



WorldCare Explained

companies

Insured by Royal & Sun Alliance Insurance Middle East B.S.C. (c)



Now Health International

Our promise to our customers is in our name: 'Now' is clear, innovative and accessible. This means clear, relevant information, easy-to-use online tools and fast service from people who respect your time. Our products are designed to be comprehensive and benefit rich.

Now Health International is a global business with its headquarters in Hong Kong and regional service centres in Hong Kong, Shanghai, Dubai, the United Kingdom, Singapore and Jakarta.

In July 2015, Now Health's investor acquired Best Doctors Insurance, a major medical insurance provider with distribution throughout Latin America, the Caribbean and Canada.

The combination of the two businesses creates one of the largest providers of high-end international private medical insurance globally, with 11 sales/service offices, 125,000+ members, 370 staff and 5,000+ distribution partners.

Best Doctors Insurance

Best Doctors Insurance is the leading international health insurance company in Latin America, the Caribbean and Canada. At Best Doctors Insurance we have a clear vision: to help our members connect with the very best healthcare, with access to the best-quality hospitals and specialised centers around the world.

Best Doctors Insurance offers top-quality medical insurance plans; each carefully designed to deliver a full range of exclusive benefits and services for our members. The result?

Our members can be certain they have the best health insurance plan that will help them, not only by paying the medical expenses but also guiding them through the complexities of the health care system when they need medical care.



125,000+
Members







Our Global Presence

Our main markets are Asia Pacific, Canada, Caribbean, Europe, Latin America and the Middle East, offering personalised customer service from our 11 offices around the globe.



Our Awards

Our ongoing commitment to top-end products and service has won us a number of awards for international health insurance. Our award winning innovative service proposition provides you with peace of mind that we will deliver a fast, accurate service when you need it most. Digital tools such as our smartphone App also make it even simpler and quicker to submit claims or find a medical provider, creating an exceptional customer experience.

We are proud of our recognition from the worldwide medical insurance industry and continue to improve and develop our offer, to ensure we retain our position as the leading innovator in international health insurance.

Our Insurance Partner

Our local underwriting partner is RSA. With a 300 year heritage, RSA is one of the world's leading multinational quoted insurance groups. RSA has major operations in the UK, Scandinavia, Canada, Ireland and the Middle East and the capability to write business in around 140 countries.































Service Promise

Your employees time is precious. We understand you need to know how quickly we will handle your requests. That's why we've made six promises about how fast we can deliver key services, to provide you with peace of mind. These are:





Fast Claims Processing

We commit to processing your claims quickly. Providing we have all the information we need, we aim to process eligible claims within five working days





Accessing Medical Care

If you need to access medical care that needs to be pre-authorised, we will place guarantees of payment with medical providers within two working days, so you can access treatment as quickly as possible





24/7 Customer Service

Our 24/7 customer service teams understand your priorities and respect your time. We respond to all enquiries within one working day





Quick Underwriting Decisions

When you apply for your plan, we will respond to all our underwriting-referred business within two working days, so you receive a decision as quickly as possible





Plan documents

When you buy your plan, if you want to have printed documents, we will dispatch them to you within five working days





Go Paper-free

We encourage you to go paper-free and receive only a membership card. If you do, we will dispatch it within two working days

Look what our customers say about us!

Results of our Customer Survey 2018 show that the majority of our members are happy with both our top-end benefits and great service.

Very good, good or excellent service reported by 90% of members





With us, it's easy to get immediate access to top-quality healthcare anywhere in the world.

We make it simple to choose the right cover and access the best medical care for you and your employees.



Secure

Reinsured by the financial strength of RGA, a global reinsurance leader in financial protection and the third largest reinsurer in the life and health sector worldwide, operating in 26 countries around the world, delivering expert solutions in individual group life and health reinsurance



Fast

Our quick and simple claims process means your employees can use our smartphone App, website or email us all their claims for fast reimbursement



Service Excellence

Our peerless customer experience is delivered via a unique set of service promises which set out how fast we will complete important tasks like processing claims



Experienced

We are international health insurance experts. Our senior management team has over 200-years combined experience and >10% employees are medically trained



Comprehensive

WorldCare is one of the most comprehensive, benefit-rich products in the international health insurance market today



Always on

Your employees can access our customer service teams 24-hours a day, 365-days a year



Innovative

Our state-of-the-art website provides instant access to plan documents, management information and claims tracking information



Access

Our worldwide network of medical providers offers access to healthcare without your employees having to pay up-front



Transparent

We operate an up-front approach to underwriting which means that all our members know exactly what they're covered for and what they're not



