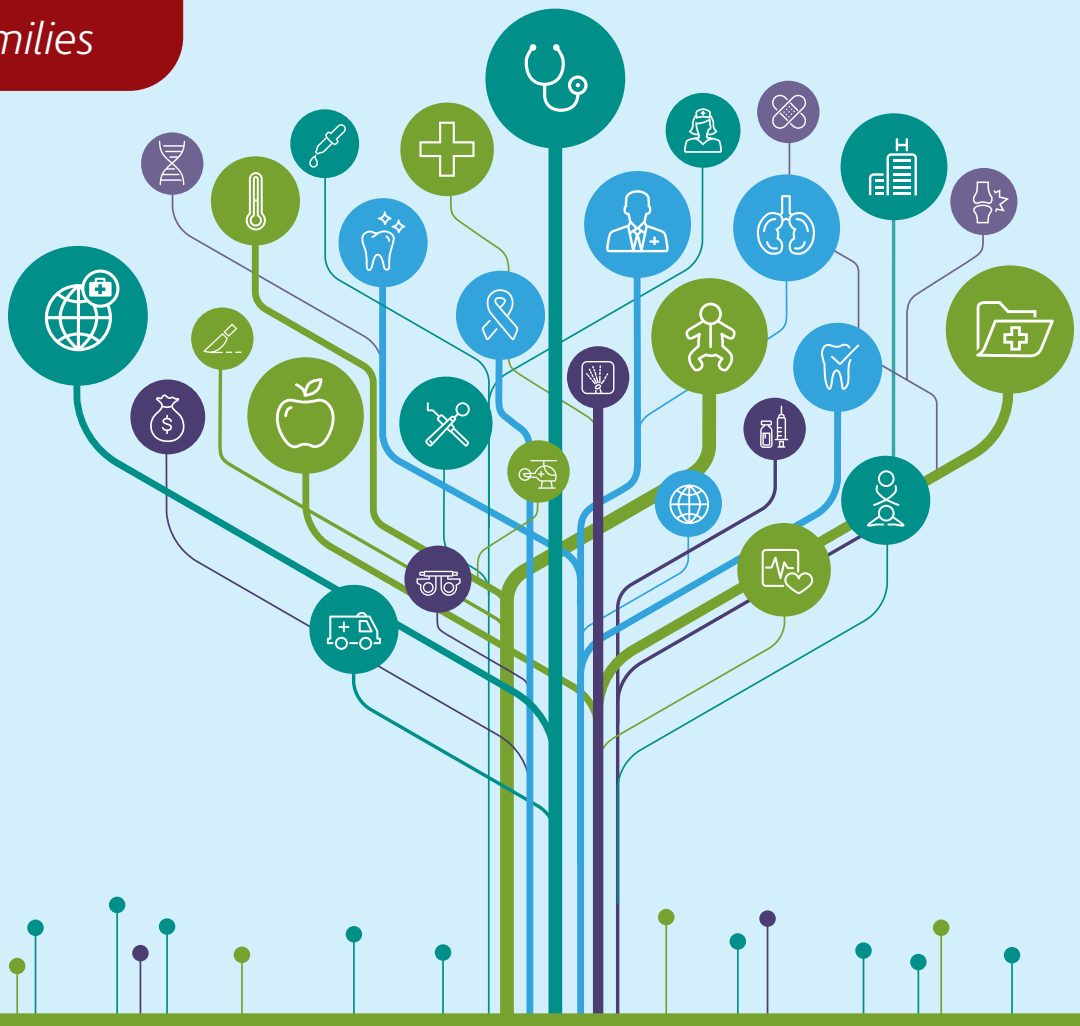
NOW
HEALTH INTERNATIONAL

SimpleCare Members' Handbook

individuals and families



Everything you need to know about your SimpleCare plan

Effective 1 July 2018

Introduction

Thank you for choosing **Us** to provide **Your** SimpleCare **Plan**.

We have designed SimpleCare to provide vital health protection in **Your** chosen **Area of Cover** with access to top-end healthcare. At the heart of this is **Our** commitment to make SimpleCare easy to understand and use. Please read this handbook carefully to ensure that **You** are completely satisfied that the cover provided under **Your** chosen **Plan** meets **Your** needs.

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 **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 Plan** is administered
- How to make a complaint
- Other services available to **You** under **Your 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 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 **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 **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.

Contacting Us

All the important information about **Your 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 EuropeService@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 +44 (0) 1276 602140

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 or contact **Us** via email at EuropeService@now-health.com.

Contents

1. Definitions

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

Accident	A sudden, unexpected, unforeseen and involuntary external event resulting in identifiable physical injury occurring to an **Insured Person** while **Your Plan** is in force.
Acute Condition	A disease, illness or injury that is likely to respond quickly to **Treatment** which aims to return **You** to the state of health **You** were in immediately before suffering the disease, illness or injury, or which leads to **Your** full recovery.
Act of Terrorism	Any clandestine use of violence by an individual terrorist or a terrorist group to coerce or intimidate the civilian population to achieve a political, military, social or religious goal.
Agreement	An agreement **We** have with each of the **Hospitals**, **Day-Patient** units and scanning centres listed in the **SimpleCare Provider Network**.
Alternative Therapies	Refers to therapeutic and diagnostic **Treatment** that exists outside the institutions where conventional medicine is taught. Such medicine includes Chinese medicine, chiropractic **Treatment**, Ayurvedic medicine, osteopathy, dietician, homeopathy and acupuncture as practiced by approved therapists.
Apicoectomy	Is a dental surgery performed to remove the root tip and the surrounding infected tissue of an abscessed tooth, when inflammation or infection persists in the bony area around the end of a tooth after a root canal procedure. Apicoectomy is done to treat the following: • Fractured tooth root • A severely curved tooth root • Teeth with caps or posts • Cyst or infection which is untreatable with root canal therapy • Root perforations • Recurrent pain and infection • Persistent symptoms that do not indicate problems from x-rays • Calcification • Damaged root surfaces and surrounding bone requiring surgery
Area of Cover: Europe	The default area of cover under this **Plan**. **We** will pay for **Eligible** 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)
Area of Cover: Worldwide Excluding USA	A geographical area option that extends to provide worldwide cover but excluding any elective **Treatment** in the USA.
Benefits	Insurance cover provided by this **Plan** and any extensions or restrictions shown in the **Certificate of Insurance** or in any endorsements (if applicable) and subject always to **Us** having received the premium due.
Benefit Schedule	The table of **Benefits** applicable to this **Plan** showing the maximum **Benefits We** will pay.

Cancer	A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
Certificate of Insurance	The certificate giving details of the **Planholder**, the **Insured Persons**, the **Period of Cover**, the **Underwriters**, the **Entry Date**, the level of cover and any endorsements that may apply.
Congenital Disorder	A **Medical Condition** that is present at birth or is believed to have been present since birth, whether it is inherited or caused by environmental factors.
Co-Insurance	Is the uninsured percentage of the costs, which the **Insured Person** must pay towards the cost of a claim.
Country of Nationality	The country for which **You** hold a passport.
Country of Residence	The country in which **You** habitually reside (usually for a period of no less than six months per **Period of Cover**) at the **Plan Start Date** or **Entry Date** or at each subsequent **Renewal Date**.
Chronic Condition	A disease, illness or injury which has at least one of the following characteristics: • It needs ongoing or long-term monitoring through consultations, examination, check-ups, **Drugs and Dressings** and/or tests • It needs ongoing or long-term control or relief of symptoms • It requires **Your Rehabilitation** or for **You** to be specially trained to cope with it • It continues indefinitely • It has no known cure • It comes back or is likely to come back
Day-Patient	A patient who is admitted to a **Hospital** or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.
Deductible	An uninsured amount payable by an **Insured Person** in respect of **In-Patient**, **Day-Patient** and **Out-Patient** expenses incurred before any **Benefits** are paid under the **Plan,** as specified in **Your Certificate of Insurance**. The **Plan Deductible** applies per **Insured Person**, per **Period of Cover.**
Dental Practitioner	A person who is legally licensed to carry out this profession by the relevant licensing authority to practise dentistry in the country where the dental **Treatment** is given.
Dependants	One spouse or adult partner and/or unmarried children who are not more than 18 years old and residing with **You**, or up to 28 years old if in full-time education (written proof may be required from the educational institute where they are enrolled), at the **Start Date** or any subsequent **Renewal Date**. The term partner shall mean husband, wife, civil partner or the person permanently living with **You** in a similar relationship. All dependants must be named as **Insured Persons** in the **Certificate of Insurance**.
Diagnostic Tests	Investigations, such as x-rays or blood tests, to find or to help to find the cause of **Your** symptoms.
Drugs and Dressings	Essential prescription drugs, dressings and medicines administered by a **Medical Practitioner** or **Specialist** needed to relieve or cure a **Medical Condition**.
Eligible	Those **Treatments** and charges, which are covered by **Your Plan**. In order to determine whether a **Treatment** or charge is covered, all sections of **Your Plan** should be read together, and are subject to all the terms (including payment of premium due), **Benefits** and exclusions set out in this **Plan**.

