NOW
HEALTH INTERNATIONAL

WorldCare Members' Handbook

individuals and families

Everything you need to know about your international health insurance

Effective 1 April 2016

Introduction

Thank you for choosing Now Health International to provide **Your** international health insurance **Plan**.

We have designed WorldCare based on **Our** understanding of what people who buy international health insurance want and need. At the heart of this is **Our** commitment to provide clear information about how **Your Plan** works and how to use it. 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 WorldCare **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** Now Health insurance, here's what **You** can expect from **Us**:

- A commitment to process **Your** claim as quickly as possible
- A 24-hour help line for medical emergencies
- Help to find suitable healthcare providers in **Your** area
- **Pre-authorisation** of certain claims where possible, to reduce **Your** out-of-pocket expenses
- An international claims management team with the medical expertise to support **You** in making decisions about **Your** healthcare

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

While it is important that **You** read and understand this **Plan** members' handbook, **We** understand that there are times when it is easier to call **Us** for information. **Our** customer service team is ready to help with any queries **You** may have. For example, if **You** need **Treatment**, **You** can contact **Us** first so **We** can explain the extent of **Your** cover before **You** incur any costs.

Please note that **We** may record and/or monitor calls for quality assurance and training and as a record of **Our** conversation. If **You** need to let us know about any changes in **Your** personal circumstances, **You** can do so using the contact details below.

Our Global team is available Sunday to Thursday from 9am to 5pm.

T +971 (0) 4450 1510 | F +971 (0) 4450 1530 | GlobalService@now-health.com

Now Health International Limited
PO Box 482055, Dubai, UAE

Assistance team for Emergency Evacuation or Repatriation

Our multilingual team is available 24 hours a day, 365 days a year. For details on how to use **Our Emergency Evacuation** and **Repatriation** service see section 3.3.

T +971 (0) 4450 1540

If **You** have any questions about **Your** membership or would like to request information on the progress of a claim, **You** can log in to **Your** online secure portfolio at www.now-health.com or contact **Us** via email at GlobalService@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 **Now Health International 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**, 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

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.

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**.

Excess

An uninsured amount payable by an **Insured Person** in respect of expenses incurred before any **Benefits** are paid under the **Plan**, as specified in **Your Certificate of Insurance**. The **Plan** excess applies per **Insured Person**, per **Medical Condition**, per **Period of Cover**.

If the **Out-Patient** Per Visit Excess is selected this will apply per **Insured Person** when **You** receive **Eligible Out-Patient Treatment** inside and outside of the **Now Health International Provider Network**. No excess will be applied to **Eligible In-Patient** or **Day-Patient Treatment** if the **Out-Patient** Per Visit **Excess** is selected.

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**.
Geographic Area	The geographic area used to calculate the premium that will apply to **You** based on **Your** principal **Country of Residence** at the **Start Date** or any subsequent **Renewal Date** of this **Plan**.
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 suites are not covered.
In Network Medical Provider	An in network medical provider is one contracted with **Your Plan** to provide services to **Plan** members for specific pre-negotiated rates.
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, including **Psychiatric 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.
Now Health International Provider Network	**Our** published list of medical providers where **We** have a **Direct Billing** Agreement.
Out of Network Medical Provider	An out of network medical provider is one not contracted with **Your Plan**.
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**.
Out-Patient Direct Billing (only available for **Plans** in-force prior to 1 March 2014 that had historically selected this option)	This is an option available for all but the Essential **Plan** option that allows **You** to maintain the standard **Plan Excess** of USD 100/EUR 80/GBP 60. When **You** receive **Eligible Out-Patient Treatment** within **Our** direct billing network of providers however, a nil **Excess** will apply. Any **Eligible Out-Patient Treatment** outside of the direct billing network will be subject to the **Plan Excess** applicable per **Insured Person**, per **Medical Condition**, per **Period of Cover**. **You** remain liable for **Treatment** received that is not **Eligible**, which must be settled on request. If **You** do not act accordingly **Your Plan** will become void without refund of premium.

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. Such **Benefits** requiring pre-authorisation from **Us** will denote **Pre-Authorisation** ☎ in the **Benefit Schedule** and as detailed in section 4.
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.
Private Room	Single occupancy accommodation in a private **Hospital**. Deluxe, executive rooms and suites are not covered.
Psychiatric Illness	The mental or nervous disorder that meets the criteria for classification under an international classification system such as Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD). The disorder must be associated with present distress, or substantial impairment of the individual's ability to function in a major life activity (e.g. employment). The aforementioned condition must be clinically significant and not merely an expected response to a particular event such as bereavement, relationship or academic problems and acculturation.
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** or government health department.
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**.
Semi-Private Room	Dual occupancy accommodation in a private **Hospital**. Deluxe, executive rooms and suites are not covered.
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	Following the diagnosis that the condition is terminal and **Treatment** can no longer be expected to cure the condition with death anticipated within 12 months of diagnosis.
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 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 Now Health website

The simplest way to manage **Your** international health insurance is via our website (www.now-health.com). All **Your** documents are stored in a secure online portfolio area, which **You** can access using **Your** unique username and password. If **You** need help retrieving these, contact us on +971 (0) 4450 1510.

Quote and buy

You can manage **Your** own quote and sale process by choosing, buying and paying for **Your Plan** online. There's no need to fill in any paper forms, and **Your** cover can start as soon as **We** have accepted **You**. **We** will send **You Your Plan** number and a virtual membership card immediately and **You** can access **Your Plan** documents online straight away.

About You

In this section, **You** can view and update **Your** personal contact details and login details and set **Your** document delivery settings.

Your Plan

You can view and download **Your Certificate of Insurance**, members' handbook, virtual membership card and claim form from here. **You** can add members, order replacement membership cards and when it's time, renew your cover.

Your claims

Here **You** can find out the best way to make a claim and track **Your** current claims in real time. **You** can view information about all your claims, past and present, including claim status, the provider and the amounts claimed and settled in the currency **You** have selected. All updates are displayed as they happen so **You** always have the latest information on **Your** claims.

Other features

In addition to the above, **You** can use the website to contact **Us** directly, download forms and introduce **Us** to **Your** preferred medical providers.

For more information, visit the FAQ section of the website, which **You** can access from **Our** homepage: www.now-health.com.

3. How to claim

As soon as **You** become a customer, **You** can contact **Our** Customer Service team for support. **You** also have access to **Our** Clinical Advisers and **Our** International Emergency Helpline, which is open 24 hours a day, 365 days a year.

Your online secure portfolio area has a dedicated claims section with the latest information on past and present claims. **You** can also use this area to find out the most up-to-date way of making a claim. To log in, **You** just need **Your** Now Health username and password.

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

3.1 Claiming for Treatment You have already paid for

Step 1

Choose how You would like to claim

You can complete an online claim form at www.now-health.com. Claim forms are available in **Your** online secure portfolio area.

Alternatively, **You** can download a claim form to send to **Us** or use a printed claim form. **You** can request a form from **Our** customer service team, or **Your** intermediary, if **You** are using one.

Call **Us** on +971 (0) 4450 1510 to request a printed claim form, or if **You** would like help to access **Your** online secure portfolio area.

Step 2

For all Out-Patient claims and In-Patient/ Day-Patient claims under USD 500/ EUR 400/GBP 300 per Medical Condition:

Complete sections 1 and 2 of the claim form, sign it, and email it to **Us** with **Your** scanned receipt.

The receipt must include details of the **Medical Condition**, **Treatment** given and the name, qualifications, contact details and stamp of the attending **Medical Practitioner**.

Step 2

For In-Patient/Day-Patient claims over USD 500/EUR 400/GBP 300 per Medical Condition:

Complete all sections of the claim form, sign it and ask **Your Medical Practitioner** to complete their relevant section and email it to **Us** with **Your** scanned receipt.

