

## Benefit Schedule

### WorldCare Advance - Individuals and families Plan

| Benefit   | Advance  |
|---|--|
| <p><b>Annual Maximum Plan Limit</b><br/>24/7 helpline and assistance services available on all Plans</p>  | <p>USD 3.5m/<br/>EUR 2.8m/<br/>GBP 2.2m</p>  |
| <p><b>1. Maintenance of Chronic Medical Conditions:</b></p> <p>Maintenance of chronic <b>Medical Conditions</b> such as but not limited to asthma, diabetes and hypertension requiring ongoing or long-term monitoring through consultations, examinations, check-ups, <b>Drugs and Dressings</b> and/or tests up to the <b>Benefit</b> limits following <b>Your Entry Date</b>. This <b>Benefit</b> does not cover renal failure and dialysis. Claims for this will fall under <b>Benefit 6</b>. Claims for <b>Cancer</b> will fall under <b>Benefit 8</b>.</p>  | <p>▶ Full refund</p>   |
| <p><b>2. Hospital Charges, Medical Practitioner and Specialist Fees:</b></p> <p>i) Charges for <b>In-Patient</b> or <b>Day-Patient Treatment</b> made by a <b>Hospital</b> including charges for accommodation (ward/semi-private or private); <b>Diagnostic Tests</b>; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a <b>Qualified Nurse</b>; <b>Drugs and Dressings</b> prescribed by a <b>Medical Practitioner</b> or <b>Specialist</b>; and surgical appliances used by the <b>Medical Practitioner</b> during surgery. This includes pre and post-operative consultations while an <b>In-Patient</b> or <b>Day-Patient</b> and includes charges for intensive care.</p> <p>ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an <b>Eligible Medical Condition</b> which required <b>In-Patient</b> or <b>Day-Patient Hospital Treatment</b>.</p> | <p>(i) ▶ Full refund<br/>Pre-Authorisation for (i) 📄</p> <p>(ii) ▶ Up to USD 1,500/<br/>EUR 1,200/<br/>GBP 930 per<br/>Medical Condition</p> |
| <p><b>3. Diagnostic Procedures:</b></p> <p><b>Medically Necessary</b> diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an <b>In-Patient</b>, <b>Day-Patient</b> or <b>Out-Patient</b>.</p>  | <p>Pre-Authorisation for PET 📄</p> <p>▶ Full refund</p>  |
| <p><b>4. Emergency Ambulance Transportation:</b></p> <p><b>Emergency</b> road ambulance transport costs to or between <b>Hospitals</b>, or when considered <b>Medically Necessary</b> by a <b>Medical Practitioner</b> or <b>Specialist</b>.</p>  | <p>▶ Full refund</p>   |
| <p><b>5. Parent Accommodation:</b></p> <p>The cost of one parent staying in <b>Hospital</b> overnight with an <b>Insured Person</b> under 18 years old while the child is admitted as an <b>In-Patient</b> for <b>Eligible Treatment</b>.</p>   | <p>▶ Full refund</p>   |
| <p><b>6. Renal Failure and Renal Dialysis:</b></p> <p>(i) <b>Treatment</b> of renal failure, including renal dialysis on an <b>In-Patient</b> basis.</p> <p>(ii) <b>Treatment</b> of renal failure, including renal dialysis on a <b>Day-Patient</b> or <b>Out-Patient</b> basis.</p>   | <p>(i) ▶ Full refund</p> <p>(ii) ▶ Up to USD 100,000/<br/>EUR 80,000/<br/>GBP 62,500 per<br/>Period of Cover</p>                             |
| <p><b>7. Organ Transplant:</b></p> <p>i) <b>Treatment</b> for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the <b>Insured Person</b> as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under <b>Benefit 12</b> but excluded from <b>Benefit 7 – Organ Transplant</b>.</p> <p>ii) Medical costs associated with the donor as an <b>In-Patient</b> or <b>Day-Patient</b>, with the exception of the cost of the donor organ search.</p> <p><b>We</b> only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with <b>WHO</b> guidelines.</p>  | <p>(i) ▶ Full refund</p> <p>(ii) ▶ Up to USD 50,000/<br/>EUR 40,000/<br/>GBP 31,250 per<br/>Period of Cover</p>                              |

