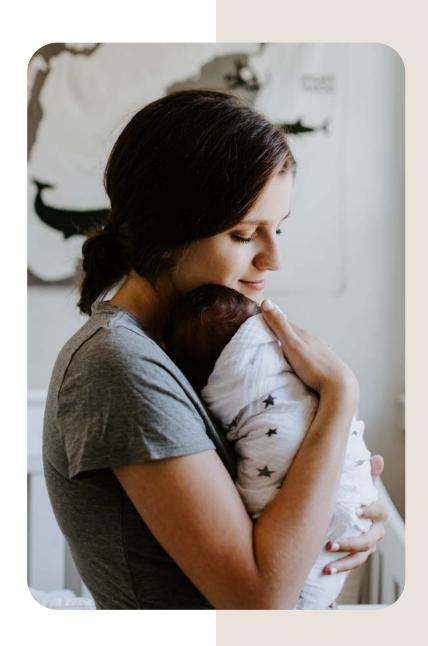


WorldCare Members' Handbook





Everything you need to know about your international health insurance

Effective 1 April 2025

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

We have designed WorldCare based on **Our** understanding of what people who buy international health insurance want and need. At the heart of this is **Our** commitment to provide clear information about how **Your Plan** works and how to use it. Please read this handbook carefully to ensure that **You** are completely satisfied that the cover provided under **Your** chosen **Plan** meets **Your** needs.

How to use this handbook

This handbook is an important document. It sets out **Your** rights and **Our** obligations to **You**. Along with the **Benefit Schedule** in section 4, it explains **Your** chosen WorldCare **Plan** and the terms of **Your** cover.

Inside You will find details of:

- The cover You have (both Benefits and exclusions)
- Your rights and responsibilities
- How to make a claim
- · How Your Plan is administered
- How to make a complaint
- Other services available to You under Your Plan

Throughout the handbook certain words and phrases appear in bold type. This indicates that they have a special medical or legal meaning – these are defined in section 1.

The **Benefits** of **Your Plan** are detailed in section 4 of this handbook. **Your Certificate of Insurance** shows the cover that is available, **Your** period and level of cover. As with any healthcare insurance contract, there are exclusions. These are **Medical Conditions** and **Treatments** that are not covered – they are listed in section 5 of this handbook.

Our service for You

When You need to use Your Now Health insurance, here's what You can expect from Us:

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

If **You** require more details about this **Plan**, or if **You** would like to tell **Us** about any changes in **Your** personal circumstances, please contact **Us** using the details on the next page.

Contacting Us

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

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

Our Global team is available Monday to Friday from 9am to 5pm. Thereafter **Our** other customer service teams are available 24-hours a day.

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

Now Health International Limited PO Box 482055, Dubai, UAE

Assistance team for Emergency Evacuation or Repatriation

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

T+971 (0) 4450 1540

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

Contents

1.	Definitions
2.	Manage Your Plan online
3.	How to claim
4.	Benefits : What is covered?
5.	Exclusions: What is not covered?
6.	Plan administration
7.	Making a complaint
8.	Rights and responsibilities

1. Definitions

The following words and phrases used anywhere within **Your Plan** have specific meanings. They are always shown in bold with a capital letter at the beginning wherever they appear in **Your Plan**.

Accident A sudden, unexpected, unforeseen and involuntary external event

resulting in identifiable physical injury occurring to an **Insured Person**

while **Your Plan** is in force.

Acute Condition A disease, illness or injury that is likely to respond quickly to **Treatment**

which aims to return **You** to the state of health **You** were in immediately before suffering the disease, illness or injury, or which leads to **Your**

full recovery.

Act of TerrorismAny clandestine use of violence by an individual terrorist or a terrorist

group to coerce or intimidate the civilian population to achieve a political,

military, social or religious goal.

Agreement We have with each of the Hospitals, Day-Patient

units and scanning centres listed in the Now Health International

Provider Network

Alternative Therapies Refers to therapeutic and diagnostic **Treatment** that exists outside

the institutions where conventional medicine is taught. Such medicine includes chiropractic **Treatment**, osteopathy, dietician, homeopathy and

acupuncture as practised by approved therapists.

Apicoectomy Is a dental surgery performed to remove the root tip and the surrounding

infected tissue of an abscessed tooth, when inflammation or infection persists in the bony area around the end of a tooth after a root canal

procedure. Apicoectomy is done to treat the following:

Fractured tooth root

A severely curved tooth root

Teeth with caps or posts

Cyst or infection which is untreatable with root canal therapy

Root perforations

Recurrent pain and infection

Persistent symptoms that do not indicate problems from x-rays

Calcification

Damaged root surfaces and surrounding bone requiring surgery

Benefits Insurance cover provided by this **Plan** and any extensions or restrictions

shown in the **Certificate of Insurance** or in any endorsements (if applicable) and subject always to **Us** having received the premium due.

