NOW
HEALTH INTERNATIONAL

# WorldCare Members' Handbook

*companies*

# Everything you need to know about your international health insurance

Effective 1 September 2016

# Introduction

Welcome to WorldCare from Now Health International. **Your** company or employer has chosen **Us** to provide **Your** international health insurance **Group Plan**.

**We** have designed WorldCare based on **Our** understanding of what people who buy international health insurance want and need. At the heart of this is **Our** commitment to provide clear information about how **Your Group Plan** works and how to use it. Please read this handbook carefully.

## How to use this handbook

This handbook is an important document. It sets out **Your** rights and **Our** obligations to **You**. Along with the **Benefit Schedule** in section 4, it explains **Your** WorldCare **Group Plan** and the terms of **Your** cover. Inside **You** will find details of:

- The cover **You** have (both **Benefits** and exclusions)
- **Your** rights and responsibilities
- How to make a claim
- How **Your Group Plan** is administered
- How to make a complaint
- Other services available to **You** under **Your Group Plan**

Throughout the handbook certain words and phrases appear in bold type. This indicates that they have a special medical or legal meaning – these are defined in section 1.

The **Benefits** of **Your Group Plan** are detailed in section 4 of this handbook. **Your Certificate of Insurance** shows the cover that is available, **Your** period and level of cover. As with any healthcare insurance contract, there are exclusions. These are **Medical Conditions** and **Treatments** that are not covered – they are listed in section 5 of this handbook.

## Our service for You

When **You** need to use **Your** Now Health insurance, here's what **You** can expect from **Us**:

- A commitment to process **Your** claim as quickly as possible
- A 24-hour in-house customer service team
- Help to find suitable healthcare providers in **Your** area
- **Pre-authorisation** of certain claims where possible, to reduce **Your** out-of-pocket expenses
- An international claims management team with the medical expertise to support **You** in making decisions about **Your** healthcare

If **You** require more details about this **Group Plan**, or if **You** would like to tell **Us** about any changes in **Your** personal circumstances, please contact **Us** at:

Now Health International Limited
PO Box 482055, Dubai, UAE

T +971 (0) 4450 1510 | F +971 (0) 4450 1530 | GlobalService@now-health.com

## Contacting Us

While it is important that **You** read and understand this **Group Plan** members' handbook, **We** understand that there are times when it is easier to call **Us** for information. **Our** customer service team is ready to help with any queries **You** may have.

If **You** have any questions about **Your Group Plan**, **You** can contact **Us** on +971 (0) 4450 1510 or email GlobalService@now-health.com. For example, if **You** need **Treatment**, **You** can contact **Us** first so **We** can explain the extent of **Your** cover before **You** incur any costs.

If **You** need to let **Us** know about any changes in **Your** personal circumstances, **You** can do so using the contact details above, or write to **Us** at:

Now Health International Limited
PO Box 482055, Dubai, UAE

Please note that **We** may record and/or monitor calls for quality assurance and training and as a record of **Our** conversation.

## Customer service team

**Our** Global team is available Sunday to Thursday from 9am to 5pm. Thereafter our others in-house customer service teams are available 24-hours a day.
T +971 (0) 4450 1510 | F +971 (0) 4450 1530

## Assistance team for Emergency Evacuation or Repatriation

**Our** multilingual team is available 24 hours a day, 365 days a year. For details on how to use **Our Emergency Evacuation** and **Repatriation** service see section 3.3.
T +971 (0) 4450 1540

If **You** have any questions about **Your** membership or would like to request information on the progress of a claim, **You** can log in to **Your** secure online portfolio at www.now-health.com or contact **Us** via email at GlobalService@now-health.com.

# Contents

# 1. Definitions

The following words and phrases used anywhere within **Your Group Plan** have specific meanings. They are always shown in bold with a capital letter at the beginning wherever they appear in **Your Group Plan**.

**Accident**
A sudden, unexpected, unforeseen and involuntary external event resulting in identifiable physical injury occurring to an **Insured Person** while **Your Group Plan** is in force.

**Acute Condition**
A disease, illness or injury that is likely to respond quickly to **Treatment** which aims to return **You** to the state of health **You** were in immediately before suffering the disease, illness or injury, or which leads to **Your** full recovery.

**Act of Terrorism**
Any clandestine use of violence by an individual terrorist or a terrorist group to coerce or intimidate the civilian population to achieve a political, military, social or religious goal.

**Agreement**
An agreement **We** have with each of the **Hospitals**, **Day-Patient** units and scanning centres listed in the **Now Health International Provider Network**.

**Alternative Therapies**
Refers to therapeutic and diagnostic **Treatment** that exists outside the institutions where conventional medicine is taught. Such medicine includes Chinese medicine, chiropractic **Treatment**, osteopathy, dietician, homeopathy and acupuncture as practiced by approved therapists.

**Apicoectomy**
Is a dental surgery performed to remove the root tip and the surrounding infected tissue of an abscessed tooth, when inflammation or infection persists in the bony area around the end of a tooth after a root canal procedure. Apicoectomy is 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
- Recurrent pain and infection
- Persistent symptoms that do not indicate problems from x-rays
- Calcification
- Damaged root surfaces and surrounding bone requiring surgery

**Benefits**
Insurance cover provided by this **Group Plan** and any extensions or restrictions shown in the **Certificate of Insurance** or in any endorsements (if applicable) and subject always to **Us** having received the premium due.

**Benefit Schedule**
The table of **Benefits** applicable to this **Group Plan** showing the maximum **Benefits We** will pay.

**Cancer**
A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

**Certificate of Insurance**
The certificate giving details of the **Planholder**, the **Insured Persons**, the **Period of Cover**, the **Underwriters**, the **Entry Date**, the level of cover and any endorsements that may apply.

**Congenital Disorder**
A **Medical Condition** that is present at birth or is believed to have been present since birth, whether it is inherited or caused by environmental factors.

**Co-Insurance**
Is the uninsured percentage of the costs, which the **Insured Person** must pay towards the cost of a claim.

**Country of Nationality**
The country for which **You** hold a passport.

**Country of Residence**
The country in which **You** habitually reside (usually for a period of no less than six months per **Period of Cover**) at the **Group Plan Start Date** or **Entry Date** or at each subsequent **Renewal Date**.

**Chronic Condition**

A disease, illness or injury which has at least one of the following characteristics:

- It needs ongoing or long-term monitoring through consultations examination, check-ups, **Drugs and Dressings** and/or tests
- It needs ongoing or long-term control or relief of symptoms
- It requires **Your Rehabilitation** or for **You** to be specially trained to cope with it
- It continues indefinitely
- It has no known cure
- It comes back or is likely to come back

**Day-Patient**

A patient who is admitted to a **Hospital** or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

**Dental Practitioner**

A person who is legally licensed to carry out this profession by the relevant licensing authority to practise dentistry in the country where the dental **Treatment** is given.

**Dependants**

One spouse or adult partner and/or unmarried children who are not more than 18 years old and residing with **You**, or up to 28 years old if in full-time education (written proof may be required from the educational institute where they are enrolled), at the **Start Date** or any subsequent **Renewal Date**. The term partner shall mean husband, wife, civil partner or the person permanently living with **You** in a similar relationship. All dependants must be named as **Insured Persons** in the **Certificate of Insurance**.

**Diagnostic Tests**

Investigations, such as x-rays or blood tests, to find or to help to find the cause of **Your** symptoms.

**Drugs and Dressings**

Essential prescription drugs, dressings and medicines administered by a **Medical Practitioner** or **Specialist** needed to relieve or cure a **Medical Condition**.

**Eligible**

Those **Treatments** and charges, which are covered by **Your Group Plan**. In order to determine whether a **Treatment** or charge is covered, all sections of **Your Group Plan** should be read together, and are subject to all the terms (including payment of premium due), **Benefits** and exclusions set out in this **Group Plan**.

**Entry Date**

The date shown on the **Certificate of Insurance** on which an **Insured Person** was included under this **Group Plan**. **We** must have received premium payment in order for **Your Benefits** to start.

**Emergency**

A sudden, serious, and unforeseen acute **Medical Condition** or injury requiring immediate medical **Treatment**, that without **Treatment** commencing within 48 hours of the emergency event could result in death or serious impairment of bodily function.

**Evacuation or Repatriation Service**

Moving **You** to a **Hospital** which has the necessary **In-Patient** and **Day-Patient** medical facilities either in the country where **You** are taken ill or in another nearby country (evacuation) or bringing **You** back to either **Your** principal **Country of Nationality** or **Your** principal **Country of Residence** (repatriation). The service includes any **Medically Necessary Treatment** administered by the international assistance company appointed by **Us** while they are moving **You**.

**Excess**

An uninsured amount payable by an **Insured Person** in respect of expenses incurred before any **Benefits** are paid under the **Group Plan**, as specified in **Your Certificate of Insurance**. The **Group Plan** excess applies per **Insured Person**, per **Medical Condition**, per **Period of Cover**.

If the **Out-Patient** Per Visit Excess is selected this will apply per **Insured Person** when **You** receive **Eligible Out-Patient Treatment** inside and outside of the **Now Health International Provider Network**. No excess will be applied to **Eligible In-Patient** or **Day-Patient Treatment** if the **Out-Patient** Per Visit **Excess** is selected.

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| **Expatriate** | Any persons living and/or working outside of the country for which they hold a passport. Usually for a period of more than 180 days per **Period of Cover**. |
| **Geographic Area** | The geographic area used to calculate the premium that will apply to **You** based on **Your** principal **Country of Residence** at the **Start Date** or any subsequent **Renewal Date** of this **Group Plan**. |
| **Group Plan** | The contract between the **Planholder** and **Us** which sets out terms and conditions of the cover provided. The full terms and conditions consist of the Group Employee FMU application form (if applicable), **Certificate of Insurance**, **Benefit Schedule** and this employees' handbook. |
| **Hospital** | Any establishment, which is licensed as a medical or surgical hospital under the laws of the country where it operates. The following establishments are not considered hospitals: rest and nursing homes, spas, cure-centres and health resorts. |
| **Hospital Accommodation** | Refers to standard private or semi-private accommodation as indicated in the **Benefit Schedule**. Deluxe, executive rooms and suites are not covered. |
| **In Network Medical Provider** | An in network medical provider is one contracted with **Your Group Plan** to provide services to **Group Plan** employees for specific pre-negotiated rates. |
| **In-Patient** | A patient who is admitted to **Hospital** and who occupies a bed overnight or longer, for medical reasons. |
| **Insured Person/You/Your** | **You** and/or the **Dependants** named on the **Certificate of Insurance** who are covered under this **Group Plan**. |
| **Medical Condition** | Any disease, injury, or illness, including **Psychiatric Illness**. |
| **Medical Practitioner** | A person who has attained primary degrees in medicine or surgery following attendance at a **WHO**-recognised medical school and who is licensed to practise medicine by the relevant authority in the country where the **Treatment** is given. By "recognised medical school" **We** mean a medical school, which is listed in the current World Directory of Medical Schools published by the **WHO**. |
| **Medically Necessary** | **Treatment**, which in the opinion of a qualified **Medical Practitioner** is appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards could not have been omitted without adversely affecting the **Insured Person's** condition or the quality of medical care rendered. Such **Treatment** must be required for reasons other than the comfort or convenience of the patient or **Medical Practitioner** and provided only for an appropriate duration of time. As used in this definition, the term "appropriate" shall mean taking patient safety and cost effectiveness into consideration. When specifically applied to **In-Patient Treatment**, medically necessary also means that diagnosis cannot be made, or **Treatment** cannot be safely and effectively provided on an **Out-Patient** basis. |
| **New Born** | A baby who is within the first 16 weeks of its life following birth. |
| **Now Health International Provider Network** | **Our** published list of medical providers where **We** have a **Direct Billing Agreement**. |
| **Out of Network Medical Provider** | An out of network medical provider is one not contracted with **Your Group Plan**. |
| **Out-Patient** | A patient who attends a **Hospital**, consulting room, or out-patient clinic and is not admitted as a **Day-Patient** or an **In-Patient**. |
| **Out-Patient Direct Billing** (only available for **Plans** in-force prior to 1 March 2014 that had historically selected this option) | This is an option available for all but the Essential **Group Plan** option that allows **You** to maintain the standard **Group Plan Excess** of USD 100/EUR 80/ GBP 60. When **You** receive **Eligible Out-Patient Treatment** within **Our** direct billing network of providers however, a nil **Excess** will apply. Any **Eligible Out-Patient Treatment** outside of the direct billing network will be subject to the **Group Plan Excess** applicable per **Insured Person**, per **Medical Condition**, per **Period of Cover**. The **Planholder** shall be liable for any non **Eligible Treatment** received by **You**. |

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| **Period of Cover** | The period of cover set out in the **Certificate of Insurance**. This will be a 12-month period starting from the **Start Date** or any subsequent **Renewal Date** as applicable. |
| **Physiotherapist** | A practising physiotherapist who is registered and licensed to practise medicine in the country where **Treatment** is provided. |
| **Pre-Authorisation** | Means a process whereby an **Insured Person** seeks approval from **Us** prior to undertaking any **Treatment** or incurring costs. Such **Benefits** requiring pre-authorisation from **Us** will denote **Pre-Authorisation** ☎ in the **Benefit Schedule** and as detailed in section 4. |
| **Plan Administrator** | The person appointed by the **Planholder** to administer the **Insured Person's Group Plan**, and to act as a coordinator with **Us**. |
| **Planholder** | The first **Insured Person** named on the **Certificate of Insurance**, or the company. |
| **Pregnancy** | Refers to the period of time from the date of the first diagnosis until delivery. |
| **Private Room** | Single occupancy accommodation in a private **Hospital**. Deluxe, executive rooms and suites are not covered. |
| **Psychiatric Illness** | The mental or nervous disorder that meets the criteria for classification under an international classification system such as Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD). The disorder must be associated with present distress, or substantial impairment of the individual's ability to function in a major life activity (e.g. employment). The aforementioned condition must be clinically significant and not merely an expected response to a particular event such as bereavement, relationship or academic problems and acculturation. |
| **Qualified Nurse** | A nurse whose name is currently on any register or roll of nurses, maintained by any Statutory Nursing Registration Body within the country where **Treatment** is provided. |
| **Reasonable and Customary Charges** | The standard fee that would typically be made in respect of **Your Treatment** costs, in the country **You** received **Treatment**. **We** may require such fees to be substantiated by an independent third party, such as a practising Surgeon/Physician/**Specialist** or government health department. |
| **Rehabilitation** | **Medically Necessary Treatment** aimed at restoring independent activities of daily living and the normal form and/or function of an **Insured Person** following a **Medical Condition**. |
| **Renewal Date** | The anniversary of the **Start Date** of the **Group Plan**. |
| **Semi-Private Room** | Dual occupancy accommodation in a private **Hospital**. Deluxe, executive rooms and suites are not covered. |
| **Specialist** | A surgeon, anaesthetist or physician who has attained primary degrees in medicine or surgery following attendance at a **WHO**-recognised medical school and who is licensed to practise medicine by the relevant authority in the country where the **Treatment** is given, and is recognised as having a specialised qualification in the field of, or expertise in the **Treatment** of the disease, illness or injury being treated. By "recognised medical school" **We** mean a medical school which is listed in the current World Directory of Medical Schools published by the **WHO**. |
| **Start Date** | The start date shown on **Your Certificate of Insurance**. |
| **Surgical Procedure** | An operation requiring the incision of tissue or other invasive surgical intervention. |

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| **Terminal** | Following the diagnosis that the condition is terminal and **Treatment** can no longer be expected to cure the condition with death anticipated within 12 months of diagnosis. |
| **Treatment** | Surgical or medical services (including **Diagnostic Tests**) that are needed to diagnose, relieve or cure a **Medical Condition**. |
| **Underwriters** | Those insurance companies named as underwriters in the **Certificate of Insurance**. |
| **Vaccinations** | Refers to all basic immunisations and booster injections required under regulation of the country in which **Treatment** is being given, any **Medically Necessary** travel vaccinations and malaria prophylaxis. |
| **Waiting Period** | Is a period of time starting on the **Entry Date** of the **Insured Person**, during which the **Insured Person** is not entitled to cover for particular **Benefits. Your Benefit Schedule** will indicate which **Benefits** are subject to waiting periods. |
| **We/Our/Us** | Now Health International Limited on behalf of the **Underwriters** detailed in the **Certificate of Insurance**. |
| **WHO** | The World Health Organisation. |

# 2. Manage your Group Plan online

## A guide to the Now Health website

The simplest way to manage **Your** international health insurance is via our website (www.now-health.com).