Entry Date	The date shown on the **Certificate of Insurance** on which an **Insured Person** was included under this **Plan**.
Emergency	A sudden, serious, and unforeseen acute **Medical Condition** or injury requiring immediate medical **Treatment**, that without **Treatment** commencing within 48 hours of the emergency event could result in death or serious impairment of bodily function.
Evacuation or Repatriation Service	Moving **You** to a **Hospital** which has the necessary **In-Patient** and **Day-Patient** medical facilities either in the country where **You** are taken ill or in another nearby country (evacuation) or bringing **You** back to either **Your** principal **Country of Nationality** or **Your** principal **Country of Residence** (repatriation). The service includes any **Medically Necessary Treatment** administered by the international assistance company appointed by **Us** while they are moving **You.**
Excluded Countries	Refers to the list of countries that **We** cannot offer **You** cover if **You** reside in any one of them. For details of **Our** list of **Excluded Countries**, please contact **Our** customer service team.
Expatriate	Any persons living and/or working outside of the country for which they hold a passport. Usually for a period of more than 180 days per **Period of Cover**.
High Cost Providers List	The list of medical providers that **We** exclude from cover. **We** do not cover any **Treatment** costs incurred in any medical provider that is within **Our High Cost Providers List**. **We** will update **Our High Cost Providers List** on a periodic basis. For details of **Our High Cost Providers List**, please contact **Our** customer service team.
Hospital	Any establishment, which is licensed as a medical or surgical hospital under the laws of the country where it operates. The following establishments are not considered hospitals: rest and nursing homes, spas, cure-centres and health resorts.
Hospital Accommodation	Refers to standard private or semi-private accommodation as indicated in the **Benefit Schedule**. Deluxe, executive rooms and VIP suites are not covered.
In-Patient	A patient who is admitted to **Hospital** and who occupies a bed overnight or longer, for medical reasons.
Insured Person/You/Your	The **Planholder** and/or the **Dependants** named on the **Certificate of Insurance** who are covered under this **Plan**.
Medical Condition	Any disease, injury, or illness.
Medical Practitioner	A person who has attained primary degrees in medicine or surgery following attendance at a **WHO**-recognised medical school and who is licensed to practise medicine by the relevant authority in the country where the **Treatment** is given. By "recognised medical school" **We** mean a medical school, which is listed in the current World Directory of Medical Schools published by the **WHO**.
Medically Necessary	**Treatment**, which in the opinion of a qualified **Medical Practitioner** is appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards could not have been omitted without adversely affecting the **Insured Person's** condition or the quality of medical care rendered. Such **Treatment** must be required for reasons other than the comfort or convenience of the patient or **Medical Practitioner** and provided only for an appropriate duration of time. As used in this definition, the term "appropriate" shall mean taking patient safety and cost effectiveness into consideration. When specifically applied to **In-Patient Treatment**, medically necessary also means that diagnosis cannot be made, or **Treatment** cannot be safely and effectively provided on an **Out-Patient** basis.

New Born	A baby who is within the first 16 weeks of its life following birth.
Out-Patient Per Visit Excess	An uninsured amount payable by an **Insured Person** in respect of **Out-Patient** expenses before any **Benefits** are paid under the **Plan**, as specified in **Your Certificate of Insurance**. Each visit refers to each consultation. The **Out-Patient Per Visit Excess** applies per **Insured Person**, per **Out-Patient** consultation, when **You** receive **Eligible Out-Patient Treatment**.
Out-Patient	A patient who attends a **Hospital**, consulting room, or out-patient clinic and is not admitted as a **Day-Patient** or an **In-Patient**.
Period of Cover	The period of cover set out in the **Certificate of Insurance**. This will be a 12-month period starting from the **Start Date** or any subsequent **Renewal Date** as applicable.
Physiotherapist	A practising physiotherapist who is registered and licensed to practise in the country where **Treatment** is provided.
Pre-Authorisation	A process whereby an **Insured Person** seeks approval from **Us** prior to undertaking any **Treatment** or incurring costs. Please refer to section 4.2 for details.
Plan	The contract between **You** and **Us** which set out terms and conditions of the cover provided. The full terms and conditions consist of the application form, **Certificate of Insurance**, **Benefit Schedule** and this members' handbook.
Planholder	The person or company named as planholder in the **Certificate of Insurance**.
Pregnancy	Refers to the period of time from the date of the first diagnosis until delivery.
Primary Health Insurance	If **You** have more than one health insurance policy, this is the health insurance policy that pays claims first.
Primary Health Insurer	The insurer of the **Primary Health Insurance Plan**.
Private Room	Single occupancy accommodation in a private **Hospital**. Deluxe, executive rooms and VIP suites are not covered.
Qualified Nurse	A nurse whose name is currently on any register or roll of nurses, maintained by any Statutory Nursing Registration Body within the country where **Treatment** is provided.
Reasonable and Customary Charges	The standard fee that would typically be made in respect of **Your Treatment** costs, in the country **You** received **Treatment**. **We** may require such fees to be substantiated by an independent third party, such as a practising Surgeon/Physician/**Specialist**, government health department or medical providers within the **SimpleCare Provider Network**.
Rehabilitation	**Medically Necessary Treatment** aimed at restoring independent activities of daily living and the normal form and/or function of an **Insured Person** following a **Medical Condition**.
Renewal Date	The anniversary of the **Start Date** of the **Plan**.

Secondary Health Insurance	If **You** have more than one health insurance policy, **Secondary Health Insurance** is the payer that pays claim after the **Primary Health Insurance** has paid its portion. If **You** have more than one health insurance policy, this **Plan** will be the health insurance policy that pays last. If **You** buy this **Plan** as a **Secondary Health Insurance Plan**, **We** will only pay a claim if: - the claim was submitted to the **Primary Health Insurer** but the claim was not paid / fully settled due to ineligibility or the **Benefit** limits have been exhausted under the **Primary Health Insurance** contract, and - the unpaid claim amount is considered as **Eligible** claim under this **Plan**. **You** will need to provide a copy of the **Certificate of Insurance** of **Your Primary Health Insurance** when **You** apply for this **Plan**. In any case, **We** will only pay the remaining balance of an **Eligible** claim amount that was not settled by the **Primary Health Insurance**.
Semi-Private Room	Dual occupancy accommodation in a private **Hospital**. Deluxe, executive rooms and VIP suites are not covered.
SimpleCare Comprehensive Network	**Our** list of medical providers that is available to **You** if **You** have extended **Your** geographical area of cover to Worldwide Excluding USA.
SimpleCare Europe Network	**Our** list of medical providers in Europe that is available to **You**.
SimpleCare Provider Network	**Our** lists of medical providers where **We** have a **Direct Billing** Agreement.
Specialist	A surgeon, anaesthetist or physician who has attained primary degrees in medicine or surgery following attendance at a **WHO**-recognised medical school and who is licensed to practise medicine by the relevant authority in the country where the **Treatment** is given, and is recognised as having a specialised qualification in the field of, or expertise in, the **Treatment** of the disease, illness or injury being treated. By "recognised medical school" **We** mean a medical school which is listed in the current World Directory of Medical Schools published by the **WHO**.
Start Date	The start date shown on **Your Certificate of Insurance**. **We** must have received premium payment in order for **Your** contract to start.
Surgical Procedure	An operation requiring the incision of tissue or other invasive surgical intervention.
Terminal	Refers to the stage where **Treatment** can no longer be expected to cure the condition with death anticipated within 12 months.
Treatment	Surgical or medical services (including **Diagnostic Tests**) that are needed to diagnose, relieve or cure a **Medical Condition**.
Underwriters	Those insurance companies named as underwriters in the **Certificate of Insurance**.
Vaccinations	Refers to all basic immunisations and booster injections required under regulation of the country in which **Treatment** is being given, any **Medically Necessary** travel vaccinations and malaria prophylaxis.
Waiting Period	Is a period of time starting on **Your Plan Start Date** (or **Entry Date** if **You** are a **Dependant**), during which **You** are not entitled to cover for particular **Benefits**. **Your Benefit Schedule** will indicate which **Benefits** are subject to waiting periods.
We/Our/Us	Now Health International (Europe) Limited on behalf of the **Underwriters** detailed in the **Certificate of Insurance**.
WHO	The World Health Organisation.

2. Manage your plan online

A guide to the secure online portfolio area

The simplest way to manage **Your Plan** is via the secure online portfolio area which **You** can access at 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 EuropeService@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 lik**e Us** to pay **Your** claims.

My Plan

You can view **Your 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-authorisation 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.

Download on the App Store

ANDROID APP ON Google play

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 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 EuropeService@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.

You will need to pay any **Deductible** on **Your 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.

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 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 +44 (0) 1276 602140 or email EuropeService@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 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 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 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 **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 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 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 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 **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 Plan**, the currency **You** incurred **Your** claim in, or another currency of **Your** choice. Listed below are the currencies **We** can transact in.*

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

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

4. Benefits: What is covered?

All the **Benefits** covered by 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 **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 **Plan**.

Please refer to the definition of **Plan** in section 1 for details of the documents that make up **Your 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 cover for **Treatment** in Europe only, unless **You** choose to upgrade your geographical area of cover to Worldwide Excluding USA.

A summary of each Plan is shown below:

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

Optional Benefits	To provide extra flexibility, **You** can also select additional optional **Benefits** that might be important to **You**.

Cover options available are:

Area of Cover: Worldwide excluding USA	**You** can extend Your **Area of Cover** to Worldwide but excluding elective **Treatment** in the USA.
Co-Insurance Out-Patient Treatment	If this option is selected, costs associated with **Eligible Out-Patient Treatment** are subject to a 20% **Co-Insurance**. This option is available for SimpleCare 100 or SimpleCare 250.
Out-Patient Per Visit Excess	This option is available for SimpleCare 100 & SimpleCare 250. **We** do not cover the first USD 25/EUR 20/GBP 15 of any **Eligible Out-Patient** claim.
Your choice of Plan Deductible	The **Plan Deductible** applies to **In-Patient**, **Day-Patient** and **Out-Patient Treatment** and is per **Insured Person**, per **Period of Cover**.

The above is a summary of just some of the **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 **Plan**.

For planned **Treatment**, **You** must contact **Our** customer service team on +44 (0) 1276 602110 | Fax +44 (0) 1276 602130 | Email EuropeService@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 +44 (0) 1276 602140 or email EuropeService@now-health.com as soon as possible and prior to discharge.

Your 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 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.

