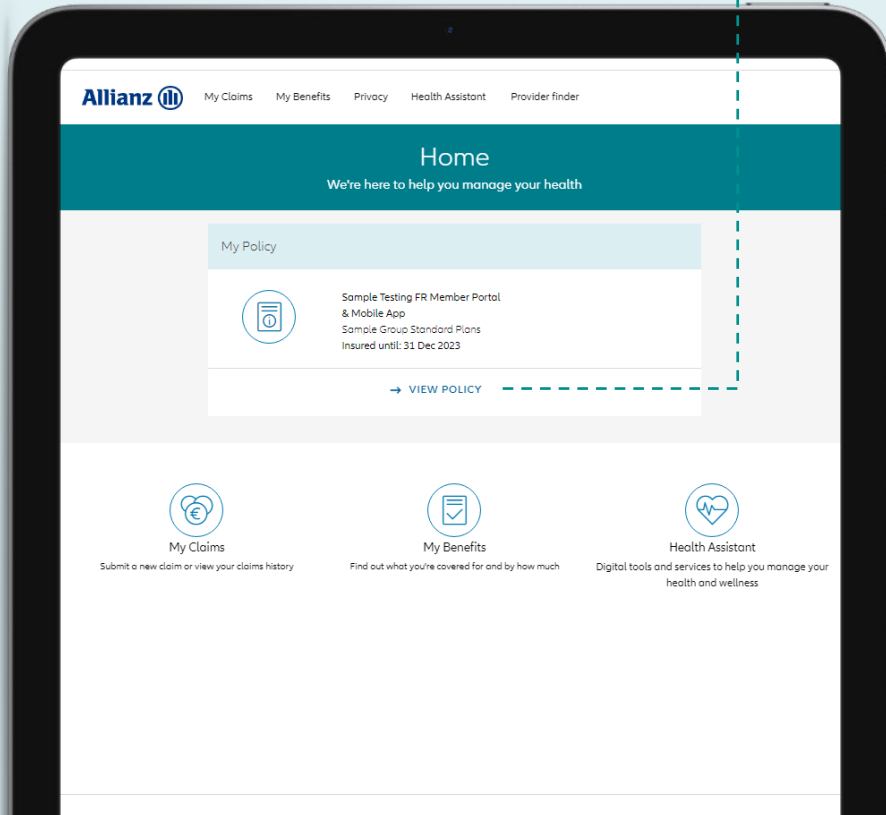
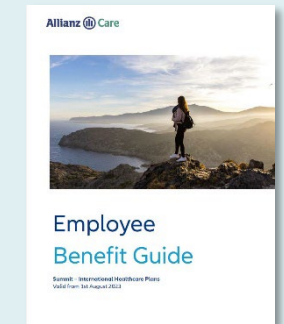