All **Your** documents are stored in a secure online portfolio area, which **You** can access using **Your** unique username and password. If **You** need help retrieving these, contact us on +971 (0) 4450 1510.

When **You** join, **We** will send **You Your Group Plan** number and a virtual membership card immediately. **You** can access **Your Group Plan** documents online straight away.

### About You

In this section, **You** can view and update **Your** personal contact details and login details and set **Your** document delivery settings.

### Your Group Plan

**You** can view and download **Your Certificate of Insurance**, members' handbook, virtual membership card and claim form from here.

### Your Claims

Here **You** can find out the best way to make a claim and track **Your** current claims in real time. **You** can view information about all **Your** claims, past and present, including claim status, the provider and the amounts claimed and settled in the currency **You** have selected. All updates are displayed as they happen so **You** always have the latest information on **Your** claims.

### Other features

In addition to the above, **You** can use the website to contact **Us** directly, download forms and introduce **Us** to **Your** preferred medical providers.

For more information, visit the FAQ section of the website, which **You** can access from **Our** homepage: www.now-health.com.

# 3. How to claim

As soon as **You** join, **You** can contact **Our** Customer Service team for support.

**You** also have access to **Our** Clinical Advisers and **Our** International Emergency Helpline, which is open 24 hours a day, 365 days a year on +971 (0) 4450 1540.

**Your** online secure portfolio area has a dedicated claims section with the latest information on past and present claims. **You** can also use this area to find out the most up-to-date way of making a claim. To log in, **You** just need **Your** Now Health username and password.

To help **Us** process **Your** claim as quickly as possible, please follow these simple steps:

## 3.1 Claiming for Treatment You have already paid for

### *Step 1*

**Choose how You would like to claim**

**You** can complete an online claim form at www.now-health.com or use the mobile app. Claim forms are available in **Your** online secure portfolio area.

Alternatively, **You** can download a claim form to send to **Us** or use a printed claim form. **You** can request a form from **Our** customer service team, or **Your** intermediary, if **You** are using one.

Call **Us** on +971 (0) 4450 1510 to request a printed claim form, or if **You** would like help to access **Your** online secure portfolio area.

### *Step 2*

**For all Out-Patient claims and In-Patient/ Day-Patient claims under USD 500/ EUR 400/GBP 300 per Medical Condition:**

Complete sections 1 and 2 of the claim form, sign it, and email it to **Us** with **Your** scanned receipt.

The receipt must include details of the **Medical Condition**, **Treatment** given and the name, qualifications, contact details and stamp of the attending **Medical Practitioner**.

### *Step 2*

**For In-Patient/Day-Patient claims for over USD 500/EUR 400/GBP 300 per Medical Condition:**

Complete all sections of the claim form, sign it and ask **Your Medical Practitioner** to complete their relevant section and email it to **Us** with **Your** scanned receipt.

**We** need **You** to email scanned copies of all the bills and receipts, diagnostic reports and discharge reports (if **You** have been a **Day-Patient** or **In-Patient**) with the claim form. Please keep a copy of these documents for **Your** own records.

### *Step 3*

**You** can send **Us Your** completed claim form and supporting documents in one of three ways:

- Download a claim form from the website and email scans of **Your** claim form and documents to GlobalService@now-health.com, or
- Fax **Your** claim form and documents to +971 (0) 4450 1530, or
- Post **Your** claim form and documents to Now Health International Limited, PO Box 482055, Dubai, UAE

### *Step 3*

**You** can send **Us Your** completed claim form and supporting documents in one of three ways:

- Download a claim form from the website and email scans of **Your** claim form and documents to GlobalService@now-health.com, or
- Fax **Your** claim form and documents to +971 (0) 4450 1530, or
- Post **Your** claim form and documents to Now Health International Limited, PO Box 482055, Dubai, UAE

### *Step 4*

**We** will assess **Your** claim. Provided **We** have all the information **We** need, **We** will process all **Eligible** claims within five working days of receipt.

### *Step 5*

**You** can track all **Your** claims using **Your** online secure portfolio area.

Log in at any time using **Your** username and password to see how **Your** claim is progressing. **You** will be able to view the status, the provider, the currency claimed and settled and the **Benefit** for each individual claim, as well as any **Excess** or **Co-Insurance** deducted. All updates are displayed as they happen so **You** always have the latest information on **Your** claims. **We** will email or SMS **You** every time there is a change to the claims status on **Your** account so **You** know the most relevant time to log in.

**Important notes:**

**You** must send **Us Your** claim within six months of **Treatment** (unless this is not reasonably possible).

Please keep original records if **You** are sending **Us** a copy, as **We** may ask **You** to forward these at a later date.

If **We** do, it will be within six months of when **You** told **Us** about the claim.

If the total amount **You** are claiming now or have claimed for **Day-Patient** and **In-Patient** (per **Insured Person**, per **Medical Condition**, per **Period of Cover**) is over USD 500/EUR 400/GBP300, please ensure Section 3 of the claim form is completed by the treating **Medical Practitioner**.

If **You** don't know if **Your** claim falls within the USD 500/EUR 400/GBP 300 per **Medical Condition** guideline, please complete all sections of the claim form and ask **Your Medical Practitioner** to complete their section then send it to **Us** to using one of the options in Step 3.

For all claims where **We** reimburse **You**, **You** can choose which currency **You** would like **Your** claims to be settled in and how **You** would like them to be paid.

Please note that the above process applies to claims against both the maternity and dental **Benefits**, should **You** have opted for a **Plan** with those **Benefits**.

## 3.2 Arranging Direct Settlement

### 3.2.1 For In-Patient and Day-Patient Treatment

If **You** are referred for **In-Patient** or **Day-Patient Treatment**, **We** will try to arrange to settle the bill directly with the medical provider.

#### *Step 1*

Five working days before **You** are admitted (or whenever possible), contact **Our** team of Clinical Advisers on T +971 (0) 4450 1510 | F +971 (0) 4450 1530 | GlobalService@now-health.com

Tell **Us** the **Hospital** name, telephone number, fax number, the contact name at the **Hospital** and the name of the **Medical Practitioner**.

#### *Step 2*

Choose how **You** would like to claim.

**You** can complete an online claim form at www.now-health.com. Claim forms are available within **Your** online secure portfolio area.

Alternatively, **You** can download a claim form to send to **Us** or use a printed claim form. **You** can request a form from **Our** customer service team, or **Your** intermediary, if **You** are using one.

Call **Us** on +971 (0) 4450 1510 to request a printed claim form, or if **You** would like help to access **Your** online secure portfolio area.

Complete all relevant sections of the claim form. Take the claim form with **You** and ask the medical provider to complete it and fax it to **Us**.

#### *Step 3*

When **You** arrive at the medical provider on the day of **Your Treatment**, show **Your** employeeship card and tell them that **Direct Billing** has been arranged.

**We** may also ask **You** to fill in some extra forms. **You** can access all the forms **You** need from **Your** online secure portfolio area at www.now-health.com.

**You** will need to pay any **Excess** or **Co-Insurance** on **Your Group Plan** to the medical provider before **You** leave.

#### *Step 4*

When **You** leave, ask the medical provider to send the original claim form and bill to **Us** for payment. **You** can track all subsequent claims activity in **Your** online secure portfolio area. Log in using **Your** username and password at www.now-health.com.

**Important notes:**

For **In-Patient Treatment**, **Day-Patient Treatment** or major **Out-Patient Treatment**, please contact **Us** before **You** get **Treatment**. If **You** don't make contact before **Your** admission, **We** may not be able to arrange to pay the medical provider directly. This might mean that **You** have to pay a deposit to the medical provider or pay **Your** bill in full.

If **You** need repeat **In-Patient** or **Day-Patient Treatment**, **We** need a new claim form for each stay, even if it's for the same **Medical Condition**.

**You** will need to pay any **Excess** or **Co-Insurance** on **Your Group Plan** to the medical provider before **You** leave.

## 3.2 Arranging Direct Settlement

### 3.2.2 Out-Patient Treatment within the Now Health International Direct Billing Network

If **You** have a nil **Excess** or **You** have bought the **Out-Patient Direct Billing** product option, **You** can receive **Treatment** without having to pay the medical provider upfront through **Our Out-Patient Direct Billing** Network. If **You** have this option, it will say so on **Your** membership card. Please note that if **You** have selected the **Out-Patient** Per Visit **Excess**, **You** must pay the first USD 25/EUR 20/GBP 15 of any **Eligible Out-Patient** claim.

Any **Eligible Out-Patient Treatment** outside of the **Out-Patient Direct Billing** Network will be subject to the **Group Plan Excess You** have chosen.

Please note that if **You** have selected **Co-Insurance Out-Patient Treatment**, **You** must pay the **Co-Insurance** even if a nil **Excess** applies and **Out-Patient Direct Billing** is available. **Out-Patient Direct Billing** is not available if **You** have chosen the WorldCare Essential **Out-Patient** Charges additional option and **You** have a nil **Excess**.

#### *Step 1*

To find an **Out-Patient Direct Billing** facility, log in to **Your** online secure portfolio area at www.now-health.com or use the mobile app. Here **You** can locate an appropriate medical facility within the **Out-Patient Direct Billing** Network.

If **You** can't find an **Out-Patient Direct Billing** facility near **You**, **Our** team of Clinical Advisers will be happy to help.

**You** can contact them on T +971 (0) 4450 1510 | F +971 (0) 4450 1530 | GlobalService@now-health.com

#### *Step 2*

When **You** arrive at the medical facility, please show **Your** Now Health membership card. Please also take a form of identification such as an ID card or passport. The medical facility may ask **You** to complete and sign an authorisation form or disclaimer.

#### *Step 3*

The medical facility will check **Your Benefit** limits, **Excess** and any **Co-Insurance** before arranging for **You** to see a doctor. If **Your** cover is not **Eligible**, they will still arrange for **You** to see a doctor but will ask **You** to pay for the **Treatment.**

#### *Step 4*

When **You** leave, the medical facility may ask **You** to sign a confirmation that **You** have received **Treatment**.

#### *Step 5*

If **You** need to return for further **Treatment**, **You** will have to complete the same procedure again.

**Important notes:**

If **You** receive **Treatment** that is not **Eligible** under **Your Group Plan** through the **Out-Patient Direct Billing** option, **You** are liable for the costs incurred and **You** must refund **Us**. **We** may offset valid claims against outstanding funds due to **Us** or **We** may suspend **Your Benefits** until the **Planholder** or until **You** have settled the outstanding amounts in full. If **We** determine that a claim was fraudulent, **We** may terminate **You** from the **Group Plan** with immediate effect without refund of premiums.

If **You** receive **Eligible Treatment** within the **Out-Patient Direct Billing Network** but pay and claim for the **Treatment** received; the standard **Group Plan Excess** will apply.

## 3.3 When You need Emergency medical Treatment

If a **Hospital** admits **You** for **Emergency** medical **Treatment** or if the **Hospital** that is treating **Your Emergency Medical Condition** tells **You** that **You** need to be evacuated to another medical facility for **Treatment**, **You**, the treating **Medical Practitioner** or the **Hospital**, must contact **Our** 24 hour **Emergency** assistance service as soon as possible.

By contacting **Our Emergency** assistance service **You** will give **Us** the opportunity to arrange to settle **Your Hospital** bills directly where possible. It will also ensure that **Your** claim can be processed without any delays.

### *Step 1*

Contact **Our Emergency** assistance service on +971 (0)4450 1540 or email GlobalService@now-health.com. This service is available 24 hours a day, 365 days a year.

They will need **Your** name and membership number as well as the **Hospital** name, telephone number and fax number, a contact name at the **Hospital** and the name of the **Medical Practitioner**.

### *Step 2*

**Our Emergency** assistance service will verify whether the **Medical Condition You** are claiming for is **Eligible** under **Your Group Plan.**

### *Step 3*

If **Your** claim is **Eligible**, **Our Emergency** assistance service staff will consider **Your Emergency** admission or **Your** request for **Evacuation** in relation to **Your** medical needs.

### *Step 4*

If **Our Emergency** assistance service agrees that **Your Medical Condition** meets all of the following:

- is life-threatening
- is covered by **Your Group Plan**
- cannot be treated adequately locally, and
- requires immediate **In-Patient Treatment**

They will make all the necessary arrangements to have **You** moved by air and/or surface transportation to the nearest **Hospital** where appropriate medical **Treatment** is available.

**Our** assistance service will also ensure that any **Eligible** costs at the destination, such as admission costs, are settled directly with the **Hospital**.

### *Step 5*

Once **You** have received **Your** medical **Treatment**, if **Our Emergency** assistance service agrees that it is necessary, they will make all the necessary arrangements to repatriate **You** to **Your** appropriate destination, provided that **You** are medically fit to travel.

**Important notes:**

**We** will only pay for **Evacuation** costs that have been authorised and arranged by **Our Emergency** assistance service.

**We** will not pay for **Your Evacuation** costs if the **Evacuation** is directly or indirectly related to a **Medical Condition** which has been specifically excluded on **Your Certificate of Insurance**, or to any other **Medical Condition** or event specifically excluded in **Your Group Plan.**

## 3.4 Accessing elective Treatment in the USA

If **You** have selected the USA Elective **Treatment** option and need referral to a **Medical Practitioner** or **Hospital** in the USA, please follow the steps below.

If **You** are referred for **Out-Patient** diagnostics and surgery, **Day-Patient** or **In-Patient Treatment** in the USA, **You** must contact **Us** as soon as **You** can. **We** will confirm that the facility is an **In Network Medical Provider** and will try to arrange to settle the bill directly with the medical provider. If the medical provider **You** have selected is out of network or does not provide **Your** requested services on direct billing, **We** will make arrangements to find an equivalent medical provider that is in network.

### *Step 1*

Five working days before **Your Treatment** (or as early as possible), contact **Our** team of Clinical Advisers on T +971 (0) 4450 1510 | F +971 (0) 4450 1530 | GlobalService@now-health.com

A Clinical Adviser will verify **Your** entitlement to **Benefits** for the proposed **Treatment** and give **You** details on how to claim.

Tell **Us** the name of the medical facility, telephone number, fax number, contact name and the name of the **Medical Practitioner**.

### *Step 2*

Choose how **You** would like to claim.

**You** can complete an online claim form at www.now-health.com. Claim forms are available within **Your** online secure portfolio area.

Alternatively, **You** can download a claim form to send to **Us** or use a printed claim form. **You** can request a form from **Our** customer service team, or **Your** intermediary, if **You** are using one.

Call **Us** on +971 (0) 4450 1510 to request a printed claim form, or if **You** would like help to access **Your** online secure portfolio area.

Complete all relevant sections of the claim form. Take the claim form with **You** and ask the medical provider to complete it and fax it to **Us**.

### *Step 3*

When **You** arrive at the medical provider on the day of **Your Treatment**, show **Your** membership card and tell the medical provider that **We** have arranged **Direct Billing** through **Our** agents.

**We** may also ask **You** to fill in some extra forms, such as an agreement that the medical provider can release information about **You** to **Us**. **You** can access all forms from **Your** online secure portfolio area at www.now-health.com.

**You** will need to pay any **Excess** on **Your Group Plan** to the medical provider before **You** leave.

### *Step 4*

When **You** leave, ask the medical provider to send the original claim form and bill to **Us** for payment. **You** can track all subsequent claims activity on **Your** online secure portfolio area. Log in at www.now-health.com using **Your** username and password.

**Important notes:**

Please contact **Us** before **You** receive any **In-Patient Treatment**, **Day-Patient Treatment** or major **Out-Patient Treatment**. If **You** don't contact **Us** before **Your** admission, **We** may not be able to arrange to pay the medical provider directly. This might mean that **You** have to pay a deposit to the **Hospital** or pay **Your** bill in full.

If **You** go to an **Out of Network Medical Provider**, **We** will apply a **Co-Insurance** of 50% to any **Eligible Treatment** as per **Your Benefit Schedule**. **You** will be responsible for the difference, which **You** will have to pay directly to the **Out of Network Medical Provider**.

**We** reserve the right to refuse to cover any medical expenses that **You** incur in the USA that **We** have not authorised.

If **We** pay the medical provider directly for any **Treatment** that is not **Eligible** under **Your Group Plan**, **You** must refund the equivalent sum to **Us**.