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 **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 **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
Annual Maximum Plan Limit ***24/7 helpline and assistance services available on all Plans***	**USD 1,000,000/ EUR 800,000/ GBP 625,000**
Geographical Area Default	
Area of Cover: Europe	*Default Network:* ***SimpleCare Europe Network***
1. Hospital Charges, Medical Practitioner and Specialist Fees: *(i) Charges for **In-Patient** or **Day-Patient Treatment** made by a **Hospital** including charges for accommodation (ward/semi-private or private); **Diagnostic Tests**; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a **Qualified Nurse**; **Drugs and Dressings** prescribed by a **Medical Practitioner** or **Specialist**; and surgical appliances used by the **Medical Practitioner** during surgery. This includes pre and post-operative consultations while an **In-Patient** or **Day-Patient** and includes charges for intensive care.* *(ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an **Eligible Medical Condition** which required **In-Patient** or **Day-Patient Hospital Treatment**.*	*(i)* ▶ *Full refund* *(ii)* ▶ *Up to USD 1,500/ EUR 1,200/ GBP 930 per* ***Medical Condition***
2. Diagnostic Procedures: ***Medically Necessary** diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans.*	▶ *Full refund for **In-Patient** pre and post-operative scans*
3. 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 a **Day-Patient** or **Out-Patient** basis.*	*(i)* ▶ ***In-Patient** pre and post-operative care up to six weeks* *Maximum up to USD10,000/ EUR 8,000/GBP 6,250 per* ***Period of Cover*** *(ii)* ▶ *Not covered*
4. Organ Transplant: ***Treatment** for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the **Insured Person** as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under **Benefit** 7 - **Congenital Disorder** but excluded from **Benefit** 4 – Organ Transplant.* ***We** only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with **WHO** guidelines.* *Medical costs associated with the donor and the cost of the donor organ search are excluded from this **Benefit**.*	▶ *Up to USD 100,000/ EUR 80,000/ GBP 62,500 per* ***Period of Cover***
5. Cancer Treatment: ***Treatment** given for **Cancer** received as an **In-Patient**, **Day-Patient** or **Out-Patient**. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis.*	▶ *Full refund*

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

Benefit	SimpleCare CORE
6. New Born Cover: ***In-Patient Treatment*** *of premature birth (i.e. prior to age 37 weeks gestation) or an* ***Acute Condition*** *being suffered by a* ***New Born*** *baby of an* ***Insured Person*** *which manifests itself within 30 days following birth. Provided that the* ***New Born*** *baby is added to the* ***Plan*** *within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.* *In circumstances where* ***We*** *require details of the* ***New Born*** *baby's medical history before the baby is being added to the* ***Plan****,* ***We*** *reserve the right to apply particular restrictions to the cover* ***We*** *will offer. Please refer to Section 6.5 - Adding* ***New Born*** *of this Members Handbook for details.*	*Up to USD 25,000/ EUR 20,000/ GBP 15,625 per* ***Period of Cover***
7. Congenital Disorder: ***In-Patient Treatment*** *for a* ***Congenital Disorder****. In circumstances where a* ***Congenital Disorder*** *manifests itself in a* ***New Born*** *baby within 30 days of birth, cover for such* ***Medical Conditions*** *will be provided under* ***Benefit*** *6 -* ***New Born*** *Cover but excluded from* ***Benefit*** *7 –* ***Congenital Disorders****.*	*Up to USD 25,000/ EUR 20,000/ GBP 15,625 per* ***Period of Cover***
8. Parent Accommodation: *The cost of one parent staying in* ***Hospital*** *overnight with an* ***Insured Person*** *under 18 years old while the child is admitted as an* ***In-Patient*** *for* ***Eligible Treatment****.*	*Full refund*
9. Hospital Accommodation for New Born Accompanying their Mother: ***Hospital Accommodation*** *costs relating to a* ***New Born*** *baby (up to 16 weeks old) to accompany its mother (being an* ***Insured Person****) while she is receiving* ***Eligible Treatment*** *as an* ***In-Patient*** *in a* ***Hospital****.*	*Full refund*
10. Reconstructive Surgery: *Reconstructive surgery required to restore natural function or appearance following an* ***Accident*** *or following a* ***Surgical Procedure*** *for an* ***Eligible Medical Condition****, which occurred after an* ***Insured Person's Entry Date*** *or* ***Start Date*** *whichever is later.*	*Full refund*
11. Day-Patient or Out-Patient Surgery: ***Treatment*** *costs for a* ***Surgical Procedure*** *performed in a surgery,* ***Hospital****, day-care facility or* ***Out-Patient*** *department.*	*Full refund*
12. In-Patient Emergency Dental Treatment: *This means* ***Emergency*** *restorative dental* ***Treatment*** *required to sound, natural teeth following an* ***Accident*** *which necessitates* ***Your*** *admission to* ***Hospital*** *for at least one night.* *The dental* ***Treatment*** *must be received within 10 days of the* ***Accident****. This* ***Benefit*** *covers all costs incurred for* ***Treatment*** *made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:* • *If the* ***Treatment*** *involves replacing a crown, bridge facing, veneer or denture,* ***We*** *will pay only the reasonable and customary cost of a replacement of similar type or quality* • *If implants are clinically needed* ***We*** *will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead* • *Damage to dentures providing they were being worn at the time of the injury*	*Full refund*
13. Rehabilitation: *When referred by a* ***Specialist*** *as an integral part of* ***Treatment*** *for a* ***Medical Condition*** *necessitating admission to a recognised* ***Rehabilitation*** *unit of a* ***Hospital****. Where the* ***Insured Person*** *was confined to a* ***Hospital*** *as an* ***In-Patient*** *for at least three consecutive days, and where a* ***Specialist*** *confirms in writing that* ***Rehabilitation*** *is required. Admission to a* ***Rehabilitation*** *unit must be made within 14 days of discharge from* ***Hospital****. Such* ***Treatment*** *should be under the direct supervision and control of a* ***Specialist*** *and would cover:* *(i) Use of special* ***Treatment*** *rooms* *(ii) Physical therapy fees* *(iii) Speech therapy fees* *(iv) Occupational therapy fees*	*Full refund for* ***Eligible In-Patient Treatment*** *only up to 30 days per* ***Medical Condition***
14. Nursing Care at Home: *Care given by* ***Qualified Nurse*** *in the* ***Insured Person's*** *own home, which is immediately received subsequent to* ***Treatment*** *as an* ***In-Patient*** *or* ***Day-Patient*** *on the recommendation of a* ***Medical Practitioner*** *or* ***Specialist****.*	*Not covered*

Full refund Not covered Subject to limits Optional

Benefit	SimpleCare CORE
15. Emergency Ambulance Transportation: ***Emergency*** *road ambulance transport costs to or between* ***Hospitals****, or when considered* ***Medically Necessary*** *by a* ***Medical Practitioner*** *or* ***Specialist****.*	*Full refund*
16. Evacuation and Repatriation:	
Evacuation *Arrangements will be made to move an* ***Insured Person*** *who has a critical, life-threatening* ***Eligible Medical Condition*** *to the nearest medical facility for the purpose of admission to* ***Hospital*** *as an* ***In-Patient*** *or* ***Day-Patient****.*	*Combined limit up to USD 100,000/ EUR 80,000/ GBP 62,500*
Reasonable expenses for:	
(i) Transportation costs of an ***Insured Person*** *in the event of* ***Emergency Treatment*** *and* ***Medically Necessary*** *transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.*	*(i) Full refund*
(ii) Reasonable local travel costs to and from medical appointments when ***Treatment*** *is being received as a* ***Day-Patient****.*	*(ii) Full refund*
(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the ***Hospital*** *to visit the* ***Insured Person*** *following admission as an* ***In-Patient****.*	*(iii) Full refund*
*(iv) Reasonable costs for non-****Hospital Accommodation*** *only for immediate pre and post-****Hospital*** *admission periods provided that the* ***Insured Person*** *is under the care of a* ***Specialist****.*	*(iv) Up to USD 200/ EUR 160/ GBP 125 per day Up to USD 7,500/ EUR 6,000/GBP 4,600 per person, per* ***Evacuation***
Costs of ***Evacuation*** *do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.*	
Our *medical advisers will decide the most appropriate method of transportation for the* ***Evacuation*** *and this* ***Benefit*** *will not cover travel if it is against the advice of* ***Our*** *medical advisers or where the medical facility does not have appropriate facilities to treat the* ***Eligible Medical Condition****.*	
Repatriation *An economy class airfare ticket to return the* ***Insured Person*** *and a locally-accompanying person who has travelled as an escort to the site of* ***Treatment*** *or the* ***Insured Person's*** *principal* ***Country of Nationality*** *or principal* ***Country of Residence****, as long as the journey is made within one month of completion of* ***Treatment****.*	*Full refund*
You *are* ***Eligible*** *for* ***Medically Necessary Repatriation*** *costs only if there was an initial* ***Evacuation*** *that has taken place.*	
Deductible *would apply to* ***Medically Necessary Treatment*** *required under this* ***Benefit****.*	
17. Emergency Non-Elective Treatment outside Area of Cover: *For planned trips up to 30 days of duration.* ***Treatment*** *by a* ***Medical Practitioner*** *or* ***Specialist*** *starting within 24 hours of the* ***Emergency*** *event, required as a result of an* ***Accident*** *or the sudden beginning of a severe illness resulting in a* ***Medical Condition*** *that presents an immediate threat to the* ***Insured Person's*** *health.*	***Accident:*** *Full refund for* ***Accident*** *requiring* ***In-Patient*** *and* ***Day-Patient*** *care* *Illness:* ***In-Patient*** *and* ***Day-Patient*** *care up to USD 25,000/ EUR 20,000/ GBP 15,625 per* ***Period of Cover***
18. Hospital Cash Benefit: *This* ***Benefit*** *is payable for each night an* ***Insured Person*** *receives* ***In-Patient Treatment*** *and only if:*	*USD 125/ EUR 100/ GBP 75 per night*
(i) the ***Insured Person*** *is admitted for an elective* ***In-Patient Treatment*** *before midnight, and the* ***Treatment*** *is received within the public hospitals of the* ***Insured Persons'*** ***Country of Residence****; or*	
(ii) this ***Plan*** *being the* ***Secondary Health Insurance Plan****. However, if* ***You*** *have a USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375* ***Deductible Plan****,* ***You*** *are not* ***Eligible*** *for this* ***Benefit****.*	
Cover under this ***Benefit*** *is limited to a maximum of 30 nights per* ***Period of Cover****.*	
For this ***Benefit*** *exclusion 5.9 does not apply.*	

Benefit	SimpleCare CORE
19. Out-Patient Charges:	
*(i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**.*	*(i)* ▶ *Pre-operative consultation within 15 days from the admission and post hospitalisation consultation within 30 days following discharge from **Hospital*** *Up to maximum USD 750/EUR 600/ GBP 460 per **Medical Condition** per **Period of Cover***
*(ii) Prescribed **Drugs and Dressings**.*	*(ii)* ▶ *Not covered*
20. 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**.* *(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.*	▶ *Not covered*
21. Dental Care	
*Fees of a registered **Dental Practitioner** carrying out dental **Treatment** in a dental clinic/ surgery.* *This **Benefit** provides cover for the below dental **Treatment**:* *- Screening (including x-rays where necessary)* *- Preventive scaling, polishing, and sealing (once per year)* *- Fillings and extractions (non-surgical and surgical)* *- Root canal **Treatment*** *- New or repair of crowns, dentures, in lays and bridges* *- Apicoectomy* *Dental implants and orthodontics **Treatment** are specifically excluded under this **Benefit**.* *No other **Treatment** is covered by this **Benefit**.* ***Waiting Period**: Costs incurred within nine months from the **Start Date** (or **Entry Date** if **You** are a **Dependant**) are excluded.* *A **Co-Insurance** of 20% applies.* *For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.*	▶ *Not covered*

