

## Benefit Schedule Singapore WorldCare Excel - Individuals and families Plan

Benefit	Excel
<b>Annual Maximum Plan Limit</b> <i>24/7 helpline and assistance services available on all Plans</i>	USD 4m/ SGD 5.2m
<p><b>1. Maintenance of Chronic Medical Conditions:</b></p> <p><i>Maintenance of chronic <b>Medical Conditions</b> such as but not limited to asthma, diabetes and hypertension requiring ongoing or long-term monitoring through consultations, examinations, check-ups, <b>Drugs and Dressings</b> and/or tests up to the <b>Benefit</b> limits detailed following <b>Your Entry Date</b>. This <b>Benefit</b> does not cover renal failure and dialysis. Claims for this will fall under <b>Benefit</b> 6. Claims for <b>Cancer</b> will fall under <b>Benefit</b> 8.</i></p>	<p>▶ Full refund</p>
<p><b>2. Hospital Charges, Medical Practitioner and Specialist Fees:</b></p> <p>i) <i>Charges for <b>In-Patient</b> or <b>Day-Patient Treatment</b> made by a <b>Hospital</b> including charges for accommodation (ward/semi-private or private); <b>Diagnostic Tests</b>; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a <b>Qualified Nurse; Drugs and Dressings</b> prescribed by a <b>Medical Practitioner</b> or <b>Specialist</b>; and surgical appliances used by the <b>Medical Practitioner</b> during surgery. This includes pre and post-operative consultations while an <b>In-Patient</b> or <b>Day-Patient</b> and includes charges for intensive care.</i></p> <p>ii) <i>Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an <b>Eligible Medical Condition</b> which required <b>In-Patient</b> or <b>Day-Patient Hospital Treatment</b>.</i></p>	<p>(i) ▶ Full refund Pre-Authorisation for (i) 📞</p> <p>(ii) ▶ Up to USD 2,000/SGD 2,600 per <b>Medical Condition</b></p>
<p><b>3. Diagnostic Procedures:</b></p> <p><i><b>Medically Necessary</b> diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an <b>In-Patient, Day-Patient</b> or <b>Out-Patient</b>.</i></p>	<p>Pre-Authorisation for PET 📞</p> <p>▶ Full refund</p>
<p><b>4. Emergency Ambulance Transportation:</b></p> <p><i><b>Emergency</b> road ambulance transport costs to or between <b>Hospitals</b>, or when considered <b>Medically Necessary</b> by a <b>Medical Practitioner</b> or <b>Specialist</b>.</i></p>	<p>▶ Full refund</p>
<p><b>5. Parent Accommodation:</b></p> <p><i>The cost of one parent staying in <b>Hospital</b> overnight with an <b>Insured Person</b> under 18 years old while the child is admitted as an <b>In-Patient</b> for <b>Eligible Treatment</b>.</i></p>	<p>▶ Full refund</p>
<p><b>6. Renal Failure and Renal Dialysis:</b></p> <p>i) <i><b>Treatment</b> of renal failure, including renal dialysis on an <b>In-Patient</b> basis.</i></p> <p>ii) <i><b>Treatment</b> of renal failure, including renal dialysis on a <b>Day-Patient</b> or <b>Out-Patient</b> basis.</i></p>	<p>(i) ▶ Full refund</p> <p>(ii) ▶ Up to USD 100,000/ SGD 130,000 per <b>Period of Cover</b> per <b>Period of Cover</b></p>
<p><b>7. Organ Transplant:</b></p> <p>i) <i><b>Treatment</b> for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the <b>Insured Person</b> as a recipient.</i></p> <p><i>In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under <b>Benefit</b> 12 but excluded from <b>Benefit</b> 7 – Organ Transplant.</i></p> <p>ii) <i>Medical costs associated with the donor as an <b>In-Patient</b> or <b>Day-Patient</b>, with the exception of the cost of the donor organ search.</i></p> <p><i>We only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with <b>WHO</b> guidelines.</i></p>	<p>(i) ▶ Full refund</p> <p>(ii) ▶ Up to USD 50,000/ SGD 65,000 per <b>Period of Cover</b></p>
