

# SimpleCare Members' Handbook

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# Everything you need to know about your SimpleCare plan

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Effective 1 July 2018

## Introduction

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Welcome to SimpleCare from Now Health International. **Your** company or employer has chosen **Us** to provide **Your** international health insurance **Group Plan**. **We** have designed SimpleCare based on **Our** understanding of what people 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** chosen SimpleCare **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** SimpleCare **Group Plan**, here's what **You** can expect from **Us**:

- A commitment to process **Your** claim within the turnaround time of **Our** service promise
- Access to assistance online via **Your** secure online portfolio
- Easy access to medical providers within the **SimpleCare Provider Network** using the mobile app or the website
- **Pre-authorisation** of all **Day-Patient** and **In-Patient** claims, to reduce **Your** out-of-pocket expenses

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** using the details on the next page.

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## Contacting Us

All the important information about **Your Group Plan** can be found in this members' handbook and **Your** secure online portfolio area.

If **You** need to contact **Us**, please chat with **Us** live or request a call back from the Now Health website, or email us at [GlobalService@now-health.com](mailto:GlobalService@now-health.com).

## 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** online secure portfolio at [www.now-health.com](http://www.now-health.com) or contact **Us** via email at [GlobalService@now-health.com](mailto:GlobalService@now-health.com).

## Contents

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1. Definitions . . . . .	06
2. Manage <b>Your Group Plan</b> online . . . . .	12
3. How to claim. . . . .	13
4. <b>Benefits:</b> What is covered?. . . . .	19
5. Exclusions: What is not covered? . . . . .	42
6. <b>Group Plan</b> administration. . . . .	47
7. Making a complaint . . . . .	49
8. Rights and responsibilities . . . . .	51

# 1. Definitions

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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**.

<b>Accident</b>	A sudden, unexpected, unforeseen and involuntary external event resulting in identifiable physical injury occurring to an <b>Insured Person</b> while <b>Your Group Plan</b> is in force.
<b>Acute Condition</b>	A disease, illness or injury that is likely to respond quickly to <b>Treatment</b> which aims to return <b>You</b> to the state of health <b>You</b> were in immediately before suffering the disease, illness or injury, or which leads to <b>Your</b> full recovery.
<b>Act of Terrorism</b>	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.
<b>Agreement</b>	An agreement <b>We</b> have with each of the <b>Hospitals, Day-Patient</b> units and scanning centres listed in the <b>SimpleCare Provider Network</b> .
<b>Alternative Therapies</b>	Refers to therapeutic and diagnostic <b>Treatment</b> that exists outside the institutions where conventional medicine is taught. Such medicine includes Chinese medicine, chiropractic <b>Treatment</b> , Ayurvedic medicine, osteopathy, dietician, homeopathy and acupuncture as practiced by approved therapists.
<b>Apicoectomy</b>	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: <ul style="list-style-type: none"> <li>• Fractured tooth root</li> <li>• A severely curved tooth root</li> <li>• Teeth with caps or posts</li> <li>• Cyst or infection which is untreatable with root canal therapy</li> <li>• Root perforations</li> <li>• Recurrent pain and infection</li> <li>• Persistent symptoms that do not indicate problems from x-rays</li> <li>• Calcification</li> <li>• Damaged root surfaces and surrounding bone requiring surgery</li> </ul>
<b>Area of Cover: Africa, Europe, Indian Sub-Continent, Jordan, Lebanon, and the Philippines</b>	A geographical area option that is available for residents of Africa. If <b>You</b> have selected this option, in addition to the countries covered under <b>Area of Cover: Africa, Indian Sub-Continent, Jordan, Lebanon, and the Philippines</b> , <b>You</b> will also be covered for <b>Eligible</b> claims incurred in Europe. Europe shall mean: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Gibraltar, Greece, Guernsey, Hungary, Iceland, Ireland, Isle of Man, Italy, Jersey, Kazakhstan, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia (FYROM), Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom, Vatican City (Holy See)

<b>Area of Cover: Africa, Indian Sub-Continent, Jordan, Lebanon, and the Philippines</b>	<p>The default area of cover for residents of Africa.</p> <p><b>We</b> will pay for <b>Eligible</b> Claims incurred in Africa, Indian Sub-Continent, Jordan, Lebanon and the Philippines:</p> <p>Africa shall mean: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cape Verde, Cameroon, Central African Republic (CAR), Chad, Comoros, Cote d'Ivoire, Democratic Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Republic of the Congo - Brazzaville, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia and Zimbabwe.</p> <p>Indian Sub-Continent shall mean: India, Pakistan, Sri Lanka and Bangladesh</p>
<b>Area of Cover: Europe</b>	<p>The default area of cover for residents of Europe.</p> <p><b>We</b> will pay for <b>Eligible</b> claims incurred in Europe.</p> <p>Europe shall mean: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Gibraltar, Greece, Guernsey, Hungary, Iceland, Ireland, Isle of Man, Italy, Jersey, Kazakhstan, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia (FYROM), Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom, Vatican City (Holy See)</p>
<b>Area of Cover: South East Asia (excluding Singapore)</b>	<p>The default area of cover for residents of South East Asia (excluding Indonesia and Singapore).</p> <p><b>We</b> will pay for <b>Eligible</b> Claims incurred within South East Asia (excluding Singapore).</p> <p>South East Asia shall mean: Burma/Myanmar, Brunei, Cambodia, Christmas Island, Cocos Island, East Timor, Indonesia, Laos, Malaysia, Philippines, Thailand and Vietnam.</p>
<b>Area of Cover: Worldwide Excluding USA</b>	<p>A geographical area option that extends to provide worldwide cover but excluding any elective <b>Treatment</b> in the USA.</p>
<b>Benefits</b>	<p>Insurance cover provided by this <b>Group Plan</b> and any extensions or restrictions shown in the <b>Certificate of Insurance</b> or in any endorsements (if applicable) and subject always to <b>Us</b> having received the premium due.</p>
<b>Benefit Schedule</b>	<p>The table of <b>Benefits</b> applicable to this <b>Group Plan</b> showing the maximum <b>Benefits We</b> will pay.</p>
<b>Cancer</b>	<p>A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.</p>
<b>Certificate of Insurance</b>	<p>The certificate giving details of the <b>Planholder</b>, the <b>Insured Persons</b>, the <b>Period of Cover</b>, the <b>Underwriters</b>, the <b>Entry Date</b>, the level of cover and any endorsements that may apply.</p>
<b>Congenital Disorder</b>	<p>A <b>Medical Condition</b> that is present at birth or is believed to have been present since birth, whether it is inherited or caused by environmental factors.</p>
<b>Co-Insurance</b>	<p>Is the uninsured percentage of the costs, which the <b>Insured Person</b> must pay towards the cost of a claim.</p>
<b>Country of Nationality</b>	<p>The country for which <b>You</b> hold a passport.</p>

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<b>Country of Residence</b>	The country in which <b>You</b> habitually reside (usually for a period of no less than six months per <b>Period of Cover</b> ) at the <b>Group Plan Start Date</b> or <b>Entry Date</b> or at each subsequent <b>Renewal Date</b> .
<b>Chronic Condition</b>	A disease, illness or injury which has at least one of the following characteristics: <ul style="list-style-type: none"> <li>• It needs ongoing or long-term monitoring through consultations, examination, check-ups, <b>Drugs and Dressings</b> and/or tests</li> <li>• It needs ongoing or long-term control or relief of symptoms</li> <li>• It requires <b>Your Rehabilitation</b> or for <b>You</b> to be specially trained to cope with it</li> <li>• It continues indefinitely</li> <li>• It has no known cure</li> <li>• It comes back or is likely to come back</li> </ul>
<b>Day-Patient</b>	A patient who is admitted to a <b>Hospital</b> or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.
<b>Deductible</b>	An uninsured amount payable by an <b>Insured Person</b> in respect of <b>In-Patient</b> , <b>Day-Patient</b> and <b>Out-Patient</b> expenses incurred before any <b>Benefits</b> are paid under the <b>Group Plan</b> , as specified in <b>Your Certificate of Insurance</b> . The <b>Group Plan Deductible</b> applies per <b>Insured Person</b> , per <b>Period of Cover</b> .
<b>Dental Practitioner</b>	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 <b>Treatment</b> is given.
<b>Dependants</b>	One spouse or adult partner and/or unmarried children who are not more than 18 years old and residing with <b>You</b> , 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 <b>Start Date</b> or any subsequent <b>Renewal Date</b> . The term partner shall mean husband, wife, civil partner or the person permanently living with <b>You</b> in a similar relationship. All dependants must be named as <b>Insured Persons</b> in the <b>Certificate of Insurance</b> .
<b>Diagnostic Tests</b>	Investigations, such as x-rays or blood tests, to find or to help to find the cause of <b>Your</b> symptoms.
<b>Drugs and Dressings</b>	Essential prescription drugs, dressings and medicines administered by a <b>Medical Practitioner</b> or <b>Specialist</b> needed to relieve or cure a <b>Medical Condition</b> .
<b>Eligible</b>	Those <b>Treatments</b> and charges, which are covered by <b>Your Group Plan</b> . In order to determine whether a <b>Treatment</b> or charge is covered, all sections of <b>Your Group Plan</b> should be read together, and are subject to all the terms (including payment of premium due), <b>Benefits</b> and exclusions set out in this <b>Group Plan</b> .
<b>Entry Date</b>	The date shown on the <b>Certificate of Insurance</b> on which an <b>Insured Person</b> was included under this <b>Group Plan</b> . <b>We</b> must have received premium payment in order for <b>Your Benefits</b> to start.
<b>Emergency</b>	A sudden, serious, and unforeseen acute <b>Medical Condition</b> or injury requiring immediate medical <b>Treatment</b> , that without <b>Treatment</b> commencing within 48 hours of the emergency event could result in death or serious impairment of bodily function.
<b>Evacuation or Repatriation Service</b>	Moving <b>You</b> to a <b>Hospital</b> which has the necessary <b>In-Patient</b> and <b>Day-Patient</b> medical facilities either in the country where <b>You</b> are taken ill or in another nearby country (evacuation) or bringing <b>You</b> back to either <b>Your</b> principal <b>Country of Nationality</b> or <b>Your</b> principal <b>Country of Residence</b> (repatriation). The service includes any <b>Medically Necessary Treatment</b> administered by the international assistance company appointed by <b>Us</b> while they are moving <b>You</b> .
<b>Excluded Countries</b>	Refers to the list of countries that we cannot offer <b>You</b> cover if you reside in any one of them. For details of <b>Our</b> list of <b>Excluded Countries</b> , please contact <b>Our</b> customer service team.



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<b>Expatriate</b>	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 <b>Period of Cover</b> .
<b>Group Plan</b>	The contract between the <b>Planholder</b> and <b>Us</b> which sets out terms and conditions of the cover provided. The full terms and conditions consist of the Group Employee application form (if applicable), <b>Certificate of Insurance</b> , <b>Benefit Schedule</b> and this employees' handbook.
<b>High Cost Providers List</b>	The list of medical providers that <b>We</b> exclude from cover. <b>We</b> do not cover any <b>Treatment</b> costs incurred in any medical provider that is within <b>Our High Cost Providers List</b> . <b>We</b> will update <b>Our High Cost Providers List</b> on a periodic basis. For details of <b>Our High Cost Providers List</b> , please contact <b>Our</b> customer service team.
<b>Hospital</b>	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.
<b>Hospital Accommodation</b>	Refers to standard private or semi-private accommodation as indicated in the <b>Benefit Schedule</b> . Deluxe, executive rooms and VIP suites are not covered.
<b>In-Patient</b>	A patient who is admitted to <b>Hospital</b> and who occupies a bed overnight or longer, for medical reasons.
<b>Insured Person/You/Your</b>	<b>You</b> and/or the <b>Dependants</b> named on the <b>Certificate of Insurance</b> who are covered under this <b>Group Plan</b> .
<b>Medical Condition</b>	Any disease, injury, or illness.
<b>Medical Practitioner</b>	A person who has attained primary degrees in medicine or surgery following attendance at a <b>WHO</b> -recognised medical school and who is licensed to practise medicine by the relevant authority in the country where the <b>Treatment</b> is given. By "recognised medical school" <b>We</b> mean a medical school, which is listed in the current World Directory of Medical Schools published by the <b>WHO</b> .
<b>Medically Necessary</b>	<b>Treatment</b> , which in the opinion of a qualified <b>Medical Practitioner</b> 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 <b>Insured Person's</b> condition or the quality of medical care rendered. Such <b>Treatment</b> must be required for reasons other than the comfort or convenience of the patient or <b>Medical Practitioner</b> 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 <b>In-Patient Treatment</b> , medically necessary also means that diagnosis cannot be made, or <b>Treatment</b> cannot be safely and effectively provided on an <b>Out-Patient</b> basis.
<b>New Born</b>	A baby who is within the first 16 weeks of its life following birth.
<b>Out-Patient Per Visit Excess</b>	An uninsured amount payable by an <b>Insured Person</b> in respect of <b>Out-Patient</b> expenses before any <b>Benefits</b> are paid under the <b>Group Plan</b> , as specified in <b>Your Certificate of Insurance</b> . Each visit refers to each consultation. The <b>Out-Patient Per Visit Excess</b> applies per <b>Insured Person</b> , per <b>Out-Patient</b> consultation, when <b>You</b> receive <b>Eligible Out-Patient Treatment</b> .
<b>Out-Patient</b>	A patient who attends a <b>Hospital</b> , consulting room, or out-patient clinic and is not admitted as a <b>Day-Patient</b> or an <b>In-Patient</b> .
<b>Period of Cover</b>	The period of cover set out in the <b>Certificate of Insurance</b> . This will be a 12-month period starting from the <b>Start Date</b> or any subsequent <b>Renewal Date</b> as applicable.
<b>Physiotherapist</b>	A practising physiotherapist who is registered and licensed to practise in the country where <b>Treatment</b> is provided.