Geographical Area Option	SimpleCare CORE
22. Area of Cover: Worldwide excluding USA	
*By selecting this option, **Your** area of cover will become Worldwide but excluding elective **Treatment** in the USA.* ***You** will also be able to access to the **SimpleCare Comprehensive Network**.*	▶ *Optional*

Deductible Options	SimpleCare CORE
Standard Deductible	*USD 500/ EUR 400/GBP 310*
Optional Deductible *Please note:* *USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375* ***Deductible*** *is only available if* ***You*** *are covered by more than one health insurance policy.* ***You*** *can only select such* ***Deductible*** *options if* ***You*** *buy this* ***Plan*** *as a* ***Secondary Health Insurance Plan****.* ***You*** *will be required to provide details of* ***Your Primary Health Insurance*** *when* ***You*** *apply for cover under this* ***Plan****.*	*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*

4.3.2 SimpleCare 100

Benefit	SimpleCare 100
Annual Maximum Plan Limit ***24/7 helpline and assistance services available on all Plans***	**USD 1,500,000/ EUR 1,200,000/ GBP 937,500**
Geographical Area Default	
Area of Cover: Europe	*Default Network:* ***SimpleCare Europe Network***
1. Hospital Charges, Medical Practitioner and Specialist Fees: *(i) Charges for **In-Patient** or **Day-Patient Treatment** made by a **Hospital** including charges for accommodation (ward/semi-private or private); **Diagnostic Tests**; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a **Qualified Nurse**; **Drugs and Dressings** prescribed by a **Medical Practitioner** or **Specialist**; and surgical appliances used by the **Medical Practitioner** during surgery. This includes pre and post-operative consultations while an **In-Patient** or **Day-Patient** and includes charges for intensive care.* *(ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an **Eligible Medical Condition** which required **In-Patient** or **Day-Patient Hospital Treatment**.*	*(i)* ▶ *Full refund* *(ii)* ▶ *Up to USD 1,500/ EUR 1,200/ GBP 930 per **Medical Condition***
2. Diagnostic Procedures: ***Medically Necessary** diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an **In-Patient, Day-Patient** or **Out-Patient.***	▶ *Full refund*
3. 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 a **Day-Patient** or **Out-Patient** basis.*	*(i)* ▶ *Up to six weeks full refund* *(ii)* ▶ *Up to USD 35,000/ EUR 28,000/ GBP 21,875 per **Period of Cover***
4. Organ Transplant: ***Treatment** for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the **Insured Person** as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under **Benefit** 7 - **Congenital Disorder** but excluded from **Benefit** 4 – Organ Transplant.* ***We** only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with **WHO** guidelines.* *Medical costs associated with the donor and the cost of the donor organ search are excluded from this **Benefit**.*	▶ *Up to USD 150,000/ EUR 120,000/ GBP 93,750 per **Period of Cover***
5. Cancer Treatment: ***Treatment** given for **Cancer** received as an **In-Patient**, **Day-Patient** or **Out-Patient**. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis.*	▶ *Full refund*

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

Benefit	SimpleCare 100
6. New Born Cover: ***In-Patient Treatment*** *of premature birth (i.e. prior to age 37 weeks gestation) or an* ***Acute Condition*** *being suffered by a* ***New Born*** *baby of an* ***Insured Person*** *which manifests itself within 30 days following birth. Provided that the* ***New Born*** *baby is added to the* ***Plan*** *within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.* *In circumstances where* ***We*** *require details of the* ***New Born*** *baby's medical history before the baby is being added to the* ***Plan****,* ***We*** *reserve the right to apply particular restrictions to the cover* ***We*** *will offer. Please refer to Section 6.5 - Adding* ***New Born*** *of this Members Handbook for details.*	*Up to USD 35,000/ EUR 28,000/ GBP 21,875 per* ***Period of Cover***
7. Congenital Disorder: ***In-Patient Treatment*** *for a* ***Congenital Disorder****. In circumstances where a* ***Congenital Disorder*** *manifests itself in a* ***New Born*** *baby within 30 days of birth, cover for such* ***Medical Conditions*** *will be provided under* ***Benefit*** *6 -* ***New Born*** *Cover but excluded from* ***Benefit*** *7 –* ***Congenital Disorders****.*	*Up to USD 35,000/ EUR 28,000/ GBP 21,875 per* ***Period of Cover***
8. Parent Accommodation: *The cost of one parent staying in* ***Hospital*** *overnight with an* ***Insured Person*** *under 18 years old while the child is admitted as an* ***In-Patient*** *for* ***Eligible Treatment****.*	*Full refund*
9. Hospital Accommodation for New Born Accompanying their Mother: ***Hospital Accommodation*** *costs relating to a* ***New Born*** *baby (up to 16 weeks old) to accompany its mother (being an* ***Insured Person****) while she is receiving* ***Eligible Treatment*** *as an* ***In-Patient*** *in a* ***Hospital****.*	*Full refund*
10. Reconstructive Surgery: *Reconstructive surgery required to restore natural function or appearance following an* ***Accident*** *or following a* ***Surgical Procedure*** *for an* ***Eligible Medical Condition****, which occurred after an* ***Insured Person's Entry Date*** *or* ***Start Date*** *whichever is later.*	*Full refund*
11. Day-Patient or Out-Patient Surgery: ***Treatment*** *costs for a* ***Surgical Procedure*** *performed in a surgery,* ***Hospital****, day-care facility or* ***Out-Patient*** *department.*	*Full refund*
12. In-Patient Emergency Dental Treatment: *This means* ***Emergency*** *restorative dental* ***Treatment*** *required to sound, natural teeth following an* ***Accident*** *which necessitates* ***Your*** *admission to* ***Hospital*** *for at least one night.* *The dental* ***Treatment*** *must be received within 10 days of the* ***Accident****. This* ***Benefit*** *covers all costs incurred for* ***Treatment*** *made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:* • *If the* ***Treatment*** *involves replacing a crown, bridge facing, veneer or denture,* ***We*** *will pay only the reasonable and customary cost of a replacement of similar type or quality* • *If implants are clinically needed* ***We*** *will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead* • *Damage to dentures providing they were being worn at the time of the injury*	*Full refund*
13. Rehabilitation: *When referred by a* ***Specialist*** *as an integral part of* ***Treatment*** *for a* ***Medical Condition*** *necessitating admission to a recognised* ***Rehabilitation*** *unit of a* ***Hospital****. Where the* ***Insured Person*** *was confined to a* ***Hospital*** *as an* ***In-Patient*** *for at least three consecutive days, and where a* ***Specialist*** *confirms in writing that* ***Rehabilitation*** *is required. Admission to a* ***Rehabilitation*** *unit must be made within 14 days of discharge from* ***Hospital****. Such* ***Treatment*** *should be under the direct supervision and controlof a* ***Specialist*** *and would cover:* *(i) Use of special* ***Treatment*** *rooms* *(ii) Physical therapy fees* *(iii) Speech therapy fees* *(iv) Occupational therapy fees*	*Full refund up to 90 days per* ***Medical Condition***
14. Nursing Care at Home: *Care given by* ***Qualified Nurse*** *in the* ***Insured Person's*** *own home, which is immediately received subsequent to* ***Treatment*** *as an* ***In-Patient*** *or* ***Day-Patient*** *on the recommendation of a* ***Medical Practitioner*** *or* ***Specialist****.*	*Full refund up to 30 days per* ***Medical Condition***

Full refund Not covered Subject to limits Optional

Benefit	SimpleCare 100
15. Emergency Ambulance Transportation: ***Emergency*** *road ambulance transport costs to or between* ***Hospitals****, or when considered* ***Medically Necessary*** *by a* ***Medical Practitioner*** *or* ***Specialist****.*	*Full refund*
16. Evacuation and Repatriation:	
Evacuation *Arrangements will be made to move an* ***Insured Person*** *who has a critical, life-threatening* ***Eligible Medical Condition*** *to the nearest medical facility for the purpose of admission to* ***Hospital*** *as an* ***In-Patient*** *or* ***Day-Patient****.*	*Combined limit up to USD 100,000/ EUR 80,000/ GBP 62,500*
Reasonable expenses for:	
(i) Transportation costs of an ***Insured Person*** *in the event of* ***Emergency Treatment*** *and* ***Medically Necessary*** *transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying perrson who has travelled as an escort.*	*(i) Full refund*
(ii) Reasonable local travel costs to and from medical appointments when ***Treatment*** *is being received as a* ***Day-Patient****.*	*(ii) Full refund*
(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the ***Hospital*** *to visit the* ***Insured Person*** *following admission as an* ***In-Patient****.*	*(iii) Full refund*
*(iv) Reasonable costs for non-****Hospital Accommodation*** *only for immediate pre and post-****Hospital*** *admission periods provided that the* ***Insured Person*** *is under the care of a* ***Specialist****.*	*(iv) Up to USD 200/ EUR 160/ GBP 125 per day Up to USD 7,500/ EUR 6,000/ GBP 4,600 per person, per* ***Evacuation***
Costs of ***Evacuation*** *do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.* ***Our*** *medical advisers will decide the most appropriate method of transportation for the* ***Evacuation*** *and this* ***Benefit*** *will not cover travel if it is against the advice of* ***Our*** *medical advisers or where the medical facility does not have appropriate facilities to treat the* ***Eligible Medical Condition****.*	
Repatriation *An economy class airfare ticket to return the* ***Insured Person*** *and a locally-accompanying person who has travelled as an escort to the site of* ***Treatment*** *or the* ***Insured Person's*** *principal* ***Country of Nationality*** *or principal* ***Country of Residence****, as long as the journey is made within one month of completion of* ***Treatment****.* ***You*** *are* ***Eligible*** *for* ***Medically Necessary Repatriation*** *costs only if there was an initial* ***Evacuation*** *that has taken place.* ***Deductible*** *would apply to* ***Medically Necessary Treatment*** *required under this* ***Benefit****.*	*Full refund*
17. Emergency Non-Elective Treatment outside Area of Cover: *For planned trips up to 30 days of duration.* ***Treatment*** *by a* ***Medical Practitioner*** *or* ***Specialist*** *starting within 24 hours of the* ***Emergency*** *event, required as a result of an* ***Accident*** *or the sudden beginning of a severe illness resulting in a* ***Medical Condition*** *that presents an immediate threat to the* ***Insured Person's*** *health.*	***Accident:*** *Full refund for* ***Accident*** *requiring* ***In-Patient*** *and* ***Day-Patient*** *care* *Illness:* ***In-Patient*** *and* ***Day-Patient*** *care up to USD 35,000/ EUR 28,000/ GBP 21,875 per* ***Period of Cover***
18. Hospital Cash Benefit: *This* ***Benefit*** *is payable for each night an* ***Insured Person*** *receives* ***In-Patient Treatment*** *and only if:* *(i) the* ***Insured Person*** *is admitted for an elective* ***In-Patient Treatment*** *before midnight, and the* ***Treatment*** *is received within the public hospitals of the* ***Insured Persons' Country of Residence****; or* *(ii) this* ***Plan*** *being the* ***Secondary Health Insurance Plan****. However, if* ***You*** *have a USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375* ***Deductible Plan****,* ***You*** *are not* ***Eligible*** *for this* ***Benefit****.* *Cover under this* ***Benefit*** *is limited to a maximum of 30 nights per* ***Period of Cover****.* *For this* ***Benefit*** *exclusion 5.9 does not apply.*	*USD 250/ EUR 200/GBP 155 per night*