Table of Benefits



Benefit Guide



Insurance certificate



Membership card





BEST-IN-CLASS SERVICE



MyHealth digital services for members



Manage account



Health & Wellness Hub



Policy information



Telehealth Hub



Easy claims submission



Provider finder



LiveChat



LUMI 
MOBILE APP

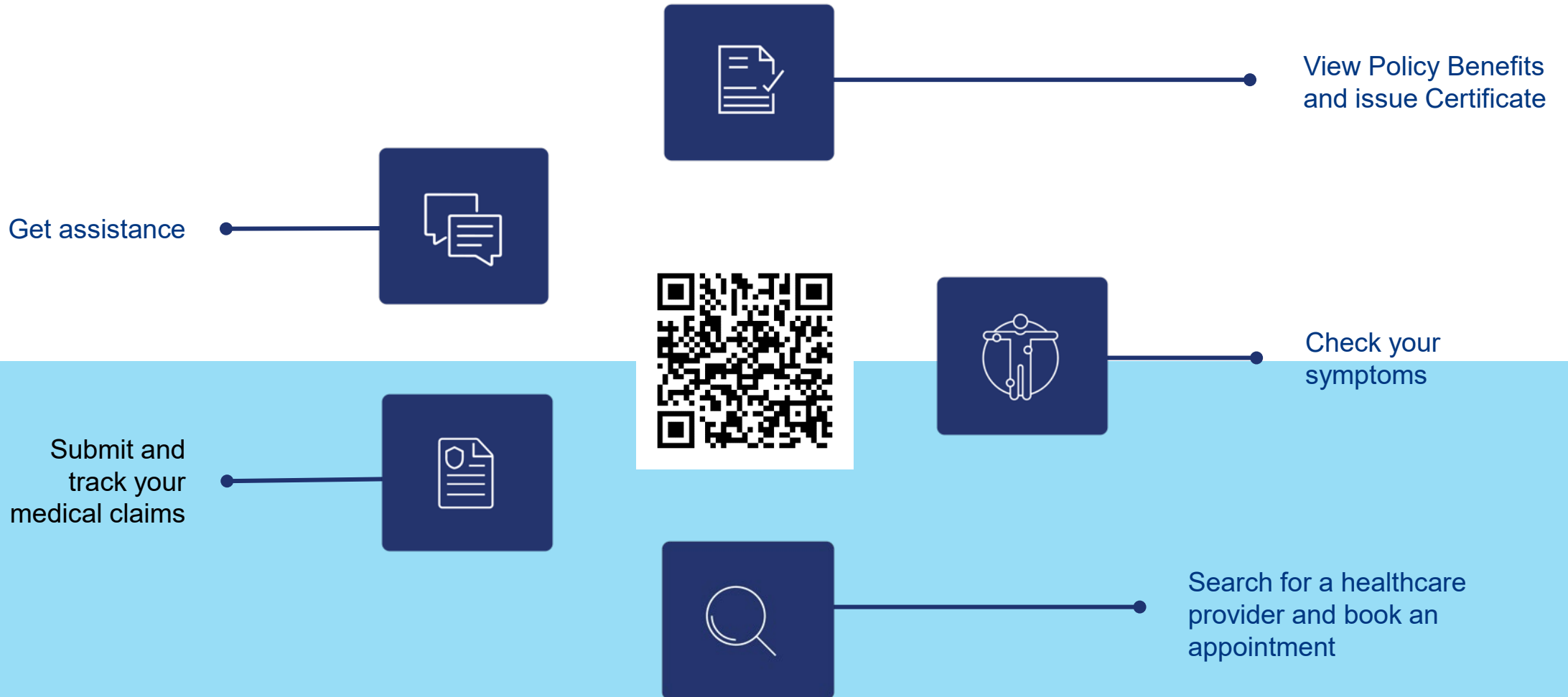
A company of **Allianz**  **Partners**

nextcare



INTRODUCING THE LUMI APP

Download the app from your App Store or scan the QR code below and get access to the services listed below.





FAQs – Policy Documents

How can I get an insurance certificate for the purposes of visa application?

Members can directly reach out to the Customers Services Team via call or Email to request for an insurance certificate to be issued for visa applications or travel. Kindly ensure that you allow for at least **2-3 working days** for any such requests to be processed also ensuring that you **mention the country that the visa application is for.**

What do I do if I am facing issues with mobile app (MyHealth app)?

You may contact our customer services via call or Email on the details mentioned at the end of this presentation (Slide 31)

Your Benefits



CORE & OUTPATIENT BENEFITS PLAN



Core Plan Benefits

Area of Cover	Worldwide Excl USA <i>(Emergency in USA Covered for trips of a maximum period of six weeks - max. 28 days)</i>
Annual Limit	\$13,400,000
Private room, Doctor fees, Surgery fees, Prescription Drugs, Dressings & Diagnostic tests	Covered in full
Advanced Imaging - CT, MRI & PET scans	Covered in full
Oncology , Kidney Dialysis, Organ Transplant	Covered in full

Out-patient Plan Benefits

GP, Specialist Consultation, Prescribed Diagnostic tests and Drugs	Covered in full
Prescribed physiotherapy (referral from doctor required) (initially limited to 12 sessions per condition)	Covered up to 50 visits
Chiropractic treatment, osteopathy, and podiatry <i>(max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit)</i>	Covered up to 30 visits
Homeopathy, Chinese herbal medicine, acupuncture and ayurvedic treatment	Covered up to 30 visits
Prescribed medical aids <i>(Reimbursement)</i>	\$11,200
Psychiatry and psychotherapy <i>(Referral from doctor required for psychotherapy)</i>	Covered in full