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<b>Pre-Authorisation</b>	A process whereby an <b>Insured Person</b> seeks approval from <b>Us</b> prior to undertaking any <b>Treatment</b> or incurring costs. Please refer to section 4.2 for details.
<b>Plan Administrator</b>	The person appointed by the <b>Planholder</b> to administer the <b>Insured Person's Group Plan</b> , and to act as a coordinator with <b>Us</b> .
<b>Planholder</b>	The first <b>Insured Person</b> named on the <b>Certificate of Insurance</b> , or the company.
<b>Pregnancy</b>	Refers to the period of time from the date of the first diagnosis until delivery.
<b>Primary Health Insurance</b>	If <b>You</b> have more than one health insurance policy, this is the health insurance policy that pays claims first.
<b>Primary Health Insurer</b>	The insurer of the <b>Primary Health Insurance Plan</b> .
<b>Private Room</b>	Single occupancy accommodation in a private <b>Hospital</b> . Deluxe, executive rooms and VIP suites are not covered.
<b>Qualified Nurse</b>	A nurse whose name is currently on any register or roll of nurses, maintained by any Statutory Nursing Registration Body within the country where <b>Treatment</b> is provided.
<b>Reasonable and Customary Charges</b>	The standard fee that would typically be made in respect of <b>Your Treatment</b> costs, in the country <b>You</b> received <b>Treatment</b> . <b>We</b> may require such fees to be substantiated by an independent third party, such as a practising Surgeon/Physician/ <b>Specialist</b> , government health department or medical providers within the <b>SimpleCare Provider Network</b> .
<b>Rehabilitation</b>	<b>Medically Necessary Treatment</b> aimed at restoring independent activities of daily living and the normal form and/or function of an <b>Insured Person</b> following a <b>Medical Condition</b> .
<b>Renewal Date</b>	The anniversary of the <b>Start Date</b> of the <b>Group Plan</b> .
<b>Secondary Health Insurance</b>	<p>If <b>You</b> have more than one health insurance policy, <b>Secondary Health Insurance</b> is the payer that pays claim after the <b>Primary Health Insurance</b> has paid its portion.</p> <p>If <b>You</b> have more than one health insurance policy, this <b>Group Plan</b> will be the health insurance policy that pays last.</p> <p>If this <b>Group Plan</b> is purchased as a <b>Secondary Health Insurance Plan</b>, <b>We</b> will only pay a claim if:</p> <ul style="list-style-type: none"> <li>- the claim was submitted to the <b>Primary Health Insurer</b> but the claim was not paid / fully settled due to ineligibility or the <b>Benefit</b> limits have been exhausted under the <b>Primary Health Insurance</b> contract, and</li> <li>- the unpaid claim amount is considered as <b>Eligible</b> claim under this <b>Group Plan</b>.</li> </ul> <p><b>You</b> will need to provide a copy of the <b>Certificate of Insurance</b> of <b>Your Primary Health Insurance</b> when <b>You</b> apply for this <b>Group Plan</b>.</p> <p>In any case, <b>We</b> will only pay the remaining balance of an <b>Eligible</b> claim amount that was not settled by the <b>Primary Health Insurance</b>.</p>
<b>Semi-Private Room</b>	Dual occupancy accommodation in a private <b>Hospital</b> . Deluxe, executive rooms and VIP suites are not covered.
<b>SimpleCare Africa Network</b>	<b>Our</b> list of medical providers that is available to <b>You</b> if <b>You</b> are resident in Africa and <b>You</b> have not selected any geographical area option.
<b>SimpleCare Comprehensive Network</b>	<b>Our</b> list of medical providers that is available to <b>You</b> if <b>You</b> have extended <b>Your</b> geographical area of cover to Worldwide Excluding USA.

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<b>SimpleCare Europe Network</b>	<p><b>Our</b> list of medical providers in Europe that is available to <b>You</b> if:</p> <ul style="list-style-type: none"> <li>- <b>You</b> are a resident of Europe and <b>You</b> have not selected the geographical area option, or</li> <li>- <b>You</b> are resident in Africa and have selected the geographical area option</li> <li>- <b>Area of Cover: Africa, Europe, Indian Sub-Continent, Jordan, Lebanon, and the Philippines.</b></li> </ul>
<b>SimpleCare Provider Network</b>	<b>Our</b> lists of medical providers where <b>We</b> have a <b>Direct Billing</b> Agreement.
<b>SimpleCare South East Asia Network</b>	<b>Our</b> list of medical providers that is available to <b>You</b> if <b>You</b> are resident in South East Asia (excluding Indonesia and Singapore) and <b>You</b> have not selected any geographical area option.
<b>Specialist</b>	A surgeon, anaesthetist or physician who has attained primary degrees in medicine or surgery following attendance at a <b>WHO</b> -recognised medical school and who is licensed to practise medicine by the relevant authority in the country where the <b>Treatment</b> is given, and is recognised as having a specialised qualification in the field of, or expertise in, the <b>Treatment</b> of the disease, illness or injury being treated. By "recognised medical school" <b>We</b> mean a medical school which is listed in the current World Directory of Medical Schools published by the <b>WHO</b> .
<b>Start Date</b>	The start date shown on <b>Your Certificate of Insurance</b> .
<b>Surgical Procedure</b>	An operation requiring the incision of tissue or other invasive surgical intervention.
<b>Terminal</b>	Refers to the stage where <b>Treatment</b> can no longer be expected to cure the condition with death anticipated within 12 months.
<b>Treatment</b>	Surgical or medical services (including <b>Diagnostic Tests</b> ) that are needed to diagnose, relieve or cure a <b>Medical Condition</b> .
<b>Underwriters</b>	Those insurance companies named as underwriters in the <b>Certificate of Insurance</b> .
<b>Vaccinations</b>	Refers to all basic immunisations and booster injections required under regulation of the country in which <b>Treatment</b> is being given, any <b>Medically Necessary</b> travel vaccinations and malaria prophylaxis.
<b>Waiting Period</b>	Is a period of time starting on the <b>Entry Date</b> of the <b>Insured Person</b> during which the <b>Insured Person</b> is not entitled to cover for particular <b>Benefits</b> . <b>Your Benefit Schedule</b> will indicate which <b>Benefits</b> are subject to waiting periods.
<b>We/Our/Us</b>	Now Health International Limited on behalf of the <b>Underwriters</b> detailed in the <b>Certificate of Insurance</b> .
<b>WHO</b>	The World Health Organisation.

## 2. Manage your Group plan online

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### A guide to the secure online portfolio area

The simplest way to manage **Your Group Plan** is via the secure online portfolio area which **You** can access at [www.now-health.com](http://www.now-health.com). To access it **You** need the unique username and password **You** were supplied with when **You** joined. If **You** need help to retrieve this information, contact **Us** at [GlobalService@now-health.com](mailto:GlobalService@now-health.com).

#### About me

In this section **You** can view and update **Your** personal contact and login details, **Your** document delivery settings, if **You** have paid by credit card, **You** can view and update **Your** card details, and tell **Us** how **You** would like **Us** to pay **Your** claims.

#### My Plan

**You** can view **Your Group Plan** details and download **Your Certificate of Insurance**, members' handbook and claim form from here. **You** can also download **Your** membership card(s) and view **Your Benefit** limits.

#### My claims

Here **You** can submit an **Out-Patient** claim online and track **Your** claims. **You** can view information about all **Your** claims, past and present, including claim status, the medical provider and the amounts claimed and settled, in the currency **You** have selected. **You** can also submit a pre-authorization request from here.

#### Other features

In addition to the above, **You** can use the secure online portfolio to download forms, introduce **Us** to **Your** preferred intermediary or medical provider and find a medical provider in the **SimpleCare Provider Network**.

For more information, including simple video user guides on how to use the secure online portfolio area, please visit the community section of **Our** website: <https://www.now-health.com/en/community/user-guides/>

#### Download our mobile app

**Our** mobile app, which is available for both iPhone and Android has many useful functions including the ability to find a medical provider with the **SimpleCare Provider Network** and submit a claim for **Out-Patient Treatment** **You** have already paid for in a few simple touches.



## 3. How to claim

**Your** secure online portfolio area has a dedicated claims section with the latest information on all **Your** past and present claims. **You** can also use this area to make an **Out-Patient** claim (all **In-Patient** and **Day-Patient** claims must be pre-authorised).

To process **Your Out-Patient** claims, we require receipts with services breakdown, referral letters, diagnostic or medical reports (if any).

To log in, **You** just need **Your** username and password.

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

### 3.1 Claiming for Out-Patient Treatment You have already paid for

#### Step 1

##### Choose how You would like to claim

**You** can claim using the secure online portfolio at [www.now-health.com](http://www.now-health.com) or the mobile app.

#### Step 2

##### Using the mobile app:

Complete all the fields in the form, upload the requested images, accept the declaration and authorisation and click 'Submit'. **We** will save the information **You** include in **Your** settings.

##### Using the secure online portfolio:

Select the **Insured Person** from the dropdown list, complete all the fields in the form, upload the requested images, accept the declaration and authorisation and click 'Submit form'.

#### Step 3

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

#### Step 4

**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 medical provider, the currency claimed and settled and the **Benefit** for each individual claim, as well as any **Deductible, Co-Insurance** or **Out-Patient Per Visit Excess** applied.

**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.

For all **Out-Patient** claims where **We** reimburse **You**, **You** can choose which currency **You** would like **Your** claims to be settled in.

## 3.2 Arranging Direct Settlement For In-Patient and Day-Patient Treatment

If **You** are referred for **In-Patient** or **Day-Patient Treatment**, **You** must get all **In-Patient** and **Day-Patient Treatment** pre-authorised by **Us** in advance. Failure to do so means **You** may incur a proportion of the medical costs.

### Step 1

Two working days before **You** are admitted (or whenever possible), contact **Our** customer service team at [GlobalService@now-health.com](mailto: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

**Your Medical Practitioner** should complete a **Pre-authorisation** Request Form. **You** can download this form from the 'How to claim' page of the website or from the secure online portfolio area.

Once **Your Medical Practitioner** has completed the form, they can return it to **Us** directly or **You** can do so using one of the methods on the form or using the secure online portfolio area in the My Claims page.

**We** will contact **You** once the arrangements have been made.

### Step 3

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

**We** may also ask **You** to fill in some extra forms, such as a release of medical information by the medical provider. **You** can access all the forms **You** need from **Your** secure online portfolio area at [www.now-health.com](http://www.now-health.com).

**You** will need to pay any **Deductible** 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** secure online portfolio area. Log in using **Your** username and password at [www.now-health.com](http://www.now-health.com).

#### Important notes:

**You** must get all **In-Patient** and **Day-Patient Treatment** pre-authorised by **Us** in advance. Failure to do so means **You** may incur a proportion of the medical costs.

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 **Deductible** on **Your Group Plan** to the medical provider before **You** leave.

### 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 Emergency** 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 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 for **Day-Patient** and **In-Patient** (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**.

### 3.5 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 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.

### 3.6 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.

If **You** are buying this **Plan** as a **Secondary Insurance Plan**, **We** request **You** to provide the following before **We** process **Your** claim:

- A copy of **Your** claim forms, invoices and receipts with service breakdown submitted to the **Primary Health Insurer** for the purpose of claim from **Your Primary Health Insurance**; and
- A copy of the claims settlement advices issued by the Primary Insurer which show the claims assessment details including the breakdown of claims being settled by **Your Primary Health Insurance**; and
- A copy of an updated **Certificate Of Insurance** of **Your Primary Health Insurance** that was not provided to **Us** when **You** applied for cover, if any.

### 3.7 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 Plan** 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.



### 3.8 You have a Deductible, an Out-Patient Per Visit Excess and/or Co-Insurance on Your Group Plan

Any **Deductible**, **Out-Patient Per Visit Excess** or **Co-Insurance** applicable is shown on **Your Certificate of Insurance** and charged in the same currency as **Your** premium.

A **Deductible**, an **Out-Patient Per Visit Excess** or **Co-Insurance** is the amount **You** pay towards the cost of a claim for any **Insured Person** on **Your Group Plan**.

When a claim is made, any **Deductible** is automatically deducted from the amount **We** pay in relation to **Eligible In-Patient, Day-Patient** or **Out-Patient Treatment** first.

The **Deductible** applies per **Insured Person**, per **Period of Cover**. If the full **Deductible** amount has not been fulfilled after the first claim, the **Deductible** balance will be taken from subsequent claims before any **Eligible** claim amount is paid.

The **Out-Patient Per Visit Excess** applies per **Insured Person**, per **Out-Patient** consultation in relation to **Eligible Out-Patient Treatment**. For example, if an **Insured Person** has more than one visit in relation to **Out-Patient** consultations for a single or multiple **Medical Condition** (s), then the **Out-Patient Per Visit Excess** will be applied to each consultation.

If **You** have both a **Deductible** and an **Out-Patient Per Visit Excess**, the **Out-Patient Per Visit Excess** will only be taken after the full **Deductible** amount has been fulfilled.

A **Co-Insurance** is a percentage payment made by **You** towards the cost of an **Eligible** claim per **Period of Cover**. For example, if an **Insured Person** has 20% **Co-Insurance** applicable on **Eligible Out-Patient Treatment** and the claimed amount is USD 100/EUR 80/GBP 62.50, then the **Insured Person** will have to pay USD 20/EUR 16/GBP 12.50 and **We** will pay USD 80/EUR 64/GBP 50 towards this claim.

If **You** have both a **Deductible** and a **Co-Insurance Out-Patient** option, **We** will first apply the **Deductible** before any **Co-Insurance** is applied. For example, if an **Insured Person** has a USD 150/EUR 120/GBP 95 **Deductible** and a 20% **Out-Patient Co-Insurance**, and the **Eligible Out-Patient** claimed amount is USD 500/EUR 400/GBP 310, then the **Insured Person** needs to pay the USD 150/EUR 120/GBP 95 **Deductible** plus 20% of the balance of the claimed amount, which is a total of USD 220/EUR 176/GBP 138. **We** will then pay USD 280/EUR 224/GBP 172 towards this claim.

**You** need to submit **Your** claim form and bills, even if the **Deductible** or **Out-Patient Per Visit 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 **Deductible** or **Out-Patient Per Visit Excess** limit is used up.