<p><b>8. Cancer Treatment:</b></p> <p><i><b>Treatment</b> given for <b>Cancer</b> received as an <b>In-Patient, Day-Patient</b> or <b>Out-Patient</b>. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis.</i></p>	<p>▶ Full refund</p>

Benefit	Excel
<p><b>9. Pregnancy and Childbirth Medical Conditions:</b></p> <p><i>In-Patient Treatment</i> of an <b>Eligible Medical Condition</b> which arises during the antenatal stages of <b>Pregnancy</b>, or an <b>Eligible Medical Condition</b> which arises during childbirth. As an illustration, <b>We</b> would consider <b>Treatment</b> of the following:</p> <ul style="list-style-type: none"> <li>• Ectopic <b>Pregnancy</b> (where the foetus is growing outside the womb)</li> <li>• Hydatidiform mole (abnormal cell growth in the womb)</li> <li>• Retained placenta (afterbirth retained in the womb)</li> <li>• Placenta praevia</li> <li>• Eclampsia (a coma or seizure during <b>Pregnancy</b> and following pre-eclampsia)</li> <li>• Diabetes (If <b>You</b> have exclusions because of <b>Your</b> past medical history which relate to diabetes, then <b>You</b> will not be covered for any <b>Treatment</b> for diabetes during <b>Pregnancy</b>)</li> <li>• Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)</li> <li>• Miscarriage requiring immediate surgical <b>Treatment</b></li> <li>• Failure to progress in labour</li> </ul>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>10. New Born Cover:</b></p> <p><i>In-Patient Treatment</i> of premature birth (i.e. prior to age 37 weeks gestation) or an <b>Acute Condition</b> being suffered by a <b>New Born</b> baby of an <b>Insured Person</b> which manifests itself within 30 days following birth. Provided that the <b>New Born</b> baby is added to the <b>Plan</b> within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 125,000/ SGD 162,500 per <b>Period of Cover</b></p>
<p><b>11. Hospital Accommodation for New Born Accompanying their Mother:</b></p> <p><i>Hospital Accommodation</i> costs relating to a <b>New Born</b> baby (up to 16 weeks old) to accompany its mother (being an <b>Insured Person</b>) while she is receiving <b>Eligible Treatment</b> as an <b>In-Patient</b> in a <b>Hospital</b>.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>12. Congenital Disorder:</b></p> <p><i>In-Patient Treatment</i> for a <b>Congenital Disorder</b>. In circumstances where a <b>Congenital Disorder</b> manifests itself in a <b>New Born</b> baby within 30 days of birth, cover for such <b>Medical Conditions</b> will be provided under <b>Benefit 10</b> but excluded from <b>Benefit 12 – Congenital Disorders</b>.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 125,000/ SGD 162,500 per <b>Period of Cover</b></p>
<p><b>13. Reconstructive Surgery:</b></p> <p>Reconstructive surgery required to restore natural function or appearance following an <b>Accident</b> or following a <b>Surgical Procedure</b> for an <b>Eligible Medical Condition</b>, which occurred after an <b>Insured Person's Entry Date</b> or <b>Start Date</b> whichever is later.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>14. Rehabilitation:</b></p> <p>When referred by a <b>Specialist</b> as an integral part of <b>Treatment</b> for a <b>Medical Condition</b> necessitating admission to a recognised <b>Rehabilitation</b> unit of a <b>Hospital</b>. Where the <b>Insured Person</b> was confined to a <b>Hospital</b> as an <b>In-Patient</b> for at least three consecutive days, and where a <b>Specialist</b> confirms in writing that <b>Rehabilitation</b> is required. Admission to a <b>Rehabilitation</b> unit must be made within 14 days of discharge from <b>Hospital</b>. Such <b>Treatment</b> should be under the direct supervision and control of a <b>Specialist</b> and would cover:</p> <ol style="list-style-type: none"> <li>Use of special <b>Treatment</b> rooms</li> <li>Physical therapy fees</li> <li>Speech therapy fees</li> <li>Occupational therapy fees</li> </ol>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>15. In-Patient Emergency Dental Treatment:</b></p> <p>This means <b>Emergency</b> restorative dental <b>Treatment</b> required to sound, natural teeth following an <b>Accident</b> which necessitates <b>Your</b> admission to <b>Hospital</b> for at least one night.