We need **You** to email scanned copies of all the bills and receipts, diagnostic reports and discharge reports (if **You** have been a **Day-Patient** or **In-Patient**) with the claim form. Please keep a copy of these documents for **Your** own records.

Step 3

You can send **Us Your** completed claim form and supporting documents in one of three ways:

- Download a claim form from the website and email scans of **Your** claim form and documents to GlobalService@now-health.com, or
- Fax **Your** claim form and documents to +971 (0) 4450 1530, or
- Post **Your** claim form and documents to Now Health International Limited, PO Box 482055, Dubai, UAE

Step 3

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- Download a claim form from the website and email scans of **Your** claim form and documents to GlobalService@now-health.com, or
- Fax **Your** claim form and documents to +971 (0) 4450 1530, or
- Post **Your** claim form and documents to Now Health International Limited, PO Box 482055, Dubai, UAE

Step 4

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

Step 5

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 provider, the currency claimed and settled and the **Benefit** for each individual claim, as well as any **Excess** or **Co-Insurance** deducted. All updates are displayed as they happen so **You** always have the latest information on **Your** claims. **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.

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**.

If **You** don't know if **Your** claim falls within the USD 500/EUR 400/GBP 300 per **Medical Condition** guideline, please complete all sections of the claim form and ask **Your Medical Practitioner** to complete their section send it to **Us** to using one of the options in Step 3.

For all claims where **We** reimburse **You**, **You** can choose which currency **You** would like **Your** claims to be settled in and how **You** would like them to be paid.

Please note that the above process applies to claims against both the maternity and dental **Benefits**, should **You** have opted for a **Plan** with those **Benefits**.

3.2 Arranging Direct Settlement

3.2.1 For In-Patient and Day-Patient Treatment

If **You** are referred for **In-Patient** or **Day-Patient Treatment**, **We** will try to arrange to settle the bill directly with the medical provider.

Step 1

Five working days before **You** are admitted (or whenever possible), contact **Our** team of Clinical Advisers on T +971 (0) 4450 1510 | F +971 (0) 4450 1530 | GlobalService@now-health.com

Tell **Us** the **Hospital** name, telephone number, fax number, the contact name at the **Hospital** and the name of the **Medical Practitioner**.

Step 2

Choose how **You** would like to claim.

You can complete an online claim form at www.now-health.com. Claim forms are available within **Your** online secure portfolio area.

Alternatively, **You** can download a claim form to send to **Us** or use a printed claim form. **You** can request a form from **Our** customer service team, or **Your** intermediary, if **You** are using one.

Call **Us** on +971 (0) 4450 1510 to request a printed claim form, or if **You** would like help to access **Your** online secure portfolio area.

Complete all relevant sections of the claim form. Take the claim form with **You** and ask the medical provider to complete it and fax it to **Us**.

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** online secure portfolio area at www.now-health.com.

You will need to pay any **Excess** or **Co-Insurance** 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** online secure portfolio area. Log in using **Your** username and password at www.now-health.com.

Important notes:

For **In-Patient Treatment**, **Day-Patient Treatment** or major **Out-Patient Treatment**, please contact **Us** before **You** get **Treatment**. If **You** don't make contact before **Your** admission, **We** may not be able to arrange to pay the medical provider directly. This might mean that **You** have to pay a deposit to the medical provider or pay **Your** bill in full.

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 **Excess** or **Co-Insurance** on **Your Plan** to the medical provider before **You** leave.

3.2 Arranging Direct Settlement

3.2.2 Out-Patient Treatment within the Now Health International Direct Billing Network

If **You** have a nil **Excess** or **You** have bought the **Out-Patient Direct Billing** product option, **You** can receive **Treatment** without having to pay the medical provider upfront through **Our Out-Patient Direct Billing** Network. If **You** have this option, it will say so on **Your** membership card. Please note that if **You** have selected the **Out-Patient** Per Visit **Excess**, **You** must pay the first USD 25/EUR 20/GBP 15 of any **Eligible Out-Patient** claim.

Any **Eligible Out-Patient Treatment** outside of the **Out-Patient Direct Billing** Network will be subject to the **Plan Excess You** have chosen.

Please note that if **You** have selected **Co-Insurance Out-Patient Treatment**, **You** must pay the **Co-Insurance** even if a nil **Excess** applies and **Out-Patient Direct Billing** is available. **Out-Patient Direct Billing** is not available if **You** have chosen the WorldCare Essential **Out-Patient** Charges additional option and **You** have a nil **Excess**.

Step 1

To find an **Out-Patient Direct Billing** facility, log in to **Your** online secure portfolio area at www.now-health.com. Here **You** can locate an appropriate medical facility within the **Out-Patient Direct Billing** Network.

If **You** can't find an **Out-Patient Direct Billing** facility near **You**, **Our** team of Clinical Advisers will be happy to help.

You can contact them on T +971 (0) 4450 1510 | F +971 (0) 4450 1530 | GlobalService@now-health.com

Step 2

When **You** arrive at the medical facility, please show **Your** Now Health membership card. Please also take a form of identification such as an ID card or passport. The medical facility may ask **You** to complete and sign an authorisation form or disclaimer.

Step 3

The medical facility will check **Your Benefit** limits, **Excess** and any **Co-Insurance** before arranging for **You** to see a doctor. If **Your** cover is not **Eligible**, they will still arrange for **You** to see a doctor but will ask **You** to pay for the **Treatment.**

Step 4

When **You** leave, the medical facility may ask **You** to sign a confirmation that **You** have received **Treatment**.

Step 5

If **You** need to return for further **Treatment**, **You** will have to complete the same procedure again.

Important notes:

If **You** receive **Treatment** that is not **Eligible** under **Your Plan** through the **Out-Patient Direct Billing** option, **You** are liable for the costs incurred and **You** must refund **Us**. **We** may offset valid claims against outstanding funds due to **Us** or **We** may suspend **Your Plan** until **You** have settled the outstanding amounts in full. If **We** determine that a claim was fraudulent, **We** may terminate **Your Plan** with immediate effect without refund of premiums.

If **You** receive **Eligible Treatment** within the **Out-Patient Direct Billing Network** but pay and claim for the **Treatment** received; the standard **Plan Excess** will apply.

3.3 When You need Emergency medical Treatment

If a **Hospital** admits **You** for **Emergency** medical **Treatment** or if the **Hospital** that is treating **Your Emergency Medical Condition** tells **You** that **You** need to be evacuated to another medical facility for **Treatment**, **You**, the treating **Medical Practitioner** or the **Hospital**, must contact **Our** 24 hour **Emergency** assistance service as soon as possible.

By contacting **Our Emergency** assistance service **You** will give **Us** the opportunity to arrange to settle **Your Hospital** bills directly where possible. It will also ensure that **Your** claim can be processed without any delays.

Step 1

Contact **Our Emergency** assistance service on +971 (0) 4450 1540 or email GlobalService@now-health.com. This service is available 24 hours a day, 365 days a year.

They will need **Your** name and membership number as well as the **Hospital** name, telephone number and fax number, a contact name at the **Hospital** and the name of the **Medical Practitioner**.

Step 2

Our Emergency assistance service will verify whether the **Medical Condition You** are claiming for is **Eligible** under **Your 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 Accessing elective Treatment in the USA

If **You** have selected the USA Elective **Treatment** option and need referral to a **Medical Practitioner** or **Hospital** in the USA, please follow the steps below.

If **You** are referred for **Out-Patient** diagnostics and surgery, **Day-Patient** or **In-Patient Treatment** in the USA, **You** must contact **Us** as soon as **You** can. **We** will confirm that the facility is an **In Network Medical Provider** and will try to arrange to settle the bill directly with the medical provider. If the medical provider **You** have selected is out of network or does not provide **Your** requested services on direct billing, **We** will make arrangements to find an equivalent medical provider that is in network.