Full refund | Not covered | Subject to limits | Optional

Benefit	SimpleCare 100
Annual Out-Patient Limit ***Applicable to Benefit 19 and 20 only, subject to Annual Maximum Plan Limit***	**USD 1,000/ EUR 800/ GBP 625**
19. Out-Patient Charges:	
*(i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**.*	*(i)* ▶ *Full refund subject to Annual **Out-Patient** Limit*
*(ii) Prescribed **Drugs and Dressings**.* *Maintenance of **Chronic Medical Conditions** requiring ongoing or long-term monitoring through consultations, examinations, check-ups, **Drugs and Dressings** and/or tests are covered under this **Benefit**.*	*(ii)* ▶ *Full refund subject to Annual **Out-Patient** Limit*
20. Out-Patient Physiotherapy and Alternative Therapies	
*(i) Physiotherapy by a Registered **Physiotherapist**, when referred by a **Medical Practitioner**, or **Specialist**.*	*(i)* ▶ *USD 60/ EUR 48/GBP 40 per visit*
*(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**.*	*(ii)* ▶ *USD 60/ EUR 48/GBP 40 per visit*
*(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.*	*(iii)* ▶ *USD 30/ EUR 24/GBP 20 per visit* *Combined up to 10 visits for (i), (ii) & (iii) per **Period of Cover**, subject to Annual **Out-Patient** Limit*

Benefit	SimpleCare 100
21. Dental Care *Fees of a registered **Dental Practitioner** carrying out dental **Treatment** in a dental clinic/ surgery.* *This **Benefit** provides cover for the below dental **Treatment**:* - *Screening (including x-rays where necessary)* - *Preventive scaling, polishing, and sealing (once per year)* - *Fillings and extractions (non-surgical and surgical)* - *Root canal **Treatment*** - *New or repair of crowns, dentures, in lays and bridges* - *Apicoectomy* *Dental implants and orthodontics **Treatment** are specifically excluded under this **Benefit**.* *No other **Treatment** is covered by this **Benefit**.* ***Waiting Period**: Costs incurred within nine months from the **Start Date** (or **Entry Date** if **You** are a **Dependant**) are excluded.* *A **Co-Insurance** of 20% applies.* *For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.*	▶ *Not covered*

Geographical Area Option	SimpleCare 100
22. Area of Cover: Worldwide excluding USA *By selecting this option, **Your** area of cover will become Worldwide but excluding elective **Treatment** in the USA.* ***You** will also be able to access to the **SimpleCare Comprehensive Network**.*	*Optional*

Deductible Options	SimpleCare 100
Standard Deductible	*USD 500/ EUR 400/GBP 310*
Optional Deductible *Please note:* *USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 **Deductible** is only available if **You** are covered by more than one health insurance policy. **You** can only select such **Deductible** options if **You** buy this **Plan** as a **Secondary Health Insurance Plan**. **You** will be required to provide details of **Your Primary Health Insurance** when **You** apply for cover under this **Plan**.*	*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
23. Co-Insurance Out-Patient Treatment: *A 20% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment.*** *Please note that the **Co-Insurance** will not apply to **Treatment** relating to Renal dialysis/ Renal failure, **Cancer** or Organ Transplants.* *This option is not available for **Plans** with **Deductibles** of USD 1,000/EUR 800/GBP 625 or higher.*	*Optional*
24. Out-Patient Per Visit Excess: *A USD 25/EUR 20/GBP 15 **Out-Patient Per Visit Excess** will apply when **You** receive **Eligible Out-Patient Treatment**.* *Please note that the **Out-Patient Per Visit Excess** would apply to both **Benefit** 19 - **Out-Patient** Charges and **Benefit** 20 - **Out-Patient** Physiotherapy and **Alternative Therapies Benefits**.* *This option is not available for **Plans** with **Deductibles** of USD 1,000/EUR 800/GBP 625 or higher.*	*Optional*

4.3.3 SimpleCare 250

Benefit	SimpleCare 250
Annual Maximum Plan Limit ***24/7 helpline and assistance services available on all Plans***	**USD 1,500,000/ EUR 1,200,000/ GBP 937,500**
Geographical Area Default	
Area of Cover: Europe	*Default Network:* ***SimpleCare Europe Network***
1. Hospital Charges, Medical Practitioner and Specialist Fees: *(i) Charges for **In-Patient** or **Day-Patient Treatment** made by a **Hospital** including charges for accommodation (ward/semi-private or private); **Diagnostic Tests**; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a **Qualified Nurse**; **Drugs and Dressings** prescribed by a **Medical Practitioner** or **Specialist**; and surgical appliances used by the **Medical Practitioner** during surgery. This includes pre and post-operative consultations while an **In-Patient** or **Day-Patient** and includes charges for intensive care.* *(ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an **Eligible Medical Condition** which required **In-Patient** or **Day-Patient Hospital Treatment**.*	*(i)* ▶ *Full refund* *(ii)* ▶ *Up to USD 1,500/ EUR 1,200/ GBP 930 per* ***Medical Condition***
2. Diagnostic Procedures: ***Medically Necessary** diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an **In-Patient, Day-Patient** or **Out-Patient.***	▶ *Full refund*
3. 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 a **Day-Patient** or **Out-Patient** basis.*	*(i)* ▶ *Up to six weeks full refund* *(ii)* ▶ *Up to USD 35,000/ EUR 28,000/ GBP 21,875 per* ***Period of Cover***
4. Organ Transplant: ***Treatment** for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the **Insured Person** as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under **Benefit** 7 - **Congenital Disorder** but excluded from **Benefit** 4 – Organ Transplant.* ***We** only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with **WHO** guidelines.* *Medical costs associated with the donor and the cost of the donor organ search are excluded from this **Benefit**.*	▶ *Up to USD 150,000/ EUR 120,000/ GBP 93,750 per* ***Period of Cover***
5. Cancer Treatment: ***Treatment** given for **Cancer** received as an **In-Patient**, **Day-Patient** or **Out-Patient**. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis.*	▶ *Full refund*

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

Benefit	SimpleCare 250
6. New Born Cover: ***In-Patient Treatment*** *of premature birth (i.e. prior to age 37 weeks gestation) or an* ***Acute Condition*** *being suffered by a* ***New Born*** *baby of an* ***Insured Person*** *which manifests itself within 30 days following birth. Provided that the* ***New Born*** *baby is added to the* ***Plan*** *within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.* *In circumstances where* ***We*** *require details of the* ***New Born*** *baby's medical history before the baby is being added to the* ***Plan****,* ***We*** *reserve the right to apply particular restrictions to the cover* ***We*** *will offer. Please refer to Section 6.5 - Adding* ***New Born*** *of this Members Handbook for details.*	*Up to USD 35,000/ EUR 28,000/ GBP 21,875 per* ***Period of Cover***
7. Congenital Disorder: ***In-Patient Treatment*** *for a* ***Congenital Disorder****. In circumstances where a* ***Congenital Disorder*** *manifests itself in a* ***New Born*** *baby within 30 days of birth, cover for such* ***Medical Conditions*** *will be provided under* ***Benefit*** *6 -* ***New Born*** *Cover but excluded from* ***Benefit*** *7 –* ***Congenital Disorders****.*	*Up to USD 35,000/ UR 28,000/ GBP 21,875 per* ***Period of Cover***
8. Parent Accommodation: *The cost of one parent staying in* ***Hospital*** *overnight with an* ***Insured Person*** *under 18 years old while the child is admitted as an* ***In-Patient*** *for* ***Eligible Treatment****.*	*Full refund*
9. Hospital Accommodation for New Born Accompanying their Mother: ***Hospital Accommodation*** *costs relating to a* ***New Born*** *baby (up to 16 weeks old) to accompany its mother (being an* ***Insured Person****) while she is receiving* ***Eligible Treatment*** *as an* ***In-Patient*** *in a* ***Hospital****.*	*Full refund*
10. Reconstructive Surgery: *Reconstructive surgery required to restore natural function or appearance following an* ***Accident*** *or following a* ***Surgical Procedure*** *for an* ***Eligible Medical Condition****, which occurred after an* ***Insured Person's Entry Date*** *or* ***Start Date*** *whichever is later.*	*Full refund*
11. Day-Patient or Out-Patient Surgery: ***Treatment*** *costs for a* ***Surgical Procedure*** *performed in a surgery,* ***Hospital****, day-care facility or* ***Out-Patient*** *department.*	*Full refund*
12. In-Patient Emergency Dental Treatment: *This means* ***Emergency*** *restorative dental* ***Treatment*** *required to sound, natural teeth following an* ***Accident*** *which necessitates* ***Your*** *admission to* ***Hospital*** *for at least one night.* *The dental* ***Treatment*** *must be received within 10 days of the* ***Accident****. This* ***Benefit*** *covers all costs incurred for* ***Treatment*** *made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:* • *If the* ***Treatment*** *involves replacing a crown, bridge facing, veneer or denture,* ***We*** *will pay only the reasonable and customary cost of a replacement of similar type or quality* • *If implants are clinically needed* ***We*** *will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead* • *Damage to dentures providing they were being worn at the time of the injury*	*Full refund*
13. Rehabilitation: *When referred by a* ***Specialist*** *as an integral part of* ***Treatment*** *for a* ***Medical Condition*** *necessitating admission to a recognised* ***Rehabilitation*** *unit of a* ***Hospital****. Where the* ***Insured Person*** *was confined to a* ***Hospital*** *as an* ***In-Patient*** *for at least three consecutive days, and where a* ***Specialist*** *confirms in writing that* ***Rehabilitation*** *is required. Admission to a* ***Rehabilitation*** *unit must be made within 14 days of discharge from* ***Hospital****. Such* ***Treatment*** *should be under the direct supervision and control of a* ***Specialist*** *and would cover:* *(i) Use of special* ***Treatment*** *rooms* *(ii) Physical therapy fees* *(iii) Speech therapy fees* *(iv) Occupational therapy fees*	*Full refund up to 90 days per* ***Medical Condition***
14. Nursing Care at Home: *Care given by* ***Qualified Nurse*** *in the* ***Insured Person's*** *own home, which is immediately received subsequent to* ***Treatment*** *as an* ***In-Patient*** *or* ***Day-Patient*** *on the recommendation of a* ***Medical Practitioner*** *or* ***Specialist****.*	*Full refund up to 30 days per* ***Medical Condition***

