












Benefit Schedule

WorldCare Excel - Individual and families Plan

Benefit	Excel
Annual Maximum Plan Limit 24/7 helpline and assistance services available on all Plans	USD 4m
1. Maintenance of Chronic Medical Conditions: <i>Maintenance of chronic Medical Conditions such as but not limited to asthma, diabetes and hypertension requiring ongoing or long-term monitoring through consultations, examinations, check-ups, Drugs and Dressings and/or tests up to the Benefit limits detailed following Your Entry Date. This Benefit does not cover renal failure and dialysis. Claims for this will fall under Benefit 6. Claims for Cancer will fall under Benefit 8.</i>	 Full refund
2. Hospital Charges, Medical Practitioner and Specialist Fees: i) <i>Charges for In-Patient or Day-Patient Treatment made by a Hospital including charges for accommodation (ward/semi-private or private); Diagnostic Tests; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a Qualified Nurse; Drugs and Dressings prescribed by a Medical Practitioner or Specialist; and surgical appliances used by the Medical Practitioner during surgery. This includes pre and post-operative consultations while an In-Patient or Day-Patient and includes charges for intensive care.</i> ii) <i>Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an Eligible Medical Condition which required In-Patient or Day-Patient Hospital Treatment.</i>	(i)  Full refund Pre-Authorisation for (i) 📞 (ii)  Up to USD 2,000 per Medical Condition
3. Diagnostic Procedures: <i>Medically Necessary diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an In-Patient, Day-Patient or Out-Patient.</i>	Pre-Authorisation for PET 📞  Full refund
4. Emergency Ambulance Transportation: <i>Emergency road ambulance transport costs to or between Hospitals, or when considered Medically Necessary by a Medical Practitioner or Specialist.</i>	 Full refund
5. Parent Accommodation: <i>The cost of one parent staying in Hospital overnight with an Insured Person under 18 years old while the child is admitted as an In-Patient for Eligible Treatment.</i>	 Full refund
6. Renal Failure and Renal Dialysis: (i) <i>Treatment of renal failure, including renal dialysis on an In-Patient basis.</i> (ii) <i>Treatment of renal failure, including renal dialysis on a Day-Patient or Out-Patient basis.</i>	(i)  Full refund (ii)  Up to USD 100,000 per Period of Cover
7. Organ Transplant: i) <i>Treatment for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the Insured Person as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under Benefit 12 but excluded from Benefit 7 – Organ Transplant.</i> ii) <i>Medical costs associated with the donor as an In-Patient or Day-Patient, with the exception of the cost of the donor organ search.</i> <i>We only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO guidelines.</i>	(i)  Full refund (ii)  Up to USD 50,000 per Period of Cover
8. Cancer Treatment: <i>Treatment given for Cancer received as an In-Patient, Day-Patient or Out-Patient. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis.</i>	 Full refund