Benefit Schedule The table of **Benefits** applicable to this **Plan** showing the maximum

Benefits We will pay.

Cancer A malignant tumour, tissues or cells, characterised by the uncontrolled

growth and spread of malignant cells and invasion of tissue.

Certificate of Insurance The certificate giving details of the **Planholder**, the **Insured Persons**, the

Period of Cover, the **Underwriters**, the **Entry Date**, the level of cover

and any endorsements that may apply.

Congenital Disorder A **Medical Condition** that is present at birth or is believed to

have been present since birth, whether it is inherited or caused by

environmental factors.

Co-Insurance Is the uninsured percentage of the costs, which the **Insured Person**

must pay towards the cost of a claim.

Country of Nationality The country for which **You** hold a passport.

Country of Residence

The country in which **You** habitually reside (usually for a period of no less than six months per **Period of Cover**) at the **Plan Start Date** or **Entry Date** or at each subsequent **Renewal Date**.

Chronic Condition

A disease, illness or injury which has at least one of the following characteristics:

- It needs ongoing or long-term monitoring through consultations, examination, check-ups, **Drugs and Dressings** and/or tests
- It needs ongoing or long-term control or relief of symptoms
- It requires Your Rehabilitation or for You to be specially trained to cope with it
- It continues indefinitely
- It has no known cure
- It comes back or is likely to come back

Day-Patient

A patient who is admitted to a **Hospital** or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

Deductible

An uninsured amount payable by an **Insured Person** in respect of **In-Patient** and **Day-Patient** expenses incurred before any **Benefits** are paid under the **Plan**, as specified in **Your Certificate of Insurance**. The **Plan Deductible** applies per **Insured Person**, per **Period of Cover**.

Dental Practitioner

A person who is legally licensed to carry out this profession by the relevant licensing authority to practise dentistry in the country where the dental **Treatment** is given.

Dependants

One spouse or adult partner and/or unmarried children who are not more than 18 years old and residing with **You**, or up to 28 years old if in full-time education (written proof may be required from the educational institute where they are enrolled), at the **Start Date** or any subsequent **Renewal Date**. The term partner shall mean husband, wife, civil partner or the person permanently living with **You** in a similar relationship. All dependants must be named as **Insured Persons** in the **Certificate of Insurance**.

Diagnostic Tests

Investigations, such as x-rays or blood tests, to find or to help to find the cause of **Your** symptoms.

Drugs and Dressings

Essential prescription drugs, dressings and medicines administered by a **Medical Practitioner** or **Specialist** needed to relieve or cure a **Medical Condition**.

Eligible

Those **Treatments** and charges, which are covered by **Your Plan**. In order to determine whether a **Treatment** or charge is covered, all sections of **Your Plan** should be read together, and are subject to all the terms (including payment of premium due), **Benefits** and **Exclusions** set out in this **Plan**.

Entry Date

The date shown on the **Certificate of Insurance** on which an **Insured Person** was included under this **Plan**.

Emergency

A sudden, serious, and unforeseen acute **Medical Condition** or injury requiring immediate medical **Treatment**, that without **Treatment** commencing within 48 hours of the emergency event could result in death or serious impairment of bodily function.

Evacuation or Repatriation Service Moving You to a Hospital which has the necessary In-Patient and Day-Patient medical facilities either in the country where You are taken ill or in another nearby country (evacuation) or bringing You back to either Your principal Country of Nationality or Your principal Country of Residence (repatriation). The service includes any Medically Necessary Treatment administered by the international assistance company appointed by Us while they are moving You.

Expatriate Any persons living and/or working outside of the country for which they

hold a passport. Usually for a period of more than 180 days per **Period**

of Cover.

Geographic AreaThe geographic area used to calculate the premium that will apply to **You**

based on Your principal Country of Residence at the Start Date or any

subsequent Renewal Date of this Plan.

Hospital Any establishment, which is licensed as a medical or surgical hospital

under the laws of the country where it operates. The following establishments are not considered hospitals: rest and nursing homes,

spas, cure-centres and health resorts.

Hospital Accommodation Refers to standard private or semi-private accommodation as indicated

in the **Benefit Schedule**. Deluxe, executive rooms and VIP suites are

not covered.

In Network Medical Provider An in network medical provider is one contracted with Your Plan to

provide services to **Plan** members for specific pre-negotiated rates.

In-Patient A patient who is admitted to **Hospital** and who occupies a bed overnight

or longer, for medical reasons.

Insured Person/You/Your The Planholder and/or the Dependants named on the Certificate of

Insurance who are covered under this **Plan**.

Medical Condition Any disease, injury, or illness, including **Psychiatric Illness**.