Full refund Not covered Subject to limits Optional

Benefit	SimpleCare 250
15. Emergency Ambulance Transportation: ***Emergency*** *road ambulance transport costs to or between* ***Hospitals****, or when considered* ***Medically Necessary*** *by a* ***Medical Practitioner*** *or* ***Specialist****.*	*Full refund*
16. Evacuation and Repatriation:	
Evacuation *Arrangements will be made to move an* ***Insured Person*** *who has a critical, life-threatening* ***Eligible Medical Condition*** *to the nearest medical facility for the purpose of admission to* ***Hospital*** *as an* ***In-Patient*** *or* ***Day-Patient****.*	*Combined limit up to USD 100,000/ EUR 80,000/ GBP 62,500*
Reasonable expenses for:	
(i) Transportation costs of an ***Insured Person*** *in the event of* ***Emergency Treatment*** *and* ***Medically Necessary*** *transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.*	*(i) Full refund*
(ii) Reasonable local travel costs to and from medical appointments when ***Treatment*** *is being received as a* ***Day-Patient****.*	*(ii) Full refund*
(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the ***Hospital*** *to visit the* ***Insured Person*** *following admission as an* ***In-Patient****.*	*(iii) Full refund*
*(iv) Reasonable costs for non-****Hospital Accommodation*** *only for immediate pre and post-****Hospital*** *admission periods provided that the* ***Insured Person*** *is under the care of a* ***Specialist****.*	*(iv) Up to USD 200/ EUR 160/ GBP 125 per day Up to USD 7,500/ EUR 6,000/ GBP 4,600 per person, per* ***Evacuation***
Costs of ***Evacuation*** *do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.* ***Our*** *medical advisers will decide the most appropriate method of transportation for the* ***Evacuation*** *and this* ***Benefit*** *will not cover travel if it is against the advice of* ***Our*** *medical advisers or where the medical facility does not have appropriate facilities to treat the* ***Eligible Medical Condition****.*	
Repatriation *An economy class airfare ticket to return the* ***Insured Person*** *and a locally-accompanying person who has travelled as an escort to the site of* ***Treatment*** *or the* ***Insured Person's*** *principal* ***Country of Nationality*** *or principal* ***Country of Residence****, as long as the journey is made within one month of completion of* ***Treatment****.* ***You*** *are* ***Eligible*** *for* ***Medically Necessary Repatriation*** *costs only if there was an initial* ***Evacuation*** *that has taken place.* ***Deductible*** *would apply to* ***Medically Necessary Treatment*** *required under this* ***Benefit****.*	*Full refund*
17. Emergency Non-Elective Treatment outside Area of Cover: *For planned trips up to 30 days of duration.* ***Treatment*** *by a* ***Medical Practitioner*** *or* ***Specialist*** *starting within 24 hours of the* ***Emergency*** *event, required as a result of an* ***Accident*** *or the sudden beginning of a severe illness resulting in a* ***Medical Condition*** *that presents an immediate threat to the* ***Insured Person's*** *health.*	***Accident:*** *Full refund for* ***Accident*** *requiring* ***In-Patient*** *and* ***Day-Patient*** *care* *Illness:* ***In-Patient*** *and* ***Day-Patient*** *care up to USD 35,000/ EUR 28,000/GBP 21,875 per* ***Period of Cover***
18. Hospital Cash Benefit: *This* ***Benefit*** *is payable for each night an* ***Insured Person*** *receives* ***In-Patient Treatment*** *and only if:* *(i) the* ***Insured Person*** *is admitted for an elective* ***In-Patient Treatment*** *before midnight, and the* ***Treatment*** *is received within the public hospitals of the* ***Insured Persons' Country of Residence****; or* *(ii) this* ***Plan*** *being the* ***Secondary Health Insurance Plan****. However, if* ***You*** *have a USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375* ***Deductible Plan****,* ***You*** *are not* ***Eligible*** *for this* ***Benefit****.* *Cover under this* ***Benefit*** *is limited to a maximum of 30 nights per* ***Period of Cover****.* *For this* ***Benefit*** *exclusion 5.9 does not apply.*	*USD 250/ EUR 200/GBP 155 per night*

Full refund Not covered Subject to limits Optional

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

Benefit	SimpleCare 250
21. Dental Care	
Fees of a registered ***Dental Practitioner*** *carrying out dental* ***Treatment*** *in a dental clinic/ surgery.*	▶ *Up to USD 300/ EUR 240/GBP 185 per* ***Period of Cover***
This ***Benefit*** *provides cover for the below dental* ***Treatment****:* - *Screening (including x-rays where necessary)* - *Preventive scaling, polishing, and sealing (once per year)* - *Fillings and extractions (non-surgical and surgical)* - *Root canal* ***Treatment*** - *New or repair of crowns, dentures, in lays and bridges* - *Apicoectomy*	
Dental implants and orthodontics ***Treatment*** *are specifically excluded under this* ***Benefit***.	
No other ***Treatment*** *is covered by this* ***Benefit***.	
Waiting Period*: Costs incurred within nine months from the* ***Start Date*** *(or* ***Entry Date*** *if* ***You*** *are a* ***Dependant****) are excluded.*	
A ***Co-Insurance*** *of 20% applies.*	
For this ***Benefit*** *the* ***Plan Deductible*** *or* ***Plan Out-Patient Per Visit Excess*** *does not apply.*	

Geographical Area Option	SimpleCare 250
22. Area of Cover: Worldwide excluding USA *By selecting this option, **Your** area of cover will become Worldwide but excluding elective **Treatment** in the USA.* ***You** will also be able to access to the **SimpleCare Comprehensive Network**.*	▶ *Optional*

Deductible Options	SimpleCare 250
Standard Deductible	*USD 500/ EUR 400/GBP 310*
Optional Deductible *Please note:* *USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 **Deductible** is only available if **You** are covered by more than one health insurance policy. **You** can only select such **Deductible** options if **You** buy this **Plan** as a **Secondary Health Insurance Plan**. **You** will be required to provide details of **Your Primary Health Insurance** when **You** apply for cover under this **Plan**.*	*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 250
23. Co-Insurance Out-Patient Treatment: *A 20% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment.*** *Please note that the **Co-Insurance** will not apply to **Treatment** relating to Renal dialysis/ Renal failure, **Cancer** or Organ Transplants.* *This option is not available for **Plans** with **Deductibles** of USD 1,000/EUR 800/GBP 625 or higher.*	▶ *Optional*
24. Out-Patient Per Visit Excess: *A USD 25/EUR 20/GBP 15 **Out-Patient Per Visit Excess** will apply when **You** receive **Eligible Out-Patient Treatment**.* *Please note that the **Out-Patient Per Visit Excess** would apply to both **Benefit** 19 - **Out-Patient** Charges and **Benefit** 20 - **Out-Patient** Physiotherapy and **Alternative Therapies Benefits**.* *This option is not available for **Plans** with **Deductibles** of USD 1,000/EUR 800/GBP 625 or higher.*	▶ *Optional*

5. Exclusions: What is not covered?

These are the **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.

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.

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. This includes but not limited to costs arising from:

- normal **Pregnancy** or childbirth
- **Emergency** or voluntary caesarean section
- **Pregnancy** or childbirth **Medical Conditions**.

However, this policy shall cover **You** for **Medical Conditions** that arise during the antenatal stage, childbirth, or postpartum period.

5.27 Pre-Existing Medical Conditions

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

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

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

5.28 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.

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.

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. Plan administration

6.1 The contract

The application form and any supporting documents, **Certificate of Insurance**, **Benefit Schedule** and this handbook incorporating the **Plan** terms and conditions make up the contract between **You** and **Us**.

6.2 Premium payment

At the start of each **Plan** year, **We** will calculate **Your** new premium and let **You** know how much it is. **We** offer a choice of monthly, quarterly, semi-annual or annual premiums, which can be paid by credit card. Bank transfers or cheques can be used for annual premiums only. Premiums are payable for each person covered and any increase will normally take effect from the annual **Renewal Date** of **Your** membership.

If **You** pay by credit card, bank transfer or cheque, **We** will collect the first premium when **Your Plan** starts and subsequent premiums when they fall due. However **You** pay **Your** premium at the moment, bear in mind that **You** can change to another method simply by contacting **Our** Customer Service team on + 44 (0) 1276 602110.

You must pay **Your** premium when it is due. Depending on **Your** preferred payment method, **You** must pay **Us** 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 **You** do not, **We** will cancel **Your Plan** and will not pay for any **Treatment** or **Benefit** entitlement arising after the date that the premium became due.

