

# WORLD CARE BENEFIT OVERVIEW AND PRODUCT SUMMARY

effective 1 April 2024

## PERSONAL INFORMATION

Presented to (Name of Applicant) : \_\_\_\_\_

Presented by (Name of Adviser): \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date (dd/mm/yyyy):

/ /

\_\_\_\_\_  
Signature of Insurance Adviser:

\_\_\_\_\_  
Date (dd/mm/yyyy):

/ /

## PRODUCT INFORMATION

A summary of each plan is shown below:

- WorldCare Essential:** Benefit limit up to USD 3,000,000/SGD 3,900,000 per insured person, per policy year. It provides cover for in-patient and day-patient treatment.
- WorldCare Advance:** Benefit limit up to USD 3,500,000/SGD 4,550,000 per insured person, per policy year. It provides cover for in-patient and day-patient treatment, and cover for out-patient treatment.
- WorldCare Excel:** Benefit limit up to USD 4,000,000/SGD 5,200,000 per insured person, per policy year. It provides cover for in-patient and day-patient treatment, and cover for out-patient treatment and dental care.
- WorldCare Apex:** Benefit limit up to USD 4,500,000/SGD 5,850,000 per insured person, per policy year. It provides cover for in-patient, day-patient treatment, and out-patient treatment and cover for dental care and maternity care.

## BENEFIT SCHEDULE (USD/SGD)

Benefit	Essential	Advance	Excel	Apex
<b>Annual Maximum Plan Limit</b>	<b>USD 3m/SGD 3.9m</b>	<b>USD 3.5m/SGD 4.55m</b>	<b>USD 4m/SGD 5.2m</b>	<b>USD 4.5m/SGD 5.85m</b>
<b>1. Maintenance of Chronic Medical Conditions</b>	Not covered	Full refund	Full refund	Full refund
<b>2. Hospital Charges, Medical Practitioner and Specialist Fees</b>				
(i) Hospital charges for in-patient and day-patient treatment	(i) Full refund	(i) Full refund	(i) Full refund	(i) Full refund
(ii) Related ancillary charges	(ii) Up to USD 1,500/SGD 1,950 per medical condition	(ii) Up to USD 1,500/SGD 1,950 per medical condition	(iii) Up to USD 2,000/SGD 2,600 per medical condition	(ii) Up to USD 2,500/SGD 3,250 per medical condition
<b>3. Diagnostic Procedures</b>	Full refund	Full refund	Full refund	Full refund
<b>4. Emergency Ambulance Transportation</b>	Full refund	Full refund	Full refund	Full refund
<b>5. Parent Accommodation</b>	Full refund	Full refund	Full refund	Full refund
<b>6. Renal Failure and Renal Dialysis</b>				
(i) Treatment of renal failure, including renal dialysis on an in-patient basis	(i) Full refund for in-patient pre and post-operative care	(i) Full refund	(i) Full refund	(i) Full refund
(ii) Treatment of renal failure, including renal dialysis on a day-patient or out-patient basis	(ii) Up to USD 50,000/SGD 65,000	(ii) Up to USD 100,000/SGD 130,000	(ii) Up to USD 100,000/SGD 130,000	(ii) Up to 100,000/SGD 130,000
<b>7. Organ Transplant</b>				
(i) Treatment	(i) Full refund	(i) Full refund	(i) Full refund	(i) Full refund
(ii) Donor medical costs	(ii) Up to USD 50,000/SGD 65,000	(ii) Up to USD 50,000/SGD 65,000	(ii) Up to USD 50,000/SGD 65,000	(ii) Up to USD 50,000/SGD 65,000
<b>8. Cancer Treatment</b>	Full refund	Full refund	Full refund	Full refund
<b>9. Pregnancy Medical Conditions</b>				
Costs Incurred within 12 months from the start date of the mother are excluded	Full refund	Full refund	Full refund	Full refund
<b>10. New Born Cover</b>	Up to USD 100,000/SGD 130,000	Up to USD 100,000/SGD 130,000	Up to USD 125,000/SGD 162,500	Up to USD 150,000/SGD 195,000
<b>11. Hospital Accommodation for New Born Accompanying their Mother</b>	Full refund	Full refund	Full refund	Full refund
<b>12. Congenital Disorder</b>	Up to USD 100,000/SGD 130,000	Up to USD 100,000/SGD 130,000	Up to USD 125,000/SGD 162,500	Up to USD 150,000/SGD 195,000
<b>13. Reconstructive Surgery</b>	Full refund	Full refund	Full refund	Full refund
<b>14. Rehabilitation</b>	Full refund for eligible In-patient Treatment only up to 30 days per medical condition	Full refund for up to 180 days per medical condition	Full refund	Full refund
<b>15. In-Patient Emergency Dental Treatment</b>	Full refund	Full refund	Full refund	Full refund
<b>16. In-Patient Psychiatric Treatment</b>	Full refund for up to 30 days	Full refund for up to 30 days	Full refund for up to 30 days	Full refund for up to 30 days
<b>17. Terminal Illness</b>	In-patient and Day-patient treatment up to USD 50,000/SGD 65,000 lifetime limit	Up to USD 50,000/SGD 65,000 lifetime limit	Up to USD 75,000/SGD 97,500 lifetime limit	Up to USD 100,000/SGD 130,000 lifetime limit
<b>18. Emergency Non-Elective Treatment USA Cover</b>	Full refund for accident requiring in-patient or day-patient care Illness: in-patient and day-patient care up to USD 25,000/SGD 32,500 Out-Patient Treatment in an Accident and Emergency Department in a hospital up to USD 500/SGD 650	Full refund for accident requiring in-patient or day-patient care Illness: in-patient and day-patient care up to USD 25,000/SGD 32,500 Out-Patient Treatment in an Accident and Emergency Department in a hospital up to USD 500/SGD 650	Full refund for accident requiring in-patient or day-patient care Illness: in-patient and day-patient care up to USD 35,000/SGD 45,500 Out-Patient Treatment in an Accident and Emergency Department in a hospital up to USD 500/SGD 650	Full refund for accident requiring in-patient or day-patient care Illness: in-patient and day-patient care up to USD 50,000/SGD 65,000 Out-Patient Treatment in an Accident and Emergency Department in a hospital up to USD 500/SGD 650
<b>19. Evacuation and Repatriation</b>				
<b>Evacuation</b>				
(i) Transportation costs in the event of Emergency Treatment and Medically Necessary transport and care not being readily available at the place of the incident.	(i) Full refund	(i) Full refund	(i) Full refund	(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	(ii) Full refund	(ii) Full refund	(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	(iii) Full refund	(iii) Full refund	(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. Costs of Evacuation do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski or winter sports resorts	(iv) Up to USD 200/SGD 260 per day, up to USD 7,500/SGD 9,750 per person, per evacuation	(iv) Up to USD 200/SGD 260 per day, up to USD 7,500/SGD 9,750 per person, per evacuation	(iv) Up to USD 200/SGD 260 per day, up to USD 7,500/SGD 9,750 per person, per evacuation	(iv) Up to USD 300/SGD 390 per day, up to USD 10,000/SGD 13,000 per person, per evacuation
<b>Repatriation to principal Country of Nationality or principal Country of Residence, as long as the journey is within one month of completion of Treatment.</b>	Full refund	Full refund	Full refund	Full refund