**You** will need to pay any **Excess** on **Your Group Plan** to the medical provider before **You** leave.

## 3.5 What must I provide when making a claim?

Please make sure that **You** complete all the forms **We** ask **You** to.

**You** must send **Us** all **Your** claim information within six months of the first day of **Treatment** (unless this is not reasonably possible).

If the total amount **You** are claiming now or have claimed (per **Insured Person**, per **Medical Condition**, per **Period of Cover**) is over USD 500/EUR 400/GBP 300, please ensure Section 3 of the claim form is completed by the treating **Medical Practitioner**.

## 3.6 Do I need to provide any other information?

It may not always be possible to assess the eligibility of **Your** claim from the claim form alone, which means **We** may sometimes ask **You** for additional information. This will only ever be reasonable information that **We** need to assess **Your** claim.

**We** may request access to **Your** medical records including medical referral letters. If **You** don't reasonably allow **Us** access to this important information, **We** will have to refuse **Your** claim. This means that **We** will also recoup any previous payments that **We** have made for that **Medical Condition**. There may be instances where **We** are uncertain about the eligibility of a claim. If this is the case, **We** may, at **Our** own cost, ask a **Medical Practitioner** chosen by **Us** to review the claim. They may review the medical facts relating to a claim or ask to examine **You** in connection with the claim. In choosing a relevant **Medical Practitioner**, **We** will take into account **Your** personal circumstances. **You** must co-operate with any **Medical Practitioner** chosen by **Us** or **We** will not pay **Your** claim.

## 3.7 What should I do if I also have cover on another insurance policy?

If **You** are making a claim, **You** must tell **Us** if **You** are able to claim any costs from another insurance policy. If another insurance policy is involved, **We** will only pay **Our** proper share.

## 3.8 What should I do if the Benefits I am claiming relate to an injury or Medical Condition caused by another person?

**You** must tell **Us** on the claim form if **You** are able to claim any of the cost from another person.

If **You** are claiming for **Treatment** for a **Medical Condition** caused by another person, **We** will still pay for **Benefits** that **You** can claim under the **Group Plan.**

If **You** are claiming for **Treatment** for an injury caused by another person, **We** obtain the right by law, to recover the sum of the **Benefits** paid from the other person. **You** must tell **Us** as quickly as possible about any action against another person and keep **Us** informed of any outcome or settlement of this action.

Should **You** successfully recover any monies from the third party, they should be repaid directly to **Us** within 21 days of receipt on the following basis:

- if the claim against the third party settles in full, **You** must repay **Our** outlay in full; or
- if **You** recover only a percentage of **Your** claim for damages **You** must repay the same percentage of **Our** outlay to **Us**.

If **You** do not repay **Us** (including any interest recovered from the third party), **We** are entitled to recover the same from **You**. In addition, **Your Benefits** may be cancelled in line with section 8 in the Rights and Responsibilities section.

The rights and remedies in this clause are in addition to and not instead of rights or remedies provided by law.

## 3.9 If You have an Excess and or Co-Insurance on Your Group Plan

Any **Excess** or **Co-Insurance** is shown on **Your Certificate of Insurance** and charged in the same currency as **Your** premium.

An **Excess** or **Co-Insurance** is the amount **You** pay towards the cost of a claim for any **Insured Person** on **Your Group Plan. You** can choose the type and level of **Excess** when **You** buy or renew **Your Group Plan.** When a claim is made, any **Excess** is automatically deducted.

The **Excess** applies per **Insured Person**, per **Medical Condition**, per **Period of Cover**. For example, if the **Insured Person** claims for **In-Patient Treatment** for two separate **Medical Conditions**, an **Excess** will apply to each **Medical Condition** rather than a single **Excess** relating to the **In-Patient Treatment**. An **Excess** will always be deducted before any **Co-Insurance** percentage is applied. Please note that if **You** have selected the **Out-Patient** Per Visit **Excess**, **You** must pay the first USD 25/EUR 20/GBP 15 of any **Eligible Out-Patient** claim.

Even if **Out-Patient Direct Billing** has been selected, **You** will still be responsible for any **Co-Insurance** payments under the **Group Plan** and the **Group Plan Excess** will still apply to both **In-Patient** and **Day-Patient Treatment**.

A **Co-Insurance** is a percentage payment made by **You** per **Medical Condition** per **Period of Cover**. For example, if an **Insured Person** claims for **Out-Patient Treatment**, the **Excess** will be deducted first and the **Co-Insurance** will be calculated on the remaining amount.

**You** need to submit **Your** claim form and bills, even if the **Excess** is greater than the **Benefits You** are claiming, so **We** can administer **Your Group Plan** correctly. When **You** make a claim, **We** will reduce the amount **We** pay **You** until the **Excess** limit is used up.

## 3.10 How will claim reimbursements be calculated?

Claims reimbursements will in all cases be based on the date of **Treatment**, and in the first instance will be paid in the same currency as the claim invoice. Alternatively, the currency of the **Plan** may be requested or **We** will endeavour to pay in another currency of **Your** choice. **We** will convert currencies based on the exchange rates quoted by Citibank as of the **Treatment** date.

## 3.11 What currencies can claims be made in?

**You** have the choice of claims reimbursement in either the currency of **Your Group Plan**, the currency **You** incurred **Your** claim in, or another currency of **Your** choice. Listed below are the currencies **We** can transact in.*

**ALL** Albanian Lek
**DZD** Algerian Dinar
**AMD** Armenian Dram
**AOA** Angola Kwanza
**AUD** Australian Dollar
**AZN** Azerbaijan Manat
**BSD** Bahamian Dollar
**BHD** Bahraini Dinar
**BDT** Bangladesh Taka
**BBD** Barbados Dollar
**BYR** Belarus Ruble
**BZD** Belize Dollar
**BMD** Bermudian Dollar
**BTN** Bhutan Ngultram
**BOB** Bolivian Boliviano
**BAM** Bosnia & Herzagovina Convertible Mark
**BWP** Botswana Pula
**BRL** Brazilian Real
**BND** Brunei Dollar
**BGN** Bulgarian Lev
**BIF** Burundi Franc
**CAD** Canadian Dollar
**CVE** Cape Verde Escudo
**KHR** Cambodia Riel
**KYD** Cayman Island Dollar
**XOF** West African States CFA Franc BCEAO
**XAF** Central African States CFA Franc BEAC
**XPF** Central Pacific Franc
**CLP** Chilean Peso
**CNY** Chinese Yuan Renminbi
**COP** Colombian Peso
**KMF** Comoros Franc
**CRC** Costa Rican Colon
**HRK** Croatian Kuna
**CZK** Czech Koruna
**DKK** Danish Krone
**DJF** Djibouti Franc
**DOP** Dominican Peso
**EGP** Egyptian Pound
**EUR** EMU Euro
**ERN** Eritrea Nakfa
**EEK** Estonian Kroon
**ETB** Ethiopia Birr
**FJD** Fiji Dollar
**GMD** Gambian Dalasi
**GEL** Georgian Lari
**GHS** Ghanian Cedi
**GTQ** Guatemalan Quetzal
**GNF** Guinea Republic Franc
**GYD** Guyana Dollar
**HTG** Haitian Gourde
**HNL** Honduran Lempira
**HKD** Hong Kong Dollar
**HUF** Hungarian Forint
**INR** Indian Rupee
**IDR** Indonesian Rupiah
**ILS** Israeli Shekel
**JMD** Jamaican Dollar
**JPY** Japanese Yen
**JOD** Jordanian Dinar
**KZT** Kazakhstan Tenge
**KES** Kenyan Shilling
**KRW** Korean Won
**KWD** Kuwaiti Dinar
**LAK** Laos Kip
**LVL** Latvian Lats
**LSL** Lesotho Loti
**LBP** Lebanese Pound
**LYD** Libyan Dinar
**LTL** Lithuanian Litas
**MKD** Macedonia Denar
**MOP** Macau Pataca
**MGA** Madagascar Ariary
**MWK** Malawi Kwacha
**MVR** Maldives Rufiyaa
**MRO** Mauritanian Ouguiya
**MUR** Mauritius Rupee
**MXN** Mexican Peso
**MDL** Moldavian Leu
**MNT** Mongolian Tugrik
**MAD** Moroccan Dirham
**MZN** Mozambique Metical
**NAD** Namibian Dollar
**NPR** Nepal Rupee
**NZD** New Zealand Dollar
**NIO** Nicaraguan Cordoba
**NGN** Nigerian Naira
**NOK** Norwegian Krone
**OMR** Omani Rial
**PKR** Pakistani Rupee
**PGK** Papua New Guinea Kina
**PYG** Paraguayan Guarani
**PEN** Peruvian Nuevo Sol
**PHP** Philippine Peso
**PLN** Polish Zloty
**QAR** Qatari Riyal
**RON** Romanian Leu
**RUB** Russian Ruble
**RWF** Rwandan Franc
**WST** Samoan Tala
**SAR** Saudi Riyal
**RSD** Serbian Dinar
**SCR** Seychelles Rupee
**SLL** Sierra Leone Leone
**SGD** Singapore Dollar
**SBD** Solomon Islands Dollar
**ZAR** South African Rand
**SRD** Suriname Dollar
**SEK** Swedish Krona
**SZL** Swaziland Lilangeni
**CHF** Swiss Franc
**LKR** Sri Lankan Rupee
**TWD** Taiwan New Dollar
**TZS** Tanzanian Shilling
**THB** Thai Baht
**TOP** Tongan Pa'anga
**TTD** Trinidad and Tobago Dollar
**TND** Tunisian Dinar
**TRY** Turkish Lira
**AED** U.A.E. Dirham
**UGX** Ugandan Shilling
**GBP** U.K. Pound Sterling
**UAH** Ukraine Hryvnia
**UYU** Uruguayan Peso
**USD** U.S. Dollar
**UZS** Uzbekistan Som
**VUV** Vanuatu Vatu
**VEF** Venezuelan Bolivar
**VND** Vietnam Dong
**YER** Yemeni Rial
**ZMK** Zambia Kwacha

* Subject to local currency and/or international restrictions/regulations.

# 4. Benefits: What is covered?

All the **Benefits** covered by WorldCare are shown in the **Benefit Schedule** in this section. The **Benefit** limits are per **Insured Person** and either per **Medical Condition**, per visit or per **Period of Cover**, with lifetime limits in place for **Terminal** illness.

Please remember that this **Group Plan** is not intended to cover all eventualities.

In return for payment of the premium, **We** agree to provide cover as set out in the terms of this **Group Plan**.

Please refer to the definition of **Group Plan** in section 1 for details of the documents that make up **Your Group Plan**.

## 4.1 Summary of WorldCare

WorldCare has been designed to provide cover for **Reasonable and Customary Charges** for **Medically Necessary** and active **Treatment** of disease, illness or injury.

WorldCare provides worldwide cover, excluding the USA, unless the USA elective **Treatment** option is selected. A summary of each **Group Plan** option is shown below:

| | |
|---|---|
| **Essential** | Cover for **In-Patient** and **Day-Patient Treatment**, and the option for a higher **Excess** to lower **Your** premiums, if **You** want to cover high cost/ low frequency major medical events only. |
| **Advance** | As with Essential, and limited cover for **Out-Patient Treatment**. |
| **Excel** | As with Advance, and cover for dental and generally higher **Group Plan** limits. |
| **Apex** | As with Excel, and cover for dental and maternity, as well as **Benefits** with higher overall limits. |

**Please note:**

If a nil **Excess** option is selected on Advance, Excel and Apex **Group Plan** options, or either the **Out-Patient** Per Visit **Excess** or the **Out-Patient Direct Billing** option is selected, the **Insured Person** will benefit from **Out-Patient Direct Billing** within **Our Out-Patient Direct Billing** Provider Network for **Out-Patient** charges. If **Your** membership card has "**Out-Patient Direct Billing**" clearly marked, the medical facility will not ask **You** to settle the charges. They will do this directly with **Us**. If **You** have selected the **Out-Patient** Per Visit **Excess**, **You** must pay the first USD 25/EUR 20/GBP 15 of any **Eligible Out-Patient** claim.

The above is a summary of just some of the **Group Plan Benefits**. For full details of the **Benefits** and exclusions, it is important that **You** read this handbook in full. For the full **Benefit Schedule**, please go to section 4.3.

## 4.2 Pre-Authorisation

When **You** should contact **Us** before **Treatment** starts.

**Your Group Plan** with **Us** will only cover **Reasonable and Customary Charges** for **Treatment** that is **Medically Necessary**. It is important that **You** contact **Us** before **Treatment** for **Us** to confirm if such **Treatment** is **Eligible** under **Your Group Plan**.

**Pre-Authorisation** is therefore required before undertaking **Treatment** and incurring charges.
The **Benefit Schedule** details those **Benefits** requiring **Pre-Authorisation** by showing "**Pre-Authorisation** ☎".

**You** should contact **Our** team of Clinical Advisers on on +971 (0) 4450 1510 | Fax +971 (0) 4450 1530.

**Pre-Authorisation** means all costs under this **Benefit** require **Pre-Authorisation** from **Us**, which may or may not be included in **Your Group Plan**.

**Pre-Authorisation** is required for the following:

- All **In-Patient Treatment**
- All pre-planned **Day-Patient Treatment**
- All pre-planned surgery
- **Diagnostic Procedures** – positron emission tomography (PET) scans
- **In-Patient** Psychiatric **Treatment**
- **Evacuation** and **Repatriation**
- Mortal Remains
- Physiotherapy for the Advance, Excel and Apex **Group Plan** options after every 10 sessions
- Nursing Care at home
- AIDS
- USA elective **Treatment**

If **Pre-Authorisation** is not obtained and **Treatment** is received and is subsequently proven not to be **Medically Necessary**, **We** reserve the right to decline **Your** claim. If **Treatment** is **Medically Necessary**, but **You** did not obtain **Pre-Authorisation**, **We** will pay only 80% of the **Eligible Benefits**.

In the case of any **Emergency**, **You**, the treating **Medical Practitioner** or the **Hospital**, must contact **Our** 24 hour **Emergency** assistance service as soon as possible. Failure to obtain **Pre-Authorisation** for **Treatment** of an **Eligible Medical Condition** means **You** may incur a proportion of the costs.

## 4.3 Now Health International: WorldCare

WorldCare has been designed to provide cover for **Reasonable and Customary Charges** for **Medically Necessary** and active **Treatment** of disease, illness or injury. The **Benefit Schedule** below details the cover provided by each **Group Plan**. This is additional information that should be read in conjunction with this complete handbook.

**Benefits** aim to cover short term **Treatment** of acute episodes of **Chronic Conditions**, to return **You** to the state of health **You** were in immediately before suffering the episode, or which leads to a full recovery. If this is not possible and maintenance therapy of a **Chronic Condition**, such as but not limited to asthma, diabetes, and hypertension, is required, such cover will be provided by **Benefit** 1 – **Chronic Conditions**, and the **Group Plan** limit per **Insured Person**, per **Period of Cover** will apply. If **You** are unsure of **Your** particular circumstances, please contact **Our** Customer Services team before incurring any **Treatment** costs. Some cover states "Full Refund" and this means that **Eligible** claims are covered up to the annual maximum **Group Plan** limit, after any deduction of any **Excess** or **Co-Insurance** or similar condition, if **Reasonable and Customary Charges** for **Medically Necessary Treatment** are incurred.