Benefit	Excel
<p>9. Pregnancy and Childbirth Medical Conditions:</p> <p>In-Patient Treatment of an Eligible Medical Condition which arises during the antenatal stages of Pregnancy, or an Eligible Medical Condition which arises during childbirth. As an illustration, We would consider Treatment of the following:</p> <ul style="list-style-type: none"> • Ectopic Pregnancy (where the foetus is growing outside the womb); • Hydatidiform mole (abnormal cell growth in the womb) • Retained placenta (afterbirth retained in the womb) • Placenta praevia • Eclampsia (a coma or seizure during Pregnancy and following pre-eclampsia) • Diabetes (If You have exclusions because of Your past medical history which relate to diabetes, then You will not be covered for any Treatment for diabetes during Pregnancy) • Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth) • Miscarriage requiring immediate surgical Treatment • Failure to progress in labour 	<p style="text-align: center;">▶ Full refund</p>
<p>10. New Born Cover:</p> <p>In-Patient Treatment of premature birth (i.e. prior to age 37 weeks gestation) or an Acute Condition being suffered by a New Born baby of an Insured Person which manifests itself within 30 days following birth. Provided that the New Born baby is added to the Plan within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.</p>	<p style="text-align: center;">▶ Up to USD 125,000 per Period of Cover</p>
<p>11. Hospital Accommodation for New Born Accompanying their Mother:</p> <p>Hospital Accommodation costs relating to a New Born baby (up to 16 weeks old) to accompany its mother (being an Insured Person) while she is receiving Eligible Treatment as an In-Patient in a Hospital.</p>	<p style="text-align: center;">▶ Full refund</p>
<p>12. Congenital Disorder:</p> <p>In-Patient Treatment for a Congenital Disorder. In circumstances where a Congenital Disorder manifests itself in a New Born baby within 30 days of birth, cover for such Medical Conditions will be provided under Benefit 10 but excluded from Benefit 12 – Congenital Disorders.</p>	<p style="text-align: center;">▶ Up to USD 125,000 per Period of Cover</p>
<p>13. Reconstructive Surgery:</p> <p>Reconstructive surgery required to restore natural function or appearance following an Accident or following a Surgical Procedure for an Eligible Medical Condition, which occurred after an Insured Person's Entry Date or Start Date whichever is later.</p>	<p style="text-align: center;">▶ Full refund</p>
<p>14. Rehabilitation:</p> <p>When referred by a Specialist as an integral part of Treatment for a Medical Condition necessitating admission to a recognised Rehabilitation unit of a Hospital. Where the Insured Person was confined to a Hospital as an In-Patient for at least three consecutive days, and where a Specialist confirms in writing that Rehabilitation is required. Admission to a Rehabilitation unit must be made within 14 days of discharge from Hospital. Such Treatment should be under the direct supervision and control of a Specialist and would cover:</p> <ol style="list-style-type: none"> Use of special Treatment rooms Physical therapy fees Speech therapy fees Occupational therapy fees 	<p style="text-align: center;">▶ Full refund</p>
<p>15. In-Patient Emergency Dental Treatment:</p> <p>This means Emergency restorative dental Treatment required to sound, natural teeth following an Accident which necessitates Your admission to Hospital for at least one night.</p> <p>The dental Treatment must be received within 10 days of the Accident. This Benefit covers all costs incurred for Treatment made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:</p> <ul style="list-style-type: none"> • If the Treatment involves replacing a crown, bridge facing, veneer or denture, We will pay only the reasonable and customary cost of a replacement of similar type or quality • If implants are clinically needed We will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead • Damage to dentures providing they were being worn at the time of the injury 	<p style="text-align: center;">▶ Full refund</p>
<p>16. In-Patient Psychiatric Treatment:</p> <p>In-Patient Treatment in a recognised Psychiatric unit of a Hospital. All Treatment must be administered under the direct control of a Registered Psychiatrist.</p>	<p style="text-align: center;">▶ Pre-Authorisation 📞</p> <p style="text-align: center;">▶ Full refund limited to 30 days per Period of Cover</p>
<p>17. Terminal Illness:</p> <p>Palliative and Hospice Care: On diagnosis of a Terminal illness, costs for any In-Patient, Day-Patient or Out-Patient Treatment given on the advice of a Medical Practitioner or Specialist for the purpose of offering temporary relief of symptoms. Charges for Hospital or hospice accommodation, nursing care by a Qualified Nurse and prescribed Drugs and Dressings are covered.</p>	<p style="text-align: center;">▶ Up to USD 75,000 lifetime limit</p>


Benefit

Excel

18. Emergency Non-Elective Treatment USA Cover:

For planned trips up to 30 days of duration. **Treatment** by a **Medical Practitioner** or **Specialist** starting within 24 hours of the **Emergency** event, required as a result of an **Accident** or the sudden beginning of a severe illness resulting in a **Medical Condition** that presents an immediate threat to the **Insured Person's** health.

Charges relating to routine **Pregnancy** and **Pregnancy and Childbirth Medical Conditions** are specifically excluded from this **Benefit**.

 **Accident:** Full refund for **Accident** requiring **In-Patient** and **Day-Patient** care

 **Illness:** **In-Patient** and **Day-Patient** care up to USD 35,000 per **Period of Cover**
Out-Patient Treatment in an **Accident** and **Emergency** Department in a **Hospital** up to USD 500 per **Period of Cover**

19. Evacuation and Repatriation:

Evacuation

Arrangements will be made to move an **Insured Person** who has a critical, life-threatening **Eligible Medical Condition** to the nearest medical facility for the purpose of admission to **Hospital** as an **In-Patient** or **Day-Patient**.

Reasonable expenses for:

- i) Transportation costs of an **Insured Person** in the event of **Emergency Treatment** and **Medically Necessary** transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.
- ii) Reasonable local travel costs to and from medical appointments when **Treatment** is being received as a **Day-Patient**.
- iii) Reasonable travel costs for a locally-accompanying person to travel to and from the **Hospital** to visit the **Insured Person** following admission as an **In-Patient**.
- iv) Reasonable costs for non-**Hospital Accommodation** only for immediate pre and post-**Hospital** admission periods provided that the **Insured Person** is under the care of a **Specialist**.

