NOW HEALTH INTERNATIONAL

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
- USD 1,000 / EUR 800 / GBP 625
- USD 2,500 / EUR 2,000 / GBP 1,550
- USD 5,000 / EUR 4,000 / GBP 3,125
- USD 10,000 / EUR 8,000 / GBP 6,250
- USD 15,000 / EUR 12,000 / GBP 9,375

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 2 – new optional benefit

A new USD 15 / EUR 12 / GBP 10 **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:

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

Reasonable expenses for:

i) Transportation costs of an **Insured Person** in the event of **Emergency Treatment** and **Medically Necessary** transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.

ii) Reasonable local travel costs to and from medical appointments when **Treatment** is being received as a **Day-Patient**.

iii) Reasonable travel costs for a locally-accompanying person to travel to and from the **Hospital** to visit the **Insured Person** following admission as an **In-Patient**.

iv) Reasonable costs for non-**Hospital** Accommodation only for immediate pre and post-**Hospital** admission periods provided that the **Insured Person** is under the care of a **Specialist**.

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

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

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

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

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.

(i) Physiotherapy by a Registered **Physiotherapist**, when referred by a **Medical Practitione**r, or **Specialist**.

(ii) 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**.

(iii) **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.

The Benefit limit is as follows:

WorldCare Essential Plans only
(i) Up to 5 visits within 30 days after hospitalisation

(ii) Not Covered

(iii) Not Covered

WorldCare Advance Plans only
(i) Full refund up to a maximum of 30 visits per **Period of Cover**

(ii) and (iii) Full refund up to a maximum of 30 visits per **Period of Cover**

Pre-authorisation is required for (i), (ii), and (iii) after every 10 visits

WorldCare Excel and Apex Plans only

(i) Full refund

(ii) Full refund

(iii) Full refund

Pre-authorisation is required for (i), (ii), and (iii) 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 USD 10,000 / EUR 8,000 / GBP 6,250 to USD 100,000 / EUR 80,000 / GBP 62,500
- Excel: Increased from USD 25,000 / EUR 20,000 / GBP 15,625 to USD 100,000 / EUR 80,000 / GBP 62,500
- Apex: Increased from USD 75,000 / EUR 60,000 / GBP 46,875 to USD 100,000 / EUR 80,000 / GBP 62,500

Maternity

The maternity **Benefit** limit for Apex plans has increased from USD 15,000 / EUR 12,000 / GBP 9,375 to USD17,500 / EUR 14,000 / GBP 10,940.

Emergency Non-Elective Treatment USA cover

Out-Patient treatment received in an **Accident** and **Emergency** Department in a **Hospital** is now covered up to USD 500 / EUR 400 / GBP 310 per **Period of Cover** for all plans.

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 USD 100 / EUR 80 / GBP 65 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 members' handbooks.

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 **Benefit** 22 – **Out-Patient** Charges.

Please note that if this option is chosen, the only **Plan Deductible** options that can be chosen are USD 1,000/EUR 800/ GBP 625, USD 2,500/EUR 2,000/GBP 1,550 or USD 5,000/EUR 4,000/GBP 3,125.

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

(i) Up to USD 4,500/EUR 3,600/GBP 2,800 per **Period of Cover**

(ii) Full refund up to a maximum 10 sessions per **Period of Cover** in aggregate. Physiotherapy is limited to 10 sessions and not in addition to **Benefit** 25.

Co-Insurance Out-Patient Treatment Option 1

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

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

Co-Insurance Out-Patient Treatment Option 2

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

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

Allergy Testing

You are not covered for any allergy testing even when prescribed by a physician.

Coma or Vegetative State

We will not pay for any **Treatment** costs incurred by an **Insured Person** after being in a coma or in a vegetative state for more than 12 months.

We will, however, pay for any active **Treatment** costs of an **Eligible Medical Condition** incurred within the first 12 months of the coma or the vegetative state.

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

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.

External appliance and or 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**.

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**, **You** have a **Medical Condition** when **You** have no symptoms or if there is a genetic risk of **You** passing on a **Medical Condition**.

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 30 metres, trekking to a height of over 4,000 metres, bungee jumping, canyoning, hang-gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.

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**. HIV test when not medically prescribed or screening for visa application purposes are not covered.

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.

Private Room

Single occupancy accommodation in a private **Hospital**. Deluxe, executive rooms and VIP suites are not covered.

Semi-Private Room

Dual occupancy accommodation in a private **Hospital**. Deluxe, executive rooms and VIP suites are not covered.

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**.

By **Reasonable** and **Customary Charges We** mean the standard fee that would be typically made in respect of **Your Treatment.**

Emergency Non-Elective Treatment USA Cover

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

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

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 following a **Surgical Procedure** for an **Eligible Medical Condition** if the accident or surgery occurs during **Your** membership.