Medical Practitioner A person who has attained primary degrees in medicine or surgery

following attendance at a **WHO**-recognised medical school and who is licensed to practise medicine by the relevant authority in the country where the **Treatment** is given. By "recognised medical school" **We** mean a medical school, which is listed in the current World Directory of Medical

Schools published by the WHO.

Medically Necessary Treatment, which in the opinion of a qualified Medical Practitioner is

appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards could not have been omitted without adversely affecting the Insured Person's condition or the quality of medical care rendered. Such Treatment must be required for reasons other than the comfort or convenience of the patient or Medical Practitioner and provided only for an appropriate duration of time. As used in this definition, the term "appropriate" shall mean taking patient safety and cost effectiveness into consideration. When specifically applied to In-Patient Treatment, medically necessary also means that diagnosis cannot be made, or Treatment cannot be safely and effectively provided

on an **Out-Patient** basis.

New Born A baby who is within the first 16 weeks of its life following birth.

Now Health International Provider Network \mathbf{Our} published list of medical providers where \mathbf{We} have a \mathbf{Direct} $\mathbf{Billing}$

Agreement.

Out-Patient Per Visit Excess An uninsured amount payable by an **Insured Person** in respect of

Out-Patient expenses before any Benefits are paid under the Plan, as specified in Your Certificate of Insurance. Each visit refers to each consultation. The Out-Patient Per Visit Excess applies per Insured Person, per Out-Patient consultation, when You receive Eligible Out-Patient Treatment inside and outside of the

Now Health International Provider Network.

Out of Network Medical Provider An out of network medical provider is one not contracted with $% \left(x\right) =\left(x\right) +\left(x\right)$

Your Plan.

Out-Patient A patient who attends a Hospital, consulting room, telemedicine

appointment or out-patient clinic and is not admitted as a **Day-Patient** or

an In-Patient.

Out-Patient Direct Billing Our published list of medical providers where We have a Direct Billing

Provider Network.

Period of Cover The period of cover set out in the **Certificate of Insurance**. This will be a

12-month period starting from the **Start Date** or any subsequent **Renewal**

Date as applicable.

Physiotherapist A practising physiotherapist who is registered and licensed to practise in

the country where **Treatment** is provided.

Pre-Authorisation A process whereby an **Insured Person** seeks approval from **Us** prior to

undertaking any **Treatment** or incurring costs. Such **Benefits** requiring pre-authorisation from **Us** will denote **Pre-Authorisation a** in the **Benefit**

Schedule and as detailed in section 4.

Plan The contract between **You** and **Us** which set out terms and conditions

of the cover provided. The full terms and conditions consist of the application form, **Certificate of Insurance**, **Benefit Schedule** and this

members' handbook.

Planholder The person or company named as planholder in the **Certificate of**

Insurance.

Pregnancy Refers to the period of time from the date of the first diagnosis until

delivery.

Private Room Single occupancy accommodation in a private **Hospital**. Deluxe, executive

rooms and VIP suites are not covered.

Psychiatric Illness The mental or nervous disorder that meets the criteria for classification

under an international classification system such as Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD). The disorder must be associated with present distress, or substantial impairment of the individual's ability to function in a major life activity (e.g. employment). The aforementioned condition must be clinically significant and not merely an expected response to a particular event such as bereavement, relationship or

academic problems and acculturation.

Qualified NurseA nurse whose name is currently on any register or roll of nurses,

maintained by any Statutory Nursing Registration Body within the country

where **Treatment** is provided.

Reasonable and
The standard fee that would typically be made in respect of Your
Customary Charges
Treatment costs, in the country You received Treatment. We man

Treatment costs, in the country **You** received **Treatment**. **We** may require such fees to be substantiated by an independent third party, such as a practising Surgeon/Physician/**Specialist** or government health department.

r: A geographical area option that is available for residents of Africa.

If **You** have selected this option, **We** will pay for **Eligible** Claims incurred in Africa, Indian Sub-Continent, Jordan, Lebanon and the Philippines:

Africa shall mean:

Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cape Verde, Cameroon, Central African Republic (CAR), Chad, Comoros, Cote d'Ivoire, Democratic Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Republic of the Congo-Brazzaville, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Eswatini, Tanzania,

Togo, Tunisia, Uganda, Zambia and Zimbabwe.

Indian Sub-Continent shall mean: India, Pakistan, Sri Lanka and Bangladesh.

Regional Cover: Africa, Indian Sub-Continent, Jordan, Lebanon, and the Philippines Regional Cover: Africa, Europe, Indian Sub-Continent, Jordan, Lebanon, and the Philippines A geographical area option that is available for residents of Africa.