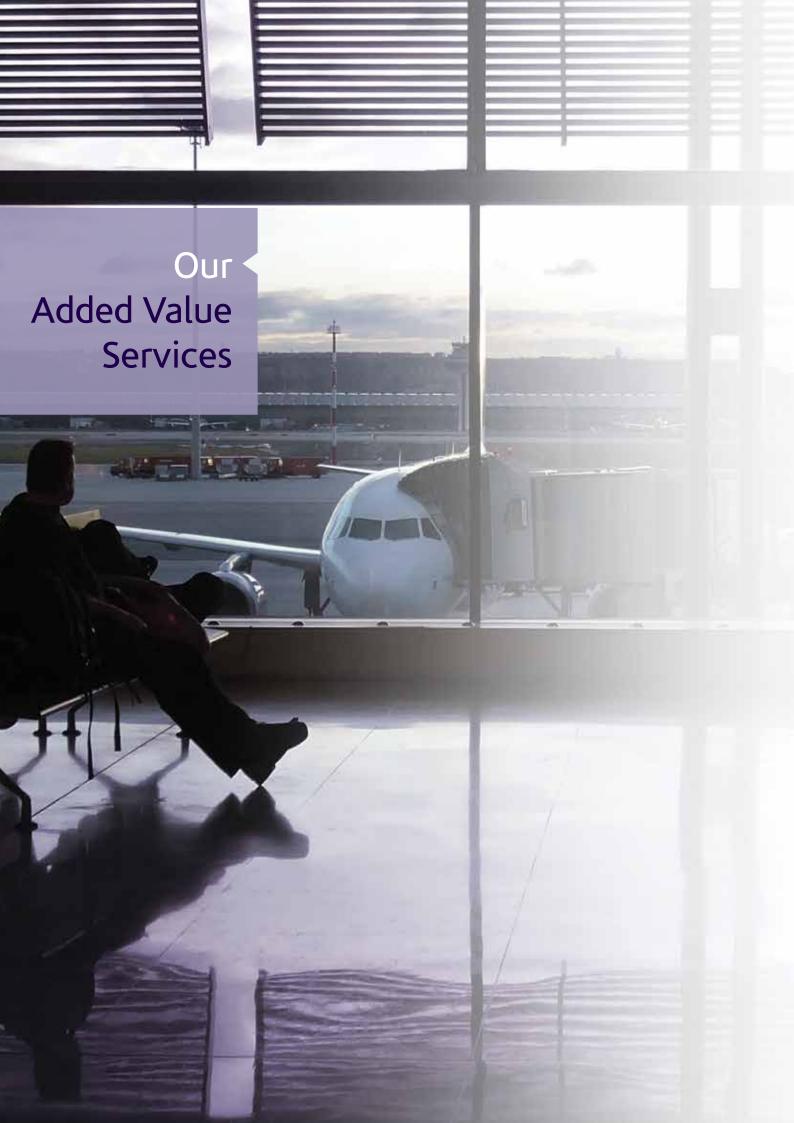
Global

Now Health's local service offices in Asia Pacific, the Middle East, Europe and the Americas offer a truly worldwide service



Wellness

Our preventive care additional option means your employees can look after their future health too



Support to stay well and support when your employees need it

At Now Health we think it's important to support your employees with their overall health and wellbeing. That's why we offer a range of added value services in addition to your core plan protection, so you know we're there for your employees, every step of the way.



Travel Assistance

Why: We know our globally mobile members frequently travel abroad, both for work and pleasure. To help provide your employees with the protection they need when they travel, we offer a travel assistance service.

What: With our partner Assist Amercia we offer a range of services including:

- Pre-trip information
- Emergency prescription service if your employees forget their medicine while abroad
- Support for your employees and their families should they fall ill abroad, including care of elderly or minor children
- Early trip return in the event of an emergency
- Lost luggage assistance
- Legal and interpreter assistance

How: Employees register for this service when you buy your plan.



Second Medical Opinion

Why: A second medical opinion can help provide reassurance, particularly for those who are uncertain about their diagnosis, have a complex condition, or are unsure about what treatment plan to choose.

What: Leveraging our extensive network of medical experts worldwide, we provide your employees with a second medical opinion service to help ensure they get the right diagnosis and the right treatment.

Members can access this service for both acute and long term conditions, and in most cases the second medical opinion will be delivered within a matter of days.

How: Employees simply contact their local Customer Service team to use this service. measervice@worldcare.ae



Global Concierge Service

Why: As an international health insurance provider, we recognise that many of our members may choose to seek treatment overseas, away from their home country.

What: To help make this process easier for your employees, we provide concierge support to help them manage the process. This includes:

- Recommending where to get treatment
- Support to book medical appointments
- Appointment reminders
- Placing guarantees of payment with the hospital, including in an emergency, so your employees don't need to pay up front
- Support with arranging medical visas as and when required

How: Employees simply contact their local Customer Service team to use this service. measervice@worldcare.ae

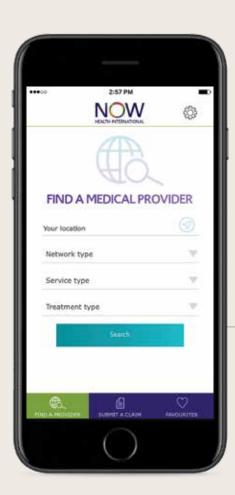


Manage your company plan online

The Now Health International website is designed to make it simpler to manage your international health insurance from accessing your plan documents to tracking your claims.

Members can access their information at any time with Now Health as all your details are stored in your secure online portfolio, which you can access 24-hours a day from anywhere in the world.

You can view and download all your group plan documents from here, including the certificate of insurance, group agreement, members' handbook and any form you might need. You can add and delete employees, order replacement membership cards for your staff and track all claims activity on your plan. Our complete online solution means that you can choose to go paper-free, although you can always request to receive your documents by post, if you prefer.