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

\*The maximum annual **Plan** limit in Singapore is USD 4.5m per **Period of Cover**.

| Benefit   | Advance   |
|---|---|
| <p><b>8. Cancer Treatment:</b></p> <p><b>Treatment</b> given for <b>Cancer</b> received as an <b>In-Patient, Day-Patient</b> or <b>Out-Patient</b>.<br/>Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis.</p>   | <p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>   |
| <p><b>9. Pregnancy and Childbirth Medical Conditions:</b></p> <p><b>In-Patient Treatment</b> of an <b>Eligible Medical Condition</b> which arises during the antenatal stages of <b>Pregnancy</b>, or an <b>Eligible Medical Condition</b> which arises during childbirth. As an illustration, <b>We</b> would consider <b>Treatment</b> of the following:</p> <ul style="list-style-type: none"> <li>• Ectopic <b>Pregnancy</b> (where the foetus is growing outside the womb)</li> <li>• Hydatidiform mole (abnormal cell growth in the womb)</li> <li>• Retained placenta (afterbirth retained in the womb)</li> <li>• Placenta praevia</li> <li>• Eclampsia (a coma or seizure during <b>Pregnancy</b> and following pre-eclampsia)</li> <li>• Diabetes (If <b>You</b> have exclusions because of <b>Your</b> past medical history which relate to diabetes, then <b>You</b> will not be covered for any <b>Treatment</b> for diabetes during <b>Pregnancy</b>)</li> <li>• Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)</li> <li>• Miscarriage requiring immediate surgical <b>Treatment</b></li> <li>• Failure to progress in labour</li> </ul> | <p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>   |
| <p><b>10. New Born Cover:</b></p> <p><b>In-Patient Treatment</b> of premature birth (i.e. prior to age 37 weeks gestation) or an <b>Acute Condition</b> being suffered by a <b>New Born</b> baby of an <b>Insured Person</b> which manifests itself within 30 days following birth. Provided that the <b>New Born</b> baby is added to the <b>Plan</b> within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.</p>   | <p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 100,000/<br/>EUR 80,000/<br/>GBP 62,500 per<br/><b>Period of Cover</b></p>  |
| <p><b>11. Hospital Accommodation for New Born Accompanying their Mother:</b></p> <p><b>Hospital Accommodation</b> costs relating to a <b>New Born</b> baby (up to 16 weeks old) to accompany its mother (being an <b>Insured Person</b>) while she is receiving <b>Eligible Treatment</b> as an <b>In-Patient</b> in a <b>Hospital</b>.</p>   | <p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>   |
| <p><b>12. Congenital Disorder:</b></p> <p><b>In-Patient Treatment</b> for a <b>Congenital Disorder</b>. In circumstances where a <b>Congenital Disorder</b> manifests itself in a <b>New Born</b> baby within 30 days of birth, cover for such <b>Medical Conditions</b> will be provided under <b>Benefit 10</b> but excluded from <b>Benefit 12 – Congenital Disorders</b>.</p>   | <p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 100,000/<br/>EUR 80,000/<br/>GBP 62,500 per<br/><b>Period of Cover</b></p>  |
| <p><b>13. Reconstructive Surgery:</b></p> <p>Reconstructive surgery required to restore natural function or appearance following an <b>Accident</b> or following a <b>Surgical Procedure</b> for an <b>Eligible Medical Condition</b>, which occurred after an <b>Insured Person's Entry Date</b> or <b>Start Date</b> whichever is later.</p>  | <p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>   |
| <p><b>14. Rehabilitation:</b></p> <p>When referred by a <b>Specialist</b> as an integral part of <b>Treatment</b> for a <b>Medical Condition</b> necessitating admission to a recognised <b>Rehabilitation</b> unit of a <b>Hospital</b>. Where the <b>Insured Person</b> was confined to a <b>Hospital</b> as an <b>In-Patient</b> for at least three consecutive days, and where a <b>Specialist</b> confirms in writing that <b>Rehabilitation</b> is required. Admission to a <b>Rehabilitation</b> unit must be made within 14 days of discharge from <b>Hospital</b>. Such <b>Treatment</b> should be under the direct supervision and control of a <b>Specialist</b> and would cover:</p> <ol style="list-style-type: none"> <li>i) Use of special <b>Treatment</b> rooms</li> <li>ii) Physical therapy fees</li> <li>iii) Speech therapy fees</li> <li>iv) Occupational therapy fees</li> </ol>   | <p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund<br/>up to 180 days per<br/><b>Medical Condition</b></p>   |
| <p><b>15. In-Patient Emergency Dental Treatment:</b></p> <p>This means <b>Emergency</b> restorative dental <b>Treatment</b> required to sound, natural teeth following an <b>Accident</b> which necessitates <b>Your</b> admission to <b>Hospital</b> for at least one night.</p> <p>The dental <b>Treatment</b> must be received within 10 days of the <b>Accident</b>. This <b>Benefit</b> covers all costs incurred for <b>Treatment</b> made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:</p> <ul style="list-style-type: none"> <li>• If the <b>Treatment</b> involves replacing a crown, bridge facing, veneer or denture, <b>We</b> will pay only the reasonable and customary cost of a replacement of similar type or quality</li> <li>• If implants are clinically needed <b>We</b> will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead</li> <li>• Damage to dentures providing they were being worn at the time of the injury</li> </ul>   | <p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>   |
| <p><b>16. In-Patient Psychiatric Treatment:</b></p> <p><b>In-Patient Treatment</b> in a recognised Psychiatric unit of a <b>Hospital</b>. All <b>Treatment</b> must be administered under the direct control of a Registered Psychiatrist.</p>  | <p style="text-align: center;">▶</p> <p style="text-align: center;">Pre-Authorisation 📞</p> <p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund limited<br/>to 30 days per<br/><b>Period of Cover</b></p> |
| <p><b>17. Terminal Illness:</b></p> <p>Palliative and Hospice Care: On diagnosis of a <b>Terminal</b> illness, costs for any <b>In-Patient, Day-Patient</b> or <b>Out-Patient Treatment</b> given on the advice of a <b>Medical Practitioner</b> or <b>Specialist</b> for the purpose of offering temporary relief of symptoms. Charges for <b>Hospital</b> or hospice accommodation, nursing care by a <b>Qualified Nurse</b> and prescribed <b>Drugs and Dressings</b> are covered.</p>   | <p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 50,000/<br/>EUR 40,000/<br/>GBP 31,250<br/>lifetime limit</p>   |