WELLNESS & MATERNITY PLAN



Wellness Plan Benefits (reimbursement only*)

Annual Health and wellbeing checks including screening for the early detection of illness or disease , cancer screening Paid up to \$2,000

Vaccinations (up to and including 18 years of age) Covered in full

Wellness Packages Available on direct billing at the below providers :

Kings College Hospital.
Healthbay Polyclinic
Valiant Clinics
Fakeeh University Hospital
Burjeel Hospital, Najda – Abu Dhabi
Burjeel Day Surgery Center – Abu Dhabi

Routine Maternity

Full refund

Complications of pregnancy and childbirth

Full refund

Antenatal care

(within the limits outlined by the Dubai Health Authority protocols)

Full refund

DENTAL & OPTICAL PLAN



Dental Limit	\$4,100
Routine and Major Restorative treatment	Full refund
Dental prostheses & Implants	50% refund
Periodontics & Dental Surgery	Full refund
Orthodontics**	50% refund

***Orthodontic Treatment covers devices to correct malocclusion (misalignment of your teeth and bite).*

We only cover orthodontic treatment that meets the medical necessity criteria.

As the criteria is very technical, please contact us before starting new treatment so we can verify if your treatment meets the criteria.

You will need to send us some supporting information to show that your treatment is medically necessary and therefore covered by your plan

Optical Limit	\$425
Prescribed glasses and contact lenses	75% refund Up to \$425

FAQs – Benefits

How many physiotherapy sessions are covered and what is the process?

Treatment needs to be provided by a registered physiotherapist following a referral by a doctor.

A preapproval is provided for 5 sessions, after which the **treatment must be reviewed by the doctor who referred you**. If you need further sessions, a new progress report after 5 sessions is required from the medical provider, indicating the medical necessity for more treatment. (Members don't need to see the doctor again to get a progress report as this will be send direct from the medical provider for direct billing cases)

What cover is provided under Prescribed Medical aids and what is the process?

Any device that is prescribed and medically necessary, such as crutches, wheelchairs, orthopedic supports/braces, artificial limbs and prostheses is covered under this benefit. The list is not specific and limited. You can contact Allianz if you have specific questions.

Prescribed Medical Aids are **covered on pay and claim** basis and are not available on direct billing. Please get a prescription from the Doctor along with the invoice for the Medical equipment. You can pay and submit the claim for reimbursement.

FAQs - Benefits

Does my policy cover counselling and therapy sessions?

Yes, this is covered under the Psychiatry and Psychotherapy benefit.

What is covered under this benefit?: Treatment of mental, behavioral and personality disorders.

What is the criteria of coverage for this benefit?: The treatment must be carried out by a psychiatrist, clinical psychologist or licensed psychotherapist. The condition must be clinically significant and the treatment medically necessary.

Important points to note:

1. *Out-patient psychotherapy treatment requires referral by a doctor and is limited to 10 sessions per condition initially.*
2. *After every 10 sessions, a psychiatrist must review the treatment.*
3. *If you need more sessions, you must send us a progress report that indicates the diagnosis and the medical necessity for further treatment.*

Does my policy cover Vitamin D test and medications?

For a member to be covered, a detailed explanation about the symptoms / diagnosis on the reason for the recommendation needs to be provided by the treating doctor. As soon as the test is approved and result is showing vitamin D deficiency (according to the DHA guidelines) then the prescribed medication will be covered.

Getting Treatment



GETTING TREATMENT



Emergency



Evacuation & Repatriation



Get the emergency treatment you need.



You, your physician or one of your dependents needs to call our Helpline **within 48hrs.**



Contact our helpline as soon as an evacuation or repatriation is required.

Phone: +353 1 630 1301

Email: medical.services@e.allianz.com



We'll work with our partners to organise a swift transfer to appropriate care.