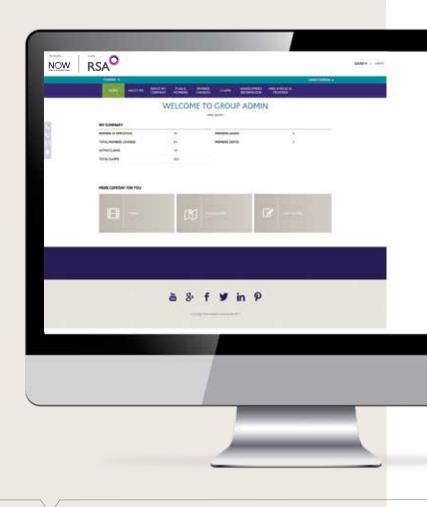


Online management reporting

We prepare regular management reports about your plan so you always have an up to date view of how your plan is running, including a statement of account, claims summary and a membership list.

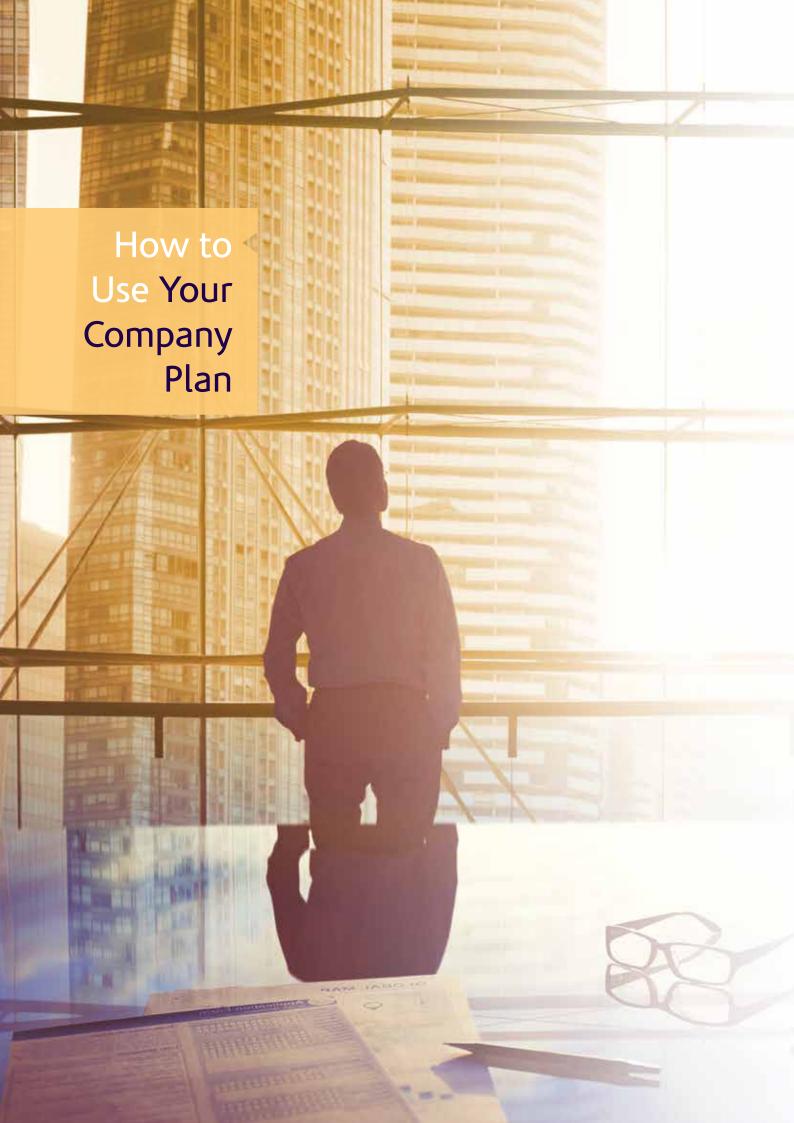
Designed for your employees

Our intuitive online tools are designed to make it easier for your employees to use their plan too. Each employee gets their own secure online portfolio where they can view and download their plan documents and track the status of their claims.



Our Smartphone App

Our smartphone App let's you claim and find doctors at the touch of a button. You can access thousands of medical professionals worldwide and enjoy quick and easy claims handling.



When you need to use your company plan, we've designed the process to be as straightforward as possible.

When your employees need out-patient treatment

If you select a plan that includes out-patient treatment, you can go to any medical practitioner, pay for your treatment and claim back your expenses. You won't have to pay anything if you have access to our Out-Patient Direct Billing Network. You can find a medical provider in our network from www.now-health.com or download our smartphone App.



When your employees need in-patient or day-patient treatment

If your employees need to be admitted to hospital for day-patient or in-patient treatment, contact us and we will place a guarantee of payment with the medical provider so you don't need to pay anything. We aim to do this within two working days of your employee's call.



When your employees need preventive care

If you select one of our wellness additional options, your employees will be able to access screening, optical and vaccination benefits to safeguard you and your employee's future health.



Accessing help

Our customer service teams around the world are accessible 24-hours a day, 365-days a year. This service is available to you no matter where you are in the world, no matter of what time of day it is. They are on hand to answer any question about your plan, benefits, claims or if you have an emergency and need immediate help.





If your employees have accessed treatment within our out-patient direct billing network or if we've placed a guarantee of payment for them, there's no need to do anything further.

If your employees have had to pay and claim, we will process their eligible claims within *five working days or less*.

Your employees can track the status of all their claims in their secure online portfolio. We will email and SMS them updates as they happen.

All out-patient claims, and all in/day-patient claims

under USD 500 per medical condition

Employees can claim online using our secure online portfolio or smartphone App.