Step 1

Five working days before **Your Treatment** (or as early as possible), contact **Our** team of Clinical Advisers on T +971 (0) 4450 1510 | F +971 (0) 4450 1530 | GlobalService@now-health.com

A Clinical Adviser will verify **Your** entitlement to **Benefits** for the proposed **Treatment** and give **You** details on how to claim.

Tell **Us** the name of the medical facility, telephone number, fax number, contact name and the name of the **Medical Practitioner**.

Step 2

Choose how **You** would like to claim.

You can complete an online claim form at www.now-health.com. Claim forms are available within **Your** online secure portfolio area.

Alternatively, **You** can download a claim form to send to **Us** or use a printed claim form. **You** can request a form from **Our** customer service team, or **Your** intermediary, if **You** are using one.

Call **Us** on +971 (0) 4450 1510 to request a printed claim form, or if **You** would like help to access **Your** online secure portfolio area.

Complete all relevant sections of the claim form. Take the claim form with **You** and ask the medical provider to complete it and fax it to **Us**.

Step 3

When **You** arrive at the medical provider on the day of **Your Treatment**, show **Your** membership card and tell the medical provider that **We** have arranged **Direct Billing** through **Our** agents.

We may also ask **You** to fill in some extra forms, such as an agreement that the medical provider can release information about **You** to **Us**. **You** can access all forms from **Your** online secure portfolio area at www.now-health.com.

You will need to pay any **Excess** 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 on **Your** online secure portfolio area. Log in at www.now-health.com using **Your** username and password.

Important notes:

Please contact **Us** before **You** receive any **In-Patient Treatment**, **Day-Patient Treatment** or major **Out-Patient Treatment**. If **You** don't contact **Us** before **Your** admission, **We** may not be able to arrange to pay the medical provider directly. This might mean that **You** have to pay a deposit to the **Hospital** or pay **Your** bill in full.

If **You** go to an **Out of Network Medical Provider**, **We** will apply a **Co-Insurance** of 50% to any **Eligible Treatment** as per **Your Benefit Schedule**. **You** will be responsible for the difference, which **You** will have to pay directly to the **Out of Network Medical Provider**.

We reserve the right to refuse to cover any medical expenses that **You** incur in the USA that **We** have not authorised.

If **We** pay the medical provider directly for any **Treatment** that is not **Eligible** under **Your Plan**, **You** must refund the equivalent sum to **Us**.

You will need to pay any **Excess** on **Your Plan** to the medical provider before **You** leave.

3.5 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**.

3.6 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.

3.7 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.

3.8 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.

3.9 If You have an Excess and or Co-Insurance on Your Plan

Any **Excess** or **Co-Insurance** is shown on **Your Certificate of Insurance** and charged in the same currency as **Your** premium.

An **Excess** or **Co-Insurance** is the amount **You** pay towards the cost of a claim for any **Insured Person** on **Your Plan. You** can choose the type and level of **Excess** when **You** buy or renew **Your Plan.** When a claim is made, any **Excess** is automatically deducted.

The **Excess** applies per **Insured Person**, per **Medical Condition**, per **Period of Cover**. For example, if the **Insured Person** claims for **In-Patient Treatment** for two separate **Medical Conditions**, an **Excess** will apply to each **Medical Condition** rather than a single **Excess** relating to the **In-Patient Treatment**. An **Excess** will always be deducted before any **Co-Insurance** percentage is applied. Please note that if **You** have selected the **Out-Patient** Per Visit **Excess**, **You** must pay the first USD 25/EUR 20/GBP 15 of any **Eligible Out-Patient** claim.

Even if **You** have selected **Out-Patient Direct Billing**, **You** will still be responsible for any **Co-Insurance** payments under the **Plan** and the **Plan Excess** will still apply to both **In-Patient** and **Day-Patient Treatment.**

A **Co-Insurance** is a percentage payment made by **You** per **Medical Condition** per **Period of Cover**. For example, if an **Insured Person** claims for **Out-Patient Treatment**, the **Excess** will be deducted first and the **Co-Insurance** will be calculated on the remaining amount.

You need to submit **Your** claim form and bills, even if the **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 **Excess** limit is used up.

3.10 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.

3.11 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
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 WorldCare 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**, with lifetime limits in place for **Terminal** illness.

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 WorldCare

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

WorldCare provides worldwide cover, excluding the USA, unless the USA elective **Treatment** option is selected.

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

Essential	Cover for **In-Patient** and **Day-Patient Treatment**, and the option for a higher **Excess** to lower **Your** premiums, if **You** want to cover high cost/low frequency major medical events only.
Advance	As with Essential, and limited cover for **Out-Patient Treatment**.
Excel	As with Advance, and cover for dental and generally higher **Plan** limits.
Apex	As with Excel, and cover for dental and maternity, as well as **Benefits** with overall higher limits.

Optional Benefits

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

Cover options available are:

USA Elective **Treatment**	Costs associated with **Eligible In-Patient**, **Day-Patient** and **Out-Patient Treatment** in the USA will be paid in full where **Treatment** is received in **Our** Network of Providers.
Co-Insurance Out-Patient Treatment	With a 10% **Co-Insurance** in addition to the **Plan Excess** per **Medical Condition** on Advance, Excel and Apex **Plan** options.
Co-Insurance Out-Patient Treatment Option 2	With a 20% **Co-Insurance** in addition to the **Plan Excess** per **Medical Condition** on Advance, Excel and Apex **Plan** options.
Wellness, Optical and Vaccinations	This is an option available for Advance, Excel and Apex **Plan** options that allows you to receive limited cover for Wellness, Optical and Vaccinations.
Wellness, Optical and Vaccinations Option 2	As with Wellness, Optical and Vaccinations with higher overall limits.
Out-Patient Direct Billing (only available for **Plans** in-force prior to 1 March 2014 that had historically selected this option)	This is an option available for Advance, Excel and Apex **Plan** options that allows **You** to maintain the standard **Plan Excess** of USD 100/EUR 80/ GBP 60, but when **You** receive **Eligible Out-Patient Treatment** within **Our Out-Patient Direct Billing** Network of providers, a nil **Excess** will apply.
Your choice of Plan Excess	A standard **Excess** applies per **Insured Person** per **Medical Condition** per **Period of Cover**, but if **You** prefer to reduce **Your** premium **You** can select a higher **Excess**.
Out-Patient Per Visit Excess	This option is available for Advance, Excel and Apex. **You** can elect to pay a USD 25/EUR 20/GBP 15 **Excess** every time **You** visit an **Out-Patient Medical Practitioner** and benefit from a nil **Excess** when accessing **Day-Patient** or **In-Patient Treatment**. Please note that if **You** have selected the **Out-Patient** Per Visit **Excess**, **You** must pay the first USD 25/EUR 20/GBP 15 of any **Eligible Out-Patient** claim.
Out-Patient Charges (Essential only)	Add **Out-Patient Benefits** to the **Essential Plan** option.
Out-Patient Charges – Option 2 (Essential only)	The same as **Out-Patient** Charges but inclusive of Maintenance of **Chronic Medical Conditions** within the **Benefit** sub-limit.

Please note:
If a nil **Excess** option is selected on Advance, Excel and Apex **Plan** options, or **You** select either the **Out-Patient** Per Visit **Excess** or the **Out-Patient Direct Billing** option, the **Insured Person** will benefit from **Out-Patient Direct Billing** within **Our Out-Patient Direct Billing** Provider Network for **Out-Patient** charges. If **Your** membership card has"**Out-Patient Direct Billing**" clearly marked, the medical facility will not ask **You** to settle the charges.They will do this directly with **Us**. If **You** have selected the **Out-Patient** Per Visit **Excess**, **You** must pay the first USD 25/EUR 20/GBP 15 of any **Eligible Out-Patient** claim.

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

When **You** should contact **Us** before **Treatment** starts.

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**.

Pre-Authorisation is therefore required before undertaking **Treatment** and incurring charges.
The **Benefit Schedule** details those **Benefits** requiring **Pre-Authorisation** by showing "**Pre-Authorisation** ☎".