## 4.3.1 WorldCare Essential

| Benefit | Essential |
|---|---|
| **Annual Maximum Group Plan Limit**<br>***24/7 helpline and assistance services available on all Group Plans*** | **USD 3m/ EUR 2.4m/ GBP 1.9m** |
| **1. Maintenance of Chronic Medical Conditions:**<br>*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 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.* | *Not covered* |
| **2. Hospital Charges, Medical Practitioner and Specialist Fees:**<br>*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.*<br>*ii) 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) Full refund*<br>***Pre-Authorisation for (i) ☎***<br>*(ii) Up to USD 1,500/ EUR 1,200/ GBP 930 per **Medical Condition*** |
| **3. Diagnostic Procedures:**<br>***Medically Necessary** diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans.* | ***Pre-Authorisation for PET ☎***<br>*Full refund for **In-Patient** pre and post-operative scans* |
| **4. Emergency Ambulance Transportation:**<br>***Emergency** road ambulance transport costs to or between **Hospitals**, or when considered **Medically Necessary** by a **Medical Practitioner** or **Specialist**.* | *Full refund* |
| **5. Parent Accommodation:**<br>*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**.* | *Full refund* |
| **6. Renal Failure and Renal Dialysis:**<br>*(i) **Treatment** of renal failure, including renal dialysis on an **In-Patient** basis.*<br>*(ii) **Treatment** of renal failure, including renal dialysis on a **Day-Patient** or **Out-Patient** basis.* | *(i) Up to six weeks full refund for **In-Patient** pre and post-operative care*<br>*(ii) Not covered* |
| **7. Organ Transplant:**<br>*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.*<br>*ii) Medical costs associated with the donor as an **In-Patient** or **Day-Patient**, with the exception of the cost of the donor organ search.*<br>***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) Full refund*<br>*(ii) Up to USD 50,000/ EUR 40,000/ GBP 31,250 per **Period of Cover*** |
| **8. Cancer Treatment:**<br>***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.* | *Full refund* |

| Benefit | Essential |
|---|---|
| **9. Pregnancy and Childbirth Medical Conditions:**<br>***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:*<br>• *Ectopic Pregnancy (where the foetus is growing outside the womb)*<br>• *Hydatidiform mole (abnormal cell growth in the womb)*<br>• *Retained placenta (afterbirth retained in the womb)*<br>• *Placenta praevia*<br>• *Eclampsia (a coma or seizure during* ***Pregnancy*** *and following pre-eclampsia)*<br>• *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****)*<br>• *Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)*<br>• *Miscarriage requiring immediate surgical* ***Treatment***<br>• *Failure to progress in labour* | *Full refund* |
| **10. New Born Cover:**<br>***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* ***Group Plan*** *within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.* | *Up to USD 100,000/ EUR 80,000/ GBP 62,500 per* ***Period of Cover*** |
| **11. Hospital Accommodation for New Born Accompanying their Mother:**<br>***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****.* | *Full refund* |
| **12. Congenital Disorder:**<br>***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****.* | *Up to USD 100,000/ EUR 80,000/ GBP 62,500 per* ***Period of Cover*** |
| **13. Reconstructive Surgery:**<br>*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.* | *Full refund* |
| **14. Rehabilitation:**<br>*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:*<br>*i) Use of special* ***Treatment*** *rooms*<br>*ii) Physical therapy fees*<br>*iii) Speech therapy fees*<br>*iv) Occupational therapy fees* | *Full refund for* ***Eligible In-Patient Treatment*** *only up to 30 days per* ***Medical Condition*** |
| **15. In-Patient Emergency Dental Treatment:**<br>*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.*<br>*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:*<br>• *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*<br>• *If implants are clinically needed* ***We*** *will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead*<br>• *Damage to dentures providing they were being worn at the time of the injury* | *Full refund* |
| **16. In-Patient Psychiatric Treatment:**<br>***In-Patient Treatment*** *in a recognised Psychiatric unit of a* ***Hospital****. All* ***Treatment*** *must be administered under the direct control of a Registered Psychiatrist.* | ***Pre-Authorisation*** ☎<br>*Full refund limited to 30 days per* ***Period of Cover*** |

| Benefit | Essential |
|---|---|
| **17. Terminal Illness:**<br>*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.* | ▶ *__Eligible In-Patient__ and __Day-Patient Treatment__ only up to USD 50,000/ EUR 40,000/ GBP 31,250 lifetime limit* |
| **18. Emergency Non-Elective Treatment USA Cover:**<br>*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.*<br>*Charges relating to routine __Pregnancy__ and childbirth are specifically excluded from this __Benefit__.* | ▶ *Full refund for __Accident__ requiring __In-Patient__ and __Day-Patient__ care*<br>▶ *Illness: __In-Patient__ and __Day-Patient__ care up to USD 25,000/ EUR 20,000/ GBP 15,625 per __Period of Cover__* |
| **19. Evacuation and Repatriation:**<br>**Evacuation**<br>*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__.*<br>*Reasonable expenses for:*<br>*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.*<br>*ii) Reasonable local travel costs to and from medical appointments when __Treatment__ is being received as a __Day-Patient__.*<br>*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__.*<br>*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__.*<br>*__Excesses__ do not apply to transportation costs incurred under this __Benefit__.*<br>*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.*<br>*__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__.*<br>**Repatriation**<br>*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__.*<br>*This __Benefit__ specifically excludes routine __Pregnancy__ and childbirth costs, except for __Benefit__ 9 – __Pregnancy__ and childbirth __Medical Conditions__.* | ***Pre-Authorisation*** ☎<br>*(i)* ▶ *Full refund*<br>*(ii)* ▶ *Full refund*<br>*(iii)* ▶ *Full refund*<br>*(iv)* ▶ *Up to USD 200/ EUR 160/ GBP 125 per day Up to USD 7,500/ EUR 6,000/ GBP 4,600 per person, per __Evacuation__*<br>***Pre-Authorisation*** ☎<br>▶ *Full refund* |
| **20. Mortal Remains:**<br>*In the event of death from an __Eligible Medical Condition__, __Reasonable and Customary Charges__ for:*<br>*i) Costs of transportation of body or ashes of an __Insured Person__ to his/her __Country of Nationality__ or __Country of Residence__, or*<br>*ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.* | ***Pre-Authorisation*** ☎<br>*(i)* ▶ *Full refund*<br>*(ii)* ▶ *Up to USD 10,000/ EUR 8,000/ GBP 6,250* |

▶ Full refund ▶ Not covered ▶ Subject to limits ▶ Optional

| Benefit | Essential |
|---|---|
| **21. Hospital Cash Benefit:**<br>*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 **Group Plan**. Cover under this **Benefit** is limited to a maximum of 30 nights per **Period of Cover**.*<br>*For this **Benefit** exclusion 5.12 does not apply.* | *USD 125/ EUR 100/ GBP 75 per night* |
| **22. Out-Patient Charges:**<br>i) *__Medical Practitioner__ fees including consultations; __Specialist__ fees; __Diagnostic Tests__; prescribed __Drugs and Dressings__.* | (i) *Pre-operative consultation and __Diagnostic Procedures__ within 15 days from the admission and post hospitalisation up to max USD 2,000/ EUR 1,600/ GBP 1,250 or 30 days per __Medical Condition__ per __Period of Cover__* |
| ii) *Physiotherapy by a Registered __Physiotherapist__, when referred by a __Medical Practitioner__, or __Specialist__.* | (ii) *Not covered* |
| **23. Day-Patient or Out-Patient Surgery:**<br>*__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.* | *Full refund* |
| **24. Out Patient Psychiatric Illness:**<br>*__Out-Patient Treatment__ administered under the direct control of a Registered Psychiatrist when referred by a __Medical Practitioner__ or __Specialist__.* | *Not covered* |
| **25. Alternative Therapies:**<br>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__.*<br>ii) *__Treatment__ or therapies administered by a recognised Traditional Chinese Medicine Practitioner or an Ayurvedic Medical Practitioner.*<br>*__We__ do not cover charges for general chiropody or podiatry.*<br>*For this __Benefit__ the __Group Plan Excess__ does not apply.* | *Not covered* |
| **26. Nursing Care at Home:**<br>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__.* | (i) *Not covered* **__Pre-Authorisation for (i)__** ☎ |
| ii) *__Medical Practitioner__ (GP) home visits for an __Emergency__ GP home call-out during out of normal clinic hours.* | (ii) *Not covered* |
| **27. AIDS:**<br>*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 occupation __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.*<br>* *For employees 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__.*<br>** *As long as the blood transfusion was received as an __In-Patient__ as part of __Medically Necessary Treatment__.*<br>*__Waiting Period__: Cover only available after three years of continuous employeeship.* | ***__Pre-Authorisation__*** ☎<br>***__Eligible In-Patient__*** *and* ***__Day-Patient Treatment__*** *only up to USD 25,000/ EUR 20,000/ GBP 15,625 per* ***__Period of Cover__*** |

| Options to Core Benefits | Essential |
|---|---|
| **28. USA Elective Treatment:**<br>*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**.*<br>*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**.*<br>***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*** ☎<br>▶ *Optional*<br>*Up to USD 1.5m/ EUR 1.2m/ GBP 937,500 per **Insured Person** per **Period of Cover*** |
| **29. Out-Patient Charges:**<br>*i) **Medical Practitioner** fees including consultation, **Specialist** fees, **Diagnostic Tests**, prescribed **Drugs and Dressings**.* | *(i)* ▶ *Optional*<br>*Up to USD 4,500/ EUR 3,600/ GBP 2,800 per **Period of Cover*** |
| *ii) Physiotherapy by a registered **Physiotherapist**, when referred by a **Medical Practitioner**, or **Specialist**.* | *(ii)* ▶<br>*Full refund up to a maximum 10 sessions per **Period of Cover*** |
| **30. Out-Patient Charges Option 2:**<br>*i) **Medical Practitioner** fees including consultation, **Specialist** fees, **Diagnostic Tests** and costs associated with maintenance of chronic **Medical Conditions,** prescribed **Drugs and Dressings.*** | *(i)* ▶ *Optional*<br>*Up to USD 4,500/ EUR 3,600/ GBP 2,800 per **Period of Cover*** |
| *ii) Physiotherapy by a registered **Physiotherapist**, when referred by a **Medical Practitioner,** or **Specialist.*** | *(ii)* ▶<br>*Full refund up to a maximum 10 sessions per **Period of Cover*** |

| Additional Options for Group Plans | Essential |
|---|---|
| **31. Medical History Disregarded:**<br>*Please note that the **Waiting Period** does not apply to either the Maternity or Dental Care **Benefits**, if Medical History Disregarded is selected.* | ▶ *Optional*<br>*Compulsory **Group Plans** 10+ employees* |

| Excess Options | Essential |
|---|---|
| **Standard Excess** | *Nil* |
| **Optional Excess:**<br>*Please note: **Excesses** do not apply to transportation costs incurred under **Benefit** 19, but would apply to any **Medically Necessary Treatment** required under Benefit 19.* | *USD 1,000/ EUR 800/ GBP 625*<br>*USD 2,500/ EUR 2,000/ GBP1,550*<br>*USD 5,000/ EUR 4,000/ GBP 3,125*<br>*USD 10,000/ EUR 8,000/ GBP 6,250*<br>*USD 15,000/ EUR 12,000/ GBP 9,375* |

▶ Full refund ▶ Not covered ▶ Subject to limits ▶ Optional

## 4.3.2 WorldCare Advance

| Benefit | Advance |
|---|---|
| **Annual Maximum Group Plan Limit**<br>***24/7 helpline and assistance services available on all Group Plans*** | **USD 3.5m/ EUR 2.8m/ GBP 2.2m** |
| **1. Maintenance of Chronic Medical Conditions:**<br>*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 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.* | *Up to USD 15,000/ EUR 12,000/ GBP 9,375 per **Period of Cover*** |
| **2. Hospital Charges, Medical Practitioner and Specialist Fees:**<br>*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.*<br>*ii) 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) Full refund **Pre-Authorisation for (i)** ☎*<br>*(ii) Up to USD 1,500/ EUR 1,200/ GBP 930 per **Medical Condition*** |
| **3. Diagnostic Procedures:**<br>***Medically Necessary** diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans.* | ***Pre-Authorisation For PET** ☎*<br>*Full refund* |
| **4. Emergency Ambulance Transportation:**<br>***Emergency** road ambulance transport costs to or between **Hospitals**, or when considered **Medically Necessary** by a **Medical Practitioner** or **Specialist**.* | *Full refund* |
| **5. Parent Accommodation:**<br>*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**.* | *Full refund* |
| **6. Renal Failure and Renal Dialysis:**<br>*(i) **Treatment** of renal failure, including renal dialysis on an **In-Patient** basis.*<br>*(ii) **Treatment** of renal failure, including renal dialysis on a **Day-Patient** or **Out-Patient** basis.* | *(i) Up to six weeks full refund*<br>*(ii) Up to USD 10,000/ EUR 8,000/GBP 6,250 per **Period of Cover*** |
| **7. Organ Transplant:**<br>*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.*<br>*ii) Medical costs associated with the donor as an **In-Patient** or **Day-Patient**, with the exception of the cost of the donor organ search.*<br>***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) Full refund*<br>*(ii) Up to USD 50,000/ EUR 40,000/ GBP 31,250 per **Period of Cover*** |

| Benefit | Advance |
|---|---|
| **8. Cancer Treatment:**<br>***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.* | *Full refund* |
| **9. Pregnancy and Childbirth Medical Conditions:**<br>***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:*<br>• *Ectopic Pregnancy (where the foetus is growing outside the womb)*<br>• *Hydatidiform mole (abnormal cell growth in the womb)*<br>• *Retained placenta (afterbirth retained in the womb)*<br>• *Placenta praevia*<br>• *Eclampsia (a coma or seizure during* ***Pregnancy*** *and following pre-eclampsia)*<br>• *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****)*<br>• *Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)*<br>• *Miscarriage requiring immediate surgical* ***Treatment***<br>• *Failure to progress in labour* | *Full refund* |
| **10. New Born Cover:**<br>***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* ***Group Plan*** *within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.* | *Up to USD 100,000/ EUR 80,000/ GBP 62,500 per* ***Period of Cover*** |
| **11. Hospital Accommodation for New Born Accompanying their Mother:**<br>***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****.* | *Full refund* |
| **12. Congenital Disorder:**<br>***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****.* | *Up to USD 100,000/ EUR 80,000/ GBP 62,500 per* ***Period of Cover*** |
| **13. Reconstructive Surgery:**<br>*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.* | *Full refund* |
| **14. Rehabilitation:**<br>*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:*<br>*i) Use of special* ***Treatment*** *rooms*<br>*ii) Physical therapy fees*<br>*iii) Speech therapy fees*<br>*iv) Occupational therapy fees* | *Full Refund up to 180 days per* ***Medical Condition*** |
| **15. In-Patient Emergency Dental Treatment:**<br>*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.*<br>*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:*<br>• *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*<br>• *If implants are clinically needed* ***We*** *will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead*<br>• *Damage to dentures providing they were being worn at the time of the injury* | *Full refund* |

Full refund  Not covered  Subject to limits  Optional

| Benefit | Advance |
|---|---|
| **16. In-Patient Psychiatric Treatment:**<br>***In-Patient Treatment*** *in a recognised Psychiatric unit of a* ***Hospital****. All* ***Treatment*** *must be administered under the direct control of a Registered Psychiatrist.* | ***Pre-Authorisation*** ☎<br>▶<br>*Full refund limited to 30 days per* ***Period of Cover*** |
| **17. Terminal Illness:**<br>*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.* | ▶<br>*Up to USD 50,000/ EUR 40,000/ GBP 31,250 lifetime limit* |
| **18. Emergency Non-Elective Treatment USA Cover:**<br>*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.*<br>*Charges relating to routine* ***Pregnancy*** *and childbirth are specifically excluded from this* ***Benefit****.* | ▶<br>*Full refund for* ***Accident*** *requiring* ***In-Patient*** *and* ***Day-Patient*** *care*<br>▶<br>*Illness:* ***In-Patient*** *and* ***Day-Patient*** *care up to USD 25,000/ EUR 20,000/ GBP 15,625 per* ***Period of Cover*** |
| **19. Evacuation and Repatriation:**<br>**Evacuation**<br>*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****.*<br>*Reasonable expenses for:* | ***Pre-Authorisation*** ☎ |
| *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.* | *(i)* ▶<br>*Full refund* |
| *ii) Reasonable local travel costs to and from medical appointments when* ***Treatment*** *is being received as a* ***Day-Patient****.* | *(ii)* ▶<br>*Full refund* |
| *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****.* | *(iii)* ▶<br>*Full refund* |
| *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****.* | *(iv)* ▶<br>*Up to USD 200/ EUR 160/ GBP 125 per day Up to USD 7,500/ EUR 6,000/ GBP 4,600 per person, per* ***Evacuation*** |
| ***Excesses*** *do not apply to transportation costs incurred under this* ***Benefit****.*<br>*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.*<br>***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**<br>*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****.*<br>*This* ***Benefit*** *specifically excludes routine* ***Pregnancy*** *and childbirth costs, except for* ***Benefit*** *9 –* ***Pregnancy*** *and childbirth* ***Medical Conditions****.* | ***Pre-Authorisation*** ☎<br>▶<br>*Full refund* |
| **20. Mortal Remains:**<br>*In the event of death from an* ***Eligible Medical Condition****,* ***Reasonable and Customary Charges*** *for:*<br>*i) Costs of transportation of body or ashes of an* ***Insured Person*** *to his/her* ***Country of Nationality*** *or* ***Country of Residence****, or*<br>*ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.* | ***Pre-Authorisation*** ☎<br>*(i)* ▶<br>*Full refund*<br>*(ii)* ▶<br>*Up to USD 10,000/ EUR 8,000/ GBP 6,250* |