Alternatively, if you prefer an offline solution you can email, post or fax us the front of the claim form and your scanned receipts.



All in/day-patient claims

over USD 500 per medical condition

Complete the front of the claim form and ask your medical practitioner to complete the back of the form.

Upload it using our secure online portfolio, or email or fax it to us with your scanned receipts,

diagnostic reports and/or discharge reports.









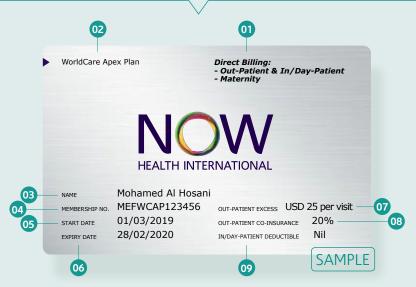




Once your employees join Now Health, we send them a membership card for each person covered on the plan. Our membership cards are designed to carry clear information on what you are covered for.

We work closely with the medical providers in our network so they recognise your Now Health card. Any out-patient benefits you have selected will be clearly labelled on the card.

On the Card front



01 Direct Billing

This will indicate what kind of direct billing your employees are entitled to. If you choose the Restricted Network, your employees will receive a different design of membership card.

02 Product name and option

03 Your name

04 Membership number

This number is unique to each individual.

05 Start date

This is the first day of your current plan year.

06 Expiry date

This is the last day of your current plan year.

07 Out-patient excess

This is the amount your employees pay towards the cost of any out-patient medical treatment.

08 Out-patient co-insurance#

This section indicates if you have selected the 10% or 20% co-insurance treatment option, which means your employees have to pay either 10% or 20% of any out-patient treatment. If you have not chosen this option, it will say 'Nil'.

09 In/day-patient deductible §

This is the annual amount your employees pay towards the cost of any in/day-patient treatment.

On the Card back



10 Online

Visit our website to login to your secure online portfolio and track your claims online.

11 Customer service

You can call any of these numbers if you want to talk to us about any query. Your local number is normally at the top of the list.

12 24-hour Emergency Assistance

If one of your employees has an emergency and need immediate help, call any of these numbers. The local number is normally at the top of the list.

13 Mailing address

If your employees want to post your claims or write us a letter, please use this address.

14 This is the logo of the underwriter of your plan.

[§] Annual deductibles are not available to Insured Persons with residence visas in the Emirates of Dubai or Abu Dhabi

[#] Co-Insurance Out-Patient Treatment is not available to Insured Persons with residence visas in the Emirate of Abu Dhabi



WorldCare

WorldCare Essential*

WorldCare Advance

covers you for all-round medical care for in-patient, day-patient treatment and out-patient care including GP and specialist appointments, physiotherapy and alternative therapies.

WorldCare Excel

covers you at higher benefit levels than Advance for in-patient, day-patient and out-patient treatment and includes routine and complex dental care.

WorldCare Apex

is the highest level of cover. With very high benefit limits, it includes in-patient, day-patient, out-patient, routine and complex dental treatment, and routine maternity care.

You can shape the cover you want by adding the following options providing a more comprehensive package for your employees.

See how you can take advantage of your WorldCare plan today!

- We also have a range of annual In and Day-Patient Deductibles to suit your lifestyle. Deductibles give you greater flexibility to tailor your plan to your needs – from a high deductible to reduce your premium, to a low or nil deductible if you expect to use your plan frequently.§
- If you choose an optional Deductible, on WorldCare Advance, WorldCare Excel or WorldCare Apex, you must also select a Co-Insurance Out-Patient Treatment option or an Out-Patient Per Visit Excess option. On WorldCare Essential if you choose an optional Deductible and an Out-Patient Charges option, you must also select a Co-Insurance Out-Patient Treatment option.#
- You can have an Out-Patient Per Visit Excess of either USD 25 or USD 15 per visit to an out-patient medical practitioner*
- Choose the Co-Insurance Out-Patient Treatment option - pay either 10% or 20% of your out-patient treatment. There is a premium discount associated with this option based on the co-insurance you have selected #



- Select Extended Evacuation and Repatriation and select USA Elective Treatment to give you greater peace of mind if you need to travel abroad.
- Opt for our Restricted Network option[®] No Benefit will be payable in respect of costs associated with Eligible In-Patient, Day-Patient or Out-Patient Treatment made at either the American Hospital and associated clinics, City Hospital, Welcare Hospital and associated clinics of the Mediclinic Group.

Please note that if you selected the USD 25 or USD 15 per visit out-patient excess or one of the Co-insurance Plan options, these will still apply in the Restricted Network. (not available for WorldCare Essential). There is a premium discount associated with this option.



 Add options of Wellness, Optical and Vaccinations, and Maternity for added flexibility





• Medical History Disregarded where we may be able to offer cover without asking for detailed medical information on your employees up-front (for compulsory group plans with 10 or more employees)



- * WorldCare Essential is not available to Insured Persons with residence visas in the Emirate of Abu Dhabi.
- § Annual deductibles are not available to Insured Persons with residence visas in the Emirate of Abu Dhabi.

 # Colorurace Out Patient Teatracts is a colorural person with residence visas in the Emirates of Dubai or Abu Dhabi.
- Co-Insurance Out-Patient Treatment is not available to Insured Persons with residence visas in the Emirate of Abu Dhabi
- * Please note that only Out-Patient Per Visit Excess USD 15 is available to Insured Persons with residence visas in the Emirate of Abu Dhabi.
- Restricted Network UAE Residents only is not available to Insured Persons with residence visas in the Emirate of Abu Dhabi.