If **You** have selected this option, in addition to the countries covered under **Regional Cover: Africa, Indian Sub-Continent, Jordan, Lebanon, and the Philippines, You** will also be covered for **Eligible** claims incurred in Europe.

Europe shall mean:

Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Gibraltar, Greece, Guernsey, Hungary, Iceland, Ireland, Isle of Man, Italy, Jersey, Kazakhstan, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia (FYROM), Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom, Vatican City (Holy See).

Regional Cover: Europe

(excluding United Kingdom, Germany and Switzerland)

A geographical area option that is available for residents of Europe (excluding United Kingdom, Germany and Switzerland).

If **You** have selected this option, **We** will pay for Eligible claims incurred in Europe (excluding United Kingdom, Germany and Switzerland).

Europe shall mean:

Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Gibraltar, Greece, Guernsey, Hungary, Iceland, Ireland, Isle of Man, Italy, Jersey, Kazakhstan, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia (FYROM), Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Turkey, Ukraine, Vatican City (Holy See).

Regional Cover: South East Asia (excluding Singapore) A geographical area option that is available for residents of South East Asia (excluding Singapore).

If **You** have selected this option, **We** will pay for **Eligible** Claims incurred within South East Asia (excluding Singapore), Australia and New Zealand.

South East Asia (excluding Singapore) shall mean:

Burma/Myanmar, Brunei, Cambodia, Christmas Island, Cocos Island, East Timor, Indonesia, Laos, Malaysia, Philippines, Thailand and Vietnam.

Regional Cover: South Asia A geographical area option that is available for residents of South Asia.

If **You** have selected this option, **We** will pay for **Eligible** Claims incurred within South Asia, Cambodia, Indonesia, Laos, Malaysia, Philippines, Thailand, Vietnam.

South Asia shall mean:

Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka.

Regional Cover: Pacific Islands

Rehabilitation

A geographical area option that is available for residents of Pacific Islands. If **You** have selected this option, **We** will pay for **Eligible** Claims incurred

within Pacific Islands, Indonesia, Malaysia, Philippines.

Pacific Islands shall mean:

Australia, Cook Islands, Fiji, French Polynesia, New Caledonia, New Zealand, Niue, Tonga, Vanuatu, Western Samoa.

Medically Necessary Treatment aimed at restoring independent

activities of daily living and the normal form and/or function of an **Insured**

Person following a Medical Condition.

Renewal Date The anniversary of the Start Date of the Plan.

Semi-Private Room Dual occupancy accommodation in a private Hospital. Deluxe, executive

rooms and VIP suites are not covered.

Specialist A surgeon, anaesthetist or physician who has attained primary degrees in

medicine or surgery following attendance at a **WHO**-recognised medical school and who is licensed to practise medicine by the relevant authority in the country where the **Treatment** is given, and is recognised as having a specialised qualification in the field of, or expertise in, the **Treatment** of the disease, illness or injury being treated. By "recognised medical school" **We** mean a medical school which is listed in the current World Directory

of Medical Schools published by the WHO.

Start Date The start date shown on **Your Certificate of Insurance**. **We** must have

received premium payment in order for **Your** contract to start.

Surgical Procedure An operation requiring the incision of tissue or other invasive surgical

intervention.

Terminal Following the diagnosis that the condition is terminal and **Treatment** can

no longer be expected to cure the condition with death anticipated within

12 months of diagnosis.

Traditional Chinese Medicine and Ayurvedic Medicine

Traditional Chinese Medicine (TCM) and Ayurveda Medicine exist outside the institutions where conventional medicine is taught. They are holistic healing systems that focus on the individual rather than the disease. Both systems use a variety of interventions, including herbs, diet, and lifestyle

changes.

Treatment Surgical or medical services (including **Diagnostic Tests**) that are needed

to diagnose, relieve or cure a Medical Condition.

Underwriters Those insurance companies named as underwriters in the **Certificate**

of Insurance.

Vaccinations Refers to all basic immunisations and booster injections required under

regulation of the country in which **Treatment** is being given, any **Medically Necessary** travel vaccinations and malaria prophylaxis.

Waiting Period Is a period of time starting on Your Plan Start Date (or Entry Date if

You are a **Dependant**), during which **You** are not entitled to cover for particular **Benefits**. **Your Benefit Schedule** will indicate which **Benefits**

are subject to waiting periods.

We/Our/Us Now Health International Limited on behalf of the Underwriters detailed

in the Certificate of Insurance.

WHO The World Health Organisation.

2. Manage your plan online

A guide to the secure online portfolio area

The simplest way to manage **Your Plan** is via the secure online portfolio area which **You** can access at www.now-health.com. To access it **You** need the unique username and password **You** were supplied with when **You** joined. If **You** need help to retrieve this information, contact **Us** on +971 (0) 4450 1510.