| Benefit | Advance |
|---|---|
| **21. Hospital Cash Benefit:**<br>*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 **Group Plan**. Cover under this **Benefit** is limited to a maximum of 30 nights per **Period of Cover**.*<br>*For this **Benefit** exclusion 5.12 does not apply.* | *USD 175/ EUR 140/ GBP 105 per night* |
| **22. Out-Patient Charges:**<br>*i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**; prescribed **Drugs and Dressings**.*<br>*ii) Physiotherapy by a Registered **Physiotherapist**, when referred by a **Medical Practitioner**, or **Specialist**.* | *(i) Full refund*<br>*(ii) Full refund up to a maximum 30 sessions per **Period of Cover***<br>***Pre-Authorisation for (ii) after every 10 sessions ☎*** |
| **23. Day-Patient or Out-Patient Surgery:**<br>***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.* | *Full refund* |
| **24. Out-Patient Psychiatric Illness:**<br>***Out-Patient Treatment** administered under the direct control of a Registered Psychiatrist when referred by a **Medical Practitioner** or **Specialist**.* | *Up to USD 2,500/ EUR 2,000/ GBP 1,550 per **Period of Cover*** |
| **25. Alternative Therapies:**<br>*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**.*<br>*ii) **Treatment** or therapies administered by a recognised Traditional Chinese Medicine Practitioner or an Ayurvedic Medical Practitioner.*<br>***We** do not cover charges for general chiropody or podiatry.*<br>*For this **Benefit** the **Group Plan Excess** does not apply.* | *Full refund up to a maximum of 30 visits per **Period of Cover***<br>***Pre-Authorisation for (i) and (ii) after every 10 visits ☎*** |
| **26. Nursing Care at Home:**<br>*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**.*<br>*ii) **Medical Practitioner** (GP) home visits for an **Emergency** GP home call-out during out of normal clinic hours.* | *(i) Full refund up to 45 days per **Medical Condition***<br>***Pre-Authorisation for (i) ☎***<br>*(ii) Not covered* |
| **27. AIDS:**<br>*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 occupation **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.*<br>** For employees 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**.*<br>*** As long as the blood transfusion was received as an **In-Patient** as part of **Medically Necessary Treatment**.*<br>***Waiting Period**: Cover only available after three years of continuous employeeship.* | ***Pre-Authorisation ☎***<br>*Up to USD 25,000/ EUR 20,000/ GBP 15,625 per **Period of Cover*** |

Full refund | Not covered | Subject to limits | Optional

| Options to Core Benefits | Advance |
|---|---|
| **28. USA Elective Treatment:**<br>*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**.*<br>*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**.*<br>***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 ☎***<br>▶ *Optional*<br>*Up to USD 1.5m/ EUR 1.2m/ GBP 937,500 per **Insured Person** per **Period of Cover*** |
| **29. Co-Insurance Out-Patient Treatment:**<br>*A 10% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment.** Should **Your Plan** include the Maternity, Dental care or Wellness, Optical and Vaccinations **Benefits**, any applicable **Co-Insurance** will be detailed in **Your Benefit Schedule**.* | ▶ *Optional* |
| **30. Co-Insurance Out-Patient Treatment Option 2:**<br>*A 20% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment.** Should **Your Plan** include the Maternity, Dental care or Wellness, Optical and Vaccinations **Benefits**, any applicable **Co-Insurance** will be detailed in **Your Benefit Schedule**.* | ▶ *Optional* |
| **31. Out-Patient Direct Billing:**<br>(only available for **Plans** in-force prior to 1 March 2014 that had historically selected this option)<br>***You** can maintain the standard **Group Plan Excess** of USD 100/EUR 80/GBP 60, but when **You** receive **Eligible Out-Patient Treatment** within the **Now Health International Provider Network**, a nil **Excess** will apply on a direct billing basis. Any **Eligible Out-Patient Treatment** outside of the **Out-Patient Direct Billing** Network will be subject to the **Group Plan Excess** applicable per **Insured Person**, per **Medical Condition**, per **Period of Cover**.*<br>*If **You** receive **Eligible Treatment** within the **Out-Patient Direct Billing Network** but pay and claim for the **Treatment** received; the standard **Group Plan Excess** will apply.*<br>*The standard **Group Plan Excess** will still apply to all **Eligible In-Patient** and/or **Day Patient Treatment**.* | ▶ *Optional* |

| Additional Options for Group Plans | Advance |
|---|---|
| **32. Wellness, Optical and Vaccinations:**<br>*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).*<br>*and/or*<br>*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 USD 300/EUR 240/GBP 180 per **Period of Cover** for an optical claim.*<br>*Please note that there is no cover for prescription sunglasses or transition lenses.*<br>*and/or*<br>*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.*<br>*For this **Benefit** exclusion 5.12 does not apply.* | ▶ *Optional*<br>*For Compulsory **Group Plans** 3+ employees*<br>▶ *Combined limit Up to USD 500/ EUR 400/ GBP 310 per **Period of Cover*** |
| **33. Wellness, Optical and Vaccinations Option 2:**<br>*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).*<br>*and/or*<br>*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 USD 600/EUR 480/GBP 375 per **Period of Cover** for an optical claim.*<br>*Please note that there is no cover for prescription sunglasses or transition lenses.*<br>*and/or*<br>*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.*<br>*For this **Benefit** exclusion 5.12 does not apply.* | ▶ *Optional*<br>*For Compulsory **Group Plans** 3+ employees*<br>▶ *Combined limit Up to USD 1,000/ EUR 800/GBP 625 per **Period of Cover*** |
| **34. Medical History Disregarded:**<br>*Please note that the **Waiting Period** does not apply to either the Maternity or Dental Care **Benefits**, if Medical History Disregarded is selected.* | ▶ *Optional*<br>*For Compulsory **Group Plans** 10+ employees* |

## Additional Options for Group Plans

**Advance**

### 35. 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,*
- *Preventative scaling, polishing, and sealing (once per year),*
- *Fillings (standard amalgams or composite fillings) and extractions, and*
- *Root-canal **Treatment** (but not 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 **Entry Date** are excluded.*
*A **Co-Insurance** of 20% applies.*
*For this **Benefit** the **Group Plan 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 under this **Benefit**.*
***Waiting Period**: Costs incurred within nine months from the **Entry Date** are excluded.*
*A **Co-Insurance** of 20% applies.*
*A 50% **Co-Insurance** applies in respect of all orthodontic **Treatment**.*
*For this **Benefit** the **Group Plan Excess** does not apply.*

*Optional*

*For Compulsory **Group Plans** 10+ employees*

*(i) Up to USD 500/ EUR 400/GBP 310 per **Period of Cover***

*(ii) Up to USD 1,000/ EUR 800/GBP 625 per **Period of Cover***

### 36. Maternity (No Co-Insurance):

***Medically Necessary** costs incurred during normal **Pregnancy** and childbirth: childbirth costs, including pre and post-natal check-ups for up to six weeks following birth, scans and delivery costs for a natural birth or caesarean section. Paediatrician costs for the first examination/check-up of a New Born baby, if the examination is made within 24 hours of delivery and Well-baby examinations up to the child's second birthday and as recommended by a **Medical Practitioner** or **Specialist.** This includes physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, haemoglobin and other blood tests, including tests to screen for sickle haemoglobinopathy.*

***Waiting Period**: Costs incurred within 12 months from the **Start Date** are excluded.*

*Please note, **We** do not pay for parenting or other teaching classes as these are a matter of personal choice.*

*For this **Benefit** exclusion 5.24 does not apply.*

*Optional*

*For Compulsory **Group Plans** 10+ employees*

*Up to USD 7,000/ EUR 5,600/GBP 4,375 limit per **Period of Cover***

### 37. Maternity (20% Co-Insurance):

***Medically Necessary** costs incurred during normal **Pregnancy** and childbirth: childbirth costs, including pre and post-natal check-ups for up to six weeks following birth, scans and delivery costs for a natural birth or caesarean section. Paediatrician costs for the first examination/check-up of a New Born baby, if the examination is made within 24 hours of delivery and Well-baby examinations up to the child's second birthday and as recommended by a **Medical Practitioner** or **Specialist.** This includes physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, haemoglobin and other blood tests, including tests to screen for sickle haemoglobinopathy.*

***Waiting Period**: Costs incurred within 12 months from the **Start Date** are excluded.*

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

*Please note, **We** do not pay for parenting or other teaching classes as these are a matter of personal choice.*

*For this **Benefit** exclusion 5.24 does not apply.*

*Optional*

*For Compulsory **Group Plans** 10+ employees*

*Up to USD 7,000/ EUR 5,600/GBP 4,375 limit per **Period of Cover***

## Excess Options

**Advance**

### Standard Excess

*USD 100/EUR 80/ GBP 60*

### Optional Excess:

*Please note: **Excesses** do not apply to transportation costs incurred under **Benefit** 19, but would apply to any **Medically Necessary Treatment** required under Benefit 19.*

*Nil*
*USD 50/EUR 40/ GBP 30*
*USD 250/EUR 200/ GBP155*
*USD 500/EUR 400/ GBP 310*
*USD 1,000/EUR 800/ GBP 625*
*USD 2,500/EUR 2,000/ GBP 1,550*

### Out-Patient Per Visit Excess:

*A USD 25/EUR 20/GBP 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**.*

*For **In-Patient** and **Day-Patient** Treatment no **Excess** will be applicable.*

*Please note:*
*The **Out-Patient** per visit **Excess** does not apply to the Hospital Cash and Alternative Therapies **Benefits**. If **Your Plan** also includes Dental care **Benefit**, as detailed in **Your Benefit Schedule**, no **Excess** will be applicable.*

*Optional*

*USD 25/EUR 20/ GBP 15*

Full refund | Not covered | Subject to limits | Optional

## 4.3.3 WorldCare Excel

| Benefit | Excel |
|---|---|
| **Annual Maximum Group Plan Limit**<br>***24/7 helpline and assistance services available on all Group Plans*** | **USD 4m/ EUR 3.2m/ GBP 2.5m** |
| **1. Maintenance of Chronic Medical Conditions:**<br>*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 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.* | *Up to USD 20,000/ EUR 16,000/ GBP 12,500 per **Period of Cover*** |
| **2. Hospital Charges, Medical Practitioner and Specialist Fees:**<br>*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.*<br>*ii) 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) Full refund **Pre-Authorisation for (i)** ☎*<br>*(ii) Up to USD 2,000/ EUR 1,600/ GBP 1,250 per **Medical Condition*** |
| **3. Diagnostic Procedures:**<br>***Medically Necessary** diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans.* | ***Pre-Authorisation for PET** ☎*<br>*Full refund* |
| **4. Emergency Ambulance Transportation:**<br>***Emergency** road ambulance transport costs to or between **Hospitals**, or when considered **Medically Necessary** by a **Medical Practitioner** or **Specialist**.* | *Full refund* |
| **5. Parent Accommodation:**<br>*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**.* | *Full refund* |
| **6. Renal Failure and Renal Dialysis:**<br>*(i) **Treatment** of renal failure, including renal dialysis on an **In-Patient** basis.*<br>*(ii) **Treatment** of renal failure, including renal dialysis on a **Day-Patient** or **Out-Patient** basis.* | *(i) Up to six weeks full refund*<br>*(ii) Up to USD 25,000/ EUR 20,000/ GBP 15,625 per **Period of Cover*** |
| **7. Organ Transplant:**<br>*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.*<br>*ii) Medical costs associated with the donor as an **In-Patient** or **Day-Patient**, with the exception of the cost of the donor organ search.*<br>***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) Full refund*<br>*(ii) Up to USD 50,000/ EUR 40,000/ GBP 31,250 per **Period of Cover*** |

| Benefit | Excel |
|---|---|
| **8. Cancer Treatment:**<br>***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.* | *Full refund* |
| **9. Pregnancy and Childbirth Medical Conditions:**<br>***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:*<br>• *Ectopic* ***Pregnancy*** *(where the foetus is growing outside the womb)*<br>• *Hydatidiform mole (abnormal cell growth in the womb)*<br>• *Retained placenta (afterbirth retained in the womb)*<br>• *Placenta praevia*<br>• *Eclampsia (a coma or seizure during* ***Pregnancy*** *and following pre-eclampsia)*<br>• *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****)*<br>• *Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)*<br>• *Miscarriage requiring immediate surgical* ***Treatment***<br>• *Failure to progress in labour* | *Full refund* |
| **10. New Born Cover:**<br>***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* ***Group Plan*** *within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.* | *Up to USD 125,000/ EUR 100,000/ GBP 78,125 per* ***Period of Cover*** |
| **11. Hospital Accommodation for New Born Accompanying their Mother:**<br>***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***. | *Full refund* |
| **12. Congenital Disorder:**<br>***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***. | *Up to USD 125,000/ EUR 100,000/ GBP 78,125 per* ***Period of Cover*** |
| **13. Reconstructive Surgery:**<br>*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.* | *Full refund* |
| **14. Rehabilitation:**<br>*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:*<br>*i) Use of special* ***Treatment*** *rooms*<br>*ii) Physical therapy fees*<br>*iii) Speech therapy fees*<br>*iv) Occupational therapy fees* | *Full refund* |
| **15. In-Patient Emergency Dental Treatment:**<br>*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.*<br>*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:*<br>• *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*<br>• *If implants are clinically needed* ***We*** *will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead*<br>• *Damage to dentures providing they were being worn at the time of the injury* | *Full refund* |

Full refund  Not covered  Subject to limits  Optional

| Benefit | Excel |
|---|---|
| **16. In-Patient Psychiatric Treatment:**<br>***In-Patient Treatment*** *in a recognised Psychiatric unit of a* ***Hospital****. All* ***Treatment*** *must be administered under the direct control of a Registered Psychiatrist.* | ***Pre-Authorisation*** ☎<br>▶<br>*Full refund limited to 30 days per* ***Period of Cover*** |
| **17. Terminal Illness:**<br>*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.* | ▶<br>*Up to USD 75,000/ EUR 60,000/ GBP 46,875 lifetime limit* |
| **18. Emergency Non-Elective Treatment USA Cover:**<br>*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.*<br>*Charges relating to routine* ***Pregnancy*** *and childbirth are specifically excluded from this* ***Benefit****.* | ▶<br>*Full refund for* ***Accident*** *requiring* ***In-Patient*** *and* ***Day-Patient*** *care*<br>▶<br>*Illness:* ***In-Patient*** *and* ***Day-Patient*** *care up to USD 35,000/ EUR 28,000/ GBP 21,875 per* ***Period of Cover*** |
| **19. Evacuation and Repatriation:**<br>**Evacuation**<br>*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****.*<br>*Reasonable expenses for:*<br>*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.*<br>*ii) Reasonable local travel costs to and from medical appointments when* ***Treatment*** *is being received as a* ***Day-Patient****.*<br>*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****.*<br>*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****.*<br>***Excesses*** *do not apply to transportation costs incurred under this* ***Benefit****.*<br>*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.*<br>***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****.*<br>**Repatriation**<br>*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****.*<br>*This* ***Benefit*** *specifically excludes routine* ***Pregnancy*** *and childbirth costs, except for* ***Benefit*** *9 –* ***Pregnancy*** *and childbirth* ***Medical Conditions****.* | ***Pre-Authorisation*** ☎<br>*(i)* ▶<br>*Full refund*<br>*(ii)* ▶<br>*Full refund*<br>*(iii)* ▶<br>*Full refund*<br>*(iv)* ▶<br>*Up to USD 200/ EUR 160/ GBP 125 per day Up to USD 7,500/ EUR 6,000/ GBP 4,600 per person, per* ***Evacuation***<br>***Pre-Authorisation*** ☎<br>▶<br>*Full refund* |
| **20. Mortal Remains:**<br>*In the event of death from an* ***Eligible Medical Condition***, ***Reasonable and Customary Charges*** *for:*<br>*i) Costs of transportation of body or ashes of an* ***Insured Person*** *to his/her* ***Country of Nationality*** *or* ***Country of Residence****, or*<br>*ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.* | ***Pre-Authorisation*** ☎<br>*(i)* ▶<br>*Full refund*<br>*(ii)* ▶<br>*Up to USD 15,000/ EUR 12,000/ GBP 9,375* |

| Benefit | Excel |
|---|---|
| **21. Hospital Cash Benefit:**<br>*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 **Group Plan**. Cover under this **Benefit** is limited to a maximum of 30 nights per **Period of Cover**.*<br>*For this **Benefit** exclusion 5.12 does not apply.* | *USD 225/ EUR 180/ GBP 135 per night* |
| **22. Out-Patient Charges:**<br>*i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**; prescribed **Drugs and Dressings**.*<br>*ii) Physiotherapy by a Registered **Physiotherapist**, when referred by a **Medical Practitioner**, or **Specialist**.* | *(i) Full refund*<br>*(ii) Full refund*<br>***Pre-Authorisation for (ii) after every 10 sessions ☎*** |
| **23. Day-Patient or Out-Patient Surgery:**<br>***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.* | *Full refund* |
| **24. Out Patient Psychiatric Illness:**<br>***Out-Patient Treatment** administered under the direct control of a Registered Psychiatrist when referred by a **Medical Practitioner** or **Specialist**.* | *Up to USD 5,000/ EUR 4,000/ GBP 3,125 per **Period of Cover*** |
| **25. Alternative Therapies:**<br>*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**.*<br>*ii) **Treatment** or therapies administered by a recognised Traditional Chinese Medicine Practitioner or an Ayurvedic Medical Practitioner.*<br>***We** do not cover charges for general chiropody or podiatry.*<br>*For this **Benefit** the **Group Plan Excess** does not apply.* | *Full refund*<br>***Pre-Authorisation for (i) and (ii) after every 10 visits ☎*** |
| **26. Nursing Care at Home:**<br>*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**.*<br>*ii) **Medical Practitioner** (GP) home visits for an **Emergency** GP home call-out during out of normal clinic hours.* | *(i) Full refund up to 60 days per **Medical Condition***<br>***Pre-Authorisation for (i) ☎***<br>*(ii) Not covered* |
| **27. AIDS:**<br>*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 occupation **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.*<br>** For employees 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**.*<br>*** As long as the blood transfusion was received as an **In-Patient** as part of **Medically Necessary Treatment**.*<br>***Waiting Period**: Cover only available after three years of continuous employeeship.* | ***Pre-Authorisation ☎***<br>*Up to USD 40,000/ EUR 32,000/ GBP 25,000 per **Period of Cover*** |