## Benefit


## Advance

### 18. Emergency Non-Elective Treatment USA Cover:

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

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

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

 **Illness:** **In-Patient** and **Day-Patient** care up to USD 25,000/ EUR 20,000/ GBP 15,625 per **Period of Cover**  
**Out-Patient Treatment** in an **Accident** and **Emergency Department** in a **Hospital** up to USD 500/EUR 400/ GBP 310 per **Period of Cover**

### 19. Evacuation and Repatriation:

#### Evacuation

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

Reasonable expenses for:

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

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

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

#### Repatriation

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


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

**Pre-Authorisation** 

(i)  Full refund

(ii)  Full refund

(iii)  Full refund

(iv)  Up to USD 200/ EUR 160/ GBP 125 per day  
Up to USD 7,500/ EUR 6,000/ GBP 4,600 per person, per **Evacuation**

**Pre-Authorisation** 

 Full refund


### 20. Mortal Remains:

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

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

**Pre-Authorisation** 


(i)  Full refund

(ii)  Up to USD 10,000/ EUR 8,000/GBP 6,250

### 21. Hospital Cash Benefit:

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

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







 USD 175/  
EUR 140/  
GBP 105 per night

### 22. Out-Patient Charges:

- i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**; prescribed **Drugs and Dressings**.
- ii) Physiotherapy by a Registered **Physiotherapist**, when referred by a **Medical Practitioner**, or **Specialist**.