Benefit	Essential	Advance	Excel	Apex
<b>20. Mortal Remains</b> (i) Transportation of body or ashes of insured person to country of residence or country of nationality (ii) Burial or cremation costs at the place of death	(i) Full refund (ii) Up to USD 10,000/SGD 13,000	(i) Full refund (ii) Up to USD 10,000/SGD 13,000	(i) Full refund (ii) Up to USD 15,000/SGD 19,500	(i) Full refund (ii) Up to USD 20,000/SGD 26,000
<b>21. Hospital Cash Benefit</b>	USD 125/SGD 165 per night	USD 175/SGD 230 per night	USD 225/SGD 295 per night	USD 275/SGD 360 per night
<b>22. Out-Patient Charges</b> (i) Medical practitioner fees (ii) Teleconsultation (iii) Vitamins and minerals	(i) and (ii) Pre-operative consultations within 15 days from the admission and post hospitalisation consultation within 30 days following discharge from hospital up to max USD 2,000/SGD 2,600 per medical condition (iii) Not covered	(i) and (ii) Full refund (iii) Up to USD 150/SGD 195 per period of cover	(i) and (ii) Full refund (iii) Up to USD 150/SGD 195 per period of cover	(i) and (ii) Full refund (iii) Up to USD 150/SGD 195 per period of cover
<b>23. Menopause Hormone Replacement Therapy</b>	Not covered	Up to USD 500/SGD 650 per period of cover	Up to USD 600/SGD 780 per period of cover	Up to USD 750/SGD 975 per period of cover
<b>24. Day-Patient and Out-Patient Surgery</b>	Full refund	Full refund	Full refund	Full refund
<b>25. Out-Patient Psychiatric Illness</b>	Not covered	Up to USD 2,500/SGD 3,250	Up to USD 5,000/SGD 6,500	Up to USD 7,500/SGD 9,750
<b>26. Out-Patient Physiotherapy and Alternative Therapies</b> (i) Physiotherapy by a Registered Physiotherapist. (ii) Complementary medicine and Treatment by a therapist. This Benefit extends to osteopaths, chiropractors, homeopaths, dietician and acupuncture Treatment but excludes Physiotherapist covered in (i). (iii) Out-Patient Treatment for therapies administered by a recognised traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner.  You may choose 5 sessions for any combination of benefits in aggregate in a given Period of Cover for benefits (i) and (ii) excluding dietician without the need of referral; any subsequent sessions need to be referred by a Medical Practitioner or Specialist.	(i) Up to 5 sessions within 30 days after hospitalisation (ii) Not covered (iii) Not covered	(i) Full refund up to a maximum 30 sessions (ii) Full refund up to a maximum of 30 visits (iii) Full refund up to a maximum of 30 visits	(i) Full refund (ii) Full refund (iii) Full refund	(i) Full refund (ii) Full refund (iii) Full refund
<b>27. Nursing Care at Home</b> (i) Care given by a qualified nurse (ii) Emergency out-of-hours medical practitioner (GP) home visits	(i) Up to USD 100/SGD 130 per day, up to 30 days per medical condition (ii) Not covered	(i) Full refund up to 45 days per medical condition (ii) Not covered	(i) Full refund up to 60 days per medical condition (ii) Not covered	(i) Full refund up to 120 days per medical condition (ii) Up to five visits
<b>28. AIDS</b> Cover only available after three years of continuous membership	In-patient and day-patient treatment only up to USD 25,000/SGD 32,500	Up to USD 25,000/SGD 32,500	Up to USD 40,000/SGD 52,000	Up to USD 50,000/SGD 65,000
<b>29. Maternity</b> Costs incurred within 12 months of plan start date are excluded	Not covered	Not covered	Not covered	Up to USD 17,500/SGD 22,750
<b>30. Dental Care</b> (i) Routine dental treatment (ii) Complex dental treatment Costs incurred within nine months of plan start date are excluded. A co-insurance of 20% applies. Orthodontics subject to 50% co-insurance.	(i) Not covered (ii) Not covered	(i) Not covered (ii) Not covered	(i) Up to USD 1,000/SGD 1,300 (ii) Up to USD 2,000/SGD 2,600	(i) Up to USD 1,500/SGD 1,950 (ii) Up to USD 3,000/SGD 3,900
<b>Additional options</b>				
<b>31. Dental Care</b> (i) Routine dental treatment (ii) Complex dental treatment Costs incurred within nine months of plan start date are excluded. A co-insurance of 20% applies.	(i) USD 250/SGD 325 (ii) USD 1,000/SGD 1,300	(i) USD 250/SGD 325 (ii) USD 1,000/SGD 1,300	Already covered	Already covered
<b>32. USA Elective Treatment</b>	Optional Up to USD 1.5m/SGD 1.95m	Optional Up to USD 1.5m/SGD 1.95m	Optional Up to USD 1.5m/SGD 1.95m	Optional Up to USD 1.5m/SGD 1.95m
<b>33. Co-Insurance Out-Patient Treatment</b> (i) 10% Co-Insurance Out-Patient Treatment (ii) 20% Co-Insurance Out-Patient Treatment	(i) Optional (ii) Optional	(i) Optional (ii) Optional	(i) Optional (ii) Optional	(i) Optional (ii) Optional