Full refund | Not covered | Subject to limits | Optional

| Benefit | Excel |
|---|---|
| **28. Dental Care:**<br>*i) Routine dental **Treatment**: Fees of a registered **Dental Practitioner** carrying out routine dental **Treatment** in a dental surgery. Routine dental **Treatment** means:*<br>*– Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including x-rays where necessary,*<br>*– Preventive scaling, polishing, and sealing (once per year),*<br>*– Fillings (standard amalgam or composite fillings) and extractions, and*<br>*– Root-canal **Treatment** (but not the fitting of a crown following root-canal **Treatment**).*<br>*No other **Treatment** is covered under the routine dental **Treatment Benefit**.*<br>***Waiting Period**: Costs incurred within nine months from the **Entry Date** are excluded.*<br>*A **Co-Insurance** of 20% applies.*<br>*For this **Benefit** the **Group Plan Excess** does not apply.* | *(i)* ▶ *Up to USD 1,000/ EUR 800/GBP 625 per **Period of Cover*** |
| *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.*<br>*No other **Treatment** is covered by this **Benefit**.*<br>***Waiting Period**: Costs incurred within nine months from the **Entry Date** are excluded.*<br>*A **Co-Insurance** of 20% applies.*<br>*A 50% **Co-Insurance** applies in respect of all orthodontic **Treatment**.*<br>*For this **Benefit** the **Group Plan Excess** does not apply.* | *(ii)* ▶ *Up to USD 2,000/ EUR 1,600/ GBP 1,250 per **Period of Cover*** |

| Options to Core Benefits | Excel |
|---|---|
| **29. USA Elective Treatment:**<br>*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**.*<br>*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**.*<br>***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*** ☎<br>▶ *Optional*<br>*Up to USD 1.5m/ EUR 1.2m/ GBP 937,500 per **Insured Person** per **Period of Cover*** |
| **30. Co-Insurance Out-Patient Treatment:**<br>*A 10% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment.** Should **Your Plan** include the Maternity, Dental care or Wellness, Optical and Vaccinations **Benefits**, any applicable **Co-Insurance** will be detailed in **Your Benefit Schedule**.* | ▶ *Optional* |
| **31. Co-Insurance Out-Patient Treatment Option 2:**<br>*A 20% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment.** Should **Your Plan** include the Maternity, Dental care or Wellness, Optical and Vaccinations **Benefits**, any applicable **Co-Insurance** will be detailed in **Your Benefit Schedule**.* | ▶ *Optional* |
| **32. Out-Patient Direct Billing:**<br>(only available for **Plans** in-force prior to 1 March 2014 that had historically selected this option)<br>***You** can maintain the standard **Group Plan Excess** of USD 100/EUR 80/GBP 60 but when **You** receive **Eligible Out-Patient Treatment** within the **Now Health International Provider Network**, a nil **Excess** will apply on a direct billing basis. Any **Eligible Out-Patient Treatment** outside of the **Out-Patient Direct Billing** Network will be subject to the **Group Plan Excess** applicable per **Insured Person**, per **Medical Condition**, per **Period of Cover**.*<br>*If **You** receive **Eligible Treatment** within the **Out-Patient Direct Billing Network** but pay and claim for the **Treatment** received; the standard **Group Plan Excess** will apply.*<br>*The standard **Group Plan Excess** will still apply to all **Eligible In-Patient** and/or **Day-Patient Treatment**.* | ▶ *Optional* |

## Additional Options for Group Plans

| | Excel |
|---|---|
| **33. Maternity:**<br>***Medically Necessary*** *costs incurred during normal* ***Pregnancy*** *and childbirth: childbirth costs, including pre and post-natal check-ups for up to six weeks following birth, scans and delivery costs for a natural birth or caesarean section. Paediatrician costs for the first examination/check-up of a New Born baby, if the examination is made within 24 hours of delivery and Well-baby examinations up to the child's second birthday and as recommended by a* ***Medical Practitioner*** *or* ***Specialist.*** *This includes physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, haemoglobin and other blood tests, including tests to screen for sickle haemoglobinopathy.*<br>***Waiting Period****: Costs incurred within 12 months from the* ***Start Date*** *are excluded.*<br>*Please note,* ***We*** *do not pay for parenting or other teaching classes as these are a matter of personal choice.*<br>*For this* ***Benefit*** *exclusion 5.24 does not apply.* | *Optional*<br>*Compulsory*<br>***Group Plans***<br>*10+ employees*<br>*Up to USD 10,000/ EUR 8,000/ GBP 6,250 limit per* ***Period of Cover*** |
| **34. Wellness, Optical and Vaccinations:**<br>*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).*<br>*and/or*<br>*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 USD 300/EUR 240/GBP 180 per* ***Period of Cover*** *for an optical claim.*<br>*Please note that there is no cover for prescription sunglasses or transition lenses.*<br>*and/or*<br>*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.*<br>*For this* ***Benefit*** *exclusion 5.12 does not apply.* | *For Compulsory* ***Group Plans*** *3+ employees*<br>*Combined limit Up to USD 500/ EUR 400/ GBP 310 per* ***Period of Cover*** |
| **35. Wellness, Optical and Vaccinations Option 2:**<br>*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).*<br>*and/or*<br>*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 USD 600/EUR 480/GBP 375 per* ***Period of Cover*** *for an optical claim.*<br>*Please note that there is no cover for prescription sunglasses or transition lenses.*<br>*and/or*<br>*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.*<br>*For this* ***Benefit*** *exclusion 5.12 does not apply.* | *Optional*<br>*For Compulsory* ***Group Plans*** *3+ employees*<br>*Combined limit Up to USD 1,000/ EUR 800/GBP 625 per* ***Period of Cover*** |
| **36. Medical History Disregarded:**<br>*Please note that the* ***Waiting Period*** *does not apply to either the Maternity or Dental Care* ***Benefits****, if Medical History Disregarded is selected.* | *Optional*<br>*Compulsory*<br>***Group Plans***<br>*10+ employees* |

## Excess Options

| | Excel |
|---|---|
| **Standard Excess** | *USD 100/EUR 80/ GBP 60* |
| **Optional Excess:**<br>*Please note:* ***Excesses*** *do not apply to transportation costs incurred under* ***Benefit*** *19, but would apply to any* ***Medically Necessary Treatment*** *required under* ***Benefit*** *19.* | *Nil*<br>*USD 50/EUR 40/ GBP 30*<br>*USD 250/EUR 200/ GBP 155* |
| **Out-Patient Per Visit Excess:**<br>*A USD 25/EUR 20/GBP 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****.*<br>*For* ***In-Patient*** *and* ***Day-Patient Treatment*** *no* ***Excess*** *will be applicable.*<br>*Please note:*<br>*The* ***Out-Patient*** *per visit* ***Excess*** *does not apply to the Hospital Cash and Alternative Therapies* ***Benefits****. If* ***Your Plan*** *also includes Dental care* ***Benefit****, as detailed in* ***Your Benefit Schedule****, no* ***Excess*** *will be applicable.* | *Optional*<br>*USD 25/EUR 20/ GBP 15* |

Full refund | Not covered | Subject to limits | Optional

## 4.3.4 WorldCare Apex

| Benefit | Apex |
|---|---|
| **Annual Maximum Group Plan Limit**<br>***24/7 helpline and assistance services available on all Group Plans*** | **USD 4.5m/ EUR 3.6m/ GBP 2.8m** |
| **1. Maintenance of Chronic Medical Conditions:**<br>*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 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.* | *Full refund* |
| **2. Hospital Charges, Medical Practitioner and Specialist Fees:**<br>*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.*<br>*ii) 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) Full refund*<br>***Pre-Authorisation for (i) ☎***<br>*(ii) Up to USD 2,500/ EUR 2,000/ GBP 1,550 per **Medical Condition*** |
| **3. Diagnostic Procedures:**<br>***Medically Necessary** diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans.* | ***Pre-Authorisation for PET ☎***<br>*Full refund* |
| **4. Emergency Ambulance Transportation:**<br>***Emergency** road ambulance transport costs to or between **Hospitals**, or when considered **Medically Necessary** by a **Medical Practitioner** or **Specialist**.* | *Full refund* |
| **5. Parent Accommodation:**<br>*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**.* | *Full refund* |
| **6. Renal Failure and Renal Dialysis:**<br>*i) **Treatment** of renal failure, including renal dialysis on an **In-Patient** basis.*<br>*ii) **Treatment** of renal failure, including renal dialysis on a **Day-Patient** or **Out-Patient** basis.* | *(i) Up to six weeks full refund*<br>*(ii) Up to USD 75,000/ EUR 60,000/ GBP 46,875 per **Period of Cover*** |
| **7. Organ Transplant:**<br>*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.*<br>*ii) Medical costs associated with the donor as an **In-Patient** or **Day-Patient**, with the exception of the cost of the donor organ search.*<br>***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) Full refund*<br>*(ii) Up to USD 50,000/ EUR 40,000/ GBP 31,250 per **Period of Cover*** |

| Benefit | Apex |
|---|---|
| **8. Cancer Treatment:**<br>***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.* | *Full refund* |
| **9. Pregnancy and Childbirth Medical Conditions:**<br>***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:*<br>• *Ectopic* ***Pregnancy*** *(where the foetus is growing outside the womb)*<br>• *Hydatidiform mole (abnormal cell growth in the womb)*<br>• *Retained placenta (afterbirth retained in the womb)*<br>• *Placenta praevia*<br>• *Eclampsia (a coma or seizure during* ***Pregnancy*** *and following pre-eclampsia)*<br>• *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****)*<br>• *Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)*<br>• *Miscarriage requiring immediate surgical* ***Treatment***<br>• *Failure to progress in labour* | *Full refund* |
| **10. New Born Cover:**<br>***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* ***Group Plan*** *within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.* | *Up to USD 150,000/ EUR 120,000/ GBP 93,750 per* ***Period of Cover*** |
| **11. Hospital Accommodation for New Born Accompanying their Mother:**<br>***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****.* | *Full refund* |
| **12. Congenital Disorder:**<br>***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****.* | *Up to USD 150,000/ EUR 120,000/ GBP 93,750 per* ***Period of Cover*** |
| **13. Reconstructive Surgery:**<br>*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.* | *Full refund* |
| **14. Rehabilitation:**<br>*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:*<br>*i) Use of special* ***Treatment*** *rooms*<br>*ii) Physical therapy fees*<br>*iii) Speech therapy fees*<br>*iv) Occupational therapy fees* | *Full refund* |
| **15. In-Patient Emergency Dental Treatment:**<br>*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.*<br>*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:*<br>• *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*<br>• *If implants are clinically needed* ***We*** *will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead*<br>• *Damage to dentures providing they were being worn at the time of the injury* | *Full refund* |

Full refund  Not covered  Subject to limits  Optional

| Benefit | Apex |
|---|---|
| **16. In-Patient Psychiatric Treatment:**<br>***In-Patient Treatment*** *in a recognised Psychiatric unit of a* ***Hospital****. All* ***Treatment*** *must be administered under the direct control of a Registered Psychiatrist.* | ***Pre-Authorisation*** ☎<br>▶<br>*Full refund limited to 30 days per* ***Period of Cover*** |
| **17. Terminal Illness:**<br>*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.* | ▶<br>*Up to USD 100,000/ EUR 80,000/ GBP 62,500 lifetime limit* |
| **18. Emergency Non-Elective Treatment USA Cover:**<br>*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.*<br>*Charges relating to routine* ***Pregnancy*** *and childbirth are specifically excluded from this* ***Benefit****.* | ▶<br>*Full refund for* ***Accident*** *requiring* ***In-Patient*** *and* ***Day-Patient*** *care*<br>▶<br>*Illness:* ***In-Patient*** *and* ***Day-Patient*** *care up to USD 50,000/ EUR 40,000/ GBP 31,250 per* ***Period of Cover*** |
| **19. Evacuation and Repatriation:** | ***Pre-Authorisation*** ☎ |
| **Evacuation**<br>*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.* | *(i)* ▶<br>*Full refund* |
| *ii) Reasonable local travel costs to and from medical appointments when* ***Treatment*** *is being received as a* ***Day-Patient****.* | *(ii)* ▶<br>*Full refund* |
| *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****.* | *(iii)* ▶<br>*Full refund* |
| *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****.* | *(iv)* ▶<br>*Up to USD 300/ EUR 240/ GBP 185 per day Up to USD 10,000/ EUR 8,000/ GBP 6,250 per person, per* ***Evacuation*** |
| ***Excesses*** *do not apply to transportation costs incurred under this* ***Benefit****.*<br>*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.*<br>***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**<br>*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****.*<br>*This* ***Benefit*** *specifically excludes routine* ***Pregnancy*** *and childbirth costs, except for* ***Benefit*** *9 –* ***Pregnancy*** *and childbirth* ***Medical Conditions****.* | ***Pre-Authorisation*** ☎<br>▶<br>*Full refund* |
| **20. Mortal Remains:**<br>*In the event of death from an* ***Eligible Medical Condition****,* ***Reasonable and Customary Charges*** *for:*<br>*i) Costs of transportation of body or ashes of an* ***Insured Person*** *to his/her* ***Country of Nationality*** *or* ***Country of Residence****, or*<br>*ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.* | ***Pre-Authorisation*** ☎<br>*(i)* ▶<br>*Full refund*<br>*(ii)* ▶<br>*Up to USD 20,000/ EUR 16,000/ GBP 12,500* |

| Benefit | Apex |
|---|---|
| **21. Hospital Cash Benefit:**<br>*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 **Group Plan**. Cover under this **Benefit** is limited to a maximum of 30 nights per **Period of Cover**.*<br>*For this **Benefit** exclusion 5.12 does not apply.* | ▶ *USD 275/ EUR 220/ GBP 165 per night* |
| **22. Out-Patient Charges:**<br>*i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**; prescribed **Drugs and Dressings**.*<br>*ii) Physiotherapy by a Registered **Physiotherapist**, when referred by a **Medical Practitioner**, or **Specialist**.* | *(i)* ▶ *Full refund*<br>*(ii)* ▶ *Full refund*<br>***Pre-Authorisation for (ii) after every 10 sessions ☎*** |
| **23. Day-Patient or Out-Patient Surgery:**<br>***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.* | ▶ *Full refund* |
| **24. Out-Patient Psychiatric Illness:**<br>***Out-Patient Treatment** administered under the direct control of a Registered Psychiatrist when referred by a **Medical Practitioner** or **Specialist**.* | ▶ *Up to USD 7,500/ EUR 6,000/ GBP 4,600 per **Period of Cover*** |
| **25. Alternative Therapies:**<br>*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.*<br>*ii) **Treatment** or therapies administered by a recognised Traditional Chinese Medicine Practitioner or an Ayurvedic Medical Practitioner.*<br>***We** do not cover charges for general chiropody or podiatry.*<br>*For this **Benefit** the **Group Plan Excess** does not apply.* | ▶ *Full refund*<br>***Pre-Authorisation for (i) and (ii) after every 10 visits ☎*** |
| **26. Nursing Care at Home:**<br>*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**.*<br>*ii) **Medical Practitioner** (GP) home visits for an **Emergency** GP home call-out during out of normal clinic hours.* | *(i)* ▶ *Full refund up to 120 days per **Medical Condition***<br>***Pre-Authorisation for (i) ☎***<br>*(ii)* ▶ *Up to five visits per **Period of Cover*** |
| **27. AIDS:**<br>*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 occupation **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.*<br>** For employees 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**.*<br>*** As long as the blood transfusion was received as an **In-Patient** as part of **Medically Necessary Treatment**.*<br>***Waiting Period**: Cover only available after three years of continuous employeeship.* | ***Pre-Authorisation ☎***<br>▶ *Up to USD 50,000/ EUR 40,000/ GBP 31,250 per **Period of Cover*** |