</p> <p>The dental <b>Treatment</b> must be received within 10 days of the <b>Accident</b>. This <b>Benefit</b> covers all costs incurred for <b>Treatment</b> made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:</p> <ul style="list-style-type: none"> <li>• If the <b>Treatment</b> involves replacing a crown, bridge facing, veneer or denture, <b>We</b> will pay only the reasonable and customary cost of a replacement of similar type or quality</li> <li>• If implants are clinically needed <b>We</b> will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead</li> <li>• Damage to dentures providing they were being worn at the time of the injury</li> </ul>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>16. In-Patient Psychiatric Treatment:</b></p> <p><i>In-Patient Treatment</i> in a recognised Psychiatric unit of a <b>Hospital</b>. All <b>Treatment</b> must be administered under the direct control of a Registered Psychiatrist.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Pre-Authorisation 📄</p> <p style="text-align: center;">Full refund limited to 30 days per <b>Period of Cover</b></p>
<p><b>17. Terminal Illness:</b></p> <p>Palliative and Hospice Care: On diagnosis of a <b>Terminal</b> illness, costs for any <b>In-Patient, Day-Patient</b> or <b>Out-Patient Treatment</b> given on the advice of a <b>Medical Practitioner</b> or <b>Specialist</b> for the purpose of offering temporary relief of symptoms. Charges for <b>Hospital</b> or hospice accommodation, nursing care by a <b>Qualified Nurse</b> and prescribed <b>Drugs and Dressings</b> are covered.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 75,000/ SGD 97,500 lifetime limit</p>

Benefit	Excel
<p><b>18. Emergency Non-Elective Treatment USA Cover:</b></p> <p>For planned trips up to 30 days of duration. <b>Treatment</b> by a <b>Medical Practitioner</b> or <b>Specialist</b> starting within 24 hours of the <b>Emergency</b> event, required as a result of an <b>Accident</b> or the sudden beginning of a severe illness resulting in a <b>Medical Condition</b> that presents an immediate threat to the <b>Insured Person's</b> health.</p> <p>Charges relating to routine <b>Pregnancy</b> and <b>Pregnancy and Childbirth Medical Conditions</b> are specifically excluded from this <b>Benefit</b>.</p>	<p>➤</p> <p><b>Accident:</b> Full refund for <b>Accident</b> requiring <b>In-Patient</b> and <b>Day-Patient</b> care</p> <p>➤</p> <p><b>Illness:</b> <b>In-Patient</b> and <b>Day-Patient</b> care up to USD 35,000/SGD 45,500 per <b>Period of Cover</b></p> <p><b>Out-Patient Treatment</b> in an <b>Accident</b> and <b>Emergency</b> Department in a <b>Hospital</b> up to USD 500/SGD 650 per <b>Period of Cover</b></p>