### 3.9 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 **Group 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.

### 3.10 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. \*

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

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

## 4. Benefits: What is covered?

All the **Benefits** covered by SimpleCare 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**.

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 SimpleCare

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

SimpleCare provides regional cover according to **Your Country of Residence**. Unless a **Geographical Area** option is selected, your area of cover is as follows:

- If **You** are a resident of Africa, **Your Group Plan** covers **Eligible Treatment** incurred within Africa, Indian sub-continent, Jordan, Lebanon, and the Philippines.
- If **You** are a resident of Europe, **Your Group Plan** covers **Eligible Treatment** incurred within Europe.
- If **You** are a resident of South East Asia (excluding Indonesia and Singapore), **Your Group Plan** covers **Eligible Treatment** incurred within South East Asia (excluding Singapore).
- If **You** are resident in the rest of the world, **Your Group Plan** provides worldwide cover, excluding the USA.

A summary of each **Group Plan** is shown below:

SimpleCare CORE	Cover for <b>In-Patient</b> and <b>Day-Patient Treatment</b> , and various <b>Deductible</b> options to lower <b>Your</b> premiums, if <b>You</b> want to cover high cost/low frequency major medical events only.
SimpleCare 100	As with SimpleCare CORE and generally higher <b>Group Plan</b> limits, and limited cover for <b>Out-Patient Treatment</b> .
SimpleCare 250	As with SimpleCare 100, but with higher <b>Out-Patient Benefit</b> limits, and cover for dental.

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

**Pre-Authorisation** is mandatory for all **In-Patient** and **Day-Patient Treatment** under this **Group Plan**.

For planned **Treatment**, **You** must contact **Our** customer service team on +971 (0) 4450 1510 | Fax +971 (0)4450 1530 | Email GlobalService@now-health.com, at least 2 working days before **Treatment** starts.

In the case of any **Emergency**, **You**, the treating **Medical Practitioner** or the **Hospital**, must contact **Our** 24 hour **Emergency** assistance service on +971 (0) 4450 1540 or email GlobalService@now-health.com as soon as possible and prior to discharge.

**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**.

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 only pay up to **Reasonable and Customary Charges**.

Failure to obtain **Pre-Authorisation** for **Treatment** of an **Eligible Medical Condition** means **You** may incur a proportion of the costs.







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### 4.3 Now Health International: SimpleCare

SimpleCare 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.





If **You** are unsure of **Your** particular circumstances, please contact **Our** customer service 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 or Annual **Out-Patient** Limit, after any deduction of any **Deductible** or **Out-Patient Per Visit Excess** or **Co-Insurance** or similar condition, if **Reasonable and Customary Charges** for **Medically Necessary Treatment** are incurred.





## 4.3.1 SimpleCare CORE

Benefit	SimpleCare CORE
<b>Annual Maximum Group Plan Limit</b> <i>24/7 helpline and assistance services available on all Group Plans</i>	USD 1,000,000/ EUR 800,000/ GBP 625,000
<b>Geographical Area Default</b>	
<b>Residents of Africa</b> <b>Area of Cover: Africa, Indian sub-continent, Jordan, Lebanon and the Philippines</b>	<i>Default Network:</i> <b>SimpleCare Africa Network</b>
<b>Residents of Europe</b> <b>Area of Cover: Europe</b>	<i>Default Network:</i> <b>SimpleCare Europe Network</b>
<b>Residents of South East Asia (excluding Indonesia and Singapore)</b> <b>Area of Cover: South East Asia (excluding Singapore)</b>	<i>Default Network:</i> <b>SimpleCare South East Asia Network</b>
<b>Residents in the rest of the world</b> <b>Area of Cover: Worldwide Excluding USA</b>	<i>Default Network:</i> <b>SimpleCare Comprehensive Network</b>
<b>1. Hospital Charges, Medical Practitioner and Specialist Fees:</b>  <i>(i) Charges for <b>In-Patient</b> or <b>Day-Patient Treatment</b> made by a <b>Hospital</b> including charges for accommodation (ward/semi-private or private); <b>Diagnostic Tests</b>; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a <b>Qualified Nurse</b>; <b>Drugs and Dressings</b> prescribed by a <b>Medical Practitioner</b> or <b>Specialist</b>; and surgical appliances used by the <b>Medical Practitioner</b> during surgery. This includes pre and post-operative consultations while an <b>In-Patient</b> or <b>Day-Patient</b> and includes charges for intensive care.</i>  <i>(ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an <b>Eligible Medical Condition</b> which required <b>In-Patient</b> or <b>Day-Patient Hospital Treatment</b>.</i>	<i>(i)  Full refund</i>  <i>(ii)  Up to USD 1,500/ EUR 1,200/ GBP 930 per <b>Medical Condition</b></i>
<b>2. Diagnostic Procedures:</b>  <b>Medically Necessary</b> diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans.	 <i>Full refund for <b>In-Patient</b> pre and post-operative scans</i>
<b>3. Renal Failure and Renal Dialysis:</b>  <i>(i) <b>Treatment</b> of renal failure, including renal dialysis on an <b>In-Patient</b> basis.</i>  <i>(ii) <b>Treatment</b> of renal failure, including renal dialysis on a <b>Day-Patient</b> or <b>Out-Patient</b> basis.</i>	<i>(i)  <b>In-Patient</b> pre and post-operative care up to six weeks</i> <i>Maximum up to USD10,000/ EUR 8,000/GBP 6,250 per <b>Period of Cover</b></i>  <i>(ii)  Not covered</i>
<b>4. Organ Transplant:</b>  <b>Treatment</b> 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 <b>Insured Person</b> as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under <b>Benefit 7 - Congenital Disorder</b> but excluded from <b>Benefit 4 – Organ Transplant</b> .  <b>We</b> only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with <b>WHO</b> guidelines.  Medical costs associated with the donor and the cost of the donor organ search are excluded from this <b>Benefit</b> .	 <i>Up to USD 100,000/ EUR 80,000/ GBP 62,500 per <b>Period of Cover</b></i>

Benefit	SimpleCare CORE
<p><b>5. Cancer Treatment:</b></p> <p><i>Treatment given for <b>Cancer</b> received as an <b>In-Patient, Day-Patient</b> or <b>Out-Patient</b>. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis.</i></p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>6. New Born Cover:</b></p> <p><i><b>In-Patient Treatment</b> of premature birth (i.e. prior to age 37 weeks gestation) or an <b>Acute Condition</b> being suffered by a <b>New Born</b> baby of an <b>Insured Person</b> which manifests itself within 30 days following birth. Provided that the <b>New Born</b> baby is added to the <b>Group Plan</b> within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.</i></p> <p><i>In circumstances where <b>We</b> require details of the <b>New Born</b> baby's medical history before the baby is being added to the <b>Group Plan</b>, <b>We</b> reserve the right to apply particular restrictions to the cover <b>We</b> will offer. Please refer to Section 6.5 - Adding <b>New Born</b> of this Members Handbook for details.</i></p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 25,000/ EUR 20,000/ GBP 15,625 per <b>Period of Cover</b></p>
<p><b>7. Congenital Disorder:</b></p> <p><i><b>In-Patient Treatment</b> for a <b>Congenital Disorder</b>. In circumstances where a <b>Congenital Disorder</b> manifests itself in a <b>New Born</b> baby within 30 days of birth, cover for such <b>Medical Conditions</b> will be provided under <b>Benefit 6 - New Born</b> Cover but excluded from <b>Benefit 7 - Congenital Disorders</b>.</i></p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 25,000/ EUR 20,000/ GBP 15,625 per <b>Period of Cover</b></p>
<p><b>8. Parent Accommodation:</b></p> <p><i>The cost of one parent staying in <b>Hospital</b> overnight with an <b>Insured Person</b> under 18 years old while the child is admitted as an <b>In-Patient</b> for <b>Eligible Treatment</b>.</i></p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>9. Hospital Accommodation for New Born Accompanying their Mother:</b></p> <p><i><b>Hospital Accommodation</b> costs relating to a <b>New Born</b> baby (up to 16 weeks old) to accompany its mother (being an <b>Insured Person</b>) while she is receiving <b>Eligible Treatment</b> as an <b>In-Patient</b> in a <b>Hospital</b>.</i></p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>10. Reconstructive Surgery:</b></p> <p><i>Reconstructive surgery required to restore natural function or appearance following an <b>Accident</b> or following a <b>Surgical Procedure</b> for an <b>Eligible Medical Condition</b>, which occurred after an <b>Insured Person's Entry Date</b> or <b>Start Date</b> whichever is later.</i></p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>11. Day-Patient or Out-Patient Surgery:</b></p> <p><i><b>Treatment</b> costs for a <b>Surgical Procedure</b> performed in a surgery, <b>Hospital</b>, day-care facility or <b>Out-Patient</b> department.</i></p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>12. In-Patient Emergency Dental Treatment:</b></p> <p><i>This means <b>Emergency</b> restorative dental <b>Treatment</b> required to sound, natural teeth following an <b>Accident</b> which necessitates <b>Your</b> admission to <b>Hospital</b> for at least one night.</i></p> <p><i>The dental <b>Treatment</b> must be received within 10 days of the <b>Accident</b>. This <b>Benefit</b> covers all costs incurred for <b>Treatment</b> made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:</i></p> <ul style="list-style-type: none"> <li>• If the <b>Treatment</b> involves replacing a crown, bridge facing, veneer or denture, <b>We</b> will pay only the reasonable and customary cost of a replacement of similar type or quality</li> <li>• If implants are clinically needed <b>We</b> will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead</li> <li>• Damage to dentures providing they were being worn at the time of the injury</li> </ul>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>13. Rehabilitation:</b></p> <p><i>When referred by a <b>Specialist</b> as an integral part of <b>Treatment</b> for a <b>Medical Condition</b> necessitating admission to a recognised <b>Rehabilitation</b> unit of a <b>Hospital</b>. Where the <b>Insured Person</b> was confined to a <b>Hospital</b> as an <b>In-Patient</b> for at least three consecutive days, and where a <b>Specialist</b> confirms in writing that <b>Rehabilitation</b> is required. Admission to a <b>Rehabilitation</b> unit must be made within 14 days of discharge from <b>Hospital</b>. Such <b>Treatment</b> should be under the direct supervision and control of a <b>Specialist</b> and would cover:</i></p> <ol style="list-style-type: none"> <li>(i) Use of special <b>Treatment</b> rooms</li> <li>(ii) Physical therapy fees</li> <li>(iii) Speech therapy fees</li> <li>(iv) Occupational therapy fees</li> </ol>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund for <b>Eligible In-Patient Treatment</b> only up to 30 days per <b>Medical Condition</b></p>
<p><b>14. Nursing Care at Home:</b></p> <p><i>Care given by <b>Qualified Nurse</b> in the <b>Insured Person's</b> own home, which is immediately received subsequent to <b>Treatment</b> as an <b>In-Patient</b> or <b>Day-Patient</b> on the recommendation of a <b>Medical Practitioner</b> or <b>Specialist</b>.</i></p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Not covered</p>



Benefit	SimpleCare CORE
<p><b>15. Emergency Ambulance Transportation:</b></p> <p><b>Emergency</b> road ambulance transport costs to or between <b>Hospitals</b>, or when considered <b>Medically Necessary</b> by a <b>Medical Practitioner</b> or <b>Specialist</b>.</p>	<p>▶ Full refund</p>
<p><b>16. Evacuation and Repatriation:</b></p> <p><b>Evacuation</b></p> <p>Arrangements will be made to move an <b>Insured Person</b> who has a critical, life-threatening <b>Eligible Medical Condition</b> to the nearest medical facility for the purpose of admission to <b>Hospital</b> as an <b>In-Patient</b> or <b>Day-Patient</b>.</p> <p>Reasonable expenses for:</p> <p>(i) Transportation costs of an <b>Insured Person</b> in the event of <b>Emergency Treatment</b> and <b>Medically Necessary</b> 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.</p> <p>(ii) Reasonable local travel costs to and from medical appointments when <b>Treatment</b> is being received as a <b>Day-Patient</b>.</p> <p>(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the <b>Hospital</b> to visit the <b>Insured Person</b> following admission as an <b>In-Patient</b>.</p> <p>(iv) Reasonable costs for non-<b>Hospital Accommodation</b> only for immediate pre and post-<b>Hospital</b> admission periods provided that the <b>Insured Person</b> is under the care of a <b>Specialist</b>.</p> <p>Costs of <b>Evacuation</b> 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.</p> <p><b>Our</b> medical advisers will decide the most appropriate method of transportation for the <b>Evacuation</b> and this <b>Benefit</b> will not cover travel if it is against the advice of <b>Our</b> medical advisers or where the medical facility does not have appropriate facilities to treat the <b>Eligible Medical Condition</b>.</p> <p><b>Repatriation</b></p> <p>An economy class airfare ticket to return the <b>Insured Person</b> and a locally-accompanying person who has travelled as an escort to the site of <b>Treatment</b> or the <b>Insured Person's</b> principal <b>Country of Nationality</b> or principal <b>Country of Residence</b>, as long as the journey is made within one month of completion of <b>Treatment</b>.</p> <p><b>You</b> are <b>Eligible</b> for <b>Medically Necessary Repatriation</b> costs only if there was an initial <b>Evacuation</b> that has taken place.</p> <p><b>Deductible</b> would apply to <b>Medically Necessary Treatment</b> required under this <b>Benefit</b>.</p>	<p>Combined limit up to USD 100,000/ EUR 80,000/ GBP 62,500</p> <p>(i) ▶ Full refund</p> <p>(ii) ▶ Full refund</p> <p>(iii) ▶ Full refund</p> <p>(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 <b>Evacuation</b></p> <p>▶ Full refund</p>
<p><b>17. Emergency Non-Elective Treatment outside Area of Cover:</b></p> <p>For planned trips up to 30 days of duration. <b>Treatment</b> by a <b>Medical Practitioner</b> or <b>Specialist</b> starting within 24 hours of the <b>Emergency</b> event, required as a result of an <b>Accident</b> or the sudden beginning of a severe illness resulting in a <b>Medical Condition</b> that presents an immediate threat to the <b>Insured Person's</b> health.</p>	<p>▶ <b>Accident:</b> Full refund for <b>Accident</b> requiring <b>In-Patient</b> and <b>Day-Patient</b> care</p> <p>▶ <b>Illness:</b> <b>In-Patient</b> and <b>Day-Patient</b> care up to USD 25,000/ EUR 20,000/GBP 15,625 per <b>Period of Cover</b></p>
<p><b>18. Hospital Cash Benefit:</b></p> <p>This <b>Benefit</b> is payable for each night an <b>Insured Person</b> receives <b>In-Patient Treatment</b> and only if:</p> <p>(i) the <b>Insured Person</b> is admitted for an elective <b>In-Patient Treatment</b> before midnight, and the <b>Treatment</b> is received within the public hospitals of the <b>Insured Persons' Country of Residence</b>; or</p> <p>(ii) this <b>Group Plan</b> being the <b>Secondary Health Insurance Plan</b>. However, if <b>You</b> have a USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 <b>Group Plan Deductible</b>, <b>You</b> are not <b>Eligible</b> for this <b>Benefit</b>.</p> <p>Cover under this <b>Benefit</b> is limited to a maximum of 30 nights per <b>Period of Cover</b>. For this <b>Benefit</b> exclusion 5.9 does not apply.</p>	<p>▶ USD 125/ EUR 100/GBP 75 per night</p>