You should contact **Our** team of Clinical Advisers on +971 (0) 4450 1510 | Fax +971 (0)4450 1530.

Pre-Authorisation means all costs under this **Benefit** require **Pre-Authorisation** from **Us**, which may or may not be included in **Your Plan**.

Pre-Authorisation is required for the following:

- All **In-Patient Treatment**
- All pre-planned **Day-Patient Treatment**
- All pre-planned surgery
- **Diagnostic Procedures** – positron emission tomography (PET) scans
- **In-Patient** Psychiatric **Treatment**
- **Evacuation** and **Repatriation**
- Mortal Remains
- Physiotherapy for the Advance, Excel and Apex **Plan** options after every 10 sessions
- Nursing Care at home
- AIDS
- USA elective **Treatment**

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 pay only 80% of the **Eligible Benefits**.

In the case of any **Emergency**, **You**, the treating **Medical Practitioner** or the **Hospital**, must contact **Our** 24 hour **Emergency** assistance service as soon as possible. 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: WorldCare

WorldCare 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.

Benefits aim to cover short term **Treatment** of acute episodes of **Chronic Conditions**, to return **You** to the state of health **You** were in immediately before suffering the episode, or which leads to a full recovery. If this is not possible and maintenance therapy of a **Chronic Condition**, such as but not limited to asthma, diabetes, and hypertension, is required, such cover will be provided by **Benefit** 1: **Chronic Conditions**, and the **Plan** limit per **Insured Person**, per **Period of Cover** will apply. 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, after any deduction of any **Excess** or **Co-Insurance** or similar condition, if **Reasonable and Customary Charges** for **Medically Necessary Treatment** are incurred.

4.3.1 WorldCare Essential

Benefit	Essential
Annual Maximum Plan Limit ***24/7 helpline and assistance services available on all Plans***	**USD 3m/ EUR 2.4m/ GBP 1.9m**
1. Maintenance of Chronic Medical Conditions: *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.*	*Not covered*
2. 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* ***Pre-Authorisation for (i) ☎*** *(ii) Up to USD 1,500/ EUR 1,200/ GBP 930 per **Medical Condition***
3. Diagnostic Procedures: ***Medically Necessary** diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans.*	***Pre-Authorisation for PET ☎*** *Full refund for **In-Patient** pre and post-operative scans*
4. 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*
5. 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*
6. Renal Failure and Renal Dialysis: *(i) **Treatment** of renal failure, including renal dialysis on an **In-Patient** basis.* *(ii) **Treatment** of renal failure, including renal dialysis on a **Day-Patient** or **Out-Patient** basis.*	*i) Up to six weeks full refund for **In-Patient** pre and post-operative care* *(ii) Not covered*
7. Organ Transplant: *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.* *ii) Medical costs associated with the donor as an **In-Patient** or **Day-Patient**, with the exception of the cost of the donor organ search.* ***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.*	*(i) Full refund* *(ii) Up to USD 50,000/ EUR 40,000/ GBP 31,250 per **Period of Cover***
8. 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	Essential
9. Pregnancy and Childbirth Medical Conditions: ***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:* • *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*	*Full refund*
10. 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.*	*Up to USD 100,000/ EUR 80,000/ GBP 62,500 per* ***Period of Cover***
11. 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*
12. 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*** *10 but excluded from* ***Benefit*** *12 –* ***Congenital Disorders****.*	*Up to USD 100,000/ EUR 80,000/ GBP 62,500 per* ***Period of Cover***
13. 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*
14. 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***
15. 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*
16. In-Patient Psychiatric Treatment: ***In-Patient Treatment*** *in a recognised Psychiatric unit of a* ***Hospital****. All* ***Treatment*** *must be administered under the direct control of a Registered Psychiatrist.*	***Pre-Authorisation*** ☎ *Full refund limited to 30 days per* ***Period of Cover***

Benefit	Essential
17. Terminal Illness: *Palliative and Hospice Care: 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.*	▶ *__Eligible In-Patient__ and __Day-Patient Treatment__ only up to USD 50,000/ EUR 40,000/ GBP 31,250 lifetime limit*
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 childbirth are specifically excluded from this __Benefit__.*	▶ *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/ GBP15,625 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__.* *__Excesses__ do not apply to transportation costs incurred under this __Benefit__.* *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__.* *This __Benefit__ specifically excludes routine __Pregnancy__ and childbirth costs, except for __Benefit__ 9 – __Pregnancy__ and childbirth __Medical Conditions__.*	***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*

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

Benefit	Essential
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 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 **Plan**. Cover under this **Benefit** is limited to a maximum of 30 nights per **Period of Cover**.* *For this **Benefit** exclusion 5.12 does not apply.*	*USD 125/ EUR 100/ GBP 75 per night*
22. Out-Patient Charges: *i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**; prescribed **Drugs and Dressings**.*	*(i) Pre-operative consultation and **Diagnostic Procedures** within 15 days from the admission and post hospitalisation up to max USD 2,000/ EUR 1,600/ GBP 1,250 or 30 days per **Medical Condition** per **Period of Cover***
*ii) Physiotherapy by a Registered **Physiotherapist**, when referred by a **Medical Practitioner**, or **Specialist**.*	*(ii) Not covered*
23. Day-Patient or Out-Patient Surgery: ***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.*	*Full refund*
24. Out Patient Psychiatric Illness: ***Out-Patient Treatment** administered under the direct control of a Registered Psychiatrist when referred by a **Medical Practitioner** or **Specialist**.*	*Not covered*
25. Alternative Therapies: *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) **Treatment** or therapies administered by a recognised Traditional Chinese Medicine Practitioner or an Ayurvedic Medical Practitioner.* ***We** do not cover charges for general chiropody or podiatry.* *For this **Benefit** the **Plan Excess** does not apply.*	*Not covered*
26. Nursing Care at Home: *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**.*	*(i) Not covered* ***Pre-Authorisation for (i) ☎***
*ii) **Emergency Medical Practitioner** (GP) home visits out of normal clinic hours*	*(ii) Not covered*
27. AIDS: *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.* ** 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 **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**.* *** As long as the blood transfusion was received as an **In-Patient** as part of **Medically Necessary Treatment**.* ***Waiting Period**: Cover only available after three years of continuous membership.*	***Pre-Authorisation ☎*** ***Eligible In-Patient** and **Day-Patient Treatment** only up to USD 25,000/ EUR 20,000/ GBP 15,625 per **Period of Cover***

Options to Core Benefits	Essential
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. Out-Patient Charges: *i) **Medical Practitioner** fees including consultation, **Specialist** fees, **Diagnostic Tests**, prescribed **Drugs and Dressings**.* *ii) Physiotherapy by a registered **Physiotherapist**, when referred by a **Medical Practitioner**, or **Specialist**.*	*(i)* *Optional* *Up to USD 4,500/ EUR 3,600/ GBP 2,800 per **Period of Cover*** *(ii)* *Optional* *Full refund up to a maximum 10 sessions per **Period of Cover***
30. Out-Patient Charges Option 2: *i) **Medical Practitioner** fees including consultation, **Specialist** fees, **Diagnostic Tests** and costs associated with Maintenance of chronic **Medical Conditions**, prescribed **Drugs and Dressings.*** *ii) Physiotherapy by a registered **Physiotherapist,** when referred by a **Medical Practitioner**, or **Specialist.***	*(i)* *Optional* *Up to USD 4,500/ EUR 3,600/ GBP 2,800 per **Period of Cover*** *(ii)* *Optional* *Full refund up to a maximum 10 sessions per **Period of Cover***

Excess Options	Essential
Standard Excess	*Nil*
Optional Excess *Please note: **Excesses** do not apply to transportation costs incurred under **Benefit** 19, but would apply to any **Medically Necessary Treatment** required under **Benefit** 19.*	*USD 1,000/ EUR 800/ GBP 625* *USD 2,500/ EUR 2,000/ GBP1,550* *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*