(i)  Full refund

(ii)  Full refund up to a maximum of 30 sessions per **Period of Cover**  
**Pre-Authorisation** for (ii) after every 10 sessions 

| Benefit  | Advance  |
|--|--|
| <p><b>23. Day-Patient or Out-Patient Surgery:</b></p> <p><i>Treatment costs for a <b>Surgical Procedure</b> performed in a surgery, <b>Hospital</b>, day-care facility or <b>Out-Patient</b> department. Any pre or post-operative consultations are payable under <b>Benefit 22 – Out-Patient</b> charges.</i></p>  | <p style="text-align: center;"></p> <p style="text-align: center;">Full refund</p>  |
| <p><b>24. Out-Patient Psychiatric Illness:</b></p> <p><i><b>Out-Patient Treatment</b> administered under the direct control of a Registered Psychiatrist when referred by a <b>Medical Practitioner</b> or <b>Specialist</b>.</i></p>  | <p style="text-align: center;"></p> <p style="text-align: center;">Up to USD 2,500/<br/>EUR 2,000/<br/>GBP 1,550 per<br/><b>Period of Cover</b></p>   |
| <p><b>25. Alternative Therapies:</b></p> <p>i) <i>Complementary medicine and <b>Treatment</b> by a therapist, when referred by a <b>Medical Practitioner</b> or <b>Specialist</b>. This <b>Benefit</b> extends to osteopaths, chiropractors, homeopaths, dietician and acupuncture <b>Treatment</b>.</i></p> <p>ii) <i><b>Out-Patient Treatment</b> for therapies administered by a recognised traditional Chinese <b>Medical Practitioner</b> or an Ayurvedic <b>Medical Practitioner</b>.</i></p> <p><i>We do not cover charges for general chiropody or podiatry.</i></p> <p><i>For this <b>Benefit</b> the <b>Plan Out-Patient Per Visit Excess</b> does not apply.</i></p>  | <p style="text-align: center;"></p> <p style="text-align: center;">Full refund up to a maximum of 30 visits per <b>Period of Cover</b></p> <p style="text-align: center;"><b>Pre-Authorisation for (i) and (ii) after every 10 visits</b> 📞</p> |
| <p><b>26. Nursing Care at Home:</b></p> <p>i) <i>Care given by <b>Qualified Nurse</b> in the <b>Insured Person's</b> own home, which is immediately received subsequent to <b>Treatment</b> as an <b>In-Patient</b> or <b>Day-Patient</b> on the recommendation of a <b>Medical Practitioner</b> or <b>Specialist</b>.</i></p> <p>ii) <i><b>Medical Practitioner</b> (GP) home visits for an <b>Emergency</b> GP home call-out during out of normal clinic hours.</i></p>  | <p>(i)  Full refund up to 45 days per <b>Medical Condition</b><br/><b>Pre-Authorisation for (i)</b> 📞</p> <p>(ii)  Not covered</p>                         |
| <p><b>27. AIDS:</b></p> <p><i>Medical expenses, which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. As result of proven occupation <b>Accident*</b> or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition, <b>Drugs and Dressings</b> (except experimental or those unproven), <b>Hospital Accommodation</b> and nursing fees.</i></p> <p>* <i>For members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the <b>Entry Date</b> or <b>Start Date</b>, whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the <b>Insured Person's</b> occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational <b>Accident</b>.</i></p> <p>** <i>As long as the blood transfusion was received as an <b>In-Patient</b> as part of <b>Medically Necessary Treatment</b>.</i></p> <p><b>Waiting Period:</b> Cover only available after three years of continuous membership.</p> | <p style="text-align: center;"><b>Pre-Authorisation</b> 📞</p> <p style="text-align: center;"></p> <p style="text-align: center;">Up to USD 25,000/<br/>EUR 20,000/<br/>GBP 15,625 per<br/><b>Period of Cover</b></p>                          |