Benefit	SimpleCare CORE
<p><b>19. Out-Patient Charges:</b></p> <p>(i) <b>Medical Practitioner</b> fees including consultations; <b>Specialist</b> fees; <b>Diagnostic Tests</b>.</p> <p>(ii) Prescribed <b>Drugs and Dressings</b>.</p>	<p>(i)  Pre-operative consultation within 15 days from the admission and post hospitalisation consultation within 30 days following discharge from <b>Hospital</b> Up to maximum USD 750/EUR 600/GBP 460 per <b>Medical Condition</b> per <b>Period of Cover</b></p> <p>(ii)  Not covered</p>
<p><b>20. Out-Patient Physiotherapy and Alternative Therapies</b></p> <p>(i) Physiotherapy by a Registered <b>Physiotherapist</b>, when referred by a <b>Medical Practitioner</b>, or <b>Specialist</b>.</p> <p>(ii) Complementary medicine and <b>Treatment</b> by a therapist, when referred by a <b>Medical Practitioner</b> or <b>Specialist</b>. This <b>Benefit</b> extends to osteopaths, chiropractors, homeopaths, dietician and acupuncture <b>Treatment</b>.</p> <p>(iii) <b>Out-Patient Treatment</b> for therapies administered by a recognised traditional Chinese <b>Medical Practitioner</b> or an Ayurvedic <b>Medical Practitioner</b>.</p> <p><b>We do not cover charges for general chiropody or podiatry.</b></p>	<p> Not covered</p>
<p><b>21. Dental Care</b></p> <p>Fees of a registered <b>Dental Practitioner</b> carrying out dental <b>Treatment</b> in a dental clinic/surgery.</p> <p>This <b>Benefit</b> provides cover for the below dental <b>Treatment</b>:</p> <ul style="list-style-type: none"> <li>- Screening (including x-rays where necessary)</li> <li>- Preventive scaling, polishing, and sealing (once per year)</li> <li>- Fillings and extractions (non-surgical and surgical)</li> <li>- Root canal treatment</li> <li>- New or repair of crowns, dentures, in lays and bridges</li> <li>- Apicoectomy</li> </ul> <p>Dental implants and orthodontics <b>Treatment</b> are specifically excluded under this <b>Benefit</b>. No other <b>Treatment</b> is covered by this <b>Benefit</b>. <b>Waiting Period:</b> Costs incurred within nine months from the <b>Entry Date</b> are excluded. A <b>Co-Insurance</b> of 20% applies. For this <b>Benefit</b> the <b>Group Plan Deductible</b> or <b>Group Plan Out-Patient Per Visit Excess</b> does not apply.</p>	<p> Not covered</p>






Geographical Area Options	SimpleCare CORE
<p><b>22. Area of Cover: Africa, Europe, Indian sub-continent, Jordan, Lebanon, and the Philippines (applicable to residents of Africa only)</b></p> <p>By selecting this option, <b>Your</b> area of cover will be extended to include <b>Europe</b>. <b>You</b> will also be able to access to both the <b>SimpleCare Africa Network</b> and the <b>SimpleCare Europe Network</b>.</p>	<p> Optional</p>
<p><b>23. Area of Cover: Worldwide excluding USA (applicable to residents of Africa only)</b></p> <p>By selecting this option, <b>Your</b> area of cover will become Worldwide but excluding elective <b>Treatment</b> in the USA. <b>You</b> will also be able to access to the <b>SimpleCare Comprehensive Network</b>.</p>	<p> Optional</p>
<p><b>24. Area of Cover: Worldwide excluding USA (applicable to residents of Europe only)</b></p> <p>By selecting this option, <b>Your</b> area of cover will become Worldwide but excluding elective <b>Treatment</b> in the USA. <b>You</b> will also be able to access to the <b>SimpleCare Comprehensive Network</b>.</p>	<p> Optional</p>
<p><b>25. Area of Cover: Worldwide excluding USA (applicable to residents of South East Asia (excluding Indonesia and Singapore) only)</b></p> <p>By selecting this option, <b>Your</b> area of cover will become Worldwide but excluding elective <b>Treatment</b> in the USA. <b>You</b> will also be able to access to the <b>SimpleCare Comprehensive Network</b>.</p>	<p> Optional</p>



Deductible Options	SimpleCare CORE
<b>Standard Deductible</b>	USD 500/ EUR 400/GBP 310
<b>Optional Deductible</b>  <i>Please note: USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 <b>Deductible</b> is only available if <b>You</b> are covered by more than one health insurance policy. <b>You</b> can only select such <b>Deductible</b> options if <b>You</b> buy this <b>Group Plan</b> as a <b>Secondary Health Insurance Plan</b>. <b>You</b> will be required to provide details of <b>Your Primary Health Insurance</b> when <b>You</b> apply for cover under this <b>Group Plan</b>.</i>	Nil  USD 150/ EUR 120/GBP 95 USD 250/ EUR 200/GBP 155 USD 1,000/ EUR 800/GBP 625 USD 2,500/ EUR 2,000/GBP 1,550 USD 5,000/ EUR 4,000/GBP 3,125 USD 10,000/ EUR 8,000/GBP 6,250 USD 15,000/ EUR 12,000/GBP 9,375






Underwriting Options	SimpleCare CORE
<b>Capped Cover</b>  <i>This underwriting option provides limited cover for any pre-existing <b>Medical Conditions</b> that are declared and accepted by Us.   <b>Waiting Period:</b> Costs of <b>Treatment</b> for such pre-existing <b>Medical Conditions</b> incurred within the first nine months from the <b>Entry Date</b> are excluded.</i>	 Optional  <i>For Compulsory <b>Group Plans</b> 5 to 19 employees             After <b>Waiting Period</b>, until the <b>Group Plan</b> renews:            USD 2,000/ EUR 1,600/GBP 1,250            per declared pre-existing <b>Medical Condition</b>             Upon renewal of the <b>Group Plan</b>:            USD 4,000/ EUR 3,200/GBP 2,500            per declared pre-existing <b>Medical Condition</b>, per <b>Period of Cover</b></i>
<b>Medical History Disregarded</b>  <i>If this underwriting option is selected, Exclusion 5.27 does not apply.</i>	 Optional  <i>For Compulsory <b>Group Plans</b> of 10+ employees</i>


## 4.3.2 SimpleCare 100





Benefit	SimpleCare 100
<b>Annual Maximum Group Plan Limit</b> <i>24/7 helpline and assistance services available on all Group Plans</i>	<b>USD 1,500,000/            EUR 1,200,000/            GBP 937,500</b>
<b>Geographical Area Default</b>	
<b>Residents of Africa</b> <b>Area of Cover: Africa, Indian sub-continent, Jordan, Lebanon and the Philippines</b>	<i>Default Network:</i> <b>SimpleCare Africa Network</b>
<b>Residents of Europe</b> <b>Area of Cover: Europe</b>	<i>Default Network:</i> <b>SimpleCare Europe Network</b>
<b>Residents of South East Asia (excluding Indonesia and Singapore)</b> <b>Area of Cover: South East Asia (excluding Singapore)</b>	<i>Default Network:</i> <b>SimpleCare South East Asia Network</b>
<b>Residents in the rest of the world</b> <b>Area of Cover: Worldwide Excluding USA</b>	<i>Default Network:</i> <b>SimpleCare Comprehensive Network</b>
<b>1. Hospital Charges, Medical Practitioner and Specialist Fees:</b>  (i) Charges for <b>In-Patient</b> or <b>Day-Patient Treatment</b> made by a <b>Hospital</b> including charges for accommodation (ward/semi-private or private); <b>Diagnostic Tests</b> ; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a <b>Qualified Nurse; Drugs and Dressings</b> prescribed by a <b>Medical Practitioner</b> or <b>Specialist</b> ; and surgical appliances used by the <b>Medical Practitioner</b> during surgery. This includes pre and post-operative consultations while an <b>In-Patient</b> or <b>Day-Patient</b> and includes charges for intensive care.  (ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an <b>Eligible Medical Condition</b> which required <b>In-Patient</b> or <b>Day-Patient Hospital Treatment</b> .	(i)  Full refund  (ii)  Up to USD 1,500/ EUR 1,200/ GBP 930 per <b>Medical Condition</b>
<b>2. Diagnostic Procedures:</b>  <b>Medically Necessary</b> diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an <b>In-Patient, Day-Patient</b> or <b>Out-Patient</b> .	 Full refund
<b>3. Renal Failure and Renal Dialysis:</b>  (i) <b>Treatment</b> of renal failure, including renal dialysis on an <b>In-Patient</b> basis.  (ii) <b>Treatment</b> of renal failure, including renal dialysis on a <b>Day-Patient</b> or <b>Out-Patient</b> basis.	(i)  Up to six weeks full refund  (ii)  Up to USD 35,000/ EUR 28,000/ GBP 21,875 per <b>Period of Cover</b>
<b>4. Organ Transplant:</b>  <b>Treatment</b> 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 <b>Insured Person</b> as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under <b>Benefit 7 - Congenital Disorder</b> but excluded from <b>Benefit 4 – Organ Transplant</b> .  <b>We only pay for transplants</b> carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with <b>WHO</b> guidelines.  <b>Medical costs associated with the donor and the cost of the donor organ search are excluded from this Benefit.</b>	 Up to USD 150,000/ EUR 120,000/ GBP 93,750 per <b>Period of Cover</b>

Benefit	SimpleCare 100
<p><b>5. Cancer Treatment:</b></p> <p><b>Treatment</b> given for <b>Cancer</b> received as an <b>In-Patient, Day-Patient</b> or <b>Out-Patient</b>. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis.</p>	<p>▶ Full refund</p>
<p><b>6. New Born Cover:</b></p> <p><b>In-Patient Treatment</b> of premature birth (i.e. prior to age 37 weeks gestation) or an <b>Acute Condition</b> being suffered by a <b>New Born</b> baby of an <b>Insured Person</b> which manifests itself within 30 days following birth. Provided that the <b>New Born</b> baby is added to the <b>Group Plan</b> within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.</p> <p>In circumstances where <b>We</b> require details of the <b>New Born</b> baby's medical history before the baby is being added to the <b>Group Plan</b>, <b>We</b> reserve the right to apply particular restrictions to the cover <b>We</b> will offer. Please refer to Section 6.5 - Adding <b>New Born</b> of this Members Handbook for details.</p>	<p>▶ Up to USD 35,000/ EUR 28,000/ GBP 21,875 per <b>Period of Cover</b></p>
<p><b>7. Congenital Disorder:</b></p> <p><b>In-Patient Treatment</b> for a <b>Congenital Disorder</b>. In circumstances where a <b>Congenital Disorder</b> manifests itself in a <b>New Born</b> baby within 30 days of birth, cover for such <b>Medical Conditions</b> will be provided under <b>Benefit 6 - New Born</b> Cover but excluded from <b>Benefit 7 - Congenital Disorders</b>.</p>	<p>▶ Up to USD 35,000/ EUR 28,000/ GBP 21,875 per <b>Period of Cover</b></p>
<p><b>8. Parent Accommodation:</b></p> <p>The cost of one parent staying in <b>Hospital</b> overnight with an <b>Insured Person</b> under 18 years old while the child is admitted as an <b>In-Patient</b> for <b>Eligible Treatment</b>.</p>	<p>▶ Full refund</p>
<p><b>9. Hospital Accommodation for New Born Accompanying their Mother:</b></p> <p><b>Hospital Accommodation</b> costs relating to a <b>New Born</b> baby (up to 16 weeks old) to accompany its mother (being an <b>Insured Person</b>) while she is receiving <b>Eligible Treatment</b> as an <b>In-Patient</b> in a <b>Hospital</b>.</p>	<p>▶ Full refund</p>
<p><b>10. Reconstructive Surgery:</b></p> <p>Reconstructive surgery required to restore natural function or appearance following an <b>Accident</b> or following a <b>Surgical Procedure</b> for an <b>Eligible Medical Condition</b>, which occurred after an <b>Insured Person's Entry Date</b> or <b>Start Date</b> whichever is later.</p>	<p>▶ Full refund</p>
<p><b>11. Day-Patient or Out-Patient Surgery:</b></p> <p><b>Treatment</b> costs for a <b>Surgical Procedure</b> performed in a surgery, <b>Hospital</b>, day-care facility or <b>Out-Patient</b> department.</p>	<p>▶ Full refund</p>
<p><b>12. In-Patient Emergency Dental Treatment:</b></p> <p>This means <b>Emergency</b> restorative dental <b>Treatment</b> required to sound, natural teeth following an <b>Accident</b> which necessitates <b>Your</b> admission to <b>Hospital</b> for at least one night. The dental <b>Treatment</b> must be received within 10 days of the <b>Accident</b>. This <b>Benefit</b> covers all costs incurred for <b>Treatment</b> made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:</p> <ul style="list-style-type: none"> <li>• If the <b>Treatment</b> involves replacing a crown, bridge facing, veneer or denture, <b>We</b> will pay only the reasonable and customary cost of a replacement of similar type or quality</li> <li>• If implants are clinically needed <b>We</b> will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead</li> <li>• Damage to dentures providing they were being worn at the time of the injury</li> </ul>	<p>▶ Full refund</p>
<p><b>13. Rehabilitation:</b></p> <p>When referred by a <b>Specialist</b> as an integral part of <b>Treatment</b> for a <b>Medical Condition</b> necessitating admission to a recognised <b>Rehabilitation</b> unit of a <b>Hospital</b>. Where the <b>Insured Person</b> was confined to a <b>Hospital</b> as an <b>In-Patient</b> for at least three consecutive days, and where a <b>Specialist</b> confirms in writing that <b>Rehabilitation</b> is required. Admission to a <b>Rehabilitation</b> unit must be made within 14 days of discharge from <b>Hospital</b>. Such <b>Treatment</b> should be under the direct supervision and control of a <b>Specialist</b> and would cover:</p> <ol style="list-style-type: none"> <li>(i) Use of special <b>Treatment</b> rooms</li> <li>(ii) Physical therapy fees</li> <li>(iii) Speech therapy fees</li> <li>(iv) Occupational therapy fees</li> </ol>	<p>▶ Full refund up to 90 days per <b>Medical Condition</b></p>
<p><b>14. Nursing Care at Home:</b></p> <p>Care given by <b>Qualified Nurse</b> in the <b>Insured Person's</b> own home, which is immediately received subsequent to <b>Treatment</b> as an <b>In-Patient</b> or <b>Day-Patient</b> on the recommendation of a <b>Medical Practitioner</b> or <b>Specialist</b>.</p>	<p>▶ Full refund up to 30 days per <b>Medical Condition</b></p>