<p><b>19. Evacuation and Repatriation:</b></p> <p><b>Evacuation</b></p> <p>Arrangements will be made to move an <b>Insured Person</b> who has a critical, life-threatening <b>Eligible Medical Condition</b> to the nearest medical facility for the purpose of admission to <b>Hospital</b> as an <b>In-Patient</b> or <b>Day-Patient</b>.</p> <p>Reasonable expenses for:</p> <ul style="list-style-type: none"> <li>i) Transportation costs of an <b>Insured Person</b> in the event of <b>Emergency Treatment</b> and <b>Medically Necessary</b> 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.</li> <li>ii) Reasonable local travel costs to and from medical appointments when <b>Treatment</b> is being received as a <b>Day-Patient</b>.</li> <li>iii) Reasonable travel costs for a locally-accompanying person to travel to and from the <b>Hospital</b> to visit the <b>Insured Person</b> following admission as an <b>In-Patient</b>.</li> <li>iv) Reasonable costs for non-<b>Hospital Accommodation</b> only for immediate pre and post-<b>Hospital</b> admission periods provided that the <b>Insured Person</b> is under the care of a <b>Specialist</b>.</li> </ul> <p>Costs of <b>Evacuation</b> do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.</p> <p><b>Our</b> medical advisers will decide the most appropriate method of transportation for the <b>Evacuation</b> and this <b>Benefit</b> will not cover travel if it is against the advice of <b>Our</b> medical advisers or where the medical facility does not have appropriate facilities to treat the <b>Eligible Medical Condition</b>.</p> <p><b>Repatriation</b></p> <p>An economy class airfare ticket to return the <b>Insured Person</b> and a locally-accompanying person who has travelled as an escort to the site of <b>Treatment</b> or the <b>Insured Person's</b> principal <b>Country of Nationality</b> or principal <b>Country of Residence</b>, as long as the journey is made within one month of completion of <b>Treatment</b>.</p> <p>Charges relating to routine <b>Pregnancy</b> and <b>Pregnancy and Childbirth Medical Conditions</b> are specifically excluded from this <b>Benefit</b>.</p>	<p><b>Pre-Authorisation</b> 📄</p> <ul style="list-style-type: none"> <li>(i) ➤ Full refund</li> <li>(ii) ➤ Full refund</li> <li>(iii) ➤ Full refund</li> <li>(iv) ➤ Up to USD 200/SGD 260 per day Up to USD 7,500/SGD 9,750 per person, per <b>Evacuation</b></li> </ul> <p><b>Pre-Authorisation</b> 📄</p> <ul style="list-style-type: none"> <li>➤ Full refund</li> </ul>
<p><b>20. Mortal Remains:</b></p> <p>In the event of death from an <b>Eligible Medical Condition</b>, <b>Reasonable and Customary Charges</b> for:</p> <ul style="list-style-type: none"> <li>i) Costs of transportation of body or ashes of an <b>Insured Person</b> to his/her <b>Country of Nationality</b> or <b>Country of Residence</b> or,</li> <li>ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.</li> </ul>	<p><b>Pre-Authorisation</b> 📄</p> <ul style="list-style-type: none"> <li>(i) ➤ Full refund</li> <li>(ii) ➤ Up to USD 15,000/SGD 19,500</li> </ul>
<p><b>21. Hospital Cash Benefit:</b></p> <p>This <b>Benefit</b> is payable for each night an <b>Insured Person</b> receives <b>In-Patient Treatment</b> and only if an <b>Insured Person</b> is admitted for <b>In-Patient Treatment</b> before midnight, and the <b>Treatment</b> is received free of charge that would have otherwise been <b>Eligible</b> for <b>Benefit</b> privately under this <b>Plan</b>. Cover under this <b>Benefit</b> is limited to a maximum of 30 nights per <b>Period of Cover</b>.</p> <p>For this <b>Benefit</b> exclusion 5.8 does not apply.</p>	<p>➤</p> <p>USD 225/SGD 295 per night</p>
<p><b>22. Out-Patient Charges:</b></p> <ul style="list-style-type: none"> <li>i) <b>Medical Practitioner</b> fees including consultations; <b>Specialist</b> fees; <b>Diagnostic Tests</b>; prescribed <b>Drugs and Dressings</b>.</li> <li>ii) <b>Physiotherapy</b> by a Registered <b>Physiotherapist</b>, when referred by a <b>Medical Practitioner</b>, or <b>Specialist</b>.</li> </ul>	<ul style="list-style-type: none"> <li>(i) ➤ Full refund</li> <li>(ii) ➤ Full refund</li> </ul> <p><b>Pre-Authorisation for (ii) after every 10 sessions</b> 📄</p>