Full refund Not covered Subject to limits Optional

4.3.2 WorldCare Advance

Benefit	Advance
Annual Maximum Plan Limit ***24/7 helpline and assistance services available on all Plans***	**USD 3.5m/ EUR 2.8m/ GBP 2.2m**
1. Maintenance of Chronic Medical Conditions: *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.*	*Up to USD 15,000/ EUR 12,000/ GBP 9,375 per **Period of Cover***
2. 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 **Pre-Authorisation for (i) ☎*** *(ii) Up to USD 1,500/ EUR 1,200/ GBP 930 per **Medical Condition***
3. Diagnostic Procedures: ***Medically Necessary** diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans.*	***Pre-Authorisation for PET ☎*** *Full refund*
4. 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*
5. 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*
6. Renal Failure and Renal Dialysis: *(i) **Treatment** of renal failure, including renal dialysis on an **In-Patient** basis.* *(ii) **Treatment** of renal failure, including renal dialysis on a **Day-Patient** or **Out-Patient** basis.*	*(i) Up to six weeks full refund* *(ii) Up to USD 10,000/ EUR 8,000/GBP 6,250 per **Period of Cover***
7. Organ Transplant: *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.* *ii) Medical costs associated with the donor as an **In-Patient** or **Day-Patient**, with the exception of the cost of the donor organ search.* ***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.*	*(i) Full refund* *(ii) Up to USD 50,000/ EUR 40,000/ GBP 31,250 per **Period of Cover***

Benefit	Advance
8. 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*
9. Pregnancy and Childbirth Medical Conditions: ***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:* • *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*	*Full refund*
10. 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.*	*Up to USD 100,000/ EUR 80,000/ GBP 62,500 per* ***Period of Cover***
11. 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*
12. 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*** *10 but excluded from* ***Benefit*** *12 –* ***Congenital Disorders****.*	*Up to USD 100,000/ EUR 80,000/ GBP 62,500 per* ***Period of Cover***
13. 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*
14. 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 180 days per* ***Medical Condition***
15. 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*
16. In-Patient Psychiatric Treatment: ***In-Patient Treatment*** *in a recognised Psychiatric unit of a* ***Hospital****. All* ***Treatment*** *must be administered under the direct control of a Registered Psychiatrist.*	***Pre-Authorisation*** ☎ *Full refund limited to 30 days per* ***Period of Cover***
17. Terminal Illness: *Palliative and Hospice Care: 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.*	*Up to USD 50,000/ EUR 40,000/ GBP 31,250 lifetime limit*

Full refund Not covered Subject to limits Optional

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 childbirth are specifically excluded from this **Benefit**.*	*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/ GBP15,625 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**.* ***Excesses** do not apply to transportation costs incurred under this **Benefit**.* *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**.* *This **Benefit** specifically excludes routine **Pregnancy** and childbirth costs, except for **Benefit** 9 – **Pregnancy** and **Childbirth Medical Conditions***	***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 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 **Plan**. Cover under this **Benefit** is limited to a maximum of 30 nights per **Period of Cover**.* *For this **Benefit** exclusion 5.12 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
23. Day-Patient or Out-Patient Surgery: ***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.*	*Full refund*
24. Out-Patient Psychiatric Illness: ***Out-Patient Treatment*** *administered under the direct control of a Registered Psychiatrist when referred by a* ***Medical Practitioner*** *or* ***Specialist****.*	*Up to USD 2,500/ EUR 2,000/ GBP 1,550 per* ***Period of Cover***
25. Alternative Therapies: *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)* ***Treatment*** *or therapies administered by a recognised Traditional Chinese Medicine Practitioner or an Ayurvedic Medical Practitioner.* ***We*** *do not cover charges for general chiropody or podiatry.* *For this* ***Benefit*** *the* ***Plan Excess*** *does not apply.*	*Full refund up to a maximum of 30 visits per* ***Period of Cover*** ***Pre-Authorisation for (i) and (ii) after every 10 visits ☎***
26. Nursing Care at Home: *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.*	*(i) Full refund up to 45 days per* ***Medical Condition*** ***Pre-Authorisation for (i) ☎*** *(ii) Not covered*
27. AIDS: *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.* ** 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* ***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****.* *** As long as the blood transfusion was received as an* ***In-Patient*** *as part of* ***Medically Necessary Treatment****.* ***Waiting Period****: Cover only available after three years of continuous membership.*	***Pre-Authorisation ☎*** *Up to USD 25,000/ EUR 20,000/ GBP 15,625 per* ***Period of Cover***

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 or Dental care* ***Benefits****, any applicable* ***Co-Insurance*** *will be detailed in* ***Your Benefit Schedule****.*	*Optional*

Full refund | Not covered | Subject to limits | Optional

Options to Core Benefits	Advance
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**.*	*Optional*
31. Out-Patient Direct Billing: (only available for **Plans** in-force prior to 1 March 2014 that had historically selected this option) ***You** can maintain the standard **Plan Excess** of USD 100/EUR 80/GBP 60, but when **You** receive **Eligible Out-Patient Treatment** within the **Now Health International Provider Network**, a nil **Excess** will apply on a direct billing basis. Any **Eligible Out-Patient Treatment** outside of the **Direct Billing** Network will be subject to the **Plan Excess** applicable per **Insured Person**, per **Medical Condition**, per **Period of Cover**. The standard **Plan Excess** will still apply to all **Eligible In-Patient** and/or **Day-Patient Treatment**.* *If **You** receive **Eligible Treatment** within the **Out-Patient Direct Billing Network** but pay and claim for the **Treatment** received; the standard **Plan Excess** will apply.* *The standard **Plan Excess** will still apply to all **Eligible In-Patient** and/or **Day-Patient Treatment**.*	*Optional*
32. 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 Opthalmic 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 prophlaxis.* *For this **Benefit** exclusion 5.12 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***
33. 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 Opthalmic 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 prophlaxis.* *For this **Benefit** exclusion 5.12 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***

Excess Options	Advance
Standard Excess	*USD 100/EUR 80/ GBP 60*
Optional Excess: *Please note: **Excesses** do not apply to transportation costs incurred under **Benefit** 19, but would apply to any **Medically Necessary Treatment** required under **Benefit** 19.*	*Nil* *USD 50/EUR 40/ GBP 30* *USD 250/EUR 200/ GBP 155* *USD 500/EUR 400/ GBP 310* *USD 1,000/EUR 800/ GBP 625* *USD 2,500/EUR 2,000/ GBP 1,550*
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**.* *For **In-Patient** and **Day-Patient Treatment**, no **Excess** will be applicable.* *Please note:* *The **Out-Patient** Per Visit **Excess** does not apply to the Hospital Cash and Alternative Therapies **Benefit**. If **Your Plan** also includes Dental care **Benefit**, as detailed in **Your Benefit Schedule**, no **Excess** will be applicable.*	*Optional* *USD 25/EUR 20/ GBP 15*