Pre-approval process (Outside UAE & Outside the network)

Treatment
scheduled
within 72 hours?

Call us (8006334 /
+35316301301), we
will take the details
over the phone



Pre approval

Form to be completed and sent to us **5 days** before treatment. **Form can be downloaded from My Health app or via the policy online portal**

<https://www.allianzcare.com/en/myhealth-online.html>



Guarantee of payment

We will issue a Guarantee of Payment to the medical provider authorising treatment



Hospital Admission

Get admitted into hospital to get the treatment you need.

Show your Digital membership card accessible in MyHealth app.



Direct Settlement

We arrange direct settlement of your bills with your medical provider

FAQs – Pre Approvals

Can I receive treatment in my home country or anywhere outside my work location?

You are covered worldwide excluding the United States. You can therefore receive treatment in any country, except the United States and any sanctioned countries.

- *For outpatient treatment, you can pay and claim as per the usual claim's reimbursement process.*
- *For inpatient treatment, please reach out to us at least 5 days prior to your treatment date so that they can reach out to the provider and try to arrange a guarantee of payment (GOP). This way, we can settle the costs with the provider directly (as long as the provider agrees to this)*

Note: please ensure you have all necessary pre-approvals in place before going for any planned in-patient treatments.

Can I choose to receive treatment at a facility that is not part of the network?

Allianz have a wide network regionally and globally and we therefore ask you to try to remain in the network as much as possible. Please refer to the Provider Finder in the Myhealth App to know which providers are part of your network.

However, if you do choose to receive your treatment outside the network, you can opt to pay and claim. We would recommend that you check your Benefits and seek pre-approval for treatment incurred outside of the network.

FAQs – Pre Approvals

What is the pre-approval procedure?

If you are receiving treatment within the network, your provider will reach out to Allianz for the necessary pre-approvals. However, if you are receiving the treatment outside the network, it is your responsibility to check if the planned treatment is covered under this insurance and seek approval from the insurance company.

Failure to obtain pre-approval will result in deduction in the amount reimbursable for eligible benefits.

When is a Pre-approval required?

There is no pre-approval necessary in case of an emergency; however, Allianz must be informed within 48 hours to ensure that the claim is covered in full.

Your Table of Benefits will call out treatments that require our pre-approval (via a Pre-authorization Form). Benefits which have a 1 or 2 mentioned next to them will require pre-approvals. These are mostly in-patient and high-cost treatments and therefore a need for a pre-approval.

Treatments which require Pre-approvals would include (but not be limited to) – All Inpatient treatment, Maternity, MRI / CT scans and Physiotherapy.

Pay and claim

We aim to process your claim within **48 hours** when all required information has been submitted.



Treatment

Get the treatment you need and the invoice from your medical provider.



Payment

Pay the medical provider.



Claim submission

Submit your claim in 3 simple steps via MyHealth Digital Services.

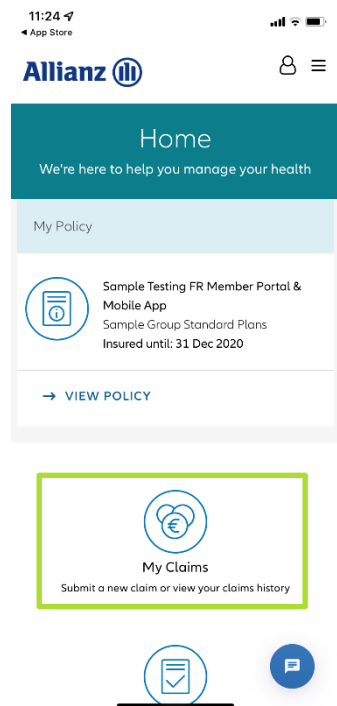


Reimbursement

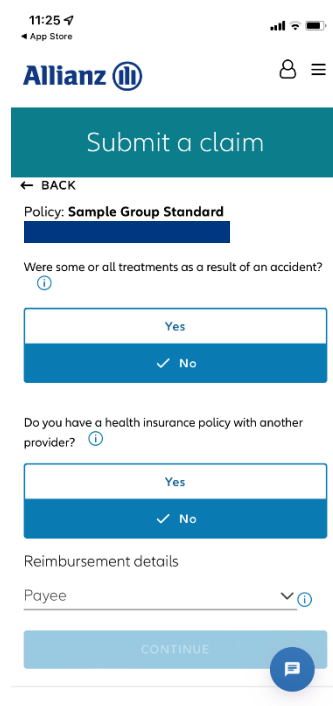
We'll settle your claim and pay your admissible cost.