Benefit	Essential	Advance	Excel	Apex
<p><b>34. Out-Patient Charges</b></p> <p>(i) Medical practitioner fees</p> <p>(ii) Teleconsultation</p> <p>(iii) Vitamins and minerals</p> <p>This Benefit (i), (ii) and (iii) replaces Benefit 22 – Out-Patient Charges.</p> <p>(iv) a. Physiotherapy by a Registered Physiotherapist.</p> <p>b. Complementary medicine and Treatment by a therapist. This Benefit extends to osteopaths, chiropractors and podiatrists, chiropractors, homeopaths, dietician and acupuncture Treatment.</p> <p>c. Out-Patient Treatment for therapies administered by a recognised traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner.</p> <p>You may choose 5 sessions for any combination of benefits in aggregate in a given Period of Cover for benefits (iv)a. and (iv)b. excluding dietician without the need of referral; any subsequent sessions need to be referred by a Medical Practitioner or Specialist.</p> <p>(v) Out Patient Psychiatric Illness This Benefit replaces Benefit 25 – Out-Patient psychiatric illness</p> <p>(vi) Menopause Hormone Replacement Therapy This Benefit replaces Benefit 23 – Menopause Hormone Replacement Therapy</p>	<p>Optional</p> <p>(i) and (ii) Up to USD USD 5,000/SGD 6,500</p> <p>(iii) Up to USD 150/ SGD 195 per period of cover in aggregate of overall Out-Patient Charges Benefit limit</p> <p>(iv) Full refund up to 10 sessions Physiotherapy is limited to 10 sessions and not in addition to Benefit 26.</p> <p>(v) Up to USD 500/SGD 650 per period of cover and subject to a maximum of 10 sessions per period of cover</p> <p>(vi) Up to 400/SGD 520 per period of cover</p>	<p>Already covered</p>	<p>Already covered</p>	<p>Already covered</p>
<p><b>35. Out-Patient Charges – Option 2</b></p> <p>(i) Medical practitioner fees and maintenance of chronic conditions</p> <p>(ii) Teleconsultation</p> <p>(iii) Vitamins and minerals</p> <p>This Benefit (i), (ii) and (iii) replaces Benefit 22 – Out-Patient Charges.</p> <p>(iv) a. Physiotherapy by a Registered Physiotherapist.</p> <p>b. Complementary medicine and Treatment by a therapist. This Benefit extends to osteopaths, chiropractors and podiatrists, chiropractors, homeopaths, dietician and acupuncture Treatment.</p> <p>c. Out-Patient Treatment for therapies administered by a recognised traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner.</p> <p>You may choose 5 sessions for any combination of benefits in aggregate in a given Period of Cover for benefits (iv)a. and (iv)b. excluding dietician without the need of referral; any subsequent sessions need to be referred by a Medical Practitioner or Specialist.</p> <p>(v) Out Patient Psychiatric Illness This Benefit replaces Benefit 25 – Out-Patient psychiatric illness</p> <p>(vi) Menopause Hormone Replacement Therapy This Benefit replaces Benefit 23 – Menopause Hormone Replacement Therapy</p>	<p>Optional</p> <p>(i) and (ii) Up to USD USD 5,000/SGD 6,500</p> <p>(iii) Up to USD 150/ SGD 195 per period of cover in aggregate of overall Out-Patient Charges Benefit limit</p> <p>(iv) Full refund up to 10 sessions Physiotherapy is limited to 10 sessions and not in addition to Benefit 26.</p> <p>(v) Up to USD 500/SGD 650 per period of cover and subject to a maximum of 10 sessions per period of cover</p> <p>(vi) Up to 400/SGD 520 per period of cover</p>	<p>Already covered</p>	<p>Already covered</p>	<p>Already covered</p>
<p><b>36. Out-Patient Charges – Option 3</b></p> <p>(i) Emergency Out-Patient Benefit: Charges for Emergency Treatment received as an Out-Patient in the Accident and Emergency department of a medical provider including: Medical Practitioner fees</p> <p>(ii) Pre and Post-Operative Out-Patient Charges:</p> <p>a. Medical Practitioner fees</p> <p>b. Teleconsultation</p> <p>c. Physiotherapy by a Registered Physiotherapist.</p> <p>Any pre-operative and post-hospitalisation consultations are payable under this Benefit.</p> <p>Charges relating to pre-operative consultation within 60 days from the admission and posthospitalisation consultation within 90 days following discharge from Hospital.</p> <p>This Benefit replaces Benefit 22- Out-Patient Charges and Benefit 26 – Out-Patient Physiotherapy and Alternative Therapies.</p>	<p>(i) Up to USD 300/SGD 390 per Period of Cover in aggregate and subject to USD 25/SGD 30 Out-Patient Per Visit Excess</p> <p>(ii) Up to USD 3,500/SGD 4,550 per Medical Condition per Period of Cover Physiotherapy is up to 5 sessions within 90 days following hospitalisation in aggregate.</p>	<p>Not covered</p>	<p>Not covered</p>	<p>Not covered</p>