A summary of each plan is shown below.

WorldCare Essential*

Annual maximum up to USD 3m

- In-patient and day-patient care
- Out-patient charges
- Out-patient charges
 Option 2
- O Annual deductible §
- Co-insurance out-patient treatment (10%/20%)#
- USA elective treatment
- Extended evacuation and repatriation
- Medical history disregarded
- Routine & complex dental treatment
- Routine maternity care

WorldCare Advance

Annual maximum up to

USD 3.5m

- In-patient and day-patient care
- Out-patient care
- Routine & complex dental treatment
- Routine maternity care (no co-insurance/ 20% co-insurance) †
- Annual deductible §
- Out-patient
 per visit excess
 (USD 25, USD 15)*
- Co-insurance out-patient treatment (10%/20%)#
- USA elective treatment
- Extended evacuation and repatriation
- Wellness, optical and vaccinations
- Wellness, optical and vaccinations Option 2
- Restricted Network®
- Removal of dental co-insurance
- Medical history disregarded

WorldCare Excel

Annual maximum up to

USD 4m

- In-patient and day-patient care
- Out-patient care
- Routine & complex dental treatment
- Routine maternity care
- Annual deductible §
- Out-patient
 per visit excess
 (USD 25, USD 15)*
- Co-insurance out-patient treatment (10%/20%)#
- USA elective treatment
- Extended evacuation and repatriation
- Wellness, optical and vaccinations
- Wellness, optical and vaccinations Option 2
- Restricted Network®
- Removal of dental co-insurance
- Medical history disregarded

WorldCare Apex

Annual maximum up to

USD 4.5m

- In-patient and day-patient care
- Out-patient care
- Routine & complex dental treatment
- Routine maternity care
- Annual deductible §
- Out-patient per visit excess (USD 25, USD 15)*
- Co-insurance out-patient treatment (10%/20%)#
- O USA elective treatment
- Extended evacuation and repatriation
- Wellness, optical and vaccinations
- Wellness, optical and vaccinations Option 2
- Restricted Network^Ø
- Removal of dental co-insurance
- Medical history disregarded

[†] Maternity (20% Co-Insurance) is not available with employees with resident visas within the Emirates of Dubai and Abu Dhabi © Restricted Network – UAE Residents only is not available to Insured Persons with residence visas in the Emirate of Abu Dhabi.









^{*} WorldCare Essential is not available to Insured Persons with residence visas in the Emirate of Abu Dhabi.

[§] Annual deductibles are not available to Insured Persons with residence visas in the Emirates of Dubai or Abu Dhabi

Co-Insurance Out-Patient Treatment is not available to Insured Persons with residence visas in the Emirate of Abu Dhabi

Filease note that only Out-Patient Per Visit Excess USD 15 is available to Insured Persons with residence visas in the Emirate of Abu Dhabi.