Benefit	Excel
<p><b>23. Day-Patient or Out-Patient Surgery:</b></p> <p><b>Treatment</b> costs for a <b>Surgical Procedure</b> performed in a surgery, <b>Hospital</b>, day-care facility or <b>Out-Patient</b> department. Any pre or post-operative consultations are payable under <b>Benefit 22 – Out-Patient</b> charges.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p>
<p><b>24. Out Patient Psychiatric Illness:</b></p> <p><b>Out-Patient Treatment</b> administered under the direct control of a Registered Psychiatrist when referred by a <b>Medical Practitioner</b> or <b>Specialist</b>.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 5,000/SGD 6,500 per <b>Period of Cover</b></p>
<p><b>25. Alternative Therapies:</b></p> <p>i) Complementary medicine and <b>Treatment</b> by a therapist, when referred by a <b>Medical Practitioner</b> or <b>Specialist</b>. This <b>Benefit</b> extends to osteopaths, chiropractors, homeopaths, dietician and acupuncture <b>Treatment</b>.</p> <p>ii) <b>Out-Patient Treatment</b> for therapies administered by a recognised traditional Chinese <b>Medical Practitioner</b> or an Ayurvedic <b>Medical Practitioner</b>.</p> <p><b>We do not cover charges for general chiropody or podiatry.</b></p> <p>For this <b>Benefit</b> the <b>Plan Out-Patient Per Visit Excess</b> does not apply.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p> <p style="text-align: center;"><b>Pre-Authorisation for (i) and (ii) after every 10 visits</b> 🏠</p>
<p><b>26. Nursing Care at Home:</b></p> <p>i) Care given by <b>Qualified Nurse</b> in the <b>Insured Person's</b> own home, which is immediately received subsequent to <b>Treatment</b> as an <b>In-Patient</b> or <b>Day-Patient</b> on the recommendation of a <b>Medical Practitioner</b> or <b>Specialist</b>.</p> <p>ii) <b>Medical Practitioner</b> (GP) home visits for an <b>Emergency</b> GP home call-out during out of normal clinic hours.</p>	<p>(i) ▶</p> <p style="text-align: center;">Full refund up to 60 days per <b>Medical Condition</b></p> <p style="text-align: center;"><b>Pre-Authorisation for (i)</b> 🏠</p> <p>(ii) ▶</p> <p style="text-align: center;">Not covered</p>
<p><b>27. AIDS:</b></p> <p>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 occupational <b>Accident*</b> or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition, <b>Drugs and Dressings</b> (except experimental or those unproven), <b>Hospital Accommodation</b> and nursing fees.</p> <p>* For members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the <b>Entry Date</b> or <b>Start Date</b>, whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the <b>Insured Person's</b> occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational <b>Accident</b>.</p> <p>** As long as the blood transfusion was received as an <b>In-Patient</b> as part of <b>Medically Necessary Treatment</b>.</p> <p><b>Waiting Period:</b> Cover only available after three years of continuous membership.</p>	<p style="text-align: center;">▶</p> <p style="text-align: center;"><b>Pre-Authorisation</b> 🏠</p> <p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 40,000/ SGD 52,000 per <b>Period of Cover</b></p>