▶ Full refund ▶ Not covered ▶ Subject to limits ▶ Optional

| Benefit | Apex |
|---|---|
| **28. Maternity:**<br>***Medically Necessary*** *costs incurred during normal* ***Pregnancy*** *and childbirth: childbirth costs, including pre and post-natal check-ups for up to six weeks following birth, scans and delivery costs for a natural birth or caesarean section. Paediatrician costs for the first examination/check-up of a New Born baby, if the examination is made within 24 hours of delivery and Well-baby examinations up to the child's second birthday and as recommended by a* ***Medical Practitioner*** *or* ***Specialist.*** *This includes physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, haemoglobin and other blood tests, including tests to screen for sickle haemoglobinopathy.*<br>***Waiting Period****: Costs incurred within 12 months from the* ***Start Date*** *are excluded.*<br>*Please note,* ***We*** *do not pay for parenting or other teaching classes as these are a matter of personal choice.*<br>*For this* ***Benefit*** *exclusion 5.24 does not apply.* | *Up to USD 15,000/ EUR 12,000/ GBP 9,375 per* ***Period of Cover*** |
| **29. Dental Care:**<br>*i) Routine dental* ***Treatment****: Fees of a registered* ***Dental Practitioner*** *carrying out routine dental* ***Treatment*** *in a dental surgery. Routine dental* ***Treatment*** *means:*<br>– *Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including x-rays where necessary,*<br>– *Preventive scaling, polishing, and sealing (once per year),*<br>– *Fillings (standard amalgam or composite fillings) and extractions, and*<br>– *Root-canal* ***Treatment*** *(but not the fitting of a crown following root-canal* ***Treatment****).*<br>*No other* ***Treatment*** *is covered under the routine dental* ***Treatment Benefit****.*<br>***Waiting Period****: Costs incurred within nine months from the* ***Entry Date*** *are excluded.*<br>*A* ***Co-Insurance*** *of 20% applies.*<br>*For this* ***Benefit*** *the* ***Group Plan Excess*** *does not apply.* | *(i) Up to USD 1,500/ EUR 1,200/ GBP 930 per* ***Period of Cover*** |
| *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.*<br>*No other* ***Treatment*** *is covered by this* ***Benefit****.*<br>***Waiting Period****: Costs incurred within nine months from the* ***Entry Date*** *are excluded.*<br>*A* ***Co-Insurance*** *of 20% applies.*<br>*A 50%* ***Co-Insurance*** *applies in respect of all orthodontic* ***Treatment****.*<br>*For this* ***Benefit*** *the* ***Group Plan Excess*** *does not apply.* | *(ii) Up to USD 3,000/ EUR 2,400/ GBP 1,875 per* ***Period of Cover*** |

| Options to Core Benefits | Apex |
|---|---|
| **30. USA Elective Treatment:**<br>*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****.*<br>*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****.*<br>***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☎***<br>*Optional*<br>*Up to USD 1.5m/ EUR 1.2m/ GBP 937,500 per* ***Insured Person*** *per* ***Period of Cover*** |
| **31. Co-Insurance Out-Patient Treatment:**<br>*A 10%* ***Co-Insurance*** *will apply to all* ***Eligible Out-Patient Treatment****. Should* ***Your Plan*** *include the Maternity, Dental care or Wellness, Optical and Vaccinations* ***Benefits****, any applicable* ***Co-Insurance*** *will be detailed in* ***Your Benefit Schedule.*** | *Optional* |
| **32. Co-Insurance Out-Patient Treatment Option 2:**<br>*A 20%* ***Co-Insurance*** *will apply to all* ***Eligible Out-Patient Treatment****. Should* ***Your Plan*** *include the Maternity, Dental care or Wellness, Optical and Vaccinations* ***Benefits****, any applicable* ***Co-Insurance*** *will be detailed in* ***Your Benefit Schedule.*** | *Optional* |
| **33. Out-Patient Direct Billing:**<br>(only available for **Plans** in-force prior to 1 March 2014 that had historically selected this option)<br>***You*** *can maintain the standard* ***Group Plan Excess*** *of USD 100/EUR 80/GBP 60, but when* ***You*** *receive* ***Eligible Out-Patient Treatment*** *within the* ***Now Health International Provider Network****, a nil* ***Excess*** *will apply on a direct billing basis. Any* ***Eligible Out-Patient Treatment*** *outside of the* ***Out-Patient Direct Billing*** *Network will be subject to the* ***Group Plan Excess*** *applicable per* ***Insured Person****, per* ***Medical Condition****, per* ***Period of Cover****.*<br>*If* ***You*** *receive* ***Eligible Treatment*** *within the* ***Out-Patient Direct Billing Network*** *but pay and claim for the* ***Treatment*** *received; the standard* ***Group Plan Excess*** *will apply.*<br>*The standard* ***Group Plan Excess*** *will still apply to all* ***Eligible In-Patient*** *and/or* ***Day-Patient Treatment****.* | *Optional* |

## Additional Options for Group Plans

| | Apex |
|---|---|
| **34. Wellness, Optical and Vaccinations**<br>*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).*<br>*and/or*<br>*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 USD 300/EUR 240/GBP 180 per **Period of Cover** for an optical claim.*<br>*Please note that there is no cover for prescription sunglasses or transition lenses.*<br>*and/or*<br>*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.*<br>*For this **Benefit** exclusion 5.12 does not apply.* | ▶ *Optional*<br>*For Compulsory **Group Plans** 3+ employees*<br>▶ *Combined limit Up to USD 500/ EUR 400/ GBP 310 per **Period of Cover*** |
| **35. Wellness, Optical and Vaccinations Option 2:**<br>*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).*<br>*and/or*<br>*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 USD 600/EUR 480/GBP 375 per **Period of Cover** for an optical claim.*<br>*Please note that there is no cover for prescription sunglasses or transition lenses.*<br>*and/or*<br>*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.*<br>*For this **Benefit** exclusion 5.12 does not apply.* | ▶ *Optional*<br>*For Compulsory **Group Plans** 3+ employees*<br>▶ *Combined limit*<br>*Up to USD 1,000/ EUR 800/ GBP 625 per **Period of Cover*** |
| **36. Medical History Disregarded:**<br>*Please note that the **Waiting Period** does not apply to either the Maternity or Dental Care **Benefits**, if Medical History Disregarded is selected.* | ▶ *Optional*<br>*Compulsory **Group Plans** 10+ employees* |

## Excess Options

| | Apex |
|---|---|
| **Standard Excess** | *USD 100/ EUR 80/ GBP 60* |
| **Optional Excess:**<br>*Please note: **Excesses** do not apply to transportation costs incurred under **Benefit** 19, but would apply to any **Medically Necessary Treatment** required under **Benefit** 19.* | *Nil*<br>*USD 50/ EUR 40/ GBP 30*<br>*USD 250/ EUR 200/ GBP 155* |
| **Out-Patient Per Visit Excess:**<br>*A USD 25/EUR 20/GBP 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.***<br>*For **In-Patient** and **Day-Patient Treatment** no **Excess** will be applicable.*<br>*Please note:*<br>*The **Out-Patient** per visit **Excess** does not apply to the Hospital Cash and Alternative Therapies **Benefits**. If **Your Plan** also includes Dental care **Benefit**, as detailed in **Your Benefit Schedule**, no **Excess** will be applicable.* | ▶ *Optional*<br>*USD 25/ EUR 20/ GBP 15* |

# 5. Exclusions: What is not covered?

These are the **Group Plan** limitations that apply in addition to any personal exclusions detailed in **Your Certificate of Insurance**. These include **Treatments** that may be considered a matter of personal choice (such as cosmetic **Treatment**) and other **Treatments** that are excluded from cover to keep premiums at an affordable level.

## 5.1 Act of Terrorism, war and illegal acts

**We** do not pay for **Treatment** of any condition resulting directly or indirectly from, or as a consequence of war, acts of foreign hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, or attempted overthrow of government, or any acts of terrorism, unless **You** are an innocent bystander. **You** are not covered for costs arising from taking part in any illegal act.

## 5.2 Administrative and shipping fees

**You** are not covered for any charges made by a **Medical Practitioner** or **Dental Practitioner** for filling in claim forms or providing medical reports. **You** are not covered for any charges where a police report is required. **You** are not covered for the cost of shipping (including customs duty) on transporting medication.

## 5.3 Alcohol and drug abuse

**You** are not covered for costs for **Treatment** resulting from dependency on or abuse of alcohol, drugs, or other addictive substances and any illness or injury arising directly or indirectly from such dependency or abuse.

## 5.4 Chemical exposure

**You** are not covered for **Treatment** costs directly or indirectly caused by or contributed to or arising from: ionizing radiations or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel; the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

## 5.5 Cosmetic Treatment

**You** are not covered for **Treatment** costs relating to cosmetic or aesthetic **Treatment** or any **Treatment** related to previous cosmetic or reconstructive surgery (whether or not for psychological purposes) to enhance your appearance, even when medically prescribed, such as but not limited to acne, teeth whitening, lentigo and alopecia.

The only exception is an initial reconstructive surgery necessary to restore function or appearance after a disfiguring accident, or as a result of surgery for cancer, if the accident or surgery occurs during your membership.

## 5.6 Contamination

**We** do not pay for the **Treatment** of any conditions, or for any claim arising directly or indirectly from chemical or biological contamination, however caused, or from contamination by radioactivity from any nuclear material whatsoever, or asbestosis, including expenses in any way caused by or contributed to by an act of war or terrorism.

## 5.7 Chronic Conditions

If **You** are insured under the Essential **Group Plan** option, **You** do not have cover for costs relating to the maintenance of **Chronic Conditions**. For Advance, Excel and Apex **Group Plan** options, the limits in the **Benefit Schedule** are a maximum per **Period of Cover** and not per **Medical Condition**.

## 5.8 Dental care

**You** are not covered for any dental care unless these **Benefits** are included on **Your Certificate of Insurance**. However **We** will pay for **Emergency In-Patient** dental **Treatment** following an **Accident** as detailed in the **Benefit Schedule**. **We** will not pay for any telephone or travelling expenses incurred in seeking dental advice or **Treatment**, damage to dentures unless being worn at the time of the **Accident**, or the cost of **Treatment** made necessary by an accidental dental injury if:

- The injury was caused by eating or drinking anything, even if it contains a foreign body
- The damage was caused by normal wear and tear
- The injury was caused when boxing or playing rugby (except school rugby) unless appropriate mouth protection was worn
- The injury was caused by any means other than extra-oral impact
- The damage was caused by tooth brushing or any other oral hygiene procedure
- The damage is not apparent within 10 days of the impact which caused the injury
- The costs are incurred more than 18 months after the date of the injury which made the **Treatment** necessary

## 5.9 Developmental disorders

**You** are not covered for **Treatment** of developmental, behavioural or learning problems such as attention deficit hyperactivity syndrome, speech disorders or dyslexia and physical developmental problems.

## 5.10 Dietary supplements, vitamins or minerals and Cosmetic Products

**We** do not pay for products classified as vitamins or minerals (except during pregnancy or to treat diagnosed, clinically significant vitamin deficiency syndromes), nutritional or dietary consultations and supplements, including, but not limited to, special infant formula and cosmetic products including but not limited to moisturizers, cleansers, lotions, soaps, shampoos, sunscreen, mouth wash, antiseptic lozenges, even if medically recommended or prescribed or acknowledged as having therapeutic effects.

## 5.11 Eating disorders

**You** are not covered for costs relating to **Treatment** of eating disorders such as, but not limited to, anorexia nervosa and bulimia.

## 5.12 Excess or Co-Insurance

**You** are not covered for the amount of the **Excess** or **Co-Insurance** that is shown on **Your Certificate of Insurance**. **We** will treat any arrangement with or any offer by a provider to charge **Us** a higher fee to cover the amount of the **Excess** or **Co-Insurance** as fraud and **We** will take legal action.

## 5.13 Experimental Treatment and drugs

**You** are not covered for **Treatment** or drugs which have not been established as being effective or which are experimental. For drugs this means they must be licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and be used within the terms of that licence. For established **Treatment**, this means procedures and practices that have undergone appropriate clinical trial and assessment, sufficiently evidenced and published medical journals and/or been approved by the National Institute for Health and Clinical Excellence for specific purposes to be considered proven safe and effective therapies.

## 5.14 Eyes and ears

**You** are not covered for routine eyesight or hearing tests or the cost of eyeglasses, contact lenses, hearing aids or cochlear implants. **We** do not pay for eye surgery to correct vision, however eye surgery to correct an **Eligible Medical Condition** is covered.

## 5.15 External Prosthesis

**You** are not covered for any costs relating to providing, maintaining and fitting of any external prosthesis or appliance or other equipment, medical or otherwise except as is specified under the **Hospital** Charges, **Medical Practitioner** and **Specialist** fees **Benefit**.

## 5.16 Failure to follow medical advice

**We** do not pay for **Treatment** arising from or related to **Your** unreasonable failure to seek or follow medical advice and/or prescribed **Treatment**, or **Your** unreasonable delay in seeking or following such medical advice and/or prescribed **Treatment**. **We** do not pay for complications arising from ignoring such advice.

## 5.17 Foetal surgery

**We** do not cover the costs of surgery on a child while in its mother's womb except as part of the maternity **Benefits** detailed in **Your Certificate of Insurance**.

## 5.18 Genetic testing

**We** do not cover the cost of genetic tests, when those tests are undertaken to establish whether or not **You** may be genetically disposed to the development of a **Medical Condition**.

## 5.19 Hazardous sports and pursuits

**We** do not cover **Treatment** of injuries sustained from base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 10 metres, trekking to a height of over 2,500 metres, bungee jumping, canyoning, hang-gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.

## 5.20 HIV, AIDS or sexually transmitted disease

**You** are not covered for **Treatment** for Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by or related to Human Immunodeficiency Virus (HIV) (or both) and sexually transmitted disease, other than stated in the **Benefit Schedule**.

## 5.21 Hormone Replacement Therapy

**You** are not covered for the costs of **Treatment** for Hormone Replacement Therapy (HRT). **We** will cover **Medical Practitioner's** fees including consultations, the cost of implants, patches or tablets which are **Medically Necessary** as a direct result of medical intervention, up to a maximum of 18 months from the date of medical intervention.

## 5.22 Morbid obesity

**You** are not covered for the costs of **Treatment** for, or related to, morbid obesity. **You** are not covered for costs arising from or relating to removing fat or surplus healthy tissue from any part of the body.

## 5.23 Nursing homes, convalescence homes, health hydros, and nature cure clinics

**You** are not covered for **Treatment** received in nursing homes, convalescence homes, health hydros, nature cure clinics or similar establishments. **You** are not covered for convalescence or where **You** are in **Hospital** for the purpose of supervision. **You** are not covered for extended nursing care if the reason for the extended nursing care is due to age related infirmity and/or if the **Hospital** has effectively become **Your** home.