WorldCare Benefit Schedule

Be	enefit	Essential*	Advance	Excel	Apex
Anı	nual Maximum Group Plan Limit	USD 3m	USD 3.5m	USD 4m	USD 4.5m
1.	Maintenance of Chronic Medical Conditions	Not covered	Full refund	Full refund	> Full refund
2.	Hospital Charges, Medical Practitioner and Specialist Fees (i) Hospital charges for in-patient and day-patient treatment (ii) Related ancillary charges	ii) Full refund iii) Up to USD 1,500 per medical condition	(i) Full refund(ii) Up to USD 1,500 per medical condition	(i) Full refund (ii) Up to USD 2,000 per medical condition	(i) Full refund (ii) Up to USD 2,500 per medical condition
3.	Diagnostic Procedures	▶ Full refund	▶ Full refund	Full refund	▶ Full refund
4.	Emergency Ambulance Transportation	Full refund	Full refund	Full refund	▶ Full refund
5.	Parent Accommodation	Full refund	Full refund	Full refund	▶ Full refund
6.	Renal Failure and Renal Dialysis (i) Treatment of renal failure, including renal dialysis on an in-patient basis (ii) Treatment of renal failure, including renal dialysis on an a day-patient or out-patient basis	ii) Full refund for in-patient pre and post-operative care iii) Not covered	(i) Full refund (ii) Up to USD 100,000	(i) Full refund(ii) Up to USD 100,000	(ii) Full refund (ii) Up to USD 100,000
7.	Organ Transplant (i) Treatment (ii) Donor medical costs	(ii) Full refund (iii) Up to USD 50,000	(i) Full refund (ii) Up to USD 50,000	(i) Full refund (ii) Up to USD 50,000	(i) Full refund (ii) Up to USD 50,000
8.	Cancer Treatment	Full refund	Full refund	Full refund	▶ Full refund
9.	Pregnancy and Childbirth Medical Conditions	Full refund	▶ Full refund	Full refund	▶ Full refund
10.	New Born Cover	Up to USD 100,000	Up to USD 100,000	Up to USD 125,000	Up to USD 150,000
11.	Hospital Accommodation for New Born Accompanying their Mother	▶ Full refund	▶ Full refund	► Full refund	Full refund
12.	Congenital Disorder	Up to USD 100,000	Up to USD 100,000	Up to USD 125,000	Up to USD 150,000
	Reconstructive Surgery	Full refund	Full refund	Full refund	Full refund
	Rehabilitation	Full refund for eligible In-patient Treatment only up to 30 days	Full refund for up to 180 days per medical condition	Full refund	Full refund
15.	In-Patient Emergency Dental Treatment	per medical condition Full refund	Full refund	Full refund	Full refund
	In-Patient Psychiatric Treatment	Full refund for up to 30 days	Full refund for up to 30 days	Full refund for up to 30 days	Full refund for up to 30 days
	Terminal Illness	In-patient and Day-patient treatment up to USD 50,000 lifetime limit	Up to USD 50,000 lifetime limit	Up to USD 75,000 lifetime limit	Up to USD 100,000 lifetime limit
18.	Emergency Non-Elective Treatment USA Cover	Full refund for accident requiring in-patient or day-patient care Illness: in-patient and day-patient care up to USD 25,000 Out-Patient Treatment in an Accident and Emergency Department in a hospital up to USD 500	Full refund for accident requiring in-patient or day-patient care Illness: in-patient and day-patient care up to USD 25,000 Out-Patient Treatment in an Accident and Emergency Department in a hospital up to USD 500	in-patient or day-patient care	Full refund for accident requin-patient or day-patient care Illness: in-patient and day-pacare up to USD 50,000 Out-Patient Treatment in an Accident and Emergency Department in a hospital up to USD 500
19.	Evacuation and Repatriation Evacuation (i) Transportation costs (ii) Reasonable local travel costs to and from medical appointments (iii) Reasonable travel costs for a locally-accompanying person (iv) Non-hospital accommodation costs Repatriation to country of residence or nationality following treatment	(i) Full refund (ii) Full refund (iii) Full refund (iv) Up to USD 200 per day, up to USD 7,500 per person, per evacuation Full refund	(i) Full refund (ii) Full refund (iii) Full refund (iv) Up to USD 200 per day, up to USD 7,500 per person, per evacuation Full refund	(i) Full refund (ii) Full refund (iii) Full refund (iv) Up to USD 200 per day, up to USD 7,500 per person, per evacuation Full refund	ii) Full refund iii) Full refund iii) Full refund iii) Full refund iii) Full refund pto USD 300 per day, up to USD 10,000 per pers per evacuation Full refund
20.	Mortal Remains (i) Transportation of body or ashes of insured person to country of residence or country of nationality (ii) Burial or cremation costs at the place of death	(i) Full refund (ii) Up to USD 10,000	(i) Full refund (ii) Up to USD 10,000	(i) Full refund (ii) Up to USD 15,000	(ii) Full refund (ii) Up to USD 20,000
21.	Hospital Cash Benefit	USD 125 per night	USD 175 per night	USD 225 per night	USD 275 per night
22.	Out-Patient Charges Medical practitioner fees	Pre-operative consultations within 15 days from the admission and post hospitalisation consultation within 30 days following discharge from hospital up to maximum USD 2,000 per medical condition	Full refund	Full refund	Full refund
23.	Day-Patient and Out-Patient Surgery	Full refund	> Full refund	Full refund	> Full refund
24.	Out-Patient Psychiatric Illness	Not covered	Up to USD 2,500	Up to USD 5,000	> Up to USD 7,500
25.	Out-Patient Physiotherapy and Alternative Therapies (i) Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, or specialist. (ii) Complementary medicine and treatment by a therapist, when referred by a medical practitioner or specialist. This benefit extends to osteopaths, chiropractors, homeopaths, dietician and acupuncture treatment but excludes physiotherapist covered in (i). (iii) Out-patient treatment for therapies administered by a recognised traditional Chinese medical practitioner or an ayurvedic medical practitioner. We do not cover charges for general chiropody or podiatry.	(i) Up to 5 sessions within 30 days after hospitalisation (ii) Not covered (iii) Not covered	i) Full refund up to a maximum 30 sessions iii) and (iii) Full refund up to a maximum of 30 visits	(i) Full refund (ii) and (iii) Full refund	 (i) Full refund (ii) and (iii) Full refund
26.	Nursing Care at Home (i) Care given by a qualified nurse	i) Up to USD 100 per day, up to 30 days per medical condition	(i) Full refund up to 45 days per medical condition	(i) Full refund up to 60 days per medical condition	(i) Full refund up to 120 days per medical condition
	(ii) Emergency out-of-hours medical practitioner (GP) home visits	(ii) Not covered	(ii) Not covered	(ii) Not covered	(ii) Up to five visits