<p><b>28. Dental Care:</b></p> <p>i) Routine Dental <b>Treatment:</b> Fees of a registered <b>Dental Practitioner</b> carrying out routine dental <b>Treatment</b> in a dental surgery. Routine dental <b>Treatment</b> means:</p> <ul style="list-style-type: none"> <li>– Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including x-rays where necessary,</li> <li>– Preventive scaling, polishing, and sealing (once per year),</li> <li>– Fillings (standard amalgam or composite fillings) and extractions, and</li> <li>– Root-canal <b>Treatment</b> (but not the fitting of a crown following root-canal <b>Treatment</b>).</li> </ul> <p>No other <b>Treatment</b> is covered under the routine dental <b>Treatment Benefit</b>.</p> <p><b>Waiting Period:</b> Costs incurred within nine months from the <b>Start Date</b> are excluded.</p> <p>A <b>Co-Insurance</b> of 20% applies.</p> <p>For this <b>Benefit</b> the <b>Plan Deductible</b> or <b>Plan Out-Patient Per Visit Excess</b> does not apply.</p> <p>ii) Complex Dental <b>Treatment:</b> Fees of a registered <b>Dental Practitioner</b> and associated costs for the following procedures: <b>Eligible</b> complex dental <b>Treatment:</b> including for example, <b>Apicoectomy</b> 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.</p> <p>No other <b>Treatment</b> is covered by this <b>Benefit</b>.</p> <p><b>Waiting Period:</b> Costs incurred within nine months from the <b>Start Date</b> are excluded.</p> <p>A <b>Co-Insurance</b> of 20% applies.</p> <p>A 50% <b>Co-Insurance</b> applies in respect of all orthodontic <b>Treatment</b>.</p> <p>For this <b>Benefit</b> the <b>Plan Deductible</b> or <b>Plan Out-Patient Per Visit Excess</b> does not apply.</p>	<p>(i) ▶</p> <p style="text-align: center;">Up to USD 1,000/SGD 1,300 per <b>Period of Cover</b></p> <p>(ii) ▶</p> <p style="text-align: center;">Up to USD 2,000/SGD 2,600 per <b>Period of Cover</b></p>

Options to Core Benefits	Excel
<p><b>29. USA Elective Treatment:</b></p> <ul style="list-style-type: none"> <li>i) Costs associated with <b>Eligible In-Patient Treatment</b> and <b>Day-Patient Treatment</b> in the USA will be paid in full where <b>Treatment</b> is received in a <b>Hospital</b> listed in the <b>Now Health International Provider Network</b>.</li> <li>ii) Costs associated with <b>Eligible Out-Patient Treatment</b> in the USA will be paid in full where <b>Treatment</b> is received in the <b>Now Health International Provider Network</b>.</li> </ul> <p><b>Treatment</b> that is not received in the <b>Now Health International Provider Network</b> will be subject to a 50% <b>Co-Insurance</b>.</p>	<p><b>Pre-Authorisation for Out-Patient diagnostics and surgery, Day-Patient and In-Patient Treatment</b> 📄</p> <p>▶</p> <p>Optional</p> <p>Up to USD 1.5m/SGD 1.95m per <b>Insured Person</b> per <b>Period of Cover</b></p>
<p><b>30. Co-Insurance Out-Patient Treatment:</b></p> <p>A 10% <b>Co-Insurance</b> will apply to all <b>Eligible Out-Patient Treatment</b>. Should <b>Your Plan</b> include the <b>Maternity</b> or <b>Dental care Benefits</b>, any applicable <b>Co-Insurance</b> will be detailed in <b>Your Benefit Schedule</b>.</p> <p>Please note that the <b>Co-Insurance</b> will not apply to <b>Treatment</b> relating to <b>Renal dialysis/ Renal failure, Cancer</b> or <b>Organ Transplants</b>.</p>	<p>▶</p> <p>Optional</p>
<p><b>31. Co-Insurance Out-Patient Treatment Option 2:</b></p> <p>A 20% <b>Co-Insurance</b> will apply to all <b>Eligible Out-Patient Treatment</b>. Should <b>Your Plan</b> include the <b>Maternity</b> or <b>Dental care Benefits</b>, any applicable <b>Co-Insurance</b> will be detailed in <b>Your Benefit Schedule</b>.</p> <p>Please note that the <b>Co-Insurance</b> will not apply to <b>Treatment</b> relating to <b>Renal dialysis/ Renal failure, Cancer</b> or <b>Organ Transplants</b>.</p>	<p>▶</p> <p>Optional</p>