Benefit	SimpleCare 100
<p><b>15. Emergency Ambulance Transportation:</b></p> <p><i>Emergency road ambulance transport costs to or between <b>Hospitals</b>, or when considered <b>Medically Necessary</b> by a <b>Medical Practitioner</b> or <b>Specialist</b>.</i></p>	<p style="text-align: right;">▶ Full refund</p>
<p><b>16. Evacuation and Repatriation:</b></p> <p><b>Evacuation</b></p> <p>Arrangements will be made to move an <b>Insured Person</b> who has a critical, life-threatening <b>Eligible Medical Condition</b> to the nearest medical facility for the purpose of admission to <b>Hospital</b> as an <b>In-Patient</b> or <b>Day-Patient</b>.</p> <p>Reasonable expenses for:</p> <p>(i) Transportation costs of an <b>Insured Person</b> in the event of <b>Emergency Treatment</b> and <b>Medically Necessary</b> 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.</p> <p>(ii) Reasonable local travel costs to and from medical appointments when <b>Treatment</b> is being received as a <b>Day-Patient</b>.</p> <p>(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the <b>Hospital</b> to visit the <b>Insured Person</b> following admission as an <b>In-Patient</b>.</p> <p>(iv) Reasonable costs for non-<b>Hospital Accommodation</b> only for immediate pre and post-<b>Hospital</b> admission periods provided that the <b>Insured Person</b> is under the care of a <b>Specialist</b>.</p> <p>Costs of <b>Evacuation</b> 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.</p> <p><b>Our</b> medical advisers will decide the most appropriate method of transportation for the <b>Evacuation</b> and this <b>Benefit</b> will not cover travel if it is against the advice of <b>Our</b> medical advisers or where the medical facility does not have appropriate facilities to treat the <b>Eligible Medical Condition</b>.</p> <p><b>Repatriation</b></p> <p>An economy class airfare ticket to return the <b>Insured Person</b> and a locally-accompanying person who has travelled as an escort to the site of <b>Treatment</b> or the <b>Insured Person's</b> principal <b>Country of Nationality</b> or principal <b>Country of Residence</b>, as long as the journey is made within one month of completion of <b>Treatment</b>.</p> <p><b>You</b> are <b>Eligible</b> for <b>Medically Necessary Repatriation</b> costs only if there was an initial <b>Evacuation</b> that has taken place.</p> <p><b>Deductible</b> would apply to <b>Medically Necessary Treatment</b> required under this <b>Benefit</b>.</p>	<p>Combined limit up to USD 100,000/ EUR 80,000/ GBP 62,500</p> <p>(i) ▶ Full refund</p> <p>(ii) ▶ Full refund</p> <p>(iii) ▶ Full refund</p> <p>(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 <b>Evacuation</b></p> <p style="text-align: right;">▶ Full refund</p>
<p><b>17. Emergency Non-Elective Treatment outside Area of Cover:</b></p> <p><i>For planned trips up to 30 days of duration. <b>Treatment</b> by a <b>Medical Practitioner</b> or <b>Specialist</b> starting within 24 hours of the <b>Emergency</b> event, required as a result of an <b>Accident</b> or the sudden beginning of a severe illness resulting in a <b>Medical Condition</b> that presents an immediate threat to the <b>Insured Person's</b> health.</i></p>	<p style="text-align: right;">▶</p> <p><b>Accident:</b> Full refund for <b>Accident</b> requiring <b>In-Patient</b> and <b>Day-Patient</b> care</p> <p style="text-align: right;">▶</p> <p><b>Illness:</b> <b>In-Patient</b> and <b>Day-Patient</b> care up to USD 35,000/ EUR 28,000/GBP 21,875 per <b>Period of Cover</b></p>
<p><b>18. Hospital Cash Benefit:</b></p> <p>This <b>Benefit</b> is payable for each night an <b>Insured Person</b> receives <b>In-Patient Treatment</b> and only if:</p> <p>(i) the <b>Insured Person</b> is admitted for an elective <b>In-Patient Treatment</b> before midnight, and the <b>Treatment</b> is received within the public hospitals of the <b>Insured Persons' Country of Residence</b>; or</p> <p>(ii) this <b>Group Plan</b> being the <b>Secondary Health Insurance Plan</b>. However, if <b>You</b> have a USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 <b>Group Plan Deductible</b>, <b>You</b> are not <b>Eligible</b> for this <b>Benefit</b>.</p> <p>Cover under this <b>Benefit</b> is limited to a maximum of 30 nights per <b>Period of Cover</b>. For this <b>Benefit</b> exclusion 5.9 does not apply.</p>	<p style="text-align: right;">▶</p> <p>USD 250/ EUR 200/GBP 155 per night</p>

Benefit	SimpleCare 100
<b>Annual Out-Patient Limit</b> <i>Applicable to Benefit 19 and 20 only, subject to Annual Maximum Group Plan Limit</i>	<b>USD 1,000/ EUR 800/ GBP 625</b>
<b>19. Out-Patient Charges:</b> (i) <b>Medical Practitioner</b> fees including consultations; <b>Specialist</b> fees; <b>Diagnostic Tests</b> . (ii) Prescribed <b>Drugs and Dressings</b> .  <i>Maintenance of <b>Chronic Medical Conditions</b> requiring ongoing or long-term monitoring through consultations, examinations, check-ups, <b>Drugs and Dressings</b> and/or tests are covered under this <b>Benefit</b>.</i>	(i)  Full refund subject to Annual <b>Out-Patient Limit</b> (ii)  Full refund subject to Annual <b>Out-Patient Limit</b>
<b>20. Out-Patient Physiotherapy and Alternative Therapies</b> (i) Physiotherapy by a Registered <b>Physiotherapist</b> , when referred by a <b>Medical Practitioner</b> , or <b>Specialist</b> . (ii) Complementary medicine and <b>Treatment</b> by a therapist, when referred by a <b>Medical Practitioner</b> or <b>Specialist</b> . This <b>Benefit</b> extends to osteopaths, chiropractors, homeopaths, dietician and acupuncture <b>Treatment</b> . (iii) <b>Out-Patient Treatment</b> for therapies administered by a recognised traditional Chinese <b>Medical Practitioner</b> or an <b>Ayurvedic Medical Practitioner</b> . <b>We do not cover charges for general chiroprody or podiatry.</b>	(i)  USD 60/ EUR 48/GBP 40 per visit (ii)  USD 60/ EUR 48/GBP 40 per visit (iii)  USD 30/ EUR 24/GBP 20 per visit  Combined up to 10 visits for (i), (ii) & (iii) per <b>Period of Cover</b> , subject to Annual <b>Out-Patient Limit</b>


Benefit	SimpleCare 100
<b>21. Dental Care</b> <i>Fees of a registered <b>Dental Practitioner</b> carrying out dental <b>Treatment</b> in a dental clinic/surgery.</i> <i>This <b>Benefit</b> provides cover for the below dental <b>Treatment</b>:</i> <ul style="list-style-type: none"> <li>- Screening (including x-rays where necessary)</li> <li>- Preventive scaling, polishing, and sealing (once per year)</li> <li>- Fillings and extractions (non-surgical and surgical)</li> <li>- Root canal treatment</li> <li>- New or repair of crowns, dentures, in lays and bridges</li> <li>- Apicoectomy</li> </ul> <i>Dental implants and orthodontics <b>Treatment</b> are specifically excluded under this <b>Benefit</b>. No other <b>Treatment</b> is covered by this <b>Benefit</b>.</i> <b>Waiting Period:</b> Costs incurred within nine months from the <b>Entry Date</b> are excluded. A <b>Co-Insurance</b> of 20% applies. <i>For this <b>Benefit</b> the <b>Group Plan Deductible</b> or <b>Group Plan Out-Patient Per Visit Excess</b> does not apply.</i>	 Not covered

Geographical Area Options	SimpleCare 100
<p><b>22. Area of Cover: Africa, Europe, Indian sub-continent, Jordan, Lebanon, and the Philippines (applicable to residents of Africa only)</b></p> <p><i>By selecting this option, <b>Your</b> area of cover will be extended to include <b>Europe</b>.</i></p> <p><i>You will also be able to access to both the <b>SimpleCare Africa Network</b> and the <b>SimpleCare Europe Network</b>.</i></p>	 Optional
<p><b>23. Area of Cover: Worldwide excluding USA (applicable to residents of Africa only)</b></p> <p><i>By selecting this option, <b>Your</b> area of cover will become Worldwide but excluding elective <b>Treatment</b> in the USA.</i></p> <p><i>You will also be able to access to the <b>SimpleCare Comprehensive Network</b>.</i></p>	 Optional
<p><b>24. Area of Cover: Worldwide excluding USA (applicable to residents of Europe only)</b></p> <p><i>By selecting this option, <b>Your</b> area of cover will become Worldwide but excluding elective <b>Treatment</b> in the USA.</i></p> <p><i>You will also be able to access to the <b>SimpleCare Comprehensive Network</b>.</i></p>	 Optional
<p><b>25. Area of Cover: Worldwide excluding USA (applicable to residents of South East Asia (excluding Indonesia and Singapore) only)</b></p> <p><i>By selecting this option, <b>Your</b> area of cover will become Worldwide but excluding elective <b>Treatment</b> in the USA.</i></p> <p><i>You will also be able to access to the <b>SimpleCare Comprehensive Network</b>.</i></p>	 Optional



Deductible Options	SimpleCare 100
<b>Standard Deductible</b>	USD 500/ EUR 400/GBP 310
<p><b>Optional Deductible</b></p> <p><i>Please note: USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 <b>Deductible</b> is only available if <b>You</b> are covered by more than one health insurance policy. <b>You</b> can only select such <b>Deductible</b> options if <b>You</b> buy this <b>Group Plan</b> as a <b>Secondary Health Insurance Plan</b>. <b>You</b> will be required to provide details of <b>Your Primary Health Insurance</b> when <b>You</b> apply for cover under this <b>Group Plan</b>.</i></p>	Nil  USD 150/ EUR 120/GBP 95 USD 250/ EUR 200/GBP 155 USD 1,000/ EUR 800/GBP 625 USD 2,500/ EUR 2,000/GBP 1,550 USD 5,000/ EUR 4,000/GBP 3,125 USD 10,000/ EUR 8,000/GBP 6,250 USD 15,000/ EUR 12,000/GBP 9,375

Out-Patient Options	SimpleCare 100
<p><b>26. Co-Insurance Out-Patient Treatment:</b></p> <p>A 20% <b>Co-Insurance</b> will apply to all <b>Eligible Out-Patient Treatment</b>.</p> <p>Please note that the <b>Co-Insurance</b> will not apply to <b>Treatment</b> relating to Renal dialysis/ Renal failure, <b>Cancer</b> or Organ Transplants.</p> <p>This option is not available for <b>Group Plans</b> with <b>Deductibles</b> of USD 1,000/EUR 800/GBP 625 or higher.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Optional</p>
<p><b>27. Out-Patient Per Visit Excess:</b></p> <p>A USD 25/EUR 20/GBP 15 <b>Out-Patient Per Visit Excess</b> will apply when <b>You</b> receive <b>Eligible Out-Patient Treatment</b>.</p> <p>Please note that the <b>Out-Patient Per Visit Excess</b> would apply to both <b>Benefit 19 - Out-Patient Charges</b> and <b>Benefit 20 - Out-Patient Physiotherapy and Alternative Therapies Benefits</b>.</p> <p>This option is not available for <b>Group Plans</b> with <b>Deductibles</b> of USD 1,000/EUR 800/GBP 625 or higher.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Optional</p>







