

Changes to Plan and Benefits



1. Plan changes

Annual Deductible

Plan excesses per medical condition have been replaced with the following annual deductible options, applicable to in-patient and day-patient treatment only.

- Nil
- RMB 6,300
- RMB 15,700
- RMB 31,500
- RMB 63,000
- RMB 94,500

Annual deductibles are subject to the plan holder choosing one of the four compulsory current out-patient risk management tools (out-patient per visit excess or co-insurance options), with the exception of a nil deductible.

Out-Patient Per Visit Excess Option 1 – new optional benefit

A new RMB 150 out-patient per visit excess is available for Advance, Excel and Apex plans.

Out-Patient Per Visit Excess Option 2 – new optional benefit

A new RMB 90 out-patient per visit excess is available for Advance, Excel and Apex plans.

Extended Evacuation and Repatriation – new optional benefit

An extended evacuation and repatriation option is now available. The wording is highlighted below: The insurer will cover the actual incurred cost of the following:

a. Evacuation

Arrangements will be made to move an insured person who has a critical, life-threatening eligible medical condition to the nearest medical facility for the purpose of admission to hospital as an in-patient or day-patient.

Reasonable expenses for:

- i) Transportation costs of an insured person in the event of emergency treatment and medically necessary transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.

- ii) Reasonable local travel costs to and from medical appointments when treatment is being received as a day-patient.
- iii) Reasonable travel costs for a locally-accompanying person to travel to and from the hospital to visit the insured person following admission as an in-patient.
- iv) Reasonable costs for non-hospital accommodation only for immediate pre and post-hospital admission periods provided that the insured person is under the care of a specialist.

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

The insurer's 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 the insurer's medical advisers or where the medical facility does not have appropriate facilities to treat the eligible medical condition.**

b. 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. Such transportation cost is only eligible if there was a medical need for an initial evacuation that has taken place.

This benefit specifically excludes routine pregnancy and childbirth costs, except for Article 5, Benefit 16 – Pregnancy and childbirth Medical Condition.

The above benefit should be pre-authorized. The maximum benefit for such coverage as well as its maximum cost per evacuation should be mutually agreed between the policyholder and insurer and stipulated in the insurance contract.

Wellness, Optical and Vaccinations – new optional benefit

A new Wellness, Optical and Vaccinations additional option is now available. The wording is highlighted below:

Wellness, Optical and Vaccinations Option 1 and 2

- a) 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
- b) Optical benefits: This benefit also provides a contribution towards optician charges including an annual eye test carried out by an ophthalmic optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, within the combined benefit limits to a maximum mutually agreed amount per period of cover for an optical claim.

Please note that there is no cover for prescription sunglasses or transition lenses. and/or
- c) Vaccinations: Costs of drugs and consultations to administer all medically necessary basic immunization and booster injections and any medically necessary travel vaccinations and malaria prophylaxis.

Waiting period: Costs incurred within 6 months from the entry date are excluded.

Out-Patient Direct Billing

This additional option (only available for Plans in-force prior to 1 August 2015 that had historically selected this option) will no longer be available.

Out-Patient Direct Billing (Restricted Network)

This additional option will no longer be available.

Out-Patient Physiotherapy and Alternative Therapies

The Alternative Therapies Benefit has been replaced with a new Out-Patient Physiotherapy and Alternative Therapies Benefit. The new Benefit wording and limits are highlighted below.

Physiotherapy by a Registered Physiotherapist, when referred by a medical practitioner, or specialist.

- a) Physiotherapy by a Registered Physiotherapist, when referred by a medical practitioner, or specialist.
- b) 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 but excludes Physiotherapist covered in a).

The insurer does not cover charges for general chiropody or podiatry.

For this benefit, the out-patient per visit excess does not apply.

The Benefit limit is as follows:

WorldCare Essential Plans only

- a) Up to 5 sessions within 30 days after hospitalisation
- b) Not covered

WorldCare Advance Plans only

- a) Full refund up to a maximum 20 sessions per period of cover
- b) Up to RMB 315 per visit up to a maximum of 15 visits per period of cover

Pre-Authorisation for a) and b) after every 10 visits.

WorldCare Excel

- a) Full refund up to a maximum 25 sessions per period of cover
- b) Up to RMB 630 per visit up to a maximum of 15 visits per period of cover

Pre-Authorisation for a) and b) after every 10 visits.

Apex Plans only

- a) Full refund up to a maximum 30 sessions per period of cover
- b) Up to RMB 945 per visit up to a maximum of 15 visits per period of cover

Pre-Authorisation for a) and b) after every 10 visits.

2. Benefit enhancements

Maintenance of Chronic Conditions

Advance and Excel plans now offer a full refund for the maintenance of Chronic Medical Conditions.

Diagnostic Procedures

For Essential plans, a full refund is now available for Out-Patient diagnostic procedures (e.g. MRI scans), as well as In-Patient and Day-Patient procedures.