| Options to Core Benefits   | Advance  |
|--|--|
| <p><b>28. USA Elective Treatment:</b></p> <p>i) <i>Costs associated with <b>Eligible In-Patient</b> and <b>Day-Patient Treatment</b> in the USA will be paid in full where <b>Treatment</b> is received in a <b>Hospital</b> listed in the <b>Now Health International Provider Network</b>.</i></p> <p>ii) <i>Costs associated with <b>Eligible Out-Patient Treatment</b> in the USA will be paid in full where <b>Treatment</b> is received in the <b>Now Health International Provider Network</b>.</i></p> <p><i><b>Treatment</b> that is not received in the <b>Now Health International Provider Network</b> will be subject to a 50% <b>Co-Insurance</b>.</i></p> | <p style="text-align: center;"><b>Pre-Authorisation for Out-Patient diagnostics and surgery, Day-Patient and In-Patient Treatment</b> 📞</p> <p style="text-align: center;"></p> <p style="text-align: center;">Optional</p> <p style="text-align: center;">Up to USD 1.5m/<br/>EUR 1.2m/<br/>GBP 937,500 per <b>Insured Person</b> per <b>Period of Cover</b></p> |

## Options to Core Benefits

## Advance

### 29. Co-Insurance Out-Patient Treatment:

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

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



Optional

### 30. Co-Insurance Out-Patient Treatment Option 2:

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

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



Optional

### 31. Wellness, Optical and Vaccinations:

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

ii) **Optical Benefits:** This **Benefit** also provides a contribution towards optician charges including an annual eye test carried out by an **Ophthalmic Optician**, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, within the combined **Benefit** limits to a maximum USD300/EUR 240/GBP 180 per **Period of Cover** for an optical claim.

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

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

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

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



Optional

Combined limit  
Up to USD 500/  
EUR 400/ GBP 310  
per **Period of Cover**

### 32. Wellness, Optical and Vaccinations Option 2:

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

ii) **Optical Benefits:** This **Benefit** also provides a contribution towards optician charges including an annual eye test carried out by an **Ophthalmic Optician**, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, within the combined **Benefit** limits to a maximum USD 600/EUR 480/GBP 375 per **Period of Cover** for an optical claim.

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

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

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

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



Optional

Combined limit  
Up to USD 1,000/  
EUR 800/GBP 625  
per **Period of Cover**

### 33. Africa Area of coverage restriction:

**Benefit 18 Emergency Non-Elective Treatment USA** Cover of the **Plan** wording is amended as follows:

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

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

Area of coverage: Africa, India, Pakistan, Sri Lanka, Bangladesh, Jordan, Lebanon and the Philippines



Optional

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**

**Out-Patient Treatment** in an **Accident** and **Emergency** Department in a **Hospital** up to USD 500/EUR 400/ GBP 310 per **Period of Cover**

## Options to Core Benefits

## Advance

### 34. Extended Evacuation and Repatriation:

#### Evacuation

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

Reasonable expenses for:

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

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

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

#### Repatriation

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

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

#### Pre-Authorisation



Optional

(i)



Full refund

(ii)



Full refund

(iii)



Full refund

(iv)



Up to USD 200/  
EUR 160/  
GBP 125 per day  
Up to USD 7,500  
EUR 6,000/GBP 4,600  
per person,  
per **Evacuation**

#### Pre-Authorisation



Full refund

## Out-Patient Per Visit Excess Options

## Advance

#### Out-Patient Per Visit Excess:

A USD 25/EUR 20/GBP 15 **Out-Patient Per Visit Excess** will apply when **You** receive **Eligible Out-Patient Treatment** inside and outside of the **Now Health International Provider Network**.

Please note:

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



Optional

USD 25/EUR 20/  
GBP 15

#### Out-Patient Per Visit Excess – Option 2:

A USD 15/EUR 12/GBP 10 **Out-Patient Per Visit Excess** will apply when **You** receive **Eligible Out-Patient Treatment** inside and outside the **Now Health International Provider Network**.

Please note:

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



Optional

USD 15/EUR 12/  
GBP 10

## Deductible Options

## Advance

#### Standard Deductible

Nil

#### Optional Deductible:

Please note:

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

**Deductibles** would apply to any **Medically Necessary Treatment** required under **Benefit 19** and **Benefit 34**.

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