

Benefit Schedule WorldCare Advance - Group Plan

Benefit	Advance
<p>Annual Maximum Group Plan Limit 24/7 helpline and assistance services available on all Group Plans</p>	<p>USD 3.5m/ EUR 2.8m/ GBP 2.2m</p>
<p>1. Maintenance of Chronic Medical Conditions: <i>Maintenance of chronic Medical Conditions such as but not limited to asthma, diabetes and hypertension requiring ongoing or long-term monitoring through consultations, examinations, check-ups, Drugs and Dressings and/or tests up to the Benefit limits following Your Entry Date. This Benefit does not cover renal failure and dialysis. Claims for this will fall under Benefit 6. Claims for Cancer will fall under Benefit 8.</i></p>	<p>Full refund</p>
<p>2. Hospital Charges, Medical Practitioner and Specialist Fees:</p> <p>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.</p> <p>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.</p>	<p>(i) Full refund Pre-Authorisation for (i)</p> <p>(ii) Up to USD 1,500/ EUR 1,200/ GBP 930 per Medical Condition</p>
<p>3. Diagnostic Procedures: <i>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.</i></p>	<p>Pre-Authorisation For PET Full refund</p>
<p>4. Emergency Ambulance Transportation: <i>Emergency road ambulance transport costs to or between Hospitals, or when considered Medically Necessary by a Medical Practitioner or Specialist.</i></p>	<p>Full refund</p>
<p>5. Parent Accommodation: <i>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.</i></p>	<p>Full refund</p>
<p>6. Renal Failure and Renal Dialysis:</p> <p>(i) <i>Treatment of renal failure, including renal dialysis on an In-Patient basis.</i></p> <p>(ii) <i>Treatment of renal failure, including renal dialysis on a Day-Patient or Out-Patient basis.</i></p>	<p>(i) Full refund</p> <p>(ii) Up to USD 100,000/ EUR 80,000/ GBP 62,500 per Period of Cover</p>
<p>7. Organ Transplant:</p> <p>i) <i>Treatment for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the Insured Person as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under Benefit 12 but excluded from Benefit 7 – Organ Transplant.</i></p> <p>ii) <i>Medical costs associated with the donor as an In-Patient or Day-Patient, with the exception of the cost of the donor organ search.</i> 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.</p>	<p>(i) Full refund</p> <p>(ii) Up to USD 50,000/ EUR 40,000/ GBP 31,250 per 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>8. Cancer Treatment:</p> <p><i>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.</i></p>	<p style="text-align: center;">▶ Full refund</p>
<p>9. Pregnancy and Childbirth Medical Conditions:</p> <p><i>In-Patient Treatment of an Eligible Medical Condition which arises during the antenatal stages of Pregnancy, or an Eligible Medical Condition which arises during childbirth. As an illustration, We would consider Treatment of the following:</i></p> <ul style="list-style-type: none"> • Ectopic Pregnancy (where the foetus is growing outside the womb) • Hydatidiform mole (abnormal cell growth in the womb) • Retained placenta (afterbirth retained in the womb) • Placenta praevia • Eclampsia (a coma or seizure during Pregnancy and following pre-eclampsia) • Diabetes (If You have exclusions because of Your past medical history which relate to diabetes, then You will not be covered for any Treatment for diabetes during Pregnancy) • Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth) • Miscarriage requiring immediate surgical Treatment • Failure to progress in labour 	<p style="text-align: center;">▶ Full refund</p>
<p>10. New Born Cover:</p> <p><i>In-Patient Treatment of premature birth (i.e. prior to age 37 weeks gestation) or an Acute Condition being suffered by a New Born baby of an Insured Person which manifests itself within 30 days following birth. Provided that the New Born baby is added to the Group Plan within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.</i></p>	<p style="text-align: center;">▶ Up to USD 100,000/ EUR 80,000/ GBP 62,500 per Period of Cover</p>
<p>11. Hospital Accommodation for New Born Accompanying their Mother:</p> <p><i>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.</i></p>	<p style="text-align: center;">▶ Full refund</p>
<p>12. Congenital Disorder:</p> <p><i>In-Patient Treatment for a Congenital Disorder. In circumstances where a Congenital Disorder manifests itself in a New Born baby within 30 days of birth, cover for such Medical Conditions will be provided under Benefit 10 but excluded from Benefit 12 – Congenital Disorders.</i></p>	<p style="text-align: center;">▶ Up to USD 100,000/ EUR 80,000/ GBP 62,500 per Period of Cover</p>
<p>13. Reconstructive Surgery:</p> <p><i>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.</i></p>	<p style="text-align: center;">▶ Full refund</p>
<p>14. Rehabilitation:</p> <p><i>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></p> <ol style="list-style-type: none"> i) Use of special Treatment rooms ii) Physical therapy fees iii) Speech therapy fees iv) Occupational therapy fees 	<p style="text-align: center;">▶ Full Refund up to 180 days per Medical Condition</p>
<p>15. In-Patient Emergency Dental Treatment:</p> <p><i>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.</i></p> <p><i>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:</i></p> <ul style="list-style-type: none"> • 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 	<p style="text-align: center;">▶ Full refund</p>