We make every effort to maintain premiums at as low a level as possible, without compromising the range and quality of the cover provided. **We** review premiums each year to take account of a range of statistical factors.

Typically the cost of premiums increases at a level higher than the Retail Price Index (RPI). **You** will receive reasonable notice of any changes in premium. **Your** premium will also include the amount of any insurance premium tax or other taxes or levies which are payable by law in respect of **Your Plan**.

Premiums are based on age at the **Entry Date** or subsequent **Renewal Date**. When the **Dependant** child is an **Insured Person**, the current age shown in the premium tables will apply.

6.3 Eligibility

6.3.1 Age limits

The maximum entry age is 79. **You** must be under 80 years of age at the **Entry Date** of **Your Plan**.

6.3.2 Full medical underwriting

Full medical underwriting requires each person to be covered by **Our Plan** to complete and return an application form including the medical declaration. If **You** answer "Yes" to any of the questions, **You** will be required to provide details of the date of, and diagnosis; past/current and future known **Treatment**; details of the frequency and severity of symptoms including the date of the last episode. If available, **You** should provide any medical reports or test results with **Your** application. **You** may be required to complete a further medical questionnaire if **We** require more information. All information will be treated in strict confidence.

We rely on the information that **You** provide in the application form when **We** decide whether or not to accept **Your** application, and whether or not **We** need to apply special terms. Special terms are exclusions or conditions that **We** may apply to **Your** cover. If **You** submit a claim for the **Treatment** of any condition which **You** omitted to tell **Us** about here, or **You** omit to tell **Us** everything about any condition, **We** may refuse to pay that claim. **We** will tell **You** about any excluded **Medical Conditions**, restriction of coverage, and/or additional loading on **Your Certificate of Insurance**.

6.3.3 Dependants

Dependants must be covered under the same level of **Benefits You** have, as the **Planholder**. For example, if the **Insured Person** has elected for the SimpleCare 100 **Plan** option; they can decide to cover their **Dependant** under the same **Plan** option but not SimpleCare CORE or SimpleCare 250 **Plan** options.

6.3.4 Start Date

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

6.3.5 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 **Plan**.

6.3.6 Non-Eligible residency

If **You** permanently reside in a country that is not covered by this **Plan** and which **We** have advised at **Renewal Date**, **You** are not **Eligible** for this **Plan**. For details of the **Excluded Countries** please contact **Our** Customer Service team on + 44 (0) 1276 602110.

6.4 Adding a new Dependant

If subsequently **You** wish to add **Your** spouse, partner or child to **Your Plan**, **You** must either use **Your** online secure portfolio area at www.now-health.com or complete an add dependant application form. Cover will not start until **Your** application has been accepted by **Us** for that **Dependant** and **We** have received premium payment.

6.5 Adding New Borns

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

However**, We** will require details of the baby's medical history if :

- the baby was born within 10 months from **Your Start Date** or **Your** spouse's **Start Date**, whichever date is later; or
- the baby has been adopted; or
- the baby was born as the result of any method of assisted conception or following any type of fertility **Treatment**, including but not limited to fertility drug **Treatment**.

In such circumstances **We** reserve the right to apply particular restrictions to the cover **We** will offer, and **We** will notify **You** of those terms as soon as reasonably possible.This may limit **Your** baby's cover for existing **Medical Conditions**. This would mean that **Your** baby will not be covered for **Treatment** carried out for **Medical Conditions** which existed prior to joining, such as **Treatment** in a Special Care Baby Unit and **You** will be liable for these costs.

6.6 Changing Your cover

Subsequent changes in cover can only be made at renewal.

6.7 Renewing Your cover

Your Plan is for one year, the **Period of Cover**. Prior to the end of any **Period of Cover We** will write to the **Planholder** to advise on what terms the **Plan** will continue, provided the **Plan You** are on is still available. If **We** do not hear from the **Planholder** in response, **We** will renew **Your Plan** on the new terms. Where **You** have opted to pay premiums by continuous credit card payments or other payment method, **We** may continue to collect premiums by such method for the new **Plan** year. Please note that if **We** do not receive **Your** premium, **You** will not be covered. If the **Plan You** were on is no longer available, **We** will do **Our** best to offer **You** cover on an alternative **Plan**.

6.8 Local taxes

You are liable for any local taxes and charges as established by the applicable laws. These have to be paid in full by **You** and will be shown on **Your Certificate of Insurance**.

7. Making a complaint

7.1 Not happy with our service?

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

The Managing Director
Now Health International (Europe) Limited
Suite G3/4, Building Three
Watchmoor Park
Camberley
Surrey, GU15 3YL, United Kingdom
Tel: +44(0) 1276 602110
Fax: +44(0) 1276 602130
Email: EuropeService@now-health.com

The Managing Director is responsible for Now Health's UK Complaint Handling Policy and he will ensure that **Your** complaint is investigated thoroughly and a full response is sent to **You** as soon as possible.

To allow **Us** to investigate **Your** complaint, the Financial Conduct Authority (FCA) gives **Us** up to eight weeks to get back to **You**, from the date **You** first raised **Your** complaint with **Us**, however, **You** can go immediately to the Financial Ombudsman (FOS) to review **Your** complaint, as referenced below **We** will respond sooner than this if **We** are able.

If following **Our** investigation, **You** remain dissatisfied or **We** are unable to provide a response within the eight weeks permitted by the FCA, **You** may ask the Financial Ombudsman Service to review **Your** complaint. The address **You** need to write to is:

The Financial Ombudsman Service,
Exchange Tower,
Harbour Exchange Square,
London, E14 9SR, United Kingdom
Telephone: 0800 023 4 567 (fixed line)
Telephone: 0300 123 9 123
Telephone: +44 20 7964 0500 (abroad)
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

None of these procedures affect **Your** legal rights.

7.2 What regulatory protection do I have?

7.2.1 The Financial Conduct Authority (FCA)

Now Health International (Europe) Limited, whose Financial Conduct Authority (FCA) registration number is 523267, is authorised and regulated by the Financial Conduct Authority.

The FCA was established by the United Kingdom government to regulate financial services.
The FCA is committed to securing the appropriate degree of protection for consumers and promoting public understanding of the financial system.

The FCA has set out rules to regulate the sale and administration of general insurance, which **We** must follow when dealing with **You**. This information can be checked by referring to the FCA Register which can be found at: https://register.fca.org.uk/, or by contacting the FCA by phone. The number is 0800 111 6768 within the UK and Channel Islands and +44 (0) 20 7066 1000 if **You** are calling from outside the UK and Channel Islands.

We can only give information on products **We** provide. If **You** would like further details on any other products **We** provide please contact **Us**.

7.2.2 The Financial Services Compensation Scheme (FSCS)

We and the **Underwriters** are covered by the FSCS. **You** may be entitled to compensation from the scheme if **We** cannot meet **Our** obligations to **You**. **Eligibility** will depend on the type of business and the circumstances of the claim. The maximum level of compensation for claims against **Us** is 90% of the claim with no upper limit.

The scheme is governed by FCA rules. It may act if it decides that a company is in such serious financial difficulties that it may not be able to honour its contracts of insurance.

The scheme may assist by providing financial assistance to the company concerned, by transferring policies or by paying compensation to **Eligible Planholders**.

Further information about the operation of the scheme is available on the FSCS website: www.fscs.org.uk.

7.3 What we do with your personal data

Please ensure that **You** show the following information to others covered under **Your Plan** or make them aware of its contents so that they are informed about the way in which **We** use their personal information.

This section of the handbook provides a summary of the key ways in which **We** use personal information and should be read in conjunction with **Our** full privacy notice.

We and the **Underwriters** take data protection compliance very seriously and are committed to dealing with all personal information supplied in connection with **Your Plan** in accordance with all applicable data protection laws.

We and the **Underwriters** will collect and hold certain information about **You** and any family members covered by **Your Plan**. This information will be processed, in particular, for the purposes of meeting **Our** legal and regulatory obligations, administering **Your Plan** and administering any claims **You** or **Your** family members make under **Your Plan**.

The information **We** collect about **You** and **Your** family members includes details such as names and addresses as well as more sensitive details such as health information and is obtained from a number of different sources.

The way **Your Plan** works means **Your** and **Your** family members' information may be shared with and used by a number of third parties, including **Underwriters**, **Medical Practitioners**, Medical Assistance Companies and Claims Administrators – but only in connection with **Your Plan**.

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 **Plan** all correspondence about the **Plan**, including claims correspondence, will be sent to the **Planholder**. **We** will send most correspondence about the **Plan** to the **Planholder**. **We** take both data protection and medical confidentiality very seriously and aim, where possible, to correspond with each individual member about their claim. This may mean a **Dependant** under the age of 18 may make a claim without the knowledge of the **Planholder**, parent or carer, for example, where the healthcare provider has determined the member is competent to consent to the medical **Treatment**. If any family member over 18 insured under the **Plan** does not want this to happen they should apply for their own **Plan**.

In certain circumstances, **We** may share information with law enforcement agencies and other organisations in order to help detect and prevent fraudulent claims and other crimes. 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.

We would also like to use **Your** contact details in order to keep **You** informed of other products and services **We** think may be of interest to You.

We need **Your** consent to use **Your** contact details for this purpose, which **We** will ask for before **We** start sending **You** any marketing communications. **You** do not have to give **Your** consent and **You** may withdraw **Your** consent at any time.

You have rights in relation to the information **We** hold about **You**, including the right to access **Your** information. Please contact **Us** at hello@now-health.com if **You** wish to exercise **Your** rights, discuss how **We** use **Your** information or request a copy of **Our** full privacy notice.

For more information about how **We** use **Your** and **Your** family members' personal information please see **Our** full privacy notice, a copy of which is available online at www.now-health.com or on request.

8. Rights and responsibilities

The application form, **Certificate of Insurance**, **Benefit Schedule** and this handbook incorporating the **Plan** terms and conditions make up the contract between **You** 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 the **Plan** (including not returning the **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 **Plan** premium and reduce **Your** claim(s).

8.1.2 **You** must write and tell **Us** if **You** change **Your** address or occupation.

8.1.3 This **Plan** is available only to people living outside their **Country of Nationality** apart from certain countries where **We** have explicitly agreed to cover local nationals, so **You** must tell **Us** immediately 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.