About me

In this section **You** can view and update **Your** personal contact and login details, **Your** document delivery settings and tell **Us** how **You** would like **Us** to pay **Your** claims.

My Plan

You can view **Your Plan** details and download **Your Certificate of Insurance**, members' handbook and claim form from here. **You** can also download **Your** membership card(s) and view **Your Benefit** limits.

My claims

Here **You** can make a claim online and track **Your** claims in real time. **You** can view information about all **Your** claims, past and present, including claim status, the medical provider and the amounts claimed and settled, in the currency **You** have selected. All updates are displayed as they happen so **You** always have the latest information. **You** can also submit a **Pre-Authorisation** request from here.

Other features

In addition to the above, **You** can use the secure online portfolio to download forms, introduce **Us** to **Your** preferred intermediary or medical provider and find a medical provider in the **Now Health International Provider Network**.

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

Download our mobile app

Our mobile app, which is available for both iPhone and Android has many useful functions including the ability to find a medical provider with the **Now Health International Provider Network** and submit a claim for **Treatment You** have already paid for in a few simple touches.









As soon as **You** become a customer, **You** can contact **Our** customer service team for support. **You** also have access to **Our** Helpline, which is open 24 hours a day, 365 days a year.

Your online secure portfolio area has a dedicated claims section with the latest information on past and present claims. **You** can also use this area to make a claim.

To log in, You just need Your username and password.

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

3.1 Claiming for Treatment You have already paid for

Step 1

Choose how You would like to claim

You can claim using the secure online portfolio at www.now-health.com, the mobile app or if **You** prefer a more traditional solution, **You** can send **Us** a claim form using email, fax or post.

You can download a claim form from the secure online portfolio or the 'How to claim' page of www.now-health.com. Alternatively call Us on +971 (0) 4450 1510 to request a form or if You need help to access the secure online portfolio area.

Step 2

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

Using the claim form (printed or pdf):

Complete sections 1 and 2, sign it and send it to **Us** with the receipt(s) and any other relevant information such as diagnostic reports, discharge reports and medical reports.

- E-mail to ClaimsService@now-health.com, or
- Fax to +971 (0) 4450 1530, or
- Post to Now Health International Limited, PO Box 482055, Dubai, UAE

Using the mobile app:

Complete all the fields in the form, upload the requested images, accept the declaration and authorisation and click 'Submit'. **We** will save the information **You** include in **Your** settings.

Using the secure online portfolio:

Select the **Insured Person** from the dropdown list, complete all the fields in the form, upload the requested images, accept the declaration and authorisation and click 'Submit form'.

Step 2

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

Using the claim form (printed or pdf):

You and Your Medical Practitioner must complete all the relevant sections before You submit Your claim. Sign the claim form and send it to Us with the receipt(s) and any other relevant information such as diagnostic reports, discharge reports and medical reports.

- E-mail to ClaimsService@now-health.com, or
- Fax to +971 (0) 4450 1530, or
- Post to Now Health International Limited, PO Box 482055, Dubai, UAE

Using the mobile app:

You cannot use the mobile app to submit a claim of this value.

Using the secure online portfolio:

Scan the completed claim form and upload it along with the receipt(s) and any other relevant information such as diagnostic reports, discharge reports and medical reports, and click 'Submit form'.

Step 3

We will assess **Your** claim. Provided **We** have all the information **We** need, **We** will process all **Eligible** claims within five working days of receipt. **You** may need to allow additional time for banks to process **Your** reimbursement.

Step 4

You can track all Your claims using Your online secure portfolio area. Log in at any time using Your username and password to see how Your claim is progressing. You will be able to view the status, the medical provider, the currency claimed and settled and the Benefit for each individual claim, as well as any Deductible, Co-Insurance or Out-Patient Per Visit Excess applied.

All updates are displayed as they happen so **You** always have the latest information on **Your** claims. **We** will email or SMS **You** every time there is a change to the claims status on **Your** account so **You** know the most relevant time to log in.

Important notes

You must send Us Your claim within six months of Treatment (unless this is not reasonably possible).

Please keep original records if **You** are sending **Us** a copy, as **We** may ask **You** to forward these at a later date. If **We** do, it will be within six months of when **You** told **Us** about the claim.

If the total amount **You** are claiming now or have claimed for **Day-Patient** and **In-Patient** (per **Insured Person**, per **Medical Condition**, per **Period of Cover**) is over USD 500/EUR 400/GBP 300 please ensure Section 3 of the claim form is completed by the treating **Medical Practitioner**.

If You don't know if Your claim falls within the USD 500/EUR400/GBP 300 per Medical Condition guideline, please complete all sections of the claim form and ask Your Medical Practitioner to complete their section and send it to Us to using one of the options in Step 2.