FAQs – Pay and Claim

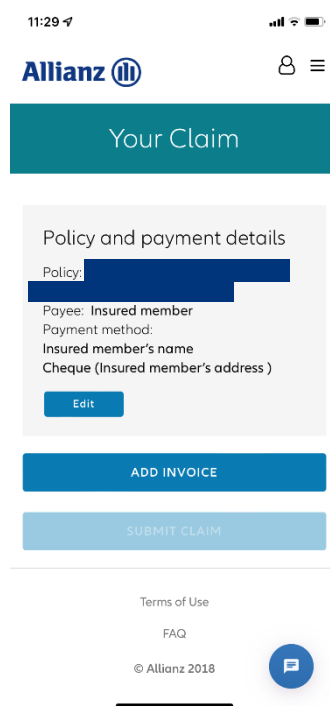
How do I submit a reimbursement claim?



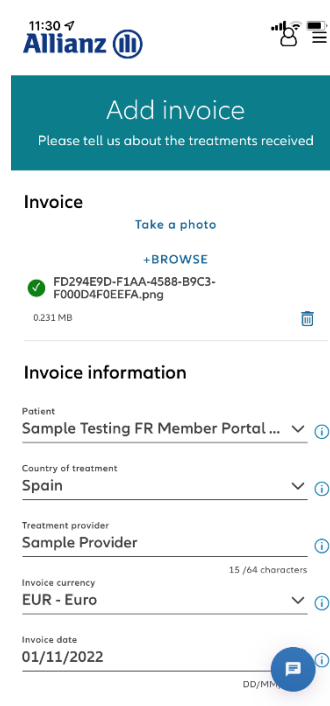
Open your MyHealth App and click “My claims”.



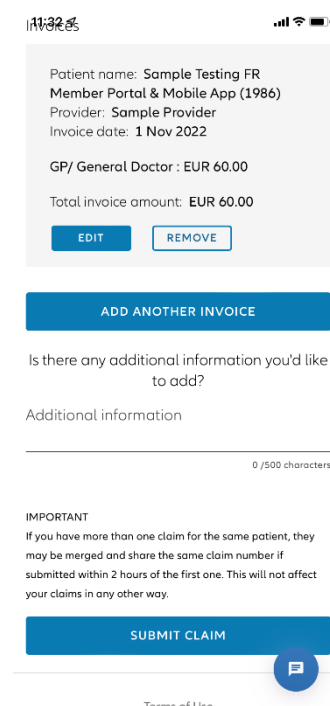
Tick the relevant boxes and fill out the payment details (first time only).



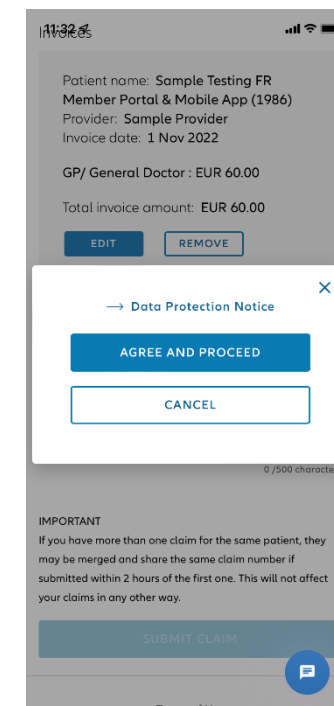
Click “Add invoice” to upload the invoice from your phone or take an In-App-photo.



Once the invoice is added, fill out the requested information on the following pages (treatment details).



Click “Save invoice” and then “Submit claim”. Got more invoices? No problem! Click “Add another invoice” and repeat the process.