Additional Options	SimpleCare 100
<p><b>28. Removal of Drugs and Dressings Limit</b></p> <p>By selecting this option, cover for Prescribed <b>Drugs and Dressings</b> under <b>Benefit 19 (ii)</b> will be Full Refund, subject to annual <b>Out-Patient</b> limit.</p>	<p style="text-align: center;">Not Applicable</p>
<p><b>29. Wellness and Vaccinations - Option 1</b></p> <p>(i) <b>Wellness:</b> This <b>Benefit</b> is payable as a contribution towards the cost of routine health checks including <b>Cancer</b> screening, cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). and/or</p> <p>(ii) <b>Vaccinations:</b> Costs of drugs and consultations to administer all <b>Medically Necessary</b> basic immunisation and booster injections and any <b>Medically Necessary</b> travel <b>Vaccinations</b> and malaria prophylaxis.</p> <p>For this <b>Benefit</b> exclusion 5.9 does not apply.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Optional</p> <p style="text-align: center;">For Compulsory <b>Group Plans</b> 3+ employees</p> <p style="text-align: center;">Combined limit up to USD 150/ EUR 120/GBP 95 per <b>Period of Cover</b></p>
<p><b>30. Wellness and Vaccinations - Option 2</b></p> <p>(i) <b>Wellness:</b> This <b>Benefit</b> is payable as a contribution towards the cost of routine health checks including <b>Cancer</b> screening, cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). and/or</p> <p>(ii) <b>Vaccinations:</b> Costs of drugs and consultations to administer all <b>Medically Necessary</b> basic immunisation and booster injections and any <b>Medically Necessary</b> travel <b>Vaccinations</b> and malaria prophylaxis.</p> <p>For this <b>Benefit</b> exclusion 5.9 does not apply.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Optional</p> <p style="text-align: center;">For Compulsory <b>Group Plans</b> 3+ employees</p> <p style="text-align: center;">Combined limit up to USD 250/ EUR 200/GBP 155 per <b>Period of Cover</b></p>

Additional Options	SimpleCare 100
<p><b>31. Maternity – Option 1</b></p> <p>(i) <b>Medically Necessary</b> costs incurred during normal <b>Pregnancy</b> 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 <b>Medical Practitioner</b> or <b>Specialist</b>. 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.</p> <p>Please note <b>We</b> will pay for the above Well-baby examinations costs only if <b>We</b> have paid the delivery cost of the baby under this <b>Group Plan</b>, provided the baby is being added into the <b>Group Plan</b> as an <b>Insured Person</b>.</p> <p>(ii) <b>In-Patient Treatment</b> of an <b>Eligible Medical Condition</b> which arises during the antenatal stages of <b>Pregnancy</b>, or an <b>Eligible Medical Condition</b> which arises during childbirth. As an illustration, <b>We</b> would consider <b>Treatment</b> of the following:</p> <ul style="list-style-type: none"> <li>• Ectopic <b>Pregnancy</b> (where the foetus is growing outside the womb)</li> <li>• Hydatidiform mole (abnormal cell growth in the womb)</li> <li>• Retained placenta (afterbirth retained in the womb)</li> <li>• Placenta praevia</li> <li>• Eclampsia (a coma or seizure during <b>Pregnancy</b> and following pre-eclampsia)</li> <li>• Diabetes (If <b>You</b> have exclusions because of <b>Your</b> past medical history which relate to diabetes, then <b>You</b> will not be covered for any <b>Treatment</b> for diabetes during <b>Pregnancy</b>)</li> <li>• Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)</li> <li>• Miscarriage requiring immediate surgical <b>Treatment</b></li> <li>• Failure to progress in labour</li> </ul> <p><b>Waiting Period:</b> Costs incurred within twelve months from the Entry Date are excluded. Please note, <b>We</b> do not pay for parenting or other teaching classes as these are a matter of personal choice. For this <b>Benefit</b> exclusion 5.26 does not apply. The <b>Group Plan Deductible</b> applies to this <b>Benefit</b></p>	<p style="text-align: center;"> Optional For Compulsory <b>Group Plans</b> 10+ employees</p> <p>(i)  Up to USD 5,000/ EUR 4,000/GBP 3,125 per <b>Period of Cover</b></p> <p>(ii)  Up to USD 12,000/ EUR 9,600/GBP 7,500 per <b>Period of Cover</b></p>
<p><b>32. Maternity – Option 2</b></p> <p>(i) <b>Medically Necessary</b> costs incurred during normal <b>Pregnancy</b> 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 <b>Medical Practitioner</b> or <b>Specialist</b>. 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.</p> <p>Please note <b>We</b> will pay for the above Well-baby examinations costs only if <b>We</b> have paid the delivery cost of the baby under this <b>Group Plan</b>, provided the baby is being added into the <b>Group Plan</b> as an <b>Insured Person</b>.</p> <p>(ii) <b>In-Patient Treatment</b> of an <b>Eligible Medical Condition</b> which arises during the antenatal stages of <b>Pregnancy</b>, or an <b>Eligible Medical Condition</b> which arises during childbirth. As an illustration, <b>We</b> would consider <b>Treatment</b> of the following:</p> <ul style="list-style-type: none"> <li>• Ectopic <b>Pregnancy</b> (where the foetus is growing outside the womb)</li> <li>• Hydatidiform mole (abnormal cell growth in the womb)</li> <li>• Retained placenta (afterbirth retained in the womb)</li> <li>• Placenta praevia</li> <li>• Eclampsia (a coma or seizure during <b>Pregnancy</b> and following pre-eclampsia)</li> <li>• Diabetes (If <b>You</b> have exclusions because of <b>Your</b> past medical history which relate to diabetes, then <b>You</b> will not be covered for any <b>Treatment</b> for diabetes during <b>Pregnancy</b>)</li> <li>• Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)</li> <li>• Miscarriage requiring immediate surgical <b>Treatment</b></li> <li>• Failure to progress in labour</li> </ul> <p><b>Waiting Period:</b> Costs incurred within twelve months from the Entry Date are excluded. Please note, <b>We</b> do not pay for parenting or other teaching classes as these are a matter of personal choice. For this <b>Benefit</b> exclusion 5.26 does not apply. The <b>Group Plan Deductible</b> applies to this <b>Benefit</b></p>	<p style="text-align: center;"> Optional For Compulsory <b>Group Plans</b> 10+ employees</p> <p>(i)  Up to USD 7,000/ EUR 5,600/GBP 4,375 per <b>Period of Cover</b></p> <p>(ii)  Up to USD 15,000/ EUR 12,000/ GBP 9,375 per <b>Period of Cover</b></p>








Underwriting Options	SimpleCare 100
<p><b>Capped Cover</b></p> <p><i>This underwriting option provides limited cover for any pre-existing <b>Medical Conditions</b> that are declared and accepted by Us.</i></p> <p><b>Waiting Period:</b> <i>Costs of <b>Treatment</b> for such pre-existing <b>Medical Conditions</b> incurred within the first nine months from the <b>Entry Date</b> are excluded.</i></p>	<p> Optional</p> <p><i>For Compulsory <b>Group Plans</b> 5 to 19 employees</i></p> <p><i>After <b>Waiting Period</b>, until the <b>Group Plan</b> renews:</i>  <i>USD 2,000/  EUR 1,600/GBP 1,250  per declared pre-existing <b>Medical Condition</b></i></p> <p><i>Upon renewal of the <b>Group Plan</b>:</i>  <i>USD 4,000/  EUR 3,200/GBP 2,500  per declared pre-existing <b>Medical Condition</b>, per <b>Period of Cover</b></i></p>
<p><b>Medical History Disregarded</b></p> <p><i>If this underwriting option is selected, Exclusion 5.27 does not apply.</i></p> <p><i>Please note that the <b>Waiting Period</b> does not apply to either Maternity or Dental Care <b>Benefits</b>, if Medical History Disregarded is selected.</i></p>	<p> Optional</p> <p><i>For Compulsory <b>Group Plans</b> of 10+ employees</i></p>


### 4.3.3 SimpleCare 250





Benefit	SimpleCare 250
<b>Annual Maximum Group Plan Limit</b> <i>24/7 helpline and assistance services available on all Group Plans</i>	<b>USD 1,500,000/            EUR 1,200,000/            GBP 937,500</b>
<b>Geographical Area Default</b>	
<b>Residents of Africa</b> <b>Area of Cover: Africa, Indian sub-continent, Jordan, Lebanon and the Philippines</b>	<i>Default Network:</i> <b>SimpleCare Africa Network</b>
<b>Residents of Europe</b> <b>Area of Cover: Europe</b>	<i>Default Network:</i> <b>SimpleCare Europe Network</b>
<b>Residents of South East Asia (excluding Indonesia and Singapore)</b> <b>Area of Cover: South East Asia (excluding Singapore)</b>	<i>Default Network:</i> <b>SimpleCare South East Asia Network</b>
<b>Residents in the rest of the world</b> <b>Area of Cover: Worldwide Excluding USA</b>	<i>Default Network:</i> <b>SimpleCare Comprehensive Network</b>
<b>1. Hospital Charges, Medical Practitioner and Specialist Fees:</b> <p>(i) Charges for <b>In-Patient</b> or <b>Day-Patient Treatment</b> made by a <b>Hospital</b> including charges for accommodation (ward/semi-private or private); <b>Diagnostic Tests</b>; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a <b>Qualified Nurse; Drugs and Dressings</b> prescribed by a <b>Medical Practitioner</b> or <b>Specialist</b>; and surgical appliances used by the <b>Medical Practitioner</b> during surgery. This includes pre and post-operative consultations while an <b>In-Patient</b> or <b>Day-Patient</b> and includes charges for intensive care.</p> <p>(ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an <b>Eligible Medical Condition</b> which required <b>In-Patient</b> or <b>Day-Patient Hospital Treatment</b>.</p>	<p>(i)  Full refund</p> <p>(ii)  Up to USD 1,500/ EUR 1,200/ GBP 930 per <b>Medical Condition</b></p>
<b>2. Diagnostic Procedures:</b> <b>Medically Necessary</b> diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an <b>In-Patient, Day-Patient</b> or <b>Out-Patient</b> .	 Full refund
<b>3. Renal Failure and Renal Dialysis:</b> <p>(i) <b>Treatment</b> of renal failure, including renal dialysis on an <b>In-Patient</b> basis.</p> <p>(ii) <b>Treatment</b> of renal failure, including renal dialysis on a <b>Day-Patient</b> or <b>Out-Patient</b> basis.</p>	<p>(i)  Up to six weeks full refund</p> <p>(ii)  Up to USD 35,000/ EUR 28,000/ GBP 21,875 per <b>Period of Cover</b></p>
<b>4. Organ Transplant:</b> <b>Treatment</b> 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 <b>Insured Person</b> as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under <b>Benefit 7 - Congenital Disorder</b> but excluded from <b>Benefit 4 – Organ Transplant</b> . <b>We only pay</b> for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with <b>WHO</b> guidelines. <b>Medical costs</b> associated with the donor and the cost of the donor organ search are excluded from this <b>Benefit</b> .	 Up to USD 150,000/ EUR 120,000/ GBP 93,750 per <b>Period of Cover</b>

Benefit	SimpleCare 250
<p><b>5. Cancer Treatment:</b></p> <p><b>Treatment</b> given for <b>Cancer</b> received as an <b>In-Patient, Day-Patient</b> or <b>Out-Patient</b>. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis.</p>	<p> Full refund</p>
<p><b>6. New Born Cover:</b></p> <p><b>In-Patient Treatment</b> of premature birth (i.e. prior to age 37 weeks gestation) or an <b>Acute Condition</b> being suffered by a <b>New Born</b> baby of an <b>Insured Person</b> which manifests itself within 30 days following birth. Provided that the <b>New Born</b> baby is added to the <b>Group Plan</b> within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.</p> <p>In circumstances where <b>We</b> require details of the <b>New Born</b> baby's medical history before the baby is being added to the <b>Group Plan</b>, <b>We</b> reserve the right to apply particular restrictions to the cover <b>We</b> will offer. Please refer to Section 6.5 - Adding <b>New Born</b> of this Members Handbook for details.</p>	<p> Up to USD 35,000/ EUR 28,000/ GBP 21,875 per <b>Period of Cover</b></p>
<p><b>7. Congenital Disorder:</b></p> <p><b>In-Patient Treatment</b> for a <b>Congenital Disorder</b>. In circumstances where a <b>Congenital Disorder</b> manifests itself in a <b>New Born</b> baby within 30 days of birth, cover for such <b>Medical Conditions</b> will be provided under <b>Benefit 6 - New Born</b> Cover but excluded from <b>Benefit 7 - Congenital Disorders</b>.</p>	<p> Up to USD 35,000/ EUR 28,000/ GBP 21,875 per <b>Period of Cover</b></p>
<p><b>8. Parent Accommodation:</b></p> <p>The cost of one parent staying in <b>Hospital</b> overnight with an <b>Insured Person</b> under 18 years old while the child is admitted as an <b>In-Patient</b> for <b>Eligible Treatment</b>.</p>	<p> Full refund</p>
<p><b>9. Hospital Accommodation for New Born Accompanying their Mother:</b></p> <p><b>Hospital Accommodation</b> costs relating to a <b>New Born</b> baby (up to 16 weeks old) to accompany its mother (being an <b>Insured Person</b>) while she is receiving <b>Eligible Treatment</b> as an <b>In-Patient</b> in a <b>Hospital</b>.</p>	<p> Full refund</p>
<p><b>10. Reconstructive Surgery:</b></p> <p>Reconstructive surgery required to restore natural function or appearance following an <b>Accident</b> or following a <b>Surgical Procedure</b> for an <b>Eligible Medical Condition</b>, which occurred after an <b>Insured Person's Entry Date</b> or <b>Start Date</b> whichever is later.</p>	<p> Full refund</p>
<p><b>11. Day-Patient or Out-Patient Surgery:</b></p> <p><b>Treatment</b> costs for a <b>Surgical Procedure</b> performed in a surgery, <b>Hospital</b>, day-care facility or <b>Out-Patient</b> department.</p>	<p> Full refund</p>
<p><b>12. In-Patient Emergency Dental Treatment:</b></p> <p>This means <b>Emergency</b> restorative dental <b>Treatment</b> required to sound, natural teeth following an <b>Accident</b> which necessitates <b>Your</b> admission to <b>Hospital</b> for at least one night.</p> <p>The dental <b>Treatment</b> must be received within 10 days of the <b>Accident</b>. This <b>Benefit</b> covers all costs incurred for <b>Treatment</b> made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:</p> <ul style="list-style-type: none"> <li>• If the <b>Treatment</b> involves replacing a crown, bridge facing, veneer or denture, <b>We</b> will pay only the reasonable and customary cost of a replacement of similar type or quality</li> <li>• If implants are clinically needed <b>We</b> will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead</li> <li>• Damage to dentures providing they were being worn at the time of the injury</li> </ul>	<p> Full refund</p>
<p><b>13. Rehabilitation:</b></p> <p>When referred by a <b>Specialist</b> as an integral part of <b>Treatment</b> for a <b>Medical Condition</b> necessitating admission to a recognised <b>Rehabilitation</b> unit of a <b>Hospital</b>. Where the <b>Insured Person</b> was confined to a <b>Hospital</b> as an <b>In-Patient</b> for at least three consecutive days, and where a <b>Specialist</b> confirms in writing that <b>Rehabilitation</b> is required. Admission to a <b>Rehabilitation</b> unit must be made within 14 days of discharge from <b>Hospital</b>. Such <b>Treatment</b> should be under the direct supervision and control of a <b>Specialist</b> and would cover:</p> <ol style="list-style-type: none"> <li>(i) Use of special <b>Treatment</b> rooms</li> <li>(ii) Physical therapy fees</li> <li>(iii) Speech therapy fees</li> <li>(iv) Occupational therapy fees</li> </ol>	<p> Full refund up to 90 days per <b>Medical Condition</b></p>
<p><b>14. Nursing Care at Home:</b></p> <p>Care given by <b>Qualified Nurse</b> in the <b>Insured Person's</b> own home, which is immediately received subsequent to <b>Treatment</b> as an <b>In-Patient</b> or <b>Day-Patient</b> on the recommendation of a <b>Medical Practitioner</b> or <b>Specialist</b>.</p>	<p> Full refund up to 30 days per <b>Medical Condition</b></p>