Benefit	Advance
<p>16. In-Patient Psychiatric Treatment:</p> <p><i>In-Patient Treatment</i> in a recognised Psychiatric unit of a Hospital. All Treatment must be administered under the direct control of a Registered Psychiatrist.</p>	<p>Pre-Authorisation 📞</p> <p>▶</p> <p>Full refund limited to 30 days per Period of Cover</p>
<p>17. Terminal Illness:</p> <p><i>Palliative and Hospice Care:</i> On diagnosis of a Terminal illness, costs for any In-Patient, Day-Patient or Out-Patient Treatment given on the advice of a Medical Practitioner or Specialist for the purpose of offering temporary relief of symptoms. Charges for Hospital or hospice accommodation, nursing care by a Qualified Nurse and prescribed Drugs and Dressings are covered.</p>	<p>▶</p> <p>Up to USD 50,000/ EUR 40,000/ GBP 31,250 lifetime limit</p>
<p>18. Emergency Non-Elective Treatment USA Cover:</p> <p>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.</p> <p>Charges relating to routine Pregnancy and Pregnancy and Childbirth Medical Conditions are specifically excluded from this Benefit.</p>	<p>▶</p> <p>Accident: Full refund for Accident requiring In-Patient and Day-Patient care</p> <p>▶</p> <p>Illness: In-Patient and Day-Patient care up to USD 25,000/ EUR 20,000/ GBP 15,625 per Period of Cover</p> <p>Out-Patient Treatment in an Accident and Emergency Department in a Hospital up to USD 500/EUR 400/ GBP 310 per Period of Cover</p>
<p>19. Evacuation and Repatriation:</p> <p>Evacuation</p> <p>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.</p> <p>Reasonable expenses for:</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p>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.</p> <p>Repatriation</p> <p>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.</p> <p>Charges relating to routine Pregnancy and Pregnancy and Childbirth Medical Conditions are specifically excluded from this Benefit.</p>	<p>Pre-Authorisation 📞</p> <ul style="list-style-type: none"> (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 <p>Pre-Authorisation 📞</p> <p>▶ Full refund</p>
<p>20. Mortal Remains:</p> <p>In the event of death from an Eligible Medical Condition, Reasonable and Customary Charges for:</p> <ul style="list-style-type: none"> 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. 	<p>Pre-Authorisation 📞</p> <ul style="list-style-type: none"> (i) ▶ Full refund (ii) ▶ Up to USD 10,000/ EUR 8,000/ GBP 6,250

Benefit	Advance
<p>21. Hospital Cash Benefit: <i>This Benefit is payable for each night an Insured Person receives In-Patient Treatment and only if an Insured Person is admitted for In-Patient Treatment before midnight, and the Treatment is received free of charge that would have otherwise been Eligible for Benefit privately under this Group Plan. Cover under this Benefit is limited to a maximum of 30 nights per Period of Cover. For this Benefit exclusion 5.8 does not apply.</i></p>	<p style="text-align: right;">▶ USD 175/ EUR 140/ GBP 105 per night</p>
<p>22. Out-Patient Charges:</p> <ul style="list-style-type: none"> 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. 	<p>(i) ▶ Full refund</p> <p>(ii) ▶ Full refund up to a maximum 30 sessions per Period of Cover Pre-Authorisation for (ii) after every 10 sessions 📞</p>
<p>23. Day-Patient or Out-Patient Surgery: <i>Treatment costs for a Surgical Procedure performed in a surgery, Hospital, day-care facility or Out-Patient department. Any pre or post-operative consultations are payable under Benefit 22 – Out-Patient charges.</i></p>	<p style="text-align: right;">▶ Full refund</p>
<p>24. Out-Patient Psychiatric Illness: <i>Out-Patient Treatment administered under the direct control of a Registered Psychiatrist when referred by a Medical Practitioner or Specialist.</i></p>	<p style="text-align: right;">▶ Up to USD 2,500/ EUR 2,000/ GBP 1,550 per Period of Cover</p>
<p>25. Alternative Therapies:</p> <ul style="list-style-type: none"> i) Complementary medicine and Treatment by a therapist, when referred by a Medical Practitioner or Specialist. This Benefit extends to osteopaths, chiropractors, homeopaths, dietician and acupuncture Treatment. ii) Out-Patient Treatment for therapies administered by a recognised traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner. <p><i>We do not cover charges for general chiropody or podiatry. For this Benefit the Group Plan Out-Patient Per Visit Excess does not apply.</i></p>	<p style="text-align: right;">▶ Full refund up to a maximum of 30 visits per Period of Cover Pre-Authorisation for (i) and (ii) after every 10 visits 📞</p>
<p>26. Nursing Care at Home:</p> <ul style="list-style-type: none"> i) Care given by Qualified Nurse in the Insured Person's own home, which is immediately received subsequent to Treatment as an In-Patient or Day-Patient on the recommendation of a Medical Practitioner or Specialist. ii) Medical Practitioner (GP) home visits for an Emergency GP home call-out during out of normal clinic hours. 	<p>(i) ▶ Full refund up to 45 days per Medical Condition Pre-Authorisation for (i) 📞</p> <p>(ii) ▶ Not covered</p>
<p>27. AIDS: <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 Accident* or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition, Drugs and Dressings (except experimental or those unproven), Hospital Accommodation and nursing fees.</i></p> <p><i>* For employees of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the Entry Date or Start Date, whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the Insured Person's occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational Accident.</i></p> <p><i>** As long as the blood transfusion was received as an In-Patient as part of Medically Necessary Treatment.</i></p> <p><i>Waiting Period: Cover only available after three years of continuous employeeship.</i></p>	<p style="text-align: right;">Pre-Authorisation 📞</p> <p style="text-align: right;">▶ Up to USD 25,000/ EUR 20,000/ GBP 15,625 per Period of Cover</p>