Please confirm the Data Protection Notice, otherwise the claim cannot be processed.

FAQs – Pay and Claim

What documents do I need to submit?

Please submit all relevant documents related to the claim and not just the invoice. We need the following documents to process reimbursement claims :

- ✓ *Itemized Invoice - signed and stamped by the Doctor*
- ✓ *Medical Reports with diagnosis – when diagnostic tests are prescribed*
- ✓ *Doctor's referral when required*
- ✓ *Prescription along with Pharmacy invoice for prescribed medication*
- ✓ *Proof of payment in the form of credit card receipt or invoice stamped as PAID when payment is in cash*

Why has my claim been rejected / put on hold?

If documentation provided is deemed insufficient, Allianz will write back to you requesting further information. Unless all required documents are submitted, claims cannot be processed.

If certain treatment is not covered by the policy, the claim can be declined. Please refer to the Employee benefit guide on the My Health App for the list of exclusion.

FAQs

Why is there a deduction in the reimbursement amount? What does Reasonable & Customary mean?

Please note that the reimbursement claims are subject to evaluation on submission level as per the policy terms and conditions and the usual customary rates (average price for same service within the network)

Allianz will only reimburse the cost of medical providers where their charges are reasonable and customary and in accordance with standard and generally accepted medical procedures for treatment costs that are usual within the country of treatment. Reasonable and customary also extends to visiting doctors and community-based doctors.

Are Home Visits covered ? What should I do when I am too sick to visit a doctor?

Home visits are not covered under the policy as they are an exclusion. Exceptions can be made, when necessary, after the sudden onset of an acute illness that leaves you incapable of visiting your doctor or therapist. It is very important to note that Home visit providers are not part of the Network and charge above standard market rates. As a result, there are bound to be major deductions in the amount reimbursed as reimbursement is based on R&C charges. We highly advise you to use your Telehealth service with Live Doc.



Key takeaways & contacts





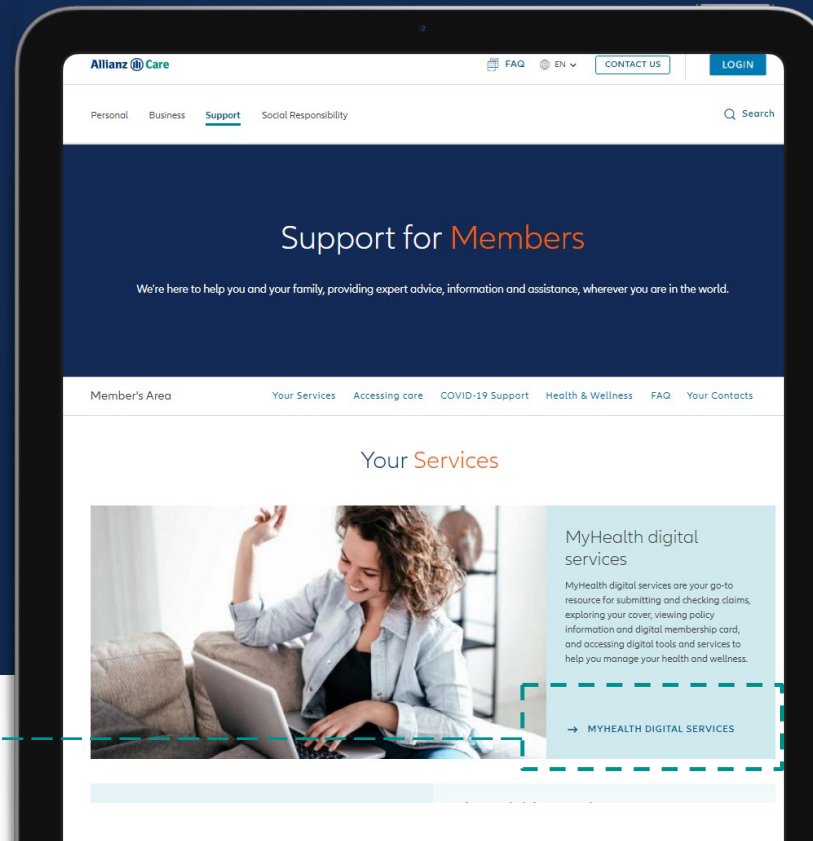
KEY TAKEAWAYS

What should you do to get started?