4.3.3 WorldCare Excel

Benefit	Excel
Annual Maximum Plan Limit ***24/7 helpline and assistance services available on all Plans***	**USD 4m/ EUR 3.2m/ GBP 2.5m**
1. Maintenance of Chronic Medical Conditions: *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 detailed 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.*	*Up to USD 20,000/ EUR 16,000/ GBP 12,500 per **Period of Cover***
2. 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* ***Pre-Authorisation for (i) ☎*** *(ii) Up to USD 2,000/ EUR 1,600/ GBP 1,250 per **Medical Condition***
3. Diagnostic Procedures: ***Medically Necessary** diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans.*	***Pre-Authorisation for PET ☎*** *Full refund*
4. 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*
5. 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*
6. Renal Failure and Renal Dialysis: *(i) **Treatment** of renal failure, including renal dialysis on an **In-Patient** basis.* *(ii) **Treatment** of renal failure, including renal dialysis on a **Day-Patient** or **Out-Patient** basis.*	*(i) Up to six weeks full refund* *(ii) Up to USD 25,000/ EUR 20,000/ GBP 15,625 per **Period of Cover***
7. Organ Transplant: *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.* *ii) Medical costs associated with the donor as an **In-Patient** or **Day-Patient**, with the exception of the cost of the donor organ search.* ***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.*	*(i) Full refund* *(ii) Up to USD 50,000/ EUR 40,000/ GBP 31,250 per **Period of Cover***
8. 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	Excel
9. Pregnancy and Childbirth Medical Conditions: ***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:* • *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*	*Full refund*
10. 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.*	*Up to USD 125,000/ EUR 100,000/ GBP 78,125 per* ***Period of Cover***
11. 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*
12. 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*** *10 but excluded from* ***Benefit*** *12 –* ***Congenital Disorders****.*	*Up to USD 125,000/ EUR 100,000/ GBP 78,125 per* ***Period of Cover***
13. 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*
14. 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*
15. 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*
16. In-Patient Psychiatric Treatment: ***In-Patient Treatment*** *in a recognised Psychiatric unit of a* ***Hospital****. All* ***Treatment*** *must be administered under the direct control of a Registered Psychiatrist.*	***Pre-Authorisation*** ☎ *Full refund limited to 30 days per* ***Period of Cover***
17. Terminal Illness: *Palliative and Hospice Care: 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.*	*Up to USD 75,000/ EUR 60,000/GBP 46,875 lifetime limit*
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 childbirth are specifically excluded from this* ***Benefit****.*	*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***

Benefit	Excel
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**.*	***Pre-Authorisation*** ☎
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***
__Excesses__ do not apply to transportation costs incurred under this __Benefit__.	
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__.*	***Pre-Authorisation*** ☎
This __Benefit__ specifically excludes routine __Pregnancy__ and childbirth costs, except for __Benefit__ 9 – __Pregnancy__ and childbirth __Medical Conditions__.	▶ *Full refund*
20. Mortal Remains:	***Pre-Authorisation*** ☎
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,	*(i)* ▶ *Full refund*
ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.	*(ii)* ▶ *Up to USD 15,000/ EUR 12,000/ GBP 9,375*
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 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 __Plan__. Cover under this __Benefit__ is limited to a maximum of 30 nights per __Period of Cover__.	▶ *USD 225/ EUR 180/ GBP 135 per night*
For this __Benefit__ exclusion 5.12 does not apply.	
22. Out-Patient Charges:	*(i)* ▶ *Full refund*
i) __Medical Practitioner__ fees including consultations; __Specialist__ fees; __Diagnostic Tests__; prescribed __Drugs and Dressings__.	*(ii)* ▶ *Full refund*
ii) Physiotherapy by a Registered __Physiotherapist__, when referred by a __Medical Practitioner__, or __Specialist__.	***Pre-Authorisation for (ii) after every 10 sessions*** ☎
23. Day-Patient or Out-Patient Surgery:	
__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.	▶ *Full refund*
24. Out Patient Psychiatric Illness:	
__Out-Patient Treatment__ administered under the direct control of a Registered Psychiatrist when referred by a __Medical Practitioner__ or __Specialist__.	▶ *Up to USD 5,000/ EUR 4,000/ GBP 3,125 per **Period of Cover***

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

Benefit	Excel
25. Alternative Therapies: *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) **Treatment** or therapies administered by a recognised Traditional Chinese Medicine Practitioner or an Ayurvedic Medical Practitioner.* ***We** do not cover charges for general chiropody or podiatry.* *For this **Benefit** the **Plan Excess** does not apply.*	*Full refund* ***Pre-Authorisation for (i) and (ii) after every 10 visits ☎***
26. Nursing Care at Home: *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.*	*(i) Full refund up to 60 days per **Medical Condition*** ***Pre-Authorisation for (i) ☎*** *(ii) Not covered*
27. AIDS: *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.* ** 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 **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**.* *** As long as the blood transfusion was received as an **In-Patient** as part of **Medically Necessary Treatment**.* ***Waiting Period**: Cover only available after three years of continuous membership.*	***Pre-Authorisation ☎*** *Up to USD 40,000/ EUR 32,000/ GBP 25,000 per **Period of Cover***
28. 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,* *– Preventive scaling, polishing, and sealing (once per year),* *– Fillings (standard amalgam or composite fillings) and extractions, and* *– Root-canal **Treatment** (but not the 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 **Start Date** are excluded.* *A **Co-Insurance** of 20% applies.* *For this **Benefit,** the **Plan 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, in lays 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 by this **Benefit**.* ***Waiting Period**: Costs incurred within nine months from the **Start Date** are excluded.* *A **Co-Insurance** of 20% applies.* *A 50% **Co-Insurance** applies in respect of all orthodontic **Treatment**.* *For this **Benefit,** the **Plan Excess** does not apply.*	*(i) Up to USD 1,000/ EUR 800/ GBP 625 per **Period of Cover*** *(ii) Up to USD 2,000/ EUR 1,600/ GBP 1,250 per **Period of Cover***

Options to Core Benefits	Excel
29. 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***

Options to Core Benefits	Excel
30. 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**.*	*Optional*
31. 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**.*	*Optional*
32. Out-Patient Direct Billing: (only available for **Plans** in-force prior to 1 March 2014 that had historically selected this option) ***You** can maintain the standard **Plan Excess** of USD 100/EUR 80/GBP 60, but when **You** receive **Eligible Out-Patient Treatment** within the **Now Health International Provider Network**, a nil **Excess** will apply on a direct billing basis. Any **Eligible Out-Patient Treatment** outside of the **Direct Billing** Network will be subject to the **Plan Excess** applicable per **Insured Person**, per **Medical Condition**, per **Period of Cover**. The standard **Plan Excess** will still apply to all **Eligible In-Patient** and/or **Day-Patient Treatment**.* *If **You** receive **Eligible Treatment** within the **Out-Patient Direct Billing Network** but pay and claim for the **Treatment** received; the standard **Plan Excess** will apply.* *The standard **Plan Excess** will still apply to all **Eligible In-Patient** and/or **Day-Patient Treatment.***	*Optional*
33. 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 Opthalmic 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 prophlaxis.* *For this **Benefit** exclusion 5.12 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***
34. 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 Opthalmic 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 prophlaxis.* *For this **Benefit** exclusion 5.12 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***

Excess Options	Excel
Standard Excess	*USD 100/EUR 80/ GBP 60*
Optional Excess: *Please note: **Excesses** do not apply to transportation costs incurred under **Benefit** 19, but would apply to any **Medically Necessary Treatment** required under **Benefit** 19.*	*Nil* *USD 50/EUR 40/ GBP 30* *USD 250/ EUR 200/ GBP 155*
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**.* *For **In-Patient** and **Day-Patient Treatment** no **Excess** will be applicable.* *Please note:* *The **Out-Patient** Per Visit **Excess** does not apply to the Hospital Cash and Alternative Therapies **Benefits**. If **Your Plan** also includes the Dental care **Benefit**, as detailed in **Your Benefit Schedule**, no **Excess** will be applicable.*	*Optional* *USD 25/EUR 20/ GBP 15*