Costs of **Evacuation** do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.

Our medical advisers will decide the most appropriate method of transportation for the **Evacuation** and this **Benefit** will not cover travel if it is against the advice of **Our** medical advisers or where the medical facility does not have appropriate facilities to treat the **Eligible Medical Condition**.

Repatriation

An economy class airfare ticket to return the **Insured Person** and a locally-accompanying person who has travelled as an escort to the site of **Treatment** or the **Insured Person's** principal **Country of Nationality** or principal **Country of Residence**, as long as the journey is made within one month of completion of **Treatment**.


Charges relating to routine **Pregnancy** and **Pregnancy and Childbirth Medical Conditions** are specifically excluded from this **Benefit**.

Pre-Authorisation 📞

(i)  Full refund

(ii)  Full refund

(iii)  Full refund

(iv)  Up to USD 200 per day
Up to USD 7,500 per person, per **Evacuation**

Pre-Authorisation 📞

 Full refund

20. Mortal Remains:

In the event of death from an **Eligible Medical Condition**, **Reasonable and Customary Charges** for:

- i) Costs of transportation of body or ashes of an **Insured Person** to his/her **Country of Nationality** or **Country of Residence** or,
- ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.

Pre-Authorisation 📞


(i)  Full refund

(ii)  Up to USD 15,000

21. Hospital Cash Benefit:

This **Benefit** is payable for each night an **Insured Person** receives **In-Patient Treatment** and only if an **Insured Person** is admitted for **In-Patient Treatment** before midnight, and the **Treatment** is received free of charge that would have otherwise been **Eligible** for **Benefit** privately under this **Plan**. Cover under this **Benefit** is limited to a maximum of 30 nights per **Period of Cover**.

For this **Benefit** exclusion 5.8 does not apply.

 USD 225 per night

Benefit	Excel
<p>22. Out-Patient Charges:</p> <ul style="list-style-type: none"> i) Medical Practitioner fees including consultations; Specialist fees; Diagnostic Tests; prescribed Drugs and Dressings. ii) Physiotherapy by a Registered Physiotherapist, when referred by a Medical Practitioner, or Specialist. 	<ul style="list-style-type: none"> (i)  Full refund (ii)  Full refund Pre-Authorisation for (ii) after every 10 sessions 📞
<p>23. Day-Patient or Out-Patient Surgery:</p> <p>Treatment costs for a Surgical Procedure performed in a surgery, Hospital, day-care facility or Out-Patient department. Any pre or post-operative consultations are payable under Benefit 22 – Out-Patient charges.</p>	 Full refund
<p>24. Out Patient Psychiatric Illness:</p> <p>Out-Patient Treatment administered under the direct control of a Registered Psychiatrist when referred by a Medical Practitioner or Specialist.</p>	 Up to USD 5,000 per Period of Cover
<p>25. Alternative Therapies:</p> <ul style="list-style-type: none"> i) Complementary medicine and Treatment by a therapist, when referred by a Medical Practitioner or Specialist. This Benefit extends to osteopaths, chiropractors, homeopaths, dietician and acupuncture Treatment. ii) Out-Patient Treatment for therapies administered by a recognised traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner. <p>We do not cover charges for general chiropody or podiatry. For this Benefit the Plan Out-Patient Per Visit Excess does not apply.</p>	 Full refund Pre-Authorisation for (i) and (ii) after every 10 visits 📞
<p>26. Nursing Care at Home:</p> <ul style="list-style-type: none"> i) Care given by Qualified Nurse in the Insured Person's own home, which is immediately received subsequent to Treatment as an In-Patient or Day-Patient on the recommendation of a Medical Practitioner or Specialist. ii) Medical Practitioner (GP) home visits for an Emergency GP home call-out during out of normal clinic hours. 	<ul style="list-style-type: none"> (i)  Full refund up to 60 days per Medical Condition Pre-Authorisation for (i) 📞 (ii)  Not covered
<p>27. AIDS:</p> <p>Medical expenses, which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. As result of proven occupational Accident* or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition, Drugs and Dressings (except experimental or those unproven), Hospital Accommodation and nursing fees.</p> <p>* For members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the Entry Date or Start Date, whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the Insured Person's occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational Accident.</p> <p>** As long as the blood transfusion was received as an In-Patient as part of Medically Necessary Treatment.</p> <p>Waiting Period: Cover only available after three years of continuous membership.</p>	<p>Pre-Authorisation 📞</p>  Up to USD 40,000 per Period of Cover