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

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

3.2 Arranging Direct Settlement

3.2.1 For In-Patient and Day-Patient Treatment

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

Step 1

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

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

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Step 2

Your Medical Practitioner should complete a Pre-Authorisation Request Form. You can download this form from the 'How to claim' page of the website or from the secure online portfolio area.

Once **Your Medical Practitioner** has completed the form, they can return it to **Us** directly or **You** can do so using one of the methods on the form or using the secure online portfolio area in the My Claims page.

We will contact You once the arrangements have been made.



Step 3

When **You** arrive at the medical provider on the day of **Your Treatment**, show **Your** membership card and tell them that **Direct Billing** has been arranged.

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

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



Step 4

When **You** leave, ask the medical provider to send the original claim form and bill to **Us** for payment. **You** can track all subsequent claims activity in **Your** online secure portfolio area. Log in using **Your** username and password at www.now-health.com.

Important notes:

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

If **You** need repeat **In-Patient** or **Day-Patient Treatment**, **We** need a new claim form for each stay, even if it's for the same **Medical Condition**.

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

3.2 Arranging Direct Settlement

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

If **You** have a **Deductible** this does not apply to **Treatment You** receive on an **Out-Patient** basis in **Our Out-Patient Direct Billing** Network.

Your Eligible Out-Patient Treatment is subject to any selected Out-Patient Per Visit Excess option or Co-Insurance Out-Patient Treatment option.

- If You have selected an Out-Patient Per Visit Excess option, You need to pay the first USD 25/ EUR 20/GBP 15 or USD 15/EUR 12/GBP 10 (depending on the option chosen) per consultation on Eligible Out-Patient Treatment to the medical provider upfront through Our Out-Patient Direct Billing Network. If You have this option, it will say so on Your Membership card.
- If You have selected a Co-Insurance Out-Patient Treatment option, You must pay the Co-Insurance
 amount on Eligible Out-Patient Treatment to the medical provider upfront through Our Out-Patient
 Direct Billing Network.

If the Out-Patient Per Visit Excess or Co-Insurance Out-Patient Treatment is selected this will apply per Insured Person when You receive Eligible Out-Patient Treatment inside and outside of the Now Health International Provider Network.

Out-Patient Direct Billing is not available if You have chosen the WorldCare Essential Plan with the Out-Patient Charges option.

Step 1

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

If **You** can't find an **Out-Patient Direct Billing** facility near **You**, **Our** customer service team will be happy to help. **You** can contact them on T +971 (0) 4450 1510 | F +971 (0) 4450 1530 | ClinicalService@now-health.com

Step 2

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

Step 3

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

Step 4

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

Step 5

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

Important notes:

If You receive Treatment that is not Eligible under Your Plan through the Now Health International Provider

Network, You are liable for the costs incurred and You must refund Us or We may suspend Your Benefits until the

Planholder or You have settled the outstanding amounts in full. If We determine that a claim was fraudulent, We may terminate You from the Plan with immediate effect without refund of premiums.

If You receive Eligible Treatment within the Now Health International Provider Network but pay and claim for the Treatment received, the standard Out-Patient Per Visit Excess or Co-Insurance will apply.

Out-Patient Direct Billing is **not** available for Psychiatry, Alternative Medicine, Hormone replacement therapy and Vitamins, minerals, dental, maternity and wellness, optical and **Vaccinations Benefits** unless it is specified on **Your** membership card.

3.3 When You need Emergency medical Treatment

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

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

Step 1

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

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

Step 2

Our Emergency assistance service will verify whether the Medical Condition You are claiming for is Eligible under Your Plan.

Step 3

If Your claim is Eligible, Our Emergency assistance service staff will consider Your Emergency admission or Your request for Evacuation in relation to Your medical needs.

Step 4

If **Our Emergency** assistance service agrees that **Your Medical Condition** meets all of the following:

- · is life-threatening
- is covered by Your Plan
- · cannot be treated adequately locally, and
- requires immediate In-Patient Treatment

They will make all the necessary arrangements to have **You** moved by air and/or surface transportation to the nearest **Hospital** where appropriate medical **Treatment** is available.

Our Emergency assistance service will also ensure that any **Eligible** costs at the destination, such as admission costs, are settled directly with the **Hospital**.

Step 5

Once **You** have received **Your** medical **Treatment**, if **Our Emergency** assistance service agrees that it is necessary, they will make all the necessary arrangements to repatriate **You** to **Your** appropriate destination, provided that **You** are medically fit to travel.

Important notes:

We will only pay for **Evacuation** costs that have been authorised and arranged by **Our Emergency** assistance service.

We will not pay for Your Evacuation costs if the Evacuation is directly or indirectly related to a Medical Condition which has been specifically excluded on Your Certificate of Insurance, or to any other Medical Condition or event specifically excluded in Your Plan.