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

8.1.5 If the **Planholder** dies and there is more than one **Insured Person** aged 18 or above, this **Plan** will automatically be transferred to the oldest **Insured Person** from the date of death, who will become the **Planholder**.

8.1.6 **You** must pay **Your** premium when it is due and in the currency of **Your Plan**. **We** will decide the amount at the start of each year and tell **You** how much it is. **You** can pay it in the way **You** have agreed with **Us**. **We** can change the amount of **Your** premium during a year to reflect any change in insurance premium tax or other taxes but **We** will tell **You** of the change. If **Your** premium payments are not up to date **Your Plan** will end.

8.1.7 The **Planholder** may cancel this **Plan** by contacting **Us** during the 14-day cooling off period. The 14-day cooling off period starts on the day that the contract is concluded or the day that full **Plan** terms and conditions are received, whichever is the later. The 14-day cooling off period also applies from each **Renewal Date**.

If the **Plan** is cancelled during the 14-day cooling off period **We** will return any premium paid for the **Plan** providing no claims have been made on the **Plan,** in relation to the **Period of Cover** before cancellation (being no more than 14 days' cover). If **You** incur **Eligible** claims costs within that **Period of Cover We** reserve the right to require the **Planholder** to pay for the services **We** have actually provided in connection with the **Plan** to the extent permitted by law and any return of premium is subject to this. If the **Planholder** does not cancel the **Plan** during the cancellation period the **Plan** will continue on the terms described in this handbook for the remainder of the **Period of Cover**.

We may void the **Plan** for **You** (as the **Insured Person**) and **Your Dependants** in the following situations. If **You** or **Your Dependants**:

- Make a misrepresentation by withholding relevant information or giving **Us** incorrect information
- Make a misrepresentation by making a false or fraudulent claim
- Fail to provide any reasonable information **We** have asked for
- Fail to pay the premiums due
- If **You** move to the USA, or a country not covered by this **Plan** which may vary from time to time, of which **You** will be advised

8.1.8 This **Plan** shall be governed by and construed in accordance with the Laws of England and Wales and the parties agree to submit to the jurisdiction of the English courts.

8.2 Our rights and responsibilities

8.2.1 **We** will tell the **Planholder** in writing the date the **Plan** starts and any special terms which apply to it. **We** can refuse to give cover and will tell **You** 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 **Your** acceptance.

8.2.3 **We** can refuse to add a family member to the **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 **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** any loss to **Us** caused by the break
- Refuse to renew **Your Plan**
- Impose different terms to any cover **We** are prepared to provide
- End **Your Plan** and all cover under it immediately

8.2.6 Break in cover

Where there is a break in cover, for whatever reason, **We** reserve the right to reapply exclusion 5.27 in respect of pre-existing **Medical Conditions**.

8.2.7 Waiver by **Us** of any breach of any term or condition of this **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 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 the **Plan** void, as if it never existed. If **We** have already paid the **Benefit We** can recover those sums from **You**. 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 **You** in writing by sending the details to the primary contact details **We** have for **You**. **We** reserve the right to revise or discontinue the **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 **Plan** is written in English and all other information and communications to **You** relating to this **Plan** will also be in English unless **We** have agreed otherwise in writing.

8.2.12 Transfer of Your Plan following the United Kingdom's exit from the European Union

Your Plan is underwritten by AXA PPP Healthcare Limited, a UK based insurer. This means that if the country where **You** normally live is outside the UK in a Member State of the European Union (EU) it may not be possible for **Us** to continue to legally meet **Our** obligations under **Your Plan** now the United Kingdom has left the EU; without a provision in **Our Agreement** with **You** to allow **Us** to automatically transfer **Your Plan** to an alternative insurance partner of the Now Health International Group as the underwriter of **Your Plan**.

By entering into this **Plan You** agree that, if **We** believe it may not be possible for **Us** to legally meet **Our** obligations under **Your Plan**, **We** have the right to formally provide **You** notice that **We Plan** to transfer all **Our** rights and obligations under this **Plan** to another insurance partner of the Now Health International Group. This insurer will be licensed to carry on insurance business in **Your** Member State of the EU. This transfer will take place at **Your Plan** renewal (the transfer date).

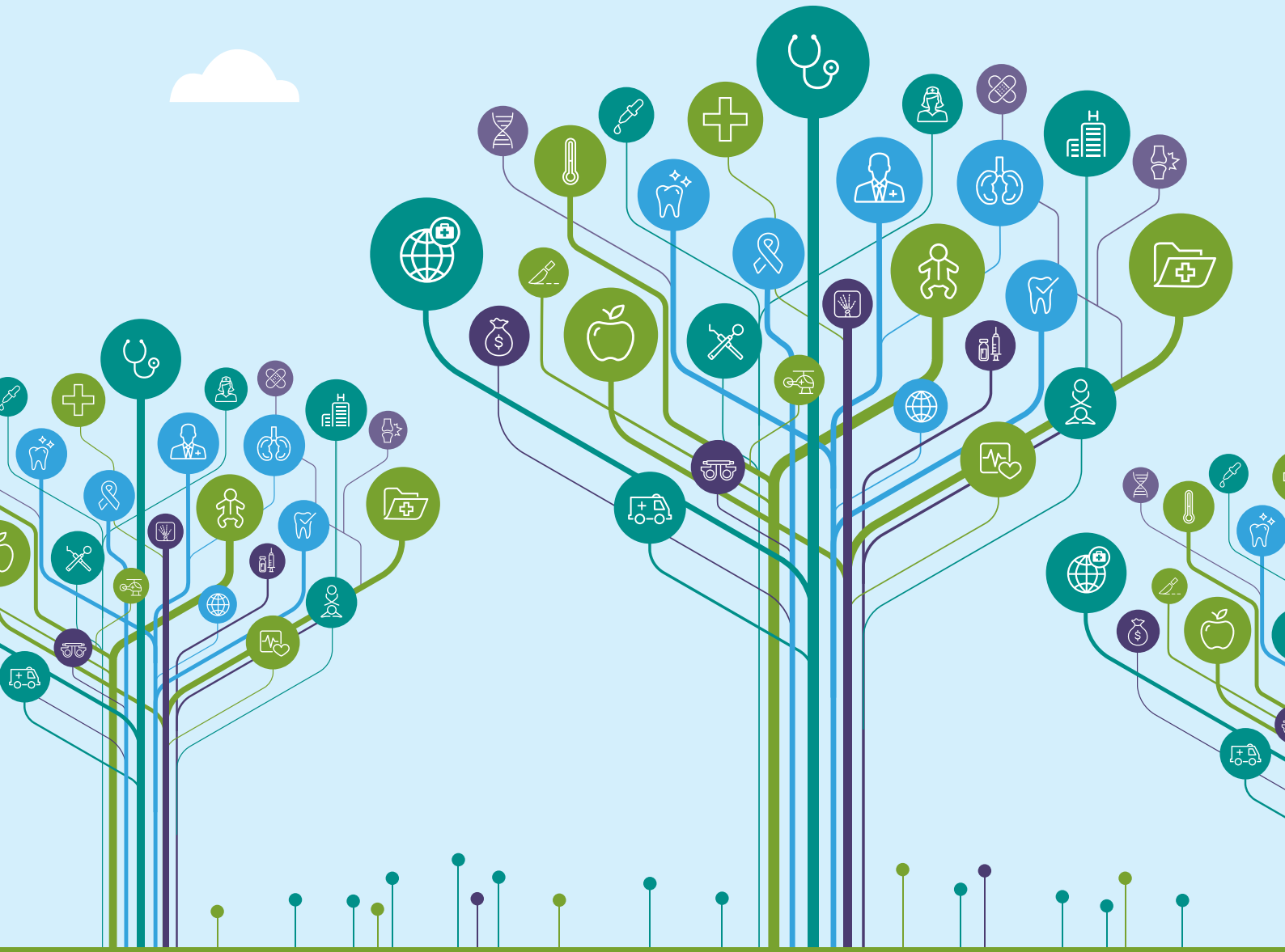
If **We** write to **You** to give **You** reasonable notice of the transfer described above, **We** will:

- confirm the identity of the Now Health International Group insurance partner that will assume the rights and obligations under **Your Plan** and that it is meeting its regulatory capital requirements
- provide the authorisation and regulation details of the Now Health International Group insurance partner
- explain the process and any changes to **Your Plan**
- give **You** an option to cancel **Your Plan**, explaining the processes for cancellation (including what **You** need to do to choose to exercise the cancellation option as well as the terms and conditions governing any refund amounts due under **Your Plan**.

If **We** use this transfer right (and You do not choose to cancel **Your Plan**), then, on the transfer date, AXA PPP Healthcare Limited will be replaced by the new Now Health International Group insurance partner as the underwriter of **Your Plan**. The following will apply from the transfer date:

- the new Now Health International Group insurance partner will do everything that AXA PPP Healthcare Limited has agreed to do under **Your Plan** (except anything that AXA PPP Healthcare Limited have already done by the transfer date and except for any changes that may be required by law or regulation) as if the Now Health International Group insurance partner was named from the inception of **Your Plan**
- the Now Health International Group insurance partner will have all the rights that AXA PPP Healthcare Limited has under **Your Plan** as if they were named in this **Plan** from inception, including rights to receive payment of any outstanding or regular premiums due and/or payment of "excess" amounts in relation to claims
- AXA PPP Healthcare Limited will have no further obligations towards **You** (including in relation to activities they had agreed to do before the transfer date) and will not have any rights at all against **You** or any other interest in this **Plan**
- all authorisations and instructions for the payment of premiums and/or excess to **Us** will take effect as providing for authorisation and instruction for the payment of premiums and/or excess to the new Now Health International Group insurance partner.
- use of '**We**', '**Us**', or '**Our**' in this **Plan** will mean Now Health International Group.
- **Your Plan** renewal date will remain the same.

This section 'Transfer of **Your Plan** following the United Kingdom's exit from the European Union' will take precedence over any other part of this **Plan** that is inconsistent with it (including any part of any application form that **You** filled in, any statement of fact sent to **You**, this handbook or **Your** membership certificate)



+44 (0) 1276 602110
+44 (0) 1276 602130
EuropeService@now-health.com
www.now-health.com