Benefit

Excel

28. Dental Care:

- i) **Routine Dental Treatment:** Fees of a registered **Dental Practitioner** carrying out routine dental **Treatment** in a dental surgery. Routine dental **Treatment** means:
- Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including x-rays where necessary,
 - Preventive scaling, polishing, and sealing (once per year),
 - Fillings (standard amalgam or composite fillings) and extractions, and
 - Root-canal **Treatment** (but not the fitting of a crown following root-canal **Treatment**).

No other **Treatment** is covered under the routine dental **Treatment Benefit**.

Waiting Period: Costs incurred within nine months from the **Start Date** are excluded.

A **Co-Insurance** of 20% applies.

For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.

- ii) **Complex Dental Treatment:** Fees of a registered **Dental Practitioner** and associated costs for the following procedures: **Eligible** complex dental **Treatment**: including for example, **Apicoectomy** done to treat the following – Fractured tooth root; A severely curved tooth root; Teeth with caps or posts; Cyst or infection which is untreatable with root canal therapy; Root perforations; New or repair of crowns, dentures, in lays and bridges. Recurrent pain and infection; Persistent symptoms that do not indicate problems from x-rays. Calcification; Damaged root surfaces and surrounding bone requiring surgery.

No other **Treatment** is covered by this **Benefit**.


Waiting Period: Costs incurred within nine months from the **Start Date** are excluded.

A **Co-Insurance** of 20% applies.

A 50% **Co-Insurance** applies in respect of all orthodontic **Treatment**.

For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.

(i)  Up to USD 1,000 per **Period of Cover**

(ii)  Up to USD 2,000 per **Period of Cover**

29. Dubai Health Authority (DHA) Mandatory requirements Benefit:

For **Insured Persons** with residence visas within the Emirate of Dubai this **Plan** is extended to provide coverage up to USD 41,000 in aggregate per **Insured Person**, per **Period of Cover** for the following basic health services inclusive of Emergency services within the United Arab Emirates:

- i) **Pre-existing Conditions** including **Maintenance of Chronic Medical Conditions**.
- ii) **Medically Necessary** costs incurred during normal **Pregnancy** and childbirth, including pre and post natal check-ups subject to **Pre-authorization**.
 - Cover is provided for eight visits to a Primary Healthcare (PHC) obstetrician for low risk patients and a specialist obstetrician for high-risk patients.
 - Visits to include reviews and checks and tests in accordance with the DHA antenatal Protocols. Initial investigations to include: FBC and platelets, blood group, rhesus status and antibodies, VDRL, MSU, urinalysis, rubella serology, HIV, FBS, randoms or A1C and for high risk patients GTT and Hepatitis C.
 - **In-Patient** maternity is limited to a maximum of USD 1,950 for normal pregnancy and USD 2,750 for C-section per **Insured Person**, per **Period of Cover**.
 - The cost of three antenatal ultrasound scans.
- iii) The costs of accommodation of an accompanying person as an **In-Patient** in the same room in cases that are **Medically Necessary** at the recommendation of the **Medical Practitioner** or **Specialist**. Subject to **Pre-Authorisation** and up to a maximum of USD 28 per night.
- iv) Essential **Vaccinations** and inoculations for newborns and children as stipulated in the DHA policies and its updates, in assigned facilities.
- v) Preventive screening for diabetes and other screening as stipulated by the DHA every three years for **Insured Persons** above the age of 30 and every year for 18 years and above for **Insured Persons** considered high risk.
- vi) Cover is provided for a **New Born** baby of an **Insured Person** for a period of 30 days from birth within the existing aggregate limit of the Mother.

Unless otherwise indicated these **Benefits** will not be payable for **Treatment** outside the United Arab Emirates.