3.4 Accessing elective Treatment in the USA

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

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

Step 1

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

A Clinical Adviser will verify **Your** entitlement to **Benefits** for the proposed **Treatment** and give **You** details on how to claim. Tell **Us** the name of the medical facility, telephone number, fax number, contact name and the name of the **Medical Practitioner**.

Step 2

Your Medical Practitioner should complete a Pre-Authorisation Request Form. You can download this form from the 'How to claim' page of the website or from the secure online portfolio area.

Once **Your Medical Practitioner** has completed the form, they can return it to **Us** directly or **You** can do so using one of the methods on the form or using the secure online portfolio area in the My Claims page.

We will contact You once the arrangements have been made.

Step 3

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

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

You will need to pay any **Deductible**, **Co-Insurance** or **Out-Patient Per Visit Excess** on **Your Plan** to the medical provider before **You** leave.

Step 4

When **You** leave, ask the medical provider to send the original claim form and bill to **Us** for payment. **You** can track all subsequent claims activity on **Your** online secure portfolio area. Log in at www.now-health.com using **Your** username and password

Important notes

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

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

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

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

You will need to pay any **Deductible**, **Co-Insurance** or **Out-Patient Per Visit Excess** on **Your Plan** to the medical provider before **You** leave.

3.5 What must I provide when making a claim?

Please make sure that **You** complete all the forms **We** ask **You** to.

You must send **Us** all **Your** claim information within six months of the first day of **Treatment** (unless this is not reasonably possible).

If the total amount **You** are claiming now or have claimed for **Day-Patient** and **In-Patient** (per **Insured Person**, per **Medical Condition**, per **Period of Cover**) is over USD 500/EUR 400/GBP 300, please ensure Section 3 of the claim form is completed by the treating **Medical Practitioner**.

3.6 Do I need to provide any other information?

It may not always be possible to assess the eligibility of **Your** claim from the claim form alone, which means **We** may sometimes ask **You** for additional information. This will only ever be reasonable information that **We** need to assess **Your** claim.

We may request access to **Your** medical records including medical referral letters. If **You** don't reasonably allow **Us** access to this important information, **We** will have to refuse **Your** claim. This means that **We** will also recoup any previous payments that **We** have made for that **Medical Condition**.

There may be instances where **We** are uncertain about the eligibility of a claim. If this is the case, **We** may, at **Our** own cost, ask a **Medical Practitioner** chosen by **Us** to review the claim. They may review the medical facts relating to a claim or examine **You** in connection with the claim. In choosing a relevant **Medical Practitioner**, **We** will take into account **Your** personal circumstances. **You** must co-operate with any **Medical Practitioner** chosen by **Us** or **We** will not pay **Your** claim.

3.7 What should I do if I also have cover on another insurance policy?

If **You** are making a claim, **You** must tell **Us** if **You** are able to claim any costs from another insurance policy. If another insurance policy is involved, **We** will only pay **Our** proper share.

3.8 What should I do if the Benefits I am claiming relate to an injury or Medical Condition caused by another person?

You must tell Us on the claim form if You are able to claim any of the cost from another person.

If **You** are claiming for **Treatment** for a **Medical Condition** caused by another person, **We** will still pay for **Benefits** that **You** can claim under the **Plan**.

If **You** are claiming for **Treatment** for an injury caused by another person, **We** obtain the right by law, to recover the sum of the **Benefits** paid from the other person. **You** must tell **Us** as quickly as possible about any action against another person and keep **Us** informed of any outcome or settlement of this action.

Should **You** successfully recover any monies from the third party, they should be repaid directly to **Us** within 21 days of receipt on the following basis:

- if the claim against the third party settles in full, You must repay Our outlay in full; or
- if **You** recover only a percentage of **Your** claim for damages **You** must repay the same percentage of **Our** outlay to **Us**.

If **You** do not repay **Us** (including any interest recovered from the third party), **We** are entitled to recover the same from **You**. In addition, **Your Plan** may be cancelled in line with section 8 in the Rights and Responsibilities section.

The rights and remedies in this clause are in addition to and not instead of rights or remedies provided by law.

3.9 You have a Deductible, an Out-Patient Per Visit Excess and/or Co-Insurance on Your Plan

Any **Deductible**, **Out-Patient Per Visit Excess** or **Co-Insurance** applicable is shown on **Your Certificate of Insurance** and charged in the same currency as **Your** premium.

A **Deductible**, an **Out-Patient Per Visit Excess** or **Co-Insurance** is the amount **You** pay towards the cost of a claim for any **Insured Person** on **Your Plan**.

When a claim is made, any **Deductible** is automatically deducted from the amount **We** pay in relation to **Eligible In-Patient** or **Day-Patient Treatment** first.