Full refund | Not covered | Subject to limits | Optional

4.3.4 WorldCare Apex

Benefit	Apex
Annual Maximum Plan Limit ***24/7 helpline and assistance services available on all Plans***	**USD 4.5m/ EUR 3.6m/ GBP 2.8m**
1. Maintenance of Chronic Medical Conditions: *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 detailed 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.*	*Full refund*
2. 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* ***Pre-Authorisation for (i) ☎*** *(ii) Up to USD 2,500/ EUR 2,000/GBP 1,550 per **Medical Condition***
3. Diagnostic Procedures: ***Medically Necessary** diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans.*	***Pre-Authorisation for PET ☎*** *Full refund*
4. 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*
5. 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*
6. Renal Failure and Renal Dialysis: *(i) **Treatment** of renal failure, including renal dialysis on an **In-Patient** basis.* *(ii) **Treatment** of renal failure, including renal dialysis on a **Day-Patient** or **Out-Patient** basis.*	*(i) Up to six weeks full refund* *(ii) Up to USD 75,000/ EUR 60,000/GBP 46,875 per **Period of Cover***
7. Organ Transplant: *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.* *ii) Medical costs associated with the donor as an **In-Patient** or **Day-Patient**, with the exception of the cost of the donor organ search.* ***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.*	*(i) Full refund* *(ii) Up to USD 50,000/ EUR 40,000/ GBP 31,250 per **Period of Cover***
8. 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*
9. Pregnancy and Childbirth Medical Conditions: ***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:* • *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*	*Full refund*

Benefit	Apex
10. 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.*	*Up to USD 150,000/ EUR 120,000/ GBP 93,750 per* ***Period of Cover***
11. 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*
12. 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*** *10 but excluded from* ***Benefit*** *12 –* ***Congenital Disorders****.*	*Up to USD 150,000/ EUR 120,000/ GBP 93,750 per* ***Period of Cover***
13. 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*
14. 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*
15. 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*
16. In-Patient Psychiatric Treatment: ***In-Patient Treatment*** *in a recognised Psychiatric unit of a* ***Hospital****. All* ***Treatment*** *must be administered under the direct control of a Registered Psychiatrist.*	***Pre-Authorisation*** ☎ *Full refund limited to 30 days per* ***Period of Cover***
17. Terminal Illness: *Palliative and Hospice Care: 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.*	*Up to USD 100,000/ EUR 80,000/ GBP 62,500 lifetime limit*
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 childbirth are specifically excluded from this* ***Benefit****.*	*Full refund for* ***Accident*** *requiring* ***In-Patient*** *and* ***Day-Patient*** *care* *Illness:* ***In-Patient*** *and* ***Day-Patient*** *care up to USD 50,000/ EUR 40,000/ GBP 31,250 per* ***Period of Cover***

Full refund Not covered Subject to limits Optional

Benefit	Apex
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**.*	***Pre-Authorisation ☎***
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 300/ EUR 240/ GBP 185 per day Up to USD 10,000/ EUR 8,000/ GBP 6,250 per person, per **Evacuation***
***Excesses** do not apply to transportation costs incurred under this **Benefit**.* *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**.* *This **Benefit** specifically excludes routine **Pregnancy** and childbirth costs, except for **Benefit** 9 – **Pregnancy** and childbirth **Medical Conditions**.*	***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 20,000/ EUR 16,000/ GBP 12,500*
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 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 **Plan**. Cover under this **Benefit** is limited to a maximum of 30 nights per **Period of Cover**.* *For this **Benefit** exclusion 5.12 does not apply.*	▶ *USD 275/ EUR 220/ GBP 165 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* ***Pre-Authorisation for (ii) after every 10 sessions ☎***
23. Day-Patient or Out-Patient Surgery: ***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.*	▶ *Full refund*
24. Out Patient Psychiatric Illness: ***Out-Patient Treatment** administered under the direct control of a Registered Psychiatrist when referred by a **Medical Practitioner** or **Specialist**.*	▶ *Up to USD 7,500/ EUR 6,000/ GBP 4,600 per **Period of Cover***

Benefit	Apex
25. Alternative Therapies: *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) **Treatment** or therapies administered by a recognised Traditional Chinese Medicine Practitioner or an Ayurvedic Medical Practitioner.* ***We** do not cover charges for general chiropody or podiatry.* *For this **Benefit** the **Plan Excess** does not apply.*	▶ *Full refund* ***Pre-Authorisation for (i) and (ii) after every 10 visits ☎***
26. Nursing Care at Home: *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.*	*(i)* ▶ *Full refund up to 120 days per **Medical Condition*** ***Pre-Authorisation for (i) ☎*** *(ii)* ▶ *Up to five visits per **Period of Cover***
27. AIDS: *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.* ** 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 **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**.* *** As long as the blood transfusion was received as an **In-Patient** as part of **Medically Necessary Treatment**.* ***Waiting Period**: Cover only available after three years of continuous membership.*	***Pre-Authorisation ☎*** ▶ *Up to USD 50,000/ EUR 40,000/ GBP 31,250 per **Period of Cover***
28. Maternity: ***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.*	▶ *Up to USD 15,000/ EUR 12,000/ GBP 9,375 per **Period of Cover***
29. 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,* *– Preventive scaling, polishing, and sealing (once per year),* *– Fillings (standard amalgam or composite fillings) and extractions, and* *– Root-canal **Treatment** (but not the 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 **Start Date** are excluded.* *A **Co-Insurance** of 20% applies.* *For this **Benefit,** the **Plan 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, in lays 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 by this **Benefit**.* ***Waiting Period**: Costs incurred within nine months from the **Start Date** are excluded.* *A **Co-Insurance** of 20% applies.* *A 50% **Co-Insurance** applies in respect of all orthodontic **Treatment**.* *For this **Benefit,** the **Plan Excess** does not apply.*	*(i)* ▶ *Up to USD 1,500/ EUR 1,200/ GBP 930 per **Period of Cover*** *(ii)* ▶ *Up to USD 3,000/ EUR 2,400/ GBP 1,875 per **Period of Cover***

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

Options to Core Benefits	Apex
30. 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***
31. 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**.*	▶ *Optional*
32. 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**.*	▶ *Optional*
33. Out-Patient Direct Billing: (only available for **Plans** in-force prior to 1 March 2014 that had historically selected this option) ***You** can maintain the standard **Plan Excess** of USD 100/EUR 80/GBP 60, but when **You** receive **Eligible Out-Patient Treatment** within the **Now Health International Provider Network**, a nil **Excess** will apply on a direct billing basis. Any **Eligible Out-Patient Treatment** outside of the **Direct Billing** Network will be subject to the **Plan Excess** applicable per **Insured Person**, per **Medical Condition**, per **Period of Cover**. The standard **Plan Excess** will still apply to all **Eligible In-Patient** and/or **Day Patient Treatment**.* *If **You** receive **Eligible Treatment** within the **Out-Patient Direct Billing Network** but pay and claim for the **Treatment** received; the standard **Plan Excess** will apply.* *The standard **Plan Excess** will still apply to all **Eligible In-Patient** and/or **Day-Patient Treatment.***	▶ *Optional*
34. 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 Opthalmic 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 prophlaxis.* *For this **Benefit** exclusion 5.12 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***
35. 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 Opthalmic 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 prophlaxis.* *For this **Benefit** exclusion 5.12 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***

Excess Options	Apex
Standard Excess	*USD 100/EUR 80/ GBP 60*
Optional Excess: *Please note: **Excesses** do not apply to transportation costs incurred under **Benefit** 19, but would apply to any **Medically Necessary Treatment** required under **Benefit** 19.*	*Nil* *USD 50/EUR 40/ GBP 30* *USD 250/EUR 200/ GBP 155*
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.*** *For **In-Patient** and **Day-Patient Treatment** no **Excess** will be applicable.* *Please note:* *The **Out-Patient** per visit **Excess** does not apply to the Hospital Cash and Alternative Therapies **Benefit**. If **Your Plan** also includes Dental care **Benefits**, as detailed in **Your Benefit** Schedule, no **Excess** will be applicable.*	▶ *Optional* *USD 25/EUR 20/ GBP 15*

▶ Full refund ▶ Not covered ▶ Subject to limits ▶ 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 as a result of surgery for cancer, 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

If **You** are insured under the Essential **Plan** option, **You** do not have cover for costs relating to the maintenance of **Chronic Conditions**. For Advance, Excel and Apex **Plan** options, the limits in the **Benefit Schedule** are a maximum per **Period of Cover** and not per **Medical Condition**.