Benefit	SimpleCare 250
<p><b>15. Emergency Ambulance Transportation:</b></p> <p><b>Emergency</b> road ambulance transport costs to or between <b>Hospitals</b>, or when considered <b>Medically Necessary</b> by a <b>Medical Practitioner</b> or <b>Specialist</b>.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>16. Evacuation and Repatriation:</b></p> <p><b>Evacuation</b></p> <p>Arrangements will be made to move an <b>Insured Person</b> who has a critical, life-threatening <b>Eligible Medical Condition</b> to the nearest medical facility for the purpose of admission to <b>Hospital</b> as an <b>In-Patient</b> or <b>Day-Patient</b>.</p> <p>Reasonable expenses for:</p> <ul style="list-style-type: none"> <li>(i) Transportation costs of an <b>Insured Person</b> in the event of <b>Emergency Treatment</b> and <b>Medically Necessary</b> 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.</li> <li>(ii) Reasonable local travel costs to and from medical appointments when <b>Treatment</b> is being received as a <b>Day-Patient</b>.</li> <li>(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the <b>Hospital</b> to visit the <b>Insured Person</b> following admission as an <b>In-Patient</b>.</li> <li>(iv) Reasonable costs for non-<b>Hospital Accommodation</b> only for immediate pre and post-<b>Hospital</b> admission periods provided that the <b>Insured Person</b> is under the care of a <b>Specialist</b>.</li> </ul> <p>Costs of <b>Evacuation</b> 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.</p> <p><b>Our</b> medical advisers will decide the most appropriate method of transportation for the <b>Evacuation</b> and this <b>Benefit</b> will not cover travel if it is against the advice of <b>Our</b> medical advisers or where the medical facility does not have appropriate facilities to treat the <b>Eligible Medical Condition</b>.</p> <p><b>Repatriation</b></p> <p>An economy class airfare ticket to return the <b>Insured Person</b> and a locally-accompanying person who has travelled as an escort to the site of <b>Treatment</b> or the <b>Insured Person's</b> principal <b>Country of Nationality</b> or principal <b>Country of Residence</b>, as long as the journey is made within one month of completion of <b>Treatment</b>.</p> <p><b>You</b> are <b>Eligible</b> for <b>Medically Necessary Repatriation</b> costs only if there was an initial <b>Evacuation</b> that has taken place.</p> <p><b>Deductible</b> would apply to <b>Medically Necessary Treatment</b> required under this <b>Benefit</b>.</p>	<p style="text-align: center;">Combined limit up to USD 100,000/ EUR 80,000/ GBP 62,500</p> <ul style="list-style-type: none"> <li>(i) ▶ Full refund</li> <li>(ii) ▶ Full refund</li> <li>(iii) ▶ Full refund</li> <li>(iv) ▶ Up to USD 200/ EUR 160/ GBP 125 per day</li> </ul> <p>Up to USD 7,500/ EUR 6,000/ GBP 4,600 per person, per <b>Evacuation</b></p> <p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>17. Emergency Non-Elective Treatment outside Area of Cover:</b></p> <p>For planned trips up to 30 days of duration. <b>Treatment</b> by a <b>Medical Practitioner</b> or <b>Specialist</b> starting within 24 hours of the <b>Emergency</b> event, required as a result of an <b>Accident</b> or the sudden beginning of a severe illness resulting in a <b>Medical Condition</b> that presents an immediate threat to the <b>Insured Person's</b> health.</p>	<p style="text-align: center;">▶</p> <p><b>Accident:</b> Full refund for <b>Accident</b> requiring <b>In-Patient</b> and <b>Day-Patient</b> care</p> <p style="text-align: center;">▶</p> <p><b>Illness:</b> <b>In-Patient</b> and <b>Day-Patient</b> care up to USD 35,000/ EUR 28,000/GBP 21,875 per <b>Period of Cover</b></p>
<p><b>18. Hospital Cash Benefit:</b></p> <p>This <b>Benefit</b> is payable for each night an <b>Insured Person</b> receives <b>In-Patient Treatment</b> and only if:</p> <ul style="list-style-type: none"> <li>(i) the <b>Insured Person</b> is admitted for an elective <b>In-Patient Treatment</b> before midnight, and the <b>Treatment</b> is received within the public hospitals of the <b>Insured Persons' Country of Residence</b>; or</li> <li>(ii) this <b>Group Plan</b> being the <b>Secondary Health Insurance Plan</b>. However, if <b>You</b> have a USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 <b>Group Plan Deductible</b>, <b>You</b> are not <b>Eligible</b> for this <b>Benefit</b>.</li> </ul> <p>Cover under this <b>Benefit</b> is limited to a maximum of 30 nights per <b>Period of Cover</b>. For this <b>Benefit</b> exclusion 5.9 does not apply.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">USD 250/ EUR 200/GBP 155 per night</p>




Benefit	SimpleCare 250
<b>Annual Out-Patient Limit</b> <b>Applicable to Benefit 19 and 20 only, subject to Annual Maximum Group Plan Limit</b>	<b>USD 2,500/ EUR 2,000/ GBP 1,550</b>
<p><b>19. Out-Patient Charges:</b></p> <p>(i) <b>Medical Practitioner</b> fees including consultations; <b>Specialist</b> fees; <b>Diagnostic Tests</b>.</p> <p>(ii) Prescribed <b>Drugs and Dressings</b>.</p> <p>Maintenance of <b>Chronic Medical Conditions</b> requiring ongoing or long-term monitoring through consultations, examinations, check-ups, <b>Drugs and Dressings</b> and/or tests are covered under this <b>Benefit</b>.</p> <p>Please note: If claim receipts do not show a breakdown of the medical services rendered, <b>We</b> will only pay <b>Eligible</b> claims up to the Prescribed <b>Drugs and Dressings</b> limit.</p>	<p>(i)  Full refund subject to Annual <b>Out-Patient Limit</b></p> <p>(ii)  USD 1,250/ EUR 1,000/GBP 780</p> <p>(i) &amp; (ii) are subject to Annual <b>Out-Patient Limit</b></p>
<p><b>20. Out-Patient Physiotherapy and Alternative Therapies</b></p> <p>(i) Physiotherapy by a Registered <b>Physiotherapist</b>, when referred by a <b>Medical Practitioner</b>, or <b>Specialist</b>.</p> <p>(ii) Complementary medicine and <b>Treatment</b> by a therapist, when referred by a <b>Medical Practitioner</b> or <b>Specialist</b>. This <b>Benefit</b> extends to osteopaths, chiropractors, homeopaths, dietician and acupuncture <b>Treatment</b>.</p> <p>(iii) <b>Out-Patient Treatment</b> for therapies administered by a recognised traditional Chinese <b>Medical Practitioner</b> or an <b>Ayurvedic Medical Practitioner</b>.</p> <p><b>We</b> do not cover charges for general chiropody or podiatry.</p>	<p>(i)  USD 80/ EUR 64/GBP 50 per visit</p> <p>(ii)  USD 80/ EUR 64/GBP 50 per visit</p> <p>(iii)  USD 40/ EUR 32/GBP 25 per visit</p> <p>Combined up to 10 visits for (i), (ii) &amp; (iii) per <b>Period of Cover</b>, subject to Annual <b>Out-Patient Limit</b></p>







Benefit	SimpleCare 250
<p><b>21. Dental Care</b></p> <p>Fees of a registered <b>Dental Practitioner</b> carrying out dental <b>Treatment</b> in a dental clinic/surgery.</p> <p>This <b>Benefit</b> provides cover for the below dental <b>Treatment</b>:</p> <ul style="list-style-type: none"> <li>- Screening (including x-rays where necessary)</li> <li>- Preventive scaling, polishing, and sealing (once per year)</li> <li>- Fillings and extractions (non-surgical and surgical)</li> <li>- Root canal treatment</li> <li>- New or repair of crowns, dentures, in lays and bridges</li> <li>- Apicoectomy</li> </ul> <p>Dental implants and orthodontics <b>Treatment</b> are specifically excluded under this <b>Benefit</b>. No other <b>Treatment</b> is covered by this <b>Benefit</b>.</p> <p><b>Waiting Period:</b> Costs incurred within nine months from the <b>Entry Date</b> are excluded. A <b>Co-Insurance</b> of 20% applies.</p> <p>For this <b>Benefit</b> the <b>Group Plan Deductible</b> or <b>Group Plan Out-Patient Per Visit Excess</b> does not apply.</p>	<p> Up to USD 300/ EUR 240/GBP 185 per <b>Period of Cover</b></p>

Geographical Area Options	SimpleCare 250
<p><b>22. Area of Cover: Africa, Europe, Indian sub-continent, Jordan, Lebanon, and the Philippines (applicable to residents of Africa only)</b></p> <p><i>By selecting this option, <b>Your</b> area of cover will be extended to include <b>Europe</b>. You will also be able to access to both the <b>SimpleCare Africa Network</b> and the <b>SimpleCare Europe Network</b>.</i></p>	<p style="text-align: center;"> Optional</p>
<p><b>23. Area of Cover: Worldwide excluding USA (applicable to residents of Africa only)</b></p> <p><i>By selecting this option, <b>Your</b> area of cover will become Worldwide but excluding elective <b>Treatment</b> in the USA. You will also be able to access to the <b>SimpleCare Comprehensive Network</b>.</i></p>	<p style="text-align: center;"> Optional</p>
<p><b>24. Area of Cover: Worldwide excluding USA (applicable to residents of Europe only)</b></p> <p><i>By selecting this option, <b>Your</b> area of cover will become Worldwide but excluding elective <b>Treatment</b> in the USA. You will also be able to access to the <b>SimpleCare Comprehensive Network</b>.</i></p>	<p style="text-align: center;"> Optional</p>
<p><b>25. Area of Cover: Worldwide excluding USA (applicable to residents of South East Asia (excluding Indonesia and Singapore) only)</b></p> <p><i>By selecting this option, <b>Your</b> area of cover will become Worldwide but excluding elective <b>Treatment</b> in the USA. You will also be able to access to the <b>SimpleCare Comprehensive Network</b>.</i></p>	<p style="text-align: center;"> Optional</p>



Deductible Options	SimpleCare 250
<p><b>Standard Deductible</b></p>	<p style="text-align: center;">USD 500/ EUR 400/GBP 310</p>
<p><b>Optional Deductible</b></p> <p><i>Please note: USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 <b>Deductible</b> is only available if <b>You</b> are covered by more than one health insurance policy. <b>You</b> can only select such <b>Deductible</b> options if <b>You</b> buy this <b>Group Plan</b> as a <b>Secondary Health Insurance Plan</b>. <b>You</b> will be required to provide details of <b>Your Primary Health Insurance</b> when <b>You</b> apply for cover under this <b>Group Plan</b>.</i></p>	<p style="text-align: center;">Nil</p> <p style="text-align: center;">USD 150/ EUR 120/ GBP 95</p> <p style="text-align: center;">USD 250/ EUR 200/ GBP 155</p> <p style="text-align: center;">USD 1,000/ EUR 800/GBP 625</p> <p style="text-align: center;">USD 2,500/ EUR 2,000/GBP 1,550</p> <p style="text-align: center;">USD 5,000/ EUR 4,000/GBP 3,125</p> <p style="text-align: center;">USD 10,000/ EUR 8,000/GBP 6,250</p> <p style="text-align: center;">USD 15,000/ EUR 12,000/GBP 9,375</p>

Out-Patient Options	SimpleCare 250
<p><b>26. Co-Insurance Out-Patient Treatment:</b></p> <p>A 20% <b>Co-Insurance</b> will apply to all <b>Eligible Out-Patient Treatment</b>.</p> <p>Please note that the <b>Co-Insurance</b> will not apply to <b>Treatment</b> relating to Renal dialysis/ Renal failure, <b>Cancer</b> or Organ Transplants.</p> <p>This option is not available for <b>Group Plans</b> with <b>Deductibles</b> of USD 1,000/EUR 800/GBP 625 or higher.</p>	<p style="text-align: center;"></p> <p style="text-align: center;">Optional</p>
<p><b>27. Out-Patient Per Visit Excess:</b></p> <p>A USD 25/EUR 20/GBP 15 <b>Out-Patient Per Visit Excess</b> will apply when <b>You</b> receive <b>Eligible Out-Patient Treatment</b>.</p> <p>Please note that the <b>Out-Patient Per Visit Excess</b> would apply to both <b>Benefit 19 - Out-Patient Charges</b> and <b>Benefit 20 - Out-Patient Physiotherapy and Alternative Therapies Benefits</b>.</p> <p>This option is not available for <b>Group Plans</b> with <b>Deductibles</b> of USD 1,000/EUR 800/GBP 625 or higher.</p>	<p style="text-align: center;"></p> <p style="text-align: center;">Optional</p>