<p><b>32. Wellness, Optical and Vaccinations:</b></p> <ul style="list-style-type: none"> <li>i) <b>Wellness:</b> This <b>Benefit</b> is payable as a contribution towards the cost of routine health checks including <b>Cancer</b> screening, cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol) and/or</li> <li>ii) <b>Optical Benefits:</b> This <b>Benefit</b> also provides a contribution towards optician charges including an annual eye test carried out by an <b>Ophthalmic Optician</b>, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, within the combined <b>Benefit</b> limits to a maximum USD300/SGD 390 per <b>Period of Cover</b> for an optical claim. Please note that there is no cover for prescription sunglasses or transition lenses. and/or</li> <li>iii) <b>Vaccinations:</b> Costs of drugs and consultations to administer all <b>Medically Necessary</b> basic immunisation and booster injections and any <b>Medically Necessary</b> travel Vaccinations and malaria prophylaxis.</li> </ul> <p>For this <b>Benefit</b> exclusion 5.8 does not apply. <b>Waiting Period:</b> Cover only available after six months of continuous membership.</p>	<p>▶</p> <p>Optional</p> <p>▶</p> <p>Combined limit Up to USD 500/SGD 650 per <b>Period of Cover</b></p>
<p><b>33. Wellness, Optical and Vaccinations Option 2:</b></p> <ul style="list-style-type: none"> <li>i) <b>Wellness:</b> This <b>Benefit</b> is payable as a contribution towards the cost of routine health checks including <b>Cancer</b> screening, cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol) and/or</li> <li>ii) <b>Optical Benefits:</b> This <b>Benefit</b> also provides a contribution towards optician charges including an annual eye test carried out by an <b>Ophthalmic Optician</b>, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, within the combined <b>Benefit</b> limits to a maximum USD 600/SGD 780 per <b>Period of Cover</b> for an optical claim. Please note that there is no cover for prescription sunglasses or transition lenses. and/or</li> <li>iii) <b>Vaccinations:</b> Costs of drugs and consultations to administer all <b>Medically Necessary</b> basic immunisation and booster injections and any <b>Medically Necessary</b> travel Vaccinations and malaria prophylaxis.</li> </ul> <p>For this <b>Benefit</b> exclusion 5.8 does not apply. <b>Waiting Period:</b> Cover only available after six months of continuous membership.</p>	<p>▶</p> <p>Optional</p> <p>▶</p> <p>Combined limit Up to USD 1,000/SGD 1,300 per <b>Period of Cover</b></p>
<p><b>34. Hospital room restriction for residents in Singapore:</b></p> <p>As described in <b>Benefit 2. i)</b>, but with a restriction to limit the <b>Hospital</b> accommodation to ward or semi-private for <b>Hospital</b> admission in Singapore and Hong Kong.</p> <p>Choosing this option means that <b>Hospital</b> rooms will be restricted to ward or semi-private in Singapore and Hong Kong. <b>Hospital</b> rooms outside Singapore and Hong Kong remain at standard private level.</p>	<p>▶</p> <p>Optional</p>

Options to Core Benefits	Excel
<p><b>35. Extended Evacuation and Repatriation:</b></p> <p><b>Evacuation</b></p> <p>Arrangements will be made to move an <b>Insured Person</b> who has a critical, life-threatening <b>Eligible Medical Condition</b> to the nearest medical facility, <b>Country of Residence, Country of Nationality</b> or the Insured Member's country of choice for the purpose of admission to Hospital as an <b>In-Patient or Day-Patient</b>.</p> <p>Reasonable expenses for:</p> <ul style="list-style-type: none"> <li>i) Transportation costs of an <b>Insured Person</b> in the event of <b>Emergency Treatment</b> and <b>Medically Necessary</b> 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.</li> <li>ii) Reasonable local travel costs to and from medical appointments when <b>Treatment</b> is being received as a <b>Day-Patient</b>.