Benefit	Essential	Advance	Excel	Apex
37. Wellness, Optical and Vaccinations	▶ Not covered	▶ Combined limit up to USD 500/SGD 650 cover available after 6 months of continuous membership	▶ Combined limit up to USD 500/SGD 650 cover available after 6 months of continuous membership	▶ Combined limit up to USD 500/SGD 650 cover available after 6 months of continuous membership
38. Wellness, Optical and Vaccinations - Option 2	▶ Not covered	▶ Combined limit up to USD 1,000/SGD 1,300 cover available after 6 months of continuous membership	▶ Combined limit up to USD 1,000/SGD 1,300 cover available after 6 months of continuous membership	▶ Combined limit up to USD 1,000/SGD 1,300 cover available after 6 months of continuous membership
39. Hospital room restriction for residents in Singapore	▶ Optional	▶ Optional	▶ Optional	▶ Optional
40. Extended Evacuation and Repatriation	▶ Optional	▶ Optional	▶ Optional	▶ Optional
<b>Deductible Options</b>				
Standard Deductible	Nil	Nil	Nil	Nil
Optional Deductibles	USD 1,000/SGD 1,300	USD 1,000/SGD 1,300	USD 1,000/SGD 1,300	USD 1,000/SGD 1,300
	USD 2,500/SGD 3,250	USD 2,500/SGD 3,250	USD 2,500/SGD 3,250	USD 2,500/SGD 3,250
	USD 5,000/SGD 6,500	USD 5,000/SGD 6,500	USD 5,000/SGD 6,500	USD 5,000/SGD 6,500
	USD 10,000/SGD 13,000	USD 10,000/SGD 13,000	USD 10,000/SGD 13,000	USD 10,000/SGD 13,000
	USD 15,000/SGD 19,500	USD 15,000/SGD 19,500	USD 15,000/SGD 19,500	USD 15,000/SGD 19,500
Out-Patient Per Visit Excess	▶ Not covered	▶ Optional USD 25/SGD 30	▶ Optional USD 25/SGD 30	▶ Optional USD 25/SGD 30
Out-Patient Per Visit Excess – Option 2	▶ Not covered	▶ Optional USD 15/SGD 20	▶ Optional USD 15/SGD 20	▶ Optional USD 15/SGD 20