Be	enefit	Essential*	Advance	Excel	Apex		
27.	AIDS Cover only available after three years of continuous membership	In-patient and day-patient treatment only up to USD 25,000	Up to USD 25,000	Up to USD 40,000	Up to USD 50,000		
8.	Maternity Costs incurred within 12 months of plan start date are excluded	Not covered	Not covered	Not covered	Up to USD 17,500		
9.	Dental Care (i) Routine dental treatment (ii) Complex dental treatment Costs incurred within nine months of plan start date are excluded. A co-insurance of 20% applies. Orthodontics subject to 50% co-insurance.	(i) Not covered (ii) Not covered	(i) Not covered (ii) Not covered	(i) Up to USD 1,000 (ii) Up to USD 2,000	(i) Up to USD 1,500 (ii) Up to USD 3,000		
0.	Dubai Health Authority (DHA) Mandatory requirements Benefit	Not available		visas within the Emirate of Dubai this Pla red Person, per Period of Cover for the fol ted Arab Emirates			
1.	Health Authority Abu Dhabi (HAAD) Mandatory requirements Benefit	Not available	For Insured Persons with residence visas in the Emirate of Abu Dhabi this Group Plan is extended to provide coverage up to USD 69,000 in aggregate per Insured Person, per Period of Cover for the following basic health services within the Emirate of Abu Dhabi and for Emergency services within the United Arab Emirates				
dd	litional options			• ,			
2.	USA Elective Treatment	Optional Up to USD 1.5m	Optional Up to USD 1.5m	Optional Up to USD 1.5m	Optional Up to USD 1.5m		
3.	Co-Insurance Out-Patient Treatment# (i) 10% Co-Insurance Out-Patient Treatment (ii) 20% Co-Insurance Out-Patient Treatment	(i) Optional (ii) Optional	(i) Optional (ii) Optional	(i) Optional (ii) Optional	(i) Optional (ii) Optional		
	Out-Patient Charges This additional option replaces benefit 22 (i) Medical practitioner fees (ii) a. Physiotherapy b. Treatment by Therapist c. Treatment for therapies by traditional Chinese medical practitioner or an ay	Optional (i) Up to USD 4,500 (ii) Full refund up to 10 sessions Physiotherapy is limited to 10 sessions and not in addition to Benefit 25	Already covered	Already covered	Already covered		
	Out-Patient Charges – Option 2 This additional option replaces benefit 22 (i) Medical practitioner fees and maintenance of chronic conditions (ii) a. Physiotherapy b. Treatment by Therapist c. Treatment for therapies by traditional Chinese medical practitioner or an ayurvedic medical practitioner We do not cover charges for general chiropody or podiatry.	Optional (i) Up to USD 4,500 (ii) Full refund up to 10 sessions Physiotherapy is limited to 10 sessions and not in addition to Benefit 25	Already covered	Already covered	Already covered		
6.	Restricted Network – UAE Residents only $^{\varnothing}$	Not covered	▶ Optional	▶ Optional	Optional		
7.	Wellness, Optical and Vaccinations	Not covered	Optional For compulsory group plans 3+ employees Combined limit up to USD 500	Optional For compulsory group plans 3+ employees Combined limit up to USD 500	Optional For compulsory group plans 3+ employees Combined limit up to USD 500		
8.	Wellness, Optical and Vaccinations - Option 2	Not covered	Optional For compulsory group plans 3+ employees Combined limit up to USD 1,000	 Optional For compulsory group plans 3+ employees Combined limit up to USD 1,000 	Optional For compulsory group plans 3+ employees Combined limit up to USD 1,00		
	Medical History Disregarded Waiting period for maternity or dental care benefits does not apply	 Optional For compulsory group plans 10+ employees 	Optional For compulsory group plans 10+ employees	 Optional For compulsory group plans 10+ employees 	Optional For compulsory group plans 10+ employees		
0.	Dental Care (i) Routine dental treatment (ii) Complex dental treatment Costs incurred within nine months of plan start date are excluded. A co-insurance of 20% applies. Orthodontics subject to 50% co-insurance.	Not covered	Optional For compulsory group plans 10+ employees (i) Up to USD 500 (ii) Up to USD 1,000	Already covered	Already covered		
1.	Maternity (No Co-Insurance) Costs incurred within 12 months of plan start date are excluded	▶ Not covered	Optional For compulsory group plans 10+ employees Up to USD 8,500	Optional For compulsory group plans 10+ employees Up to USD 12,500	Already covered		
2.	Maternity (20% Co-Insurance)† Costs incurred within 12 months of plan start date are excluded	Not covered	Optional For compulsory group plans 10+ employees Up to USD 8,500	▶ Not covered	Already covered		
3.	Removal of Dental Co-Insurance	Not covered	Poptional For compulsory group plans 10+ employees	 Optional For compulsory group plans 10+ employees 	 Optional For compulsory group plans 10+ employees 		
4.	Extended Evacuation and Repatriation	▶ Optional	▶ Optional	▶ Optional	▶ Optional		
ed	uctible Options [§]						
tan	ndard Deductible	Nil	Nil	Nil	Nil		
pti	ional Deductibles	USD 1,000	USD 1,000	USD 1,000	USD 1,000		
		USD 2,500	USD 2,500	USD 2,500	USD 2,500		
		USD 5,000	USD 5,000	USD 5,000	USD 5,000		
		USD 10,000	USD 10,000	USD 10,000	USD 10,000		
		USD 15,000	USD 15,000	USD 15,000	USD 15,000		
ut-	-Patient Per Visit Excess	Not covered	Optional USD 25	Optional USD 25	Optional USD 25		
	-Patient Per Visit Excess – Option 2*	Not covered	Optional USD 15	Optional USD 15	Optional USD 15		

^{*} Voluctare Essential is not available to Insured Persons with residence visas in the Emirate of Abu Dhabi

* Annual deductibles are not available to Insured Persons with residence visas in the Emirate of Dubai or Abu Dhabi

* Co-Insurance Out-Patient Treatment is not available to Insured Persons with residence visas in the Emirate of Abu Dhabi

* Please note that only Out-Patient Per Visit Excess USD 15 is available to Insured Persons with residence visas in the Emirate of Abu Dhabi.