Additional Options	SimpleCare 250
<p><b>28. Removal of Drugs and Dressings Limit</b></p> <p>By selecting this option, cover for Prescribed <b>Drugs and Dressings</b> under <b>Benefit 19 (ii)</b> will be Full Refund, subject to annual <b>Out-Patient</b> limit.</p>	<p style="text-align: center;"></p> <p style="text-align: center;">Optional</p> <p style="text-align: center;">For Compulsory <b>Group Plans</b> 3+ employees</p>
<p><b>29. Wellness and Vaccinations - Option 1</b></p> <p>(i) <b>Wellness:</b> This <b>Benefit</b> is payable as a contribution towards the cost of routine health checks including <b>Cancer</b> screening, cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). and/or</p> <p>(ii) <b>Vaccinations:</b> Costs of drugs and consultations to administer all <b>Medically Necessary</b> basic immunisation and booster injections and any <b>Medically Necessary</b> travel <b>Vaccinations</b> and malaria prophylaxis.</p> <p>For this <b>Benefit</b> exclusion 5.9 does not apply.</p>	<p style="text-align: center;"></p> <p style="text-align: center;">Optional</p> <p style="text-align: center;">For Compulsory <b>Group Plans</b> 3+ employees</p> <p style="text-align: center;">Combined limit up to USD 150/ EUR 120/GBP 95 per <b>Period of Cover</b></p>
<p><b>30. Wellness and Vaccinations - Option 2</b></p> <p>(i) <b>Wellness:</b> This <b>Benefit</b> is payable as a contribution towards the cost of routine health checks including <b>Cancer</b> screening, cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). and/or</p> <p>(ii) <b>Vaccinations:</b> Costs of drugs and consultations to administer all <b>Medically Necessary</b> basic immunisation and booster injections and any <b>Medically Necessary</b> travel <b>Vaccinations</b> and malaria prophylaxis.</p> <p>For this <b>Benefit</b> exclusion 5.9 does not apply.</p>	<p style="text-align: center;"></p> <p style="text-align: center;">Optional</p> <p style="text-align: center;">For Compulsory <b>Group Plans</b> 3+ employees</p> <p style="text-align: center;">Combined limit up to USD 250/ EUR 200/GBP 155 per <b>Period of Cover</b></p>

Additional Options	SimpleCare 250
<p><b>31. Maternity – Option 1</b></p> <p>(i) <b>Medically Necessary</b> costs incurred during normal <b>Pregnancy</b> 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 <b>Medical Practitioner</b> or <b>Specialist</b>. 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.</p> <p>Please note <b>We</b> will pay for the above Well-baby examinations costs only if <b>We</b> have paid the delivery cost of the baby under this <b>Group Plan</b>, provided the baby is being added into the <b>Group Plan</b> as an <b>Insured Person</b>.</p> <p>(ii) <b>In-Patient Treatment</b> of an <b>Eligible Medical Condition</b> which arises during the antenatal stages of <b>Pregnancy</b>, or an <b>Eligible Medical Condition</b> which arises during childbirth. As an illustration, <b>We</b> would consider <b>Treatment</b> of the following:</p> <ul style="list-style-type: none"> <li>• Ectopic <b>Pregnancy</b> (where the foetus is growing outside the womb)</li> <li>• Hydatidiform mole (abnormal cell growth in the womb)</li> <li>• Retained placenta (afterbirth retained in the womb)</li> <li>• Placenta praevia</li> <li>• Eclampsia (a coma or seizure during <b>Pregnancy</b> and following pre-eclampsia)</li> <li>• Diabetes (If <b>You</b> have exclusions because of <b>Your</b> past medical history which relate to diabetes, then <b>You</b> will not be covered for any <b>Treatment</b> for diabetes during <b>Pregnancy</b>)</li> <li>• Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)</li> <li>• Miscarriage requiring immediate surgical <b>Treatment</b></li> <li>• Failure to progress in labour</li> </ul> <p><b>Waiting Period:</b> Costs incurred within twelve months from the Entry Date are excluded. Please note, <b>We</b> do not pay for parenting or other teaching classes as these are a matter of personal choice.</p> <p>For this <b>Benefit</b> exclusion 5.26 does not apply.</p> <p>The <b>Group Plan Deductible</b> applies to this <b>Benefit</b></p>	<p style="text-align: center;"> Optional For Compulsory <b>Group Plans</b> 10+ employees</p> <p>(i)  Up to USD 5,000/ EUR 4,000/GBP 3,125 per <b>Period of Cover</b></p> <p>(ii)  Up to USD 12,000/ EUR 9,600/GBP 7,500 per <b>Period of Cover</b></p>
<p><b>32. Maternity – Option 2</b></p> <p>(i) <b>Medically Necessary</b> costs incurred during normal <b>Pregnancy</b> 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 <b>Medical Practitioner</b> or <b>Specialist</b>. 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.</p> <p>Please note <b>We</b> will pay for the above Well-baby examinations costs only if <b>We</b> have paid the delivery cost of the baby under this <b>Group Plan</b>, provided the baby is being added into the <b>Group Plan</b> as an <b>Insured Person</b>.</p> <p>(ii) <b>In-Patient Treatment</b> of an <b>Eligible Medical Condition</b> which arises during the antenatal stages of <b>Pregnancy</b>, or an <b>Eligible Medical Condition</b> which arises during childbirth. As an illustration, <b>We</b> would consider <b>Treatment</b> of the following:</p> <ul style="list-style-type: none"> <li>• Ectopic <b>Pregnancy</b> (where the foetus is growing outside the womb)</li> <li>• Hydatidiform mole (abnormal cell growth in the womb)</li> <li>• Retained placenta (afterbirth retained in the womb)</li> <li>• Placenta praevia</li> <li>• Eclampsia (a coma or seizure during <b>Pregnancy</b> and following pre-eclampsia)</li> <li>• Diabetes (If <b>You</b> have exclusions because of <b>Your</b> past medical history which relate to diabetes, then <b>You</b> will not be covered for any <b>Treatment</b> for diabetes during <b>Pregnancy</b>)</li> <li>• Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)</li> <li>• Miscarriage requiring immediate surgical <b>Treatment</b></li> <li>• Failure to progress in labour</li> </ul> <p><b>Waiting Period:</b> Costs incurred within twelve months from the Entry Date are excluded. Please note, <b>We</b> do not pay for parenting or other teaching classes as these are a matter of personal choice.</p> <p>For this <b>Benefit</b> exclusion 5.26 does not apply.</p> <p>The <b>Group Plan Deductible</b> applies to this <b>Benefit</b></p>	<p style="text-align: center;"> Optional For Compulsory <b>Group Plans</b> 10+ employees</p> <p>(i)  Up to USD 7,000/ EUR 5,600/GBP 4,375 per <b>Period of Cover</b></p> <p>(ii)  Up to USD 15,000/ EUR 12,000/ GBP 9,375 per <b>Period of Cover</b></p>



Underwriting Options	SimpleCare 250
<p><b>Capped Cover</b></p> <p><i>This underwriting option provides limited cover for any pre-existing <b>Medical Conditions</b> that are declared and accepted by Us.</i></p> <p><b>Waiting Period:</b> <i>Costs of <b>Treatment</b> for such pre-existing <b>Medical Conditions</b> incurred within the first nine months from the <b>Entry Date</b> are excluded.</i></p>	<p> Optional</p> <p><i>For Compulsory <b>Group Plans</b> 5 to 19 employees</i></p> <p><i>After <b>Waiting Period</b>, until the <b>Group Plan</b> renews:</i>  <i>USD 2,000/  EUR 1,600/GBP 1,250  per declared pre-existing <b>Medical Condition</b></i></p> <p><i>Upon renewal of the <b>Group Plan</b>:</i>  <i>USD 4,000/  EUR 3,200/GBP 2,500  per declared pre-existing <b>Medical Condition</b>, per <b>Period of Cover</b></i></p>
<p><b>Medical History Disregarded</b></p> <p><i>If this underwriting option is selected, Exclusion 5.27 does not apply.</i></p> <p><i>Please note that the <b>Waiting Period</b> does not apply to either Maternity or Dental Care <b>Benefits</b>, if Medical History Disregarded is selected.</i></p>	<p> Optional</p> <p><i>For Compulsory <b>Group Plans</b> of 10+ employees</i></p>

## 5. Exclusions: What is not covered?

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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 following a **Surgical Procedure** for an **Eligible Medical Condition** 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

**You** do not have cover for costs relating to the maintenance of Chronic Conditions unless **You** are insured under SimpleCare 100 or SimpleCare 250. **We** will pay such **Eligible** costs under **Benefit 19 - Out-Patient Charges**.

### 5.8 Coma or Vegetative State

**We** will not pay for any **Treatment** costs incurred by an **Insured Person** after being in a coma or in a vegetative state for more than 12 months.

**We** will, however, pay for any active **Treatment** costs of an **Eligible Medical Condition** incurred within the first 12 months of the coma or the vegetative state.

## 5.9 Deductible, Out-Patient Per Visit Excess or Co-Insurance

**You** are not covered for the amount of the **Deductible, Out-Patient Per Visit 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 **Deductible, Out-Patient Per Visit Excess** or **Co-Insurance** as fraud and **We** will take legal action.

## 5.10 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

## 5.11 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.

## 5.12 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.

## 5.13 Eating disorders

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

## 5.14 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.

## 5.15 Eyesight tests or vision correction, hearing tests, hearing or visual aids

**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.

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### 5.16 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 **Specialists** fees **Benefit**.

### 5.17 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.

### 5.18 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**.

### 5.19 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**, **You** have a **Medical Condition** when **You** have no symptoms or if there is a genetic risk of **You** passing on a **Medical Condition**.

### 5.20 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.

### 5.21 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.

### 5.22 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.

### 5.23 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 related to removing fat or surplus healthy tissue from any part of the body.

### 5.24 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.

## 5.25 Palliative and Hospice Care

On diagnosis of a **Terminal** illness by a **Medical Practitioner** or **Specialist**, **We** do not cover the costs of **Hospital** or Hospice accommodation or costs of any other **Treatment** for the purpose of offering temporary relief of symptoms.

## 5.26 Pregnancy or maternity

**You** are not covered for costs relating to **Pregnancy** or childbirth unless maternity **Benefits** are shown on **Your Certificate of Insurance**. This includes but not limited to costs arising from:

- normal **Pregnancy** or childbirth
- **Emergency** or voluntary caesarean section
- **Pregnancy** or childbirth **Medical Conditions**. This includes **Medical Conditions** that arises during the antenatal stage, childbirth, or postpartum period

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

**Your Group 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 **Group Plan**.

## 5.28 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.

## 5.29 Psychiatric or Psychological Treatment

**You** are not covered for **Treatment** costs related to psychiatric illness or any psychological conditions.

## 5.30 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.

## 5.31 Routine examinations, health screening, and Vaccinations

**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. **You** are not covered for any type of **Vaccination** costs.

However, **We** will pay for wellness and **Vaccination** costs according to the **Benefit Schedule** if these **Benefits** are shown on **Your Certificate of Insurance**.

## 5.32 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**.

## 5.33 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.

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### 5.34 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.

### 5.35 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.

### 5.36 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-authorise. **You** are not covered for any costs of **Emergency** medical **Evacuation** or repatriating **Your** body that **We** did not pre-authorise and arrange.

### 5.37 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**.

### 5.38 Treatment in high cost medical facilities

**You** are not covered for costs of **Treatment** incurred in any medical provider that is listed on **Our High Cost Providers List**.

### 5.39 Treatment by a family member

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

### 5.40 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

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### 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/Entry 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 Actively at Work

Actively at Work shall mean **You** are employed by the **Planholder** on a full time permanent basis and **You** are performing all **Your** regular duties according to **Your** employment terms on a customary manner and on a full time basis.

If **You** are an employee, **You** need to be Actively at Work on the day you become **Eligible** to join the **Group Plan**. If **You** are not Actively at Work on the day **You** become **Eligible**, **Your** cover will only begin on the day **You** return to work on an Actively at Work basis. **You** can only add **Your Dependants** when **You** return to work.

**You** are considered NOT being Actively at Work if:

- **You** are working less than 80% of the required work hours or being paid less than 80% of the usual pay as stipulated in **Your** employment terms
- **You** have a **Medical Condition** that necessitates absence from **Your** usual work place for more than 60 days
- **You** are on paid or unpaid leave for more than 30 days due to a **Medical Condition**
- **You** are on paid or unpaid leave for an extended period of more than 60 days, with the exception of maternity/paternity leaves as allowed by the local regulations

#### 6.3.3 Local legislation

Membership 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**.

#### 6.3.4 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.

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## 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](http://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 the **Plan Administrator** 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](http://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.



## 7. Making a complaint

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### 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 Group 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**.

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### 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 as 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 **Group 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.

**Your** health claims information may be shared by Now Health International Group companies to other Insurance Companies or Reinsurance Companies in the objective of risk management, contract negotiations, research, development and analysis, as well as, to promote other products that may be of interest to **You**.

## 8. Rights and responsibilities

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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 explicitly 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** 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

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### 8.2.6 Break in cover

Where there is a break in cover, for whatever reason, **We** reserve the right to reapply exclusion 5.27 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.



Now Health International Limited ("NHIL"), which is regulated by the Dubai Financial Service Authority, issues plans underwritten by Best Doctors Insurance Limited (which is regulated by the Bermuda Monetary Authority and is under the same common ownership as NHIL) Plans are only available to those outside the UAE.

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SC BN 28001 07/2018

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