## Additional options for group policies only

Benefit	Essential	Advance	Excel	Apex
<b>USA Elective Treatment</b>	Optional Up to USD 1.5m/SGD 1.95m	Optional Up to USD 1.5m/SGD 1.95m	Optional Up to USD 1.5m/SGD 1.95m	Optional Up to USD 1.5m/SGD 1.95m
<b>Co-Insurance Out-Patient Treatment</b> (i) 10% Co-Insurance Out-Patient Treatment (ii) 20% Co-Insurance Out-Patient Treatment	(i) Optional (ii) Optional	(i) Optional (ii) Optional	(i) Optional (ii) Optional	(i) Optional (ii) Optional
<b>Out-Patient Charges</b> (i) Medical practitioner fees (ii) Teleconsultation (iii) Vitamins and minerals This Benefit (i), (ii) and (iii) replaces Benefit 22 – Out-Patient Charges. (iv) a. Physiotherapy by a Registered Physiotherapist. b. Complementary medicine and Treatment by a therapist. This Benefit extends to osteopaths, chiropractors and podiatrists, 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. You may choose 5 sessions for any combination of benefits in aggregate in a given Period of Cover for benefits (iv)a. and (iv)b. excluding dietician without the need of referral; any subsequent sessions need to be referred by a Medical Practitioner or Specialist. (v) Out Patient Psychiatric Illness This Benefit replaces Benefit 25 – Out-Patient psychiatric illness (vi) Menopause Hormone Replacement Therapy This Benefit replaces Benefit 23 – Menopause Hormone Replacement Therapy	Optional (i) and (ii) Up to USD USD 5,000/SGD 6,500 (iii) Up to USD 150/SGD 195 per period of cover in aggregate of overall Out-Patient Charges Benefit limit (iv) Full refund up to 10 sessions Physiotherapy is limited to 10 sessions and not in addition to Benefit 26. (v) Up to USD 500/SGD 650 per period of cover and subject to a maximum of 10 sessions per period of cover (vi) Up to 400/SGD 520 per period of cover	Already covered	Already covered	Already covered
<b>Out-Patient Charges – Option 2</b> (i) Medical practitioner fees and maintenance of chronic conditions (ii) Teleconsultation (iii) Vitamins and minerals This Benefit (i), (ii) and (iii) replaces Benefit 22 – Out-Patient Charges. (iv) a. Physiotherapy by a Registered Physiotherapist. b. Complementary medicine and Treatment by a therapist. This Benefit extends to osteopaths, chiropractors and podiatrists, 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. You may choose 5 sessions for any combination of benefits in aggregate in a given Period of Cover for benefits (iv)a. and (iv)b. excluding dietician without the need of referral; any subsequent sessions need to be referred by a Medical Practitioner or Specialist. (v) Out Patient Psychiatric Illness This Benefit replaces Benefit 25 – Out-Patient psychiatric illness (vi) Menopause Hormone Replacement Therapy This Benefit replaces Benefit 23 – Menopause Hormone Replacement Therapy	Optional (i) and (ii) Up to USD USD 5,000/SGD 6,500 (iii) Up to USD 150/SGD 195 per period of cover in aggregate of overall Out-Patient Charges Benefit limit (iv) Full refund up to 10 sessions Physiotherapy is limited to 10 sessions and not in addition to Benefit 26. (v) Up to USD 500/SGD 650 per period of cover and subject to a maximum of 10 sessions per period of cover (vi) Up to 400/SGD 520 per period of cover	Already covered	Already covered	Already covered
<b>Out-Patient Charges – Option 3</b> (i) Emergency Out-Patient Benefit: Charges for Emergency Treatment received as an Out-Patient in the Accident and Emergency department of a medical provider including: Medical Practitioner fees (ii) Pre and Post-Operative Out-Patient Charges: a. Medical Practitioner fees b. Teleconsultation c. Physiotherapy by a Registered Physiotherapist. Any pre-operative and post-hospitalisation consultations are payable under this Benefit. Charges relating to pre-operative consultation within 60 days from the admission and posthospitalisation consultation within 90 days following discharge from Hospital. This Benefit replaces Benefit 22- Out-Patient Charges and Benefit 26 – Out-Patient Physiotherapy and Alternative Therapies.	(i) Up to USD 300/SGD 390 per Period of Cover in aggregate and subject to USD 25/SGD 30 Out-Patient Per Visit Excess (ii) Up to USD 3,500/SGD 4,550 per Medical Condition per Period of Cover Physiotherapy is up to 5 sessions within 90 days following hospitalisation in aggregate.	Not covered	Not covered	Not covered