Renal Failure and Renal Dialysis

- i) Full refund available for treatment of renal failure, including renal dialysis, on an In-Patient and pre and post operative basis for all plans. This Benefit was previously only available for up to six weeks for In-Patient and pre and post operative care.
- ii) The Benefit limit for treatment of renal failure, including renal dialysis, on a Day-Patient or Out-Patient basis has increased as follows:
 - Advance: Increased from RMB 63,000 to RMB 630,000
 - Excel: Increased from RMB 157,000 to RMB 630,000
 - Apex: Increased from RMB 472,000 to RMB 630,000

Maternity

The maternity Benefit limit for Apex plans has increased from RMB 94,000 to RMB 110,250.

Nursing Care at Home

Care given by Qualified Nurse in the Insured Person's own home, which is immediately received subsequent to Treatment as an In-Patient or Day-Patient on the recommendation of a Medical Practitioner or Specialist, is now covered under the Essential plan up to RMB 630 per day, for up to 30 days per Medical Condition (subject to Pre-Authorisation).

3. Other wording changes

Changes have also been made to the following Benefit and exclusion wordings in the policy wording and handbook.

Benefit Wordings

New Born Cover

In-Patient Treatment of premature birth (i.e. prior to age 37 weeks gestation) or an Acute Condition being suffered by a New Born baby of an Insured Person which manifests itself within 30 days following birth. Provided that the New Born baby is added to the Plan within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.

In circumstances where We require details of the New Born baby's medical history before the baby is being added to the Plan, We reserve the right to apply particular restrictions to the cover We will offer.

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

This Benefit also covers repair or reconstruction of dentures broken following an Accident that necessitates the Insured Person's admission to a Hospital for at least one night, provided that such dentures were being worn at the time of the Accident.

Out-Patient Charges

Medical Practitioner fees including consultation, Specialist fees, Diagnostic Tests, prescribed Drugs and Dressings.

Any pre-operative and post-hospitalisation consultations are payable under this Benefit.

Out-Patient Psychiatric Illness

Out-Patient Treatment administered under the direct control of a Registered Psychiatrist when referred by a Medical Practitioner or Specialist.

This Benefit includes Treatment administered by a Psychologist subject to 10 sessions and the cost limit under this section.

Out-Patient Charges Option 1 & 2 – optional benefit for WorldCare Essential plans only

- i) Medical Practitioner fees including consultation, Specialist fees, Diagnostic Tests, prescribed Drugs and Dressings.
- ii) a. Physiotherapy by a Registered Physiotherapist, when referred by a Medical Practitioner, or Specialist.
b. 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.
c. Out-Patient Treatment for therapies administered by a recognised traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner.

We do not cover charges for general chiropody or podiatry. For this Benefit the Plan Out-Patient Per Visit Excess does not apply.

Any pre-operative and post-hospitalisation consultations are payable under this Benefit. This benefit replaces Article 5, Benefit 20 – Out-Patient Charges.

Please note that if this option is chosen, the only Plan Deductible options that can be chosen are RMB 6,300, RMB 15,700 or RMB 31,500.

If You choose an optional Deductible, You must also select a Co-Insurance Out-Patient Treatment option.

- i) Up to RMB 28,350 per Period of Cover
- ii) Full refund up to a maximum 10 sessions per Period of Cover in aggregate. Physio-therapy is limited to 10 sessions and not in addition to benefit 22 Out-Patient Physiotherapy and Alternative Therapies.

Pregnancy and Childbirth Medical Conditions

Please note costs for medical necessary and/or emergency caesarian sections are now excluded from this benefit for all plans. However, it is covered under Maternity up to RMB 220,500 for Apex.

Co-Insurance Out-Patient Treatment Option 1 & 2

Please note the out-patient co-insurance will not apply to treatment related to renal failure/renal dialysis, cancer or organ transplant, and any treatment received in the public hospitals within the Now Health International Provider Network.

Emergency Non-Elective Treatment USA Cover

Out-Patient treatment received in an Accident and Emergency Department in a Hospital is now covered up to RMB 3,150 per Period of Cover for all plans.

Optional Out-Patient Charges under the Essential Plan

Traditional Chinese Medicine and Ayurvedic Treatment

US Elective Treatment

Greater China Option

Policy Exclusions

Allergy Testing

Coma or Vegetative State

Eyesight tests or vision correction, hearing tests, hearing or visual aids

External appliance and or Prosthesis

Genetic testing

Hazardous sports and pursuits

Cosmetic treatment

Hormone replacement therapy

Sexual problem and gender re-assignment

Policy Definitions

Apicoectomy

Alternative Therapies

Entry Date

Private Room

Semi-Private Room

Policy Conditions

Adding New Borns

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

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

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

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

Others

Pre-authorisation penalty

If Pre-Authorisation is not obtained and Treatment is received and is subsequently proven not to be Medically Necessary, We reserve the right to decline Your claim. If Treatment is Medically Necessary, but You did not obtain Pre-Authorisation, We will only pay up to Reasonable and Customary Charges.