30. Health Authority Abu Dhabi (HAAD) Mandatory requirements Benefit:

For **Insured Persons** with residence visas within the Emirate of Dubai this **Plan** is extended to provide coverage up to USD 41,000 in aggregate per **Insured Person**, per **Period of Cover** for the following basic health services inclusive of Emergency services within the United Arab Emirates:

- i) **Pre-existing Conditions** including **Maintenance of Chronic Medical Conditions**.
- ii) **Medically Necessary** costs incurred during normal **Pregnancy** and childbirth, including pre and post natal check-ups up to the benefit limit subject to **Pre-authorization**.
- iii) The costs of accommodation of an accompanying person as an **In-Patient** in the same room in cases that are **Medically Necessary** at the recommendation of the **Medical Practitioner** or **Specialist**. Subject to **Pre-Authorisation** and up to a maximum of USD 28 per night.
- iv) Physiotherapy by a registered Physiotherapist when referred by a **Medical Practitioner** or a **Specialist** subject to **Pre-Authorisation**.
- v) Hearing and vision aids and vision corrected by surgeries where **Medically Necessary** and as a result of an **Emergency**.

Unless otherwise indicated these **Benefits** will not be payable for **Treatment** outside the United Arab Emirates.

For maternity **Benefit** outside of the United Arab Emirates, the optional maternity **Benefit** must be selected.

Healthcare services are covered in full for work illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulations of Work Relations, as amended and applicable laws in this respect.

Options to Core Benefits

Excel

31. USA Elective Treatment:

- i) Costs associated with **Eligible In-Patient** and **Day-Patient Treatment** in the USA will be paid in full where **Treatment** is received in a **Hospital** listed in the **Now Health International Provider Network**.
- ii) Costs associated with **Eligible Out-Patient Treatment** in the USA will be paid in full where **Treatment** is received in the **Now Health International Provider Network**.

Treatment that is not received in the **Now Health International Provider Network** will be subject to a 50% **Co-Insurance**.

Pre-Authorisation for Out-Patient diagnostics and surgery, Day-Patient and In-Patient Treatment 🏥



Optional

Up to USD 1.5m per **Insured Person** per **Period of Cover**

32. Co-Insurance Out-Patient Treatment:

(not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi)

A 10% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment**. Should **Your Plan** include the **Maternity or Dental care Benefits**, any applicable **Co-Insurance** will be detailed in **Your Benefit Schedule**.

Please note that the **Co-Insurance** will not apply to **Treatment** relating to **Renal dialysis/ Renal failure, Cancer** or **Organ Transplants**.



Optional

33. Co-Insurance Out-Patient Treatment Option 2:

(not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi)

A 20% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment**. Should **Your Plan** include the **Maternity or Dental care Benefits**, any applicable **Co-Insurance** will be detailed in **Your Benefit Schedule**.

Please note that the **Co-Insurance** will not apply to **Treatment** relating to **Renal dialysis/ Renal failure, Cancer** or **Organ Transplants**.



Optional

34. Restricted Network – UAE residents only:

(not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi)
(only available for new **Plans** in-force on or after the 1 August 2015)

No **Benefit** will be payable in respect of costs associated with **Eligible In-Patient, Day-Patient** or **Out-Patient Treatment** made at either the **American Hospital** and associated clinics, **City Hospital, Welcare Hospital** and associated clinics of the **Mediclinic Group**.

Please note that if **You** selected the **USD 25 per visit Out-Patient Excess** or one of the **Co-insurance Plan** options, these will still apply in the **Restricted Network**.



Optional

35. Wellness, Optical and Vaccinations:

i) **Wellness:** This **Benefit** is payable as a contribution towards the cost of routine health checks including **Cancer** screening, cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol) and/or

ii) **Optical Benefits:** This **Benefit** also provides a contribution towards optician charges including an annual eye test carried out by an **Ophthalmic Optician**, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, within the combined **Benefit** limits to a maximum **USD300** per **Period of Cover** for an optical claim.

Please note that there is no cover for prescription sunglasses or transition lenses.

iii) **Vaccinations:** Costs of drugs and consultations to administer all **Medically Necessary** basic immunisation and booster injections and any **Medically Necessary** travel Vaccinations and malaria prophylaxis.

For this **Benefit** exclusion 5.8 does not apply.

Waiting Period: Cover only available after six months of continuous membership.



Optional



Combined limit
Up to **USD 500**
per **Period of Cover**

36. Wellness, Optical and Vaccinations Option 2:

i) **Wellness:** This **Benefit** is payable as a contribution towards the cost of routine health checks including **Cancer** screening, cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol) and/or

ii) **Optical Benefits:** This **Benefit** also provides a contribution towards optician charges including an annual eye test carried out by an **Ophthalmic Optician**, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, within the combined **Benefit** limits to a maximum **USD600** per **Period of Cover** for an optical claim.