Benefit	Essential	Advance	Excel	Apex
<b>Wellness, Optical and Vaccinations</b>	▶ Not covered	▶ Optional For compulsory group plans 3+ employees ▶ Combined limit up to USD 500/SGD 650	▶ Optional For compulsory group plans 3+ employees ▶ Combined limit up to USD 500/SGD 650	▶ Optional For compulsory group plans 3+ employees ▶ Combined limit up to USD 500/SGD 650
<b>Wellness, Optical and Vaccinations - Option 2</b>	▶ Not covered	▶ Optional For compulsory group plans 3+ employees ▶ Combined limit up to USD 1,000/SGD 1,300	▶ Optional For compulsory group plans 3+ employees ▶ Combined limit up to USD 1,000/SGD 1,300	▶ Optional For compulsory group plans 3+ employees ▶ Combined limit up to USD 1,000/SGD 1,300
<b>Dental Care for Essential</b> (i) Routine dental treatment (ii) Complex dental treatment Costs incurred within nine months of plan start date are excluded. A co-insurance of 20% applies.	▶ Optional For compulsory group plans 10+ employees ▶ (i) USD 250/SGD 325 ▶ (ii) USD 1,000/SGD 1,300	▶ Not covered	▶ Not covered	▶ Not covered
<b>Dental Care</b> (i) Routine dental treatment (ii) Complex dental treatment Costs incurred within nine months of plan start date are excluded. A co-insurance of 20% applies. Orthodontics subject to 50% co-insurance.	▶ Not covered	▶ Optional For compulsory group plans 10+ employees ▶ (i) Up to USD 500/SGD 650 ▶ (ii) Up to USD 1,000/SGD 1,300	▶ Already covered	▶ Already covered
<b>Removal of Dental Co-Insurance</b>	▶ Not covered	▶ Optional For compulsory group plans 10+ employees	▶ Optional For compulsory group plans 10+ employees	▶ Optional For compulsory group plans 10+ employees
<b>Maternity (No Co-Insurance)</b> Costs incurred within 12 months of plan start date are excluded	▶ Not covered	▶ Optional For compulsory group plans 10+ employees ▶ Up to USD 8,500/SGD 11,050	▶ Optional For compulsory group plans 10+ employees ▶ Up to USD 12,500/SGD 16,250	▶ Already covered
<b>Maternity (20% Co-Insurance)</b> Costs incurred within 12 months of pl are excluded	▶ Not covered	▶ Optional For compulsory group plans 10+ employees ▶ Up to USD 8,500/SGD 11,050	▶ Not covered	▶ Already covered
<b>Hospital room restriction for residents in Singapore</b>	▶ Optional	▶ Optional	▶ Optional	▶ Optional
<b>Extended Evacuation and Repatriation</b>	▶ Optional	▶ Optional	▶ Optional	▶ Optional
<b>Medical History Disregarded</b> Waiting period for maternity, pregnancy medical conditions or dental care benefits does not apply	▶ Optional For compulsory group plans 10+ employees	▶ Optional For compulsory group plans 10+ employees	▶ Optional For compulsory group plans 10+ employees	▶ Optional For compulsory group plans 10+ employees

Note: all limits and monetary amounts shall in all instances be in USD/SGD

Note:

1. Annual deductible applies to in-patient and day-patient expenses incurred before any benefits are paid under the plan.
2. Co-insurance out-patient treatment option, if chosen, will be for out-patient benefits only and shall apply to each out-patient claim.
3. Out-patient per visit excess option, if chosen, will be for out-patient benefits only and shall apply to each consultation.
4. 20% co-insurance applies to dental benefit under Excel. A 50% co-insurance applies in respect of Orthodontics treatment.
5. For individuals & families policies, the same plan and benefit option shall apply to all insured persons under the same policy.
6. Coverage in USA will be applied with optional USA elective treatment additional option.