† Maternity (20% Co-Insurance) is not available with employees with resident visas within the Emirates of Dubai and Abu Dhabi.

© Restricted Network – UAE Residents only is not available to Insured Persons with residence visas in the Emirate of Abu Dhabi.

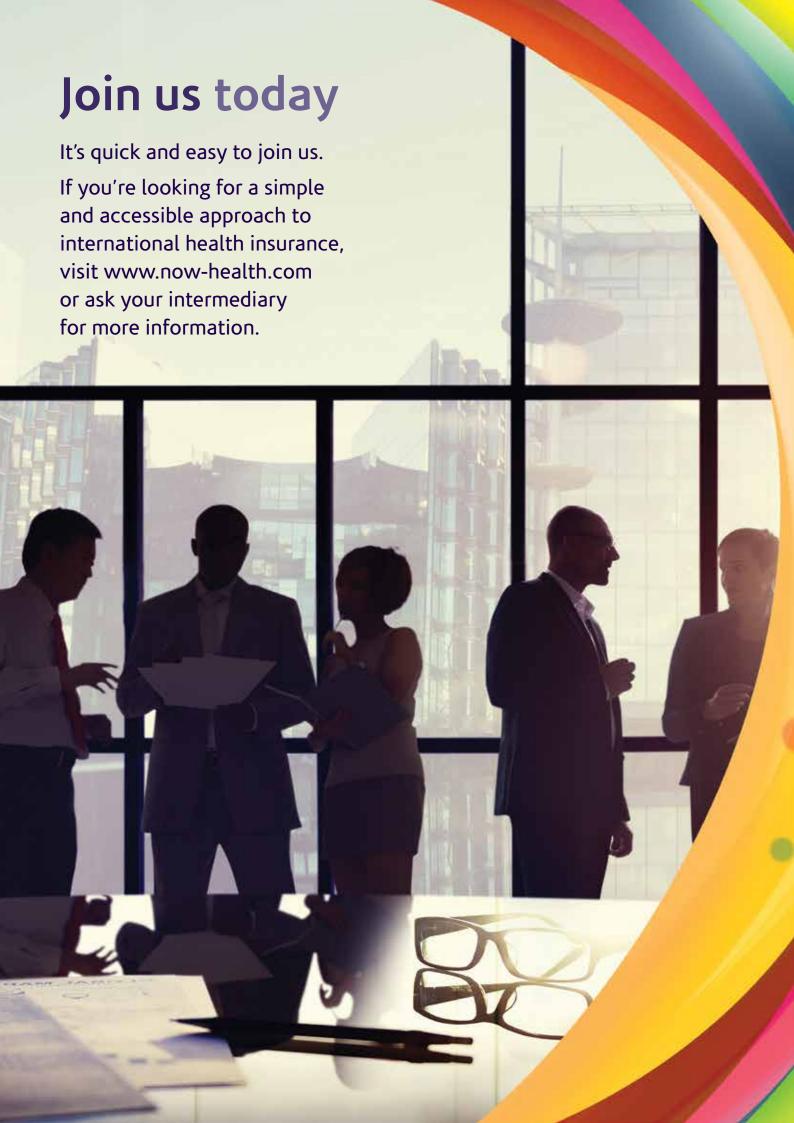


There are some limitations that apply in addition to any personal exclusion we may detail in your Certificate of Insurance. These include treatments that may be considered a matter of personal choice (such as cosmetic treatment) and other treatments that are excluded from cover to keep premiums at an affordable level. For a full description, please refer to the members' handbook.

- 1 Act of terrorism, war and illegal acts
- 2 Administrative and shipping fees
- 3 Alcohol and drug abuse
- 4 Allergy Testing
- 5 Chemical exposure
- 6 Cosmetic treatment
- 7 Contamination
- 8 Chronic conditions (Essential plan only)
- 9 Coma or Vegetative State
- 10 Deductible, out-patient per visit excess or co-insurance
- 11 Dental care– unless this additional option has been chosen
- 12 Developmental disorders
- 13 Dietary supplements, vitamins or minerals and cosmetic products
- 14 Eating disorders
- 15 Experimental treatment and drugs
- Eyesight tests or vision correction, hearing tests, hearing or visual aids
 except as stated in the benefit schedule
- 17 External appliance and/or prosthesis
- 18 Failure to follow medical advice
- 19 Foetal surgery
- 20 Genetic testing

- 21 Hazardous sports and pursuits
- 22 HIV, AIDS or sexually transmitted disease except as stated in the benefit schedule
- 23 Hormone Replacement Therapy

 unless caused due to medical intervention
- 24 Morbid obesity
- 25 Nursing homes, convalescence homes, health hydros and nature cure clinics
- 26 Pregnancy or maternity– unless this option has been chosen or included within the core benefits of the plan
- 27 Pre-existing Medical Conditions– unless agreed by us in writing
- 28 Professional sports
- 29 Reproductive medicine
- 30 Routine examinations, health screening except as stated in the benefit schedule
- 31 Second opinions
 - unless agreed by us in writing as part of the added value Interconsultation® service
- 32 Self-inflicted injuries or attempted suicide
- 33 Sexual problems and gender re-assignment
- 34 Sleep disorders
- 35 Travel/accommodation costs
 except those pre-authorised by us
- 36 Travelling against medical advice
- 37 Treatment by a family member
- 38 Treatment charges outside of our reasonable and customary range



Intermediary details

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