Download MyHealth



- ✓ Manage account
- ✓ Policy information
- ✓ Easy claims submission
- ✓ Telehealth Hub
- ✓ Provider finder
- ✓ Health & Wellness Hub
- ✓ LiveChat



Visit **Member Support** page

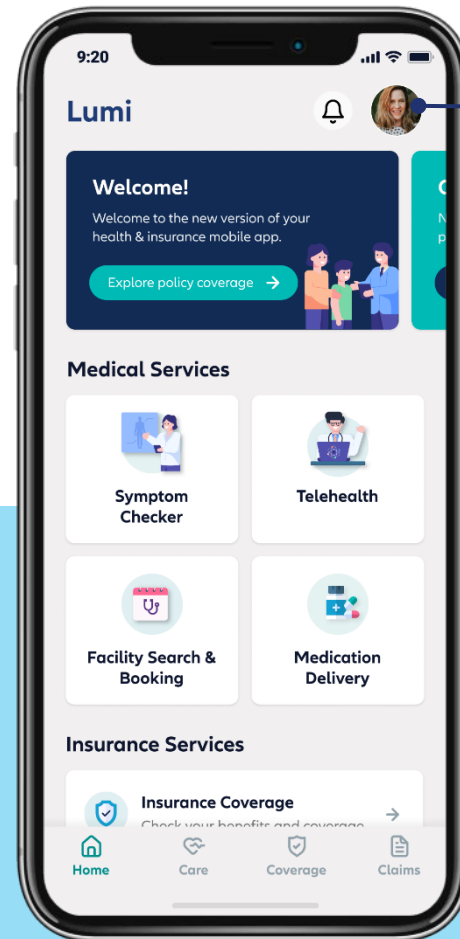
- ✓ On-demand how-to videos
- ✓ Access forms, brochures and guides
- ✓ Access all our digital tools
- ✓ Register for webinars
- ✓ Consult FAQs
- ✓ Contact details and chat
- ☞ [Member Support page](#)



THE HOMESCREEN

Menu

- Notifications
- My Documents
- Change language
- Legal information
- Log out



Click to view personal information and change account settings

IMPORTANT CONTACT DETAILS

Talk to us, we love to help!

Our multilingual Helpline is available 24 hours a day, 7 days a week to handle any questions about your policy or if you need assistance in an emergency.

Helpline:



800 6334

(calling toll-free from within the UAE)

+971 (0)56 681 9977

(calling from within or outside the UAE)

+353 1 629 7141

(International Medical Assistance for emergency or planned hospitalisation outside the UAE)



AZChelpline@nextcarehealth.com



+971 (0) 4 206 9666

Did you know...

...that most of our members find that their queries are handled quicker when they call us?

CONTACT DETAILS

Important contact points (KSA)



Email us:

Precertification

- ems-ksa@nextcarehealth.com

Chronic Medications Program

- pharmacy-ksa@nextcarehealth.com

Member Portal Support

- mynextcaresupport-ksa@nextcarehealth.com



Call us:

Inside KSA

- 920003055

Outside KSA

- +353 1 6297141

AON MIDDLE EAST

Escalation Matrix

CLAIMS RELATED QUERIES

Fahad | Claims Assessor

Aon Middle East

Contact Number: +971 4 2026219

Email: fahad.kondivkar@aon.ae

DAY-TO-DAY QUERIES

Tumasp Vazifdar | Senior Account Executive

Global Benefits – Aon Middle East

Email: tumasp.vazifdar@aon.com

Joshua D'Souza | Account Manager

Global Benefits – Aon Middle East

Email: joshua.dsouza@aon.ae

ESCALATIONS

Kaizaad Kavarana | Portfolio Director

Global Benefits – Aon Middle East

Email: kaizaad.kavarana@aon.ae

Thank you!