Please note that there is no cover for prescription sunglasses or transition lenses.

iii) **Vaccinations:** Costs of drugs and consultations to administer all **Medically Necessary** basic immunisation and booster injections and any **Medically Necessary** travel Vaccinations and malaria prophylaxis.

For this **Benefit** exclusion 5.8 does not apply.

Waiting Period: Cover only available after six months of continuous membership.



Optional



Combined limit
Up to **USD 1,000**
per **Period of Cover**

Options to Core Benefits

Excel

37. Extended Evacuation and Repatriation:

Evacuation

Arrangements will be made to move an **Insured Person** who has a critical, life-threatening **Eligible Medical Condition** to the nearest medical facility, **Country of Residence, Country of Nationality** or the **Insured Member's** country of choice for the purpose of admission to **Hospital** as an **In-Patient** or **Day-Patient**.

Reasonable expenses for:

i) Transportation costs of an **Insured Person** in the event of **Emergency Treatment** and **Medically Necessary** transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.

ii) Reasonable local travel costs to and from medical appointments when **Treatment** is being received as a **Day-Patient**.

iii) Reasonable travel costs for a locally-accompanying person to travel to and from the **Hospital** to visit the **Insured Person** following admission as an **In-Patient**.

iv) Reasonable costs for non-**Hospital** Accommodation only for immediate pre and post-**Hospital** admission periods provided that the **Insured Person** is under the care of a **Specialist**.

Costs of **Evacuation** do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.

The **Insured Member's** country of choice is subject to the availability of the appropriate medical facilities being in place. **Our** medical advisers will determine whether the selected country has the suitable medical facility to treat the **Insured Member's** **Eligible Medical Condition**. **Our** medical advisers will decide the most appropriate method of transportation for the **Evacuation** and this **Benefit** will not cover travel if it is against the advice of **Our** medical advisers or where the medical facility does not have appropriate facilities to treat the **Eligible Medical Condition**.

Repatriation

An economy class airfare ticket to return the **Insured Person** and a locally-accompanying person who has travelled as an escort to the site of **Treatment** or the **Insured Person's** principal **Country of Nationality** or principal **Country of Residence**, as long as the journey is made within one month of completion of **Treatment**. Reasonable cost of the above will be paid in full.

Charges relating to routine **Pregnancy** and **Pregnancy and Childbirth Medical Conditions** are specifically excluded from this **Benefit**.

Pre-Authorisation




Optional

(i)  Full refund

(ii)  Full refund

(iii)  Full refund

(iv)  Up to USD 200 per day
Up to USD 7,500 per person, per **Evacuation**

Pre-Authorisation



Full refund

Out-Patient Per Visit Excess Options

Excel

Out-Patient Per Visit Excess:

A USD 25 **Out-Patient Per Visit Excess** will apply when **You** receive **Eligible Out-Patient Treatment** inside and outside of the **Now Health International Provider Network**.

Please note:

The **Out-Patient Per Visit Excess** does not apply to the **Alternative Therapies Benefits**. If **Your Plan** also includes **Dental care Benefit**, as detailed in **Your Benefit Schedule**, no **Out-Patient Per Visit Excess** will be applicable.



Optional
USD 25

Out-Patient Per Visit Excess – Option 2:

A USD 15 **Out-Patient Per Visit Excess** will apply when **You** receive **Eligible Out-Patient Treatment** inside and outside of the **Now Health International Provider Network**.

Please note:

The **Out-Patient Per Visit Excess** does not apply to the **Alternative Therapies Benefits**. If **Your Plan** also includes **Dental care Benefit**, as detailed in **Your Benefit Schedule**, no **Out-Patient Per Visit Excess** will be applicable.



Optional
USD 15

Out-Patient Per Visit Excess options – Please note that only option 2 is available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi.

Deductible Options

Excel

Standard Deductible

Nil

Optional Deductible

Please note:

If **You** choose an optional **Deductible**, **You** must also select either a **Co-Insurance Out-Patient Treatment** Option or a **Out-Patient Per Visit Excess** Option.

Deductibles would apply to any **Medically Necessary Treatment** required under **Benefit 19** and **Benefit 37**.

USD 1,000
USD 2,500
USD 5,000
USD 10,000
USD 15,000

Please note **Deductibles** are not available to **Insured Persons** with residence visas in the Emirates of Dubai or Abu Dhabi.