## PREMIUMS - Individuals and Families Policies

(USD/SGD individuals and families base rates based on the ages of the insured persons, applicable deductible and payment frequency and subject to any benefit options selected)

### Worldwide Excluding USA Elective Treatment

**SGD Nil Deductible** - Rates inclusive of 9% GST for Singapore Residents

WorldCare	Essential		Advance		Excel		Apex	
Age Band	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
0 - 17	197.36	2,255.52	512.18	5,853.40	567.38	6,484.29	1,272.98	14,548.31
18 - 25	229.16	2,618.88	594.69	6,796.39	658.78	7,528.91	1,862.35	21,283.98
26 - 30	277.35	3,169.68	719.76	8,225.78	797.34	9,112.37	2,218.26	25,351.48
31 - 35	304.98	3,485.45	791.46	9,045.26	876.77	10,020.17	2,399.91	27,427.44
36 - 40	332.16	3,796.03	861.99	9,851.27	954.90	10,913.05	2,570.91	29,381.77
41 - 45	390.16	4,458.93	1,012.52	11,571.59	1,121.65	12,818.78	2,818.54	32,211.83
46 - 50	456.67	5,219.04	1,185.12	13,544.18	1,312.85	15,003.99	2,945.55	33,663.34
51 - 55	612.03	6,994.58	1,588.30	18,151.98	1,759.49	20,108.41	3,947.63	45,115.77
56 - 60	706.90	8,078.80	1,834.50	20,965.70	2,032.23	23,225.41	4,559.55	52,109.14
61 - 65	962.08	10,995.18	2,496.74	28,534.15	2,765.84	31,609.59	6,205.51	70,920.11
66 - 70	1,328.93	15,187.73	3,448.77	39,414.44	3,820.48	43,662.57	8,571.72	97,962.50
71 - 75	1,729.01	19,760.10	4,487.04	51,280.45	4,970.66	56,807.51	11,152.30	127,454.84
76 - 79	2,136.22	24,413.90	5,543.81	63,357.77	6,141.33	70,186.53	13,778.84	157,472.37
80+ (renewals only)	2,352.90	26,890.23	6,106.12	69,784.21	6,764.25	77,305.62	15,176.44	173,444.95

### Worldwide Excluding USA Elective Treatment

**USD Nil Deductible** - Rates inclusive of 9% GST for Singapore Residents

WorldCare	Essential		Advance		Excel		Apex	
Age Band	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
0 - 17	151.82	1,735.02	393.98	4,502.62	436.45	4,987.91	979.22	11,191.01
18 - 25	176.28	2,014.53	457.45	5,227.99	506.76	5,791.47	1,432.58	16,372.29
26 - 30	213.35	2,438.21	553.66	6,327.53	613.34	7,009.51	1,706.35	19,501.14
31 - 35	234.60	2,681.12	608.82	6,957.89	674.44	7,707.82	1,846.08	21,098.03
36 - 40	255.51	2,920.03	663.07	7,577.90	734.54	8,394.66	1,977.62	22,601.36
41 - 45	300.12	3,429.95	778.86	8,901.22	862.81	9,860.60	2,168.11	24,778.33
46 - 50	351.29	4,014.64	911.63	10,418.60	1,009.89	11,541.53	2,265.81	25,894.88
51 - 55	470.79	5,380.44	1,221.77	13,963.06	1,353.46	15,468.01	3,036.64	34,704.44
56 - 60	543.77	6,214.46	1,411.16	16,127.47	1,563.25	17,865.70	3,507.35	40,083.96
61 - 65	740.06	8,457.83	1,920.57	21,949.35	2,127.57	24,315.07	4,773.47	54,553.93
66 - 70	1,022.26	11,682.87	2,652.90	30,318.80	2,938.83	33,586.59	6,593.63	75,355.77
71 - 75	1,330.01	15,200.08	3,451.57	39,446.50	3,823.59	43,698.09	8,578.70	98,042.18
76 - 79	1,643.25	18,779.93	4,264.47	48,736.75	4,724.10	53,989.64	10,599.11	121,132.59
80+ (renewals only)	1,809.92	20,684.80	4,697.02	53,680.16	5,203.27	59,465.87	11,674.18	133,419.20



## PREMIUMS – Group Policies

- USD/SGD group premium rates are determined based on the plan chosen, ages of the insured persons, applicable deductible, group size, payment frequency, and past claims experience (if applicable).  
Group quotations are valid for 30 days.

## KEY PRODUCT PROVISION

The following are key product provisions found in the policy terms and conditions. This is only a brief summary and you are advised to refer to the terms and conditions of the policy for details of coverage, benefits, exclusions and general conditions. Please consult your intermediary or the insurer should you need further explanation.

### 1. Eligibility

The following basic eligibility rules apply for all WorldCare plans:

Available to residents of Singapore

Age limits:

For individuals and families policies, the maximum entry age is 79. All insured persons must be under 80 years of age at the entry date of the insurance plan. For group policies, the maximum entry age of employees is 65.

Dependents cover:

- One spouse or adult partner and/or unmarried children who are not more than 18 years old and residing with the applicant, or up to 28 years old if in full time education can be enrolled as dependents under the plan with additional premium.
- New born babies can be added to the plan from their date of birth provided the enrollment is reported to Now Health International within 30 days of birth subject to the condition listed in the policy provisions, with additional premium.
- Children cannot be added to the plan unless a parent or legal guardian is an insured person
- Dependents must be covered under the same level of benefit as the applicant.