</li> <li>iii) Reasonable travel costs for a locally-accompanying person to travel to and from the <b>Hospital</b> to visit the <b>Insured Person</b> following admission as an <b>In-Patient</b>.</li> <li>iv) Reasonable costs for non-<b>Hospital</b> Accommodation only for immediate pre and post-<b>Hospital</b> admission periods provided that the <b>Insured Person</b> is under the care of a <b>Specialist</b>.</li> </ul> <p>Costs of <b>Evacuation</b> do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.</p> <p>The Insured Member's country of choice is subject to the availability of the appropriate medical facilities being in place. <b>Our</b> medical advisers will determine whether the selected country has the suitable medical facility to treat the Insured Member's <b>Eligible Medical Condition</b>. <b>Our</b> medical advisers will decide the most appropriate method of transportation for the <b>Evacuation</b> and this <b>Benefit</b> will not cover travel if it is against the advice of <b>Our</b> medical advisers or where the medical facility does not have appropriate facilities to treat the <b>Eligible Medical Condition</b>.</p> <p><b>Repatriation</b></p> <p>An economy class airfare ticket to return the <b>Insured Person</b> and a locally-accompanying person who has travelled as an escort to the site of <b>Treatment</b> or the <b>Insured Person's</b> principal <b>Country of Nationality</b> or principal <b>Country of Residence</b>, as long as the journey is made within one month of completion of <b>Treatment</b>. Reasonable cost of the above will be paid in full.</p> <p>Charges relating to routine <b>Pregnancy</b> and <b>Pregnancy and Childbirth Medical Conditions</b> are specifically excluded from this <b>Benefit</b>.</p>	<p><b>Pre-Authorisation</b> 📄</p> <p>Optional</p> <p>(i) Full refund</p> <p>(ii) Full refund</p> <p>(iii) Full refund</p> <p>(iv) Up to USD 200/SGD 260 per day Up to USD 7,500/SGD 9,750 per person, per <b>Evacuation</b></p> <p><b>Pre-Authorisation</b> 📄</p> <p>Full refund</p>

Out-Patient Per Visit Excess Options	Excel
<p><b>Out-Patient Per Visit Excess:</b></p> <p>A USD 25/SGD 30 <b>Out-Patient Per Visit Excess</b> will apply when <b>You</b> receive <b>Eligible Out-Patient Treatment</b> inside and outside of the <b>Now Health International Provider Network</b>.</p> <p>Please note: The <b>Out-Patient Per Visit Excess</b> does not apply to the <b>Alternative Therapies Benefits</b>. If <b>Your Plan</b> also includes <b>Dental care Benefit</b>, as detailed in <b>Your Benefit</b> Schedule, no <b>Out-Patient Per Visit Excess</b> will be applicable.</p>	<p>Optional USD 25/SGD 30</p>
<p><b>Out-Patient Per Visit Excess – Option 2:</b></p> <p>A USD 15/SGD 20 <b>Out-Patient Per Visit Excess</b> will apply when <b>You</b> receive <b>Eligible Out-Patient Treatment</b> inside and outside of the <b>Now Health International Provider Network</b>.</p> <p>Please note: The <b>Out-Patient Per Visit Excess</b> does not apply to the <b>Alternative Therapies Benefits</b>. If <b>Your Plan</b> also includes <b>Dental care Benefit</b>, as detailed in <b>Your Benefit</b> Schedule, no <b>Out-Patient Per Visit Excess</b> will be applicable.</p>	<p>Optional USD 15/SGD 20</p>

Deductible Options	Excel
<p><b>Standard Deductible</b></p>	<p>Nil</p>
<p><b>Optional Deductible</b></p> <p>Please note: If <b>You</b> choose an optional <b>Deductible</b>, <b>You</b> must also select either a <b>Co-Insurance Out-Patient Treatment Option</b> or a <b>Out-Patient Per Visit Excess Option</b>. <b>Deductibles</b> would apply to any <b>Medically Necessary Treatment</b> required under <b>Benefit 19</b> and <b>Benefit 35</b>.</p>	<p>USD 1,000/SGD 1,300 USD 2,500/SGD 3,250 USD 5,000/SGD 6,500 USD 10,000/SGD 13,000 USD 15,000/SGD 19,500</p>