Options to Core Benefits

Advance

28. USA Elective Treatment:

- i) Costs associated with **Eligible In-Patient** and **Day-Patient Treatment** in the USA will be paid in full where **Treatment** is received in a **Hospital** listed in the **Now Health International Provider Network**.
- ii) Costs associated with **Eligible Out-Patient Treatment** in the USA will be paid in full where **Treatment** is received in the **Now Health International Provider Network**.

Treatment that is not received in the **Now Health International Provider Network** will be subject to a 50% **Co-Insurance**.

Pre-Authorisation for Out-Patient diagnostics and surgery, Day-Patient and In-Patient Treatment 📄



Optional
Up to USD 1.5m/
EUR 1.2m/
GBP 937,500
per **Insured Person**
per **Period of Cover**

29. Co-Insurance Out-Patient Treatment:

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

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, Dental care or Wellness, Optical and Vaccinations 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

Additional Options for Group Plans

Advance

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 USD 300/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.



Optional

For Compulsory
Group Plans
3+ employees



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.



Optional

For Compulsory
Group Plans
3+ employees



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

Additional Options for Group Plans

Advance

33. Medical History Disregarded:

Please note that the **Waiting Period** does not apply to either the **Maternity** or **Dental Care Benefits**, if **Medical History Disregarded** is selected.

 Optional
For Compulsory
Group Plans
10+ employees

34. Dental Care:

- i) **Routine dental Treatment:** Fees of a registered **Dental Practitioner** carrying out routine dental **Treatment** in a dental surgery. **Routine dental Treatment** means:
- Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including x-rays where necessary,
 - Preventative scaling, polishing, and sealing (once per year),
 - Fillings (standard amalgams or composite fillings) and extractions, and
 - Root-canal **Treatment** (but not fitting of a crown following root-canal **Treatment**).

No other **Treatment** is covered under the routine dental **Treatment Benefit**.

Waiting Period: Costs incurred within nine months from the **Entry Date** are excluded.

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

For this **Benefit** the **Group Plan Deductible** or **Group Plan Out-Patient Per Visit Excess** does not apply.

- ii) **Complex Dental Treatment:** Fees of a registered **Dental Practitioner** and associated costs for the following procedures: **Eligible complex dental Treatment** including for example: **Apicoectomy** done to treat the following – Fractured tooth root; A severely curved tooth root; teeth with caps or posts; Cyst or infection which is untreatable with root-canal therapy; Root perforations; New or repair of crowns, dentures, inlays and bridges. Recurrent pain and infection; Persistent symptoms that do not indicate problems from x-rays. Calcification; Damaged root surfaces and surrounding bone requiring surgery.


No other **Treatment** is covered under this **Benefit**.


Waiting Period: Costs incurred within nine months from the **Entry Date** are excluded.

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

A 50% **Co-Insurance** applies in respect of all orthodontic **Treatment**.

For this **Benefit** the **Group Plan Deductible** or **Group Plan Out-Patient Per Visit Excess** does not apply.

 Optional
For Compulsory
Group Plans
10+ employees

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

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

35. Maternity (No Co-Insurance):

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


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

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

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

The **Group Plan Deductible** applies to this **Benefit**.

 Optional
For Compulsory
Group Plans
10+ employees

 Up to USD 8,500/
EUR 6,800/GBP 5,315
per **Period of Cover**

36. Maternity (20% Co-Insurance):

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

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

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

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

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

The **Group Plan Deductible** applies to this **Benefit**.

 Optional
For Compulsory
Group Plans
10+ employees

 Up to USD 8,500/
EUR 6,800/GBP 5,315
limit per
Period of Cover


37. Africa Area of coverage restriction:


Benefit 18 Emergency Non-Elective Treatment USA Cover of the **Group 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**

Additional Options for Group Plans

Advance

38. Removal of Dental Co-Insurance:

No **Co-Insurance** will be applied to Dental Care.



Optional
For Compulsory
Group Plans
10+ employees

39. 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/
GBP125 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 Group 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 Group 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 39**.

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