Underwriting:

Application is subject to underwriting review and acceptance.

Free Look Period:

14 Days free look privilege for individuals and families policies.

The period of cover is 12-month period starting from the plan start date or any subsequent renewal date as applicable.

### 2. Terms of Renewal

- Prior to the end of any period of cover we will write to you to advise on what terms the plan will continue, provided the plan is still available. If we do not hear from you 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.
- This is a short-term accident and health policy and the insurer is not required to renew this policy. The Insurer may terminate this policy by giving you such period of notice in writing as per the policy terms.

### 3. Premium

The premiums are not guaranteed. The insurer may at its sole discretion increase the policy premium at your renewal.

This plan is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

### 4. Waiting Period for Pregnancy Medical Conditions, Dental and Maternity Benefit

- A 12 month waiting period for pregnancy medical conditions benefit applies to all plans.
- A 9 month waiting period for dental care benefit applies to the WorldCare Excel and WorldCare Apex plans.
- A 12 month waiting period for optional maternity benefit applies to WorldCare Apex and group plans.

### 5. Exclusions

There are certain conditions whereby the benefits under this plan will not be payable. There are stated as exclusions in the contract. You are advised to read the policy contract for the full list of exclusions.

Below are the plan limitations that apply in addition to any personal exclusions detailed in the 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:

#### 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 Allergy Testing

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

- 5.5 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.
- 5.6 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.
- 5.7 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.
- 5.8 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.
- 5.9 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.
- 5.10 Deductible, Out-Patient Per Visit Excess or Co-Insurance  
You are not covered for the amount of the deductible, out-patient per visit 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 deductible, out-patient per visit excess or co-insurance as fraud and we will take legal action.
- 5.11 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
- 5.12 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.
- 5.13 Dietary supplements and Cosmetic Products  
We do not pay for 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.
- 5.14 Eating disorders  
You are not covered for costs relating to treatment of eating disorders such as, but not limited to, anorexia nervosa and bulimia.
- 5.15 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.
- 5.16 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.
- 5.17 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 Specialist fees Benefit.
- 5.18 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.
- 5.19 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.

- 5.20 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.
- 5.21 Hazardous sports and pursuits  
We do not cover treatment of injuries sustained from base jumping, cliff diving, motor sports, 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.
- 5.22 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.
- 5.23 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 and for Menopause Hormone Replacement Therapy where onset and Treatment commence below the age of 40 years.
- 5.24 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.
- 5.25 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.
- 5.26 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.
- 5.27 Pregnancy or maternity  
You are not covered for costs relating to pregnancy or childbirth, voluntary or emergency caesarean section, unless the maternity benefit is shown on Your Certificate of Insurance.  
These costs are only covered under the maternity benefit and are not covered or recoverable under any other benefits (*unless specifically covered by Benefit 9: Pregnancy Medical Conditions*).
- 5.28 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.
- 5.29 Reproductive medicine  
You are not covered for costs relating to investigations into or treatment of infertility and fertility, sterilization (or its reversal) or assisted conception. You are not covered for the costs in connection with contraception.
- 5.30 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.
- 5.31 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.
- 5.32 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.
- 5.33 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.
- 5.34 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.
- 5.35 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.
- 5.36 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.
- 5.37 Treatment by a family member  
You are not covered for the costs of treatment by a family member or for self-therapy.
- 5.38 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. Cancellation/Termination Clause:**

- We may end your plan and all cover under it immediately, or refuse to renew your plan if you break any of the terms of the plan which we reasonably consider to be fundamental.
- 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 you are a citizen or permanent resident of Singapore, you are covered by MediShield Life for life, for treatments in Singapore, regardless of pre-existing medical conditions or other circumstances that you face. For more details on your coverage, please visit [www.medishieldlife.sg](http://www.medishieldlife.sg).

**Disclosure of Distribution Costs, Charges & Expenses:**

You may request for information on remuneration, including any commission, fee and other benefits that your insurance advisor has received or will be receiving for providing advice on, or arranging insurance contracts or both, in respect of any Accident and Health Policy.

This plan is not a Medisave-approved plan and you may not use Medisave plan to pay the premium for this plan. If you are a citizen or permanent resident of Singapore, you are covered by MediShield Life for life, for treatments in Singapore, regardless of pre-existing medical conditions or other circumstances that you face. For more details on your coverage, please visit [www.medishieldlife.sg](http://www.medishieldlife.sg).

**Plan Owners' Protection Scheme**

This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC).

Coverage for your plan is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association of Singapore (GIA)/ Life Insurance Association of Singapore (LIA) or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).