

Allianz Family HealthCare

Benefits Table	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Room & Board	As Charged.						
Intensive Care Unit (ICU)							
Surgical Fees							
In-Hospital Consultation Fees							
Miscellaneous Hospital Expenses							
Pre & Post Hospital Treatment							
Accidental Emergency Outpatient and Dental Treatment Outpatient Kidney Dialysis and Cancer Treatment							
Daily Hospital Cash	\$50	\$50	\$50	\$50	\$100	\$100	\$100
Alternative Treatment (20% co-insurance)	\$200	\$250	\$300	\$350	\$400	\$500	\$600
Recuperative Benefit	\$500	\$500	\$750	\$750	\$1,000	\$1,000	\$2,000
Compassionate Benefits	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Emergency Evacuation Benefit	Nil	Nil	Nil	Nil	Nil	\$100,000	\$100,000
Accidental Death Benefit	\$7,500	\$15,000	\$30,000	\$50,000	\$75,000	\$100,000	\$200,000
Annual Limit	\$7,500	\$15,000	\$30,000	\$50,000	\$75,000	\$100,000	\$200,000

Premium Rates	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Age at Next Birthday	Male/Female	Male/Female	Male/Female	Male/Female	Male/Female	Male/Female	Male/Female
0-4	247/247	258/258	332/332	416/416	495/495	579/579	774/774
5-18	187/181	199/192	257/251	325/318	390/384	466/460	638/633
19-25	223/217	235/228	301/295	379/373	453/447	534/527	720/714
26-30	235/273	246/284	316/365	398/458	474/544	556/632	748/839
31-35	247/287	258/298	332/382	416/480	495/569	579/659	774/872
36-40	259/301	271/313	347/400	434/502	516/595	601/687	802/904
41-45	295/331	307/342	391/437	489/546	580/646	670/742	884/971
46-50	307/345	318/356	407/454	507/567	600/670	693/769	910/1002
51-55	439/433	451/445	571/565	709/703	831/826	942/936	1209/1203
56-60	500/469	511/481	646/610	800/758	937/888	1055/1004	1345/1284
61-65 (renewable only)	692/618	704/631	886/796	1093/984	1272/1149	1418/1285	1779/1622
66-70 (renewable only)	980/878	993/890	1246/1120	1532/1379	1777/1603	1964/1776	2432/2209
71-75 (renewable only)	1400/1214	1414/1227	1771/1540	2173/1891	2512/2191	2758/2411	3382/2969

Note: The rates are for Occupational Class 1 and 2 and are subject to Goods and Services Tax (GST).

Allianz HealthCare: Premium Rates.

For Group Size ≤ 10 (See Note)

Age Next Birthday									
0-18	\$173	\$182	\$235	\$296	\$354	\$418	\$565		
19-25	\$188	\$197	\$253	\$319	\$382	\$450	\$608		
26-30	\$216	\$225	\$289	\$363	\$432	\$504	\$673		
31-35	\$227	\$236	\$303	\$380	\$451	\$525	\$698		
36-40	\$238	\$248	\$317	\$397	\$471	\$547	\$723		
41-45	\$266	\$276	\$351	\$440	\$520	\$599	\$786		
46-50	\$277	\$287	\$366	\$456	\$539	\$620	\$810		
51-55	\$370	\$380	\$482	\$599	\$702	\$796	\$1,023		
56-60 (for renewal only)	\$411	\$421	\$533	\$661	\$774	\$873	\$1,115		
61-65 (for renewal only)	\$556	\$567	\$713	\$881	\$1,026	\$1,145	\$1,441		
For Group Size > 10 <small>(See Note)</small>									
Age Next Birthday									
0-18	\$148	\$155	\$200	\$252	\$301	\$356	\$481		
19-25	\$160	\$168	\$216	\$272	\$325	\$383	\$517		
26-30	\$184	\$192	\$246	\$309	\$368	\$429	\$573		
31-35	\$193	\$201	\$258	\$323	\$384	\$447	\$594		
36-40	\$203	\$211	\$270	\$338	\$401	\$465	\$615		
41-45	\$227	\$235	\$299	\$374	\$442	\$510	\$669		
46-50	\$236	\$244	\$312	\$388	\$459	\$527	\$689		
51-55	\$315	\$323	\$410	\$510	\$597	\$677	\$870		
56-60 (for renewal only)	\$350	\$358	\$454	\$562	\$658	\$743	\$948		
61-65 (for renewal only)	\$473	\$482	\$607	\$749	\$873	\$974	\$1,225		

Note: Premium rates are for Occupational Class 1 and subject to Goods and Services Tax (GST).