## 5.24 Pregnancy or maternity

**You** are not covered for costs relating to normal **Pregnancy** or childbirth, voluntary caesarean section, unless maternity **Benefits** are shown on **Your Certificate of Insurance**.

## 5.25 Pre-Existing Medical Conditions (not applicable for MHD Groups)

**Your Plan** does not cover **You** for **Treatment** of **Pre-Existing Medical Conditions** and **Related Conditions** unless accepted by Us in writing.

A **Pre-Existing Medical Condition** means any disease, injury or illness for which:

1. **You** have received **Treatment,** tests or investigations for, been diagnosed with or been hospitalised for; or
2. **You** have suffered from or experienced symptoms; whether the **Medical Condition** has been diagnosed or not, at any time before your **Start Date/Entry Date** into the **Plan**.

## 5.26 Professional sports

**You** are not covered for any costs resulting from injuries or illness arising from **You** taking part in any form of professional sport. By professional sport, **We** mean where **You** are being paid to take part.

## 5.27 Reproductive medicine

**You** are not covered for costs relating to investigations into or **Treatment** of infertility and fertility, sterilisation (or its reversal) or assisted conception. **You** are not covered for the costs in connection with contraception.

## 5.28 Routine examinations, health screening

**You** are not covered for routine medical examinations including issuing medical certificates, health screening examinations or tests to rule out the existence of a condition for which **You** do not have any symptoms, unless these **Benefits** are shown on **Your Certificate of Insurance**.

## 5.29 Second opinions

**We** do not cover the costs of any second or subsequent medical opinions from a **Medical Practitioner** or **Specialist** for the same **Medical Condition** other than stated in **Your Certificate of Insurance**, unless authorised by **Us**.

## 5.30 Self-inflicted injuries or attempted suicide

**You** are not covered for any costs for **Treatment** resulting directly or indirectly from self-inflicted injury, suicide or attempted suicide.

## 5.31 Sexual problems and gender re-assignment

**You** are not covered for **Treatment** costs relating to sexual problems including sexual dysfunction, or gender re-assignment operations or any other surgical or medical **Treatment** including psychotherapy or similar services which arise from, or are directly or indirectly associated with gender re-assignment. **You** are not covered for the costs of treating sexually transmitted infections.

## 5.32 Sleep disorders

**You** are not covered for **Treatment** costs related to snoring, insomnia, jet-lag, fatigue, or sleep apnoea including sleep studies or corrective surgery.

## 5.33 Travel/accommodation costs

**You** are not covered for transport or accommodation costs **You** incur during trips made specifically to get medical **Treatment** unless these costs are for an **Emergency** medical **Evacuation** that **We** pre-authorised. **You** are not covered for any costs of **Emergency** medical **Evacuation** or repatriating **Your** body that **We** did not pre-authorise and arrange.

## 5.34 Travelling against medical advice

**You** are not covered for medical or other costs **You** incur if **You** travel against the advice given by **Your** treating **Medical Practitioner**.

## 5.35 Treatment by a family member

**You** are not covered for the costs of **Treatment** by a family member or for self-therapy.

## 5.36 Treatment charges outside of Our reasonable and customary range

**We** will not pay **Treatment** charges when they are above the **Reasonable and Customary Charges** level.

# 6. Group Plan administration

## 6.1 The contract

The group agreement between **Us** and **Your** company/employer, the group application form, the group employee application form (if applicable) and any supporting documents, the **Certificate of Insurance**, **Benefit Schedule** and this handbook incorporating the **Group Plan** terms and conditions make up the contract between the **Planholder** and **Us**.

## 6.2 Premium payment

In most cases **Your** company/employer is responsible for payment of premiums. At the start of each **Group Plan** year, **We** will calculate **Your** new premium and let the **Plan Administrator** know how much it is.

The **Plan Administrator** must pay **Your** premium when it is due. **We** must receive premiums before the **Start Date**, the due date or within 30 days of **Our** written acceptance at the latest, if a cover note is issued. If the **Plan Administrator** does not, **We** will cancel **Your Benefits** and will not pay for any **Treatment** or **Benefit** entitlement arising after the date that the premium became due.

## 6.3 Eligibility

### 6.3.1 Entry Date

Cover starts on the **Start Date** shown on **Your Certificate of Insurance** provided **We** have received **Your** premium payment. Depending on the preferred premium payment method, a cover note may be issued and premiums will be due within 30 days of **Our** written acceptance.

### 6.3.2 Local legislation

Employeeship may depend on local insurance licensing legislation in **Your Country of Residence**. **You** are obliged to meet local legislation requirements in **Your Country of Residence** at any time before and while **You** are a member of this **Group Plan**.

### 6.3.3 Non-Eligible Residency

If **You** permanently reside in a country that is not covered by this **Group Plan** and which **We** have advised at **Renewal Date**, **You** are not **Eligible** for this **Group Plan**. For details of the excluded countries please contact **Our** Customer Service team on +971 (0) 4450 1510.

## 6.4 Adding a new Dependant

Subject to the terms and conditions of **Your Group Plan**, if subsequently **You** wish to add **Your** spouse, partner or child to **Your Group Plan**, the **Plan Administrator** must either use their online secure portfolio area at www.now-health.com or arrange for **You** to complete a new application form, if applicable. Cover will not start until **Your** application has been accepted by **Us** for that **Dependant** and **We** have received premium payment.

## 6.5 Adding New Borns

**You** can apply to add **New Born** babies (who are born to the **Planholder** or the **Planholder's** spouse) to the **Plan** from their date of birth. This can normally be done without filling out details of their medical history, provided **You** add them within 30 days of their date of birth. **You** can do this by applying via **Your** online secure portfolio area at www.now-health.com.

However, **We** will require details of the baby's medical history if the baby has been adopted, or was born as the result of any method of assisted conception or following any type of fertility **Treatment**, including but not limited to fertility drug **Treatment**. In such circumstances **We** reserve the right to apply particular restrictions to the cover **We** will offer, and **We** will notify **You** of those terms as soon as reasonably possible.This may limit **Your** baby's cover for existing **Medical Conditions**. This would mean that **Your** baby will not be covered for **Treatment** carried out for **Medical Conditions** which existed prior to joining, such as **Treatment** in a Special Care Baby Unit and **You** will be liable for these costs.

## 6.6 Changing Your cover

Subsequent changes in cover can only be made at renewal.

## 6.7 Continuous transfer terms

**We** will maintain **Your** existing underwriting or special acceptance terms, as shown by **Your** current insurer, such as any moratoria or specific exclusions and **Your Group Plan** with **Us** will be governed by the terms and conditions of this **Group Plan**. The acceptance by **Us** of **Your** original **Entry Date** will be applied to **Your Group Plan** with **Us** and any transfer will be subject to no enhanced **Benefits** being provided.

Should **Your Group Plan** come to an end **You** can apply to transfer to one of **Our** Individual WorldCare **Plans**. **Your** application must be submitted to **Us** before **You** leave the **Group Plan** and acceptance is subject to written agreement from **Us**.

# 7. Making a complaint

## 7.1 Not happy with our service?

We hope **You** never need to raise concerns about **Our** service or any aspect of **Your Plan**. However, if **You** do, please contact **Us** and **We** will do **Our** best to resolve things for **You**. **Your** complaint will be acknowledged on receipt. If having contacted **Us You** feel **We** have not put things right, please contact:

The Managing Director
Now Health International Limited
PO Box 482055, Dubai, UAE
Tel: +971 (0) 4450 1510
Fax: +971 (0) 4450 1530
Email: GlobalService@now-health.com

The Managing Director is responsible for Now Health's Complaint Handling Policy and he will ensure that **Your** complaint is acknowledged promptly (within 7 days), investigated thoroughly by an appropriate member of staff and a full response is sent to **You** as soon as possible, which unless stated otherwise will be in less than 30 days from the date of **Your** complaint. Should **You** remain dissatisfied with the outcome of **Our** investigation **You** may be able to consider other avenues for resolution of **Your** Complaint including referral to the DIFC Small Claims Tribunal. Details can be obtained at their web site at: http://difccourts.ae/small-claims-tribunal/

Complaints can also be referred to the Dubai Financial Services Authority. Further details are available at: https://www.dfsa.ae/en/Consumer/Consumer#Complaints

Should **Your** complaint be about **Your Plan You** may refer **Your** complaint directly to **Underwriters** for investigation and resolution. Please contact:

The Managing Director
Best Doctors Insurance Limited
5201 Blue Lagoon Drive Suite 300
Miami, FL 33126
Telephone: 1 305 269.2521
Email: info@bestdoctorsinsurance.com

To allow Best Doctors Insurance Limited to investigate **Your** complaint fully they may require up to eight weeks to get back to **You**, from the date **You** first raised **Your** complaint with **Us**. However, they will respond sooner than this if able.

## 7.2 What regulatory protection do I have?

### The Dubai Financial Services Authority (DFSA) and Bermuda Monetary Authority (BMA)

Now Health International Limited is regulated by the DFSA.

The DFSA is the sole independent financial regulator for the Dubai International Financial Centre (DIFC). For more information about the Dubai Financial Services Authority, please visit http://www.dfsa.ae/.

Best Doctors Insurance Limited is authorised and regulated by the Bermuda Monetary Authority.

The BMA was established by the Bermudian government to regulate financial services. The DFSA has set out rules to regulate the sale and administration of general insurance, which **We** must follow when dealing with **You**.

## 7.3 What we do with your personal data

Please ensure that **You** show the following information to others covered under **Your Group Plan**, or make them aware of its contents.

**We** and the **Underwriters** will deal with all personal information supplied in the strictest confidence as required by the DIFC Law No.1 of 2007 (Data Protection Law). Personal and sensitive personal information may be sent in confidence for processing by other companies and intermediaries, including to countries where the laws protecting personal information may not be a strong as in the DIFC. Steps are taken to ensure that any sub-contractors give at least the same protection as **We** do.

Information about **You** and any family members covered by **Your Group Plan** will be held by **Us** and **Our** subcontractors. This includes information supplied by **You**, those family members, medical providers or **Your** employer (if applicable). This information will be used to provide the services set out under the terms of this **Plan**, to administer **Your Group Plan** and to develop customer relationships and services. In certain circumstances medical service providers (or others) may be asked to supply further information.

When **You** provide information about family members, **We** will take this as confirmation that **You** have their consent to do so. As the legal holder of the insurance **Group Plan** all correspondence about the **Group Plan**, including claims correspondence, will be sent to the **Insured Person**. If any person that **You** intend to insure under the **Group Plan** does not want this to happen, **You** should not include them as a family member under **Your Group Plan**.

There is a legal requirement, in certain circumstances, to disclose information to law enforcement agencies relating to suspicions of fraudulent claims and other crimes. If required, information will be disclosed to third parties including other insurers for the purposes of prevention or investigation of crime including fraud or otherwise improper claims where there is reasonable suspicion. This may involve adding non-medical information to a database that will be accessible to other insurers and law enforcement agencies. Additionally, the General Medical Council or other relevant regulatory body will be notified about any issue where there is reason to believe a **Medical Practitioner's** fitness to practise may be impaired.

With **Your** agreement, Now Health International, and any Now Health International Group companies in operation at that time, may use the information **You** have provided to inform **You** by letter, telephone, email or mobile message of products and services such as special offers and healthcare information.

Some of **Your** details may also be shared with other Now Health International Group companies and other carefully selected companies to enable them to contact **You** about their products and services.

If **You** change **Your** mind about this permission, please contact **Our** Customer Services team or write to **Us** at the address on the back of this handbook. Unless **You** inform **Us** otherwise **We** will assume that, for the time being, **You** are happy to be contacted in this way.

# 8. Rights and responsibilities

The group agreement between **Us** and **Your** company/employer, the group application form, the group employee application form (if applicable) and any supporting documents, the **Certificate of Insurance**, **Benefit Schedule** and this handbook incorporating the **Group Plan** terms and conditions make up the contract between the **Planholder** and **Us**, with the purpose of providing **You** with **Benefit** when **You** need medical **Treatment**.

## 8.1 Your rights and responsibilities

8.1.1 **You** must make sure that whenever **You** are required to give **Us** any information, all the information **You** give **Us** is sufficiently true, accurate and complete so as to give **Us** a fair presentation of the risk **We** are taking on. (these are **Your** representations to **Us**) If **We** discover later it is not, and that **Your** representations were deliberate, reckless or careless then **We** may void **Your** cover under the **Group Plan** (including not returning the **Group Plan** premium) or apply different terms of cover in line with the terms **We** would have applied had the information been presented to **Us** fairly in the first place. These terms may increase the **Group Plan** premium and reduce **Your** claim(s).

8.1.2 Apart from certain countries where **We** have explicity agreed to cover local nationals, this **Group Plan** is available only to people living outside their **Country of Nationality** so **You** must tell **Us** immediately via the **Plan Administrator** if **You** or any family member has gone to live in **Your Country of Nationality** – which means they will be in that country for more than six months in the year. **You** must tell **Us** if **You** change **Your** principal Country of Residence. If **You** don't tell **Us** **We** can refuse to pay **Benefits** claimed for.

8.1.3 Only **We** and the **Planholder** have legal rights under this **Group Plan** and it is not intended that any clause or term of this **Group Plan** should be enforceable, by any other person including any family member.

8.1.4 If **You** have an **Out-Patient Direct Billing** membership card, it is **Your** responsibility to return all such cards for **You** and **Your Dependants** to **Us** if **You** cancel, or do not renew **Your Plan** or **Your** premium payments are not up to date. **We** will not be liable for any misuse by **You** of such **Out-Patient Direct Billing** membership cards, if **We** have already paid the **Benefit** **We** can recover those sums from **You**.

8.1.5 This **Group Plan** shall be governed by and construed in accordance with the Laws of Bermuda and the parties agree to submit to the jurisdiction of the Dubai International Financial Centre courts.

## 8.2 Our rights and responsibilities

8.2.1 **We** will tell the **Planholder** in writing the date the **Group Plan** starts and any special terms which apply to it.

**We** can refuse to give cover and will tell the **Planholder** if **We** do.

8.2.2 If for whatever reason there is a break in **Your** cover, **We** may reinstate the cover if the premium is subsequently paid, though terms of cover may be subject to variation. Any acceptance by **Us** is subject to **Our** written consent and the **Planholder's** acceptance.

8.2.3 **We** can refuse to add a family member to the **Group Plan** and **We** will tell the **Planholder** if **We** do.

8.2.4 **We** will pay for **Eligible** costs incurred during a period for which the premium has been paid.

8.2.5 If **You** break any of the terms of the **Group Plan** which **We** reasonably consider to be fundamental, **We** may (subject to 8.2.8) do one or more of the following:

- Refuse to make any benefit payment or, if **We** have already paid **Benefits**, **We** can recover from **You** or the **Planholder** any loss to **Us** caused by the break
- Refuse to renew **Your Benefits** under the **Group Plan**
- Impose different terms to any cover **We** are prepared to provide
- End **Your Group Plan** and all cover under it immediately

### 8.2.6 Break in cover

Where there is a break in cover, for whatever reason, **We** reserve the right to reapply exclusion 5.25 in respect of pre-existing medical conditions.

8.2.7 Waiver by **Us** of any breach of any term or condition of this **Group Plan** shall not prevent the subsequent enforcement of that term or condition and shall not be deemed to be a waiver of any subsequent breach.

8.2.8 If **You** (or anyone acting on **Your** behalf) make a claim under **Your Group Plan** knowing it to be false or fraudulent (i.e. **You** make a misrepresentation), **We** can refuse to make benefit payments for that claim and may declare **Your Benefits** void, as if it never existed. If **We** have already paid the benefit **We** can recover those sums from **You** or the **Planholder**. Where **We** have paid a claim later found to be fraudulent (whether in whole, or in part), **We** will be able to recover those sums from **You**.

8.2.9 **We** retain all rights of subrogation. **You** have no right to admit liability for any event or give any undertaking, which is binding upon **You**, **Your Dependants** or any other person named in the **Certificate of Insurance** without **Our** prior written consent.

8.2.10 **We** may alter the handbook terms or **Benefit Schedule** from time to time, but no alteration shall take effect until the next annual **Renewal Date**. **We** shall notify such changes to the **Plan Administrator**. **We** reserve the right to revise or discontinue the **Group Plan** with effect from any **Renewal Date**. No variation or alteration will be admitted unless it is in writing and signed on behalf of **Us** by an authorised employee.

8.2.11 This **Group Plan** is written in English and all other information and communications to **You** relating to this **Group Plan** will also be in English unless **We** have agreed otherwise in writing.


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