5.8 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

5.9 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.

5.10 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.

5.11 Eating disorders

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

5.12 Excess or Co-Insurance

You are not covered for the amount of the **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 **Excess** or **Co-Insurance** as fraud and **We** will take legal action.

5.13 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.

5.14 Eyes and ears

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.

5.15 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**.

5.16 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.

5.17 Foetal surgery

We do not cover the costs of surgery on a child while in its mother's womb except as part of the maternity **Benefits** detailed in **Your Certificate of Insurance**.

5.18 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**.

5.19 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.

5.20 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, other than stated in the **Benefit Schedule**.

5.21 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.

5.22 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 relating to removing fat or surplus healthy tissue from any part of the body.

5.23 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.

5.24 Pregnancy or maternity

You are not covered for costs relating to normal **Pregnancy** or childbirth, voluntary caesarean section, unless maternity **Benefits** are shown on **Your Certificate of Insurance**.

5.25 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**.

5.26 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.

5.27 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.

5.28 Routine examinations, health screening

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, unless these **Benefits** are shown on **Your Certificate of Insurance**.

5.29 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**.

5.30 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.

5.31 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.

5.32 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.

5.33 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.

5.34 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**.

5.35 Treatment by a family member

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

5.36 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 +971 (0) 4450 1510.

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

Any **Dependants** generally must be covered under the same level of benefit **You** have, as the **Planholder**. A different level of **Benefits** can be selected that provides no more **Benefits** than the **Insured Person** has. For example, the **Insured Person** may have an Excel **Plan** option; they can decide to cover their **Dependant** on the Excel, Essential or the Advance Plan option, but not the Apex **Plan** option.

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 +971 (0) 4450 1510.

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 has been adopted, or was born as the result of any method of assisted conception, or following any type of fertility **Treatment**, including but not limited to fertility drug **Treatment**. In such circumstances **We** reserve the right to apply particular restrictions to the cover **We** will offer, and **We** will notify **You** of those terms as soon as reasonably possible.
This may limit **Your** baby's cover for existing **Medical Conditions**. This would mean that **Your** baby will not be covered for **Treatment** carried out for **Medical Conditions** which existed prior to joining, such as **Treatment** in a Special Care Baby Unit and **You** will be liable for these costs.

6.6 Changing Your cover

Subsequent changes in cover can only be made at renewal.

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 Continuous transfer terms

We will maintain **Your** existing underwriting or special acceptance terms, as shown by **Your** current insurer, such as any moratoria or specific exclusions and **Your Plan** with **Us** will be governed by the terms and conditions of this **Plan**. The acceptance by **Us** of **Your** original **Start Date** will be applied to **Your Plan** with **Us** and any transfer will be subject to no enhanced **Benefits** being provided. Transfer from a Company **Plan** to an Individual **Plan** is subject to written agreement from **Us**.

6.9 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 Limited
PO Box 482055, Dubai, UAE
Tel: +971 (0) 4450 1410
Fax: +971 (0) 4450 1530
Email: GlobalService@now-health.com

The Managing Director is responsible for Now Health's Complaint Handling Policy and he will ensure that your complaint is acknowledged promptly (within 7 days), investigated thoroughly by an appropriate member of staff and a full response is sent to you as soon as possible, which unless stated otherwise will be in less than 30 days from the date of your complaint. Should you remain dissatisfied with the outcome of our investigation you may be able to consider other avenues for resolution of your Complaint including referral to the DIFC (small claims) Court. Details can be obtained at their web site at: http://difccourts.complinet.com/en/display/display_main.html?rbid=2725&element_id=3485 <http://difccourts.complinet.com/en/display/display_main.html?rbid=2725&element_id=3485>

Should your complaint be about your plan we will refer your complaint to Axa PPP Healthcare Ltd for investigation and resolution. To allow Axa PPP Healthcare Ltd to investigate your complaint fully, the UK Financial Conduct Authority (FCA) gives them up to eight weeks to get back to you, from the date you first raised your complaint with us. However, they will respond sooner than this if able.

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,
South Quay Plaza,
183 Marsh Wall,
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

The Ombudsman will review complaints about:

- the way in which your plan was sold to you
- the administration of your plan
- the handling of any claims.

Please note that the Ombudsman will not normally investigate complaints concerning an insurer's exercise of commercial judgement.

The Ombudsman will also not generally review a complaint where:

- we have not had the opportunity to investigate and consider your complaint
- the final decision issued by us was received more than six months ago
- your complaint already involves (or has involved) legal action.

None of these procedures affect your legal rights.

7.2 What regulatory protection do I have?

7.2.1 The Dubai Financial Services Authority (DFSA) and Financial Conduct Authority (FCA)

Now Health International Limited is regulated by the DFSA.

The DFSA is the sole independent financial regulator for the Dubai International Financial Centre (DIFC). For more information about the Dubai Financial Services Authority, please visit http://www.dfsa.ae/.

AXA PPP healthcare is authorised and regulated by the Financial Conduct Authority, whose registration number is 523267.

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

The DFSA and 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: www.fsa.gov.uk/register, 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.

We and the **Underwriters** will deal with all personal information supplied in the strictest confidence as required by the Data Protection Act 1998. Personal and sensitive personal information may be sent in confidence for processing by other companies and intermediaries, including some located outside the European Economic Area (EEA), including to countries where the laws protecting personal information may not be as strong as in the EEA. Steps are taken to ensure that any sub-contractors give at least the same protection as **We** do.

Information about **You** and any family members covered by **Your Plan** will be held by **Us** and **Our** subcontractors. This includes information supplied by **You**, those family members, medical providers or **Your** employer (if applicable). This information will be used to provide the services set out under the terms of this **Plan**, to administer **Your Plan** and to develop customer relationships and services. In certain circumstances medical service providers (or others) may be asked to supply further information.

When **You** provide information about family members, **We** will take this as confirmation that **You** have their consent to do so. As the legal holder of the insurance **Plan** all correspondence about the **Plan**, including claims correspondence, will be sent to the **Planholder**. If any family member over 18 insured under the **Plan** does not want this to happen, they should apply for their own **Plan**.

There is a legal requirement, in certain circumstances, to disclose information to law enforcement agencies relating to suspicions of fraudulent claims and other crimes. If required, information will be disclosed to third parties including other insurers for the purposes of prevention or investigation of crime including fraud or otherwise improper claims where there is reasonable suspicion. This may involve adding non-medical information to a database that will be accessible to other insurers and law enforcement agencies. Additionally, the General Medical Council or other relevant regulatory body will be notified about any issue where there is reason to believe a **Medical Practitioner's** fitness to practise may be impaired.

With **Your** agreement, Now Health International, and any Now Health International Group companies in operation at that time, may use the information **You** have provided to inform **You** by letter, telephone, email or mobile message of products and services such as special offers and healthcare information. Some of **Your** details may also be shared with other Now Health International Group companies and other carefully selected companies based in the European Economic Area to enable them to contact **You** about their products and services.

If **You** change **Your** mind about this permission, please contact **Our** Customer Services team or write to **Us** at the address on the back of this handbook. Unless **You** inform **Us** otherwise **We** will assume that, for the time being, **You** are happy to be contacted in this way.

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 virtue of the Contract (Rights of Third Parties) Act 1999, 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** and the **Out-Patient Direct Billing** membership card has been returned**,** 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 If **You** have an **Out-Patient Direct Billing** membership card, it is **Your** responsibility to return all such cards for **You** and **Your Dependants** to **Us** if **You** cancel, or do not renew **Your Plan** or **Your** premium payments are not up to date. **We** will not be liable for any misuse by **You** of such **Out-Patient Direct Billing** membership cards, if **We** have already paid the **Benefit We** can recover those sums from **You**.

8.1.9 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 5.25 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.

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WC NA 28003 02/2016

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