The **Out-Patient Per Visit Excess** applies per **Insured Person**, per **Out-Patient** consultation in relation to **Eligible Out-Patient Treatment**. For example, if an **Insured Person** has more than one visit in relation to **Out-Patient** consultations for a single or multiple **Medical Condition** (s), then the **Out-Patient Per Visit Excess** will be applied to each consultation.

A **Co-Insurance** is a percentage payment made by **You** towards the cost of an **Eligible** claim per **Period of Cover.** For example, if an **Insured Person** has 20% **Co-Insurance** applicable on **Eligible Out-Patient Treatment** and the claimed amount is USD 100/EUR 80/GBP 62.50, then the **Insured Person** will have to pay USD 20/EUR 16/GBP 12.50 and **We** will pay USD 80/EUR 64/GBP 50 towards this claim.

You need to submit Your claim form and bills, even if the **Deductible** or **Out-Patient Per Visit Excess** is greater than the **Benefits You** are claiming so **We** can administer **Your Plan** correctly. When **You** make a claim, **We** will reduce the amount **We** pay **You** until the **Deductible** or **Out-Patient Per Visit Excess** limit is used up.

3.10 How will claim reimbursements be calculated?

Claims reimbursements will in all cases be based on the date of **Treatment**, and in the first instance will be paid in the same currency as the claim invoice. Alternatively, the currency of the **Plan** may be requested or **We** will endeavour to pay in another currency of **Your** choice. **We** will convert currencies based on the exchange rates quoted by Citibank as of the **Treatment** date.

3.11 What currencies can claims be made in?

You have the choice of claims reimbursement in either the currency of **Your Plan**, the currency **You** incurred **Your** claim in, or another currency of **Your** choice, subject to local currency and/or international restrictions/regulations and our partners bank's transacting capabilities.

3.12 What is the maximum length of prescription I can claim at one time?

Eligible medications prescribed by **Your Medical Practitioner** will be paid up to 3 months or to the end of **Your** policy date, whichever is the earlier.

4. Benefits: What is covered?

All the **Benefits** covered by WorldCare are shown in the **Benefit Schedule** in this section. The **Benefit** limits are per **Insured Person** and either per **Medical Condition**, per visit or per **Period of Cover**, with lifetime limits in place for **Terminal** illness.

Please remember that this **Plan** is not intended to cover all eventualities.

In return for payment of the premium, **We** agree to provide cover as set out in the terms of this **Plan**. Please refer to the definition of **Plan** in section 1 for details of the documents that make up **Your Plan**.

4.1 Summary of WorldCare

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

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

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

Essential Cover for **In-Patient** and **Day-Patient Treatment**, and the option

for a **Deductible** to lower **Your** premiums, if **You** want to cover

high cost/low frequency major medical events only.

Advance As with Essential, and limited cover for Out-Patient Treatment.

Excel As with Advance, and cover for dental and generally higher Plan limits.

Apex As with Excel, and cover for dental and maternity, as well as Benefits

with overall higher limits.

We provide regional cover according to Your Country of Residence.

Cover options available are:

Regional Cover: Africa, Indian sub-continent, Jordan, Lebanon, and Philippines

Regional Cover: Africa, Europe, Indian sub-continent, Jordan, Lebanon, and Philippines

Regional Cover: Europe (excluding United Kingdom, Germany and Switzerland)

Regional Cover: South East Asia (excluding Singapore)

Regional Cover: South Asia

Regional Cover: Pacific Islands

Optional Benefits:

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

To provide extra trexibility, Too early also select doditional optional benefits and might be important to Too.			
Co-Insurance Out-Patient Treatment	If this option is selected, costs associated with Eligible Out-Patient Treatment are subject to a 10% Co-Insurance .		
Co-Insurance Out-Patient Treatment – Option 2	If this option is selected, costs associated with Eligible Out-Patient Treatment are subject to a 20% Co-Insurance .		
Out-Patient Charges (Essential only)	Add Out-Patient Benefits to the Essential Plan option.		
Out-Patient Charges – Option 2 (Essential only)	The same as Out-Patient Charges but inclusive of Maintenance of Chronic Medical Conditions within the Benefit sub-limit.		
Out-Patient Charges – Option 3 (Essential only)	Adds Accident and Emergency Out-Patient and additional Pre-Operative and Post-Hospitalisation Benefits to the Essential Plan .		
Out-Patient Per Visit Excess	This option is available for Advance, Excel and Apex. You can select to pay a USD 25/EUR 20/GBP 15 or USD15/EUR 12/GBP 10 Excess every time You receive an Out-Patient Consultation . Please note that if You have selected the Out-Patient Per Visit Excess , You must pay the		

Out-Patient claim.

first USD 25/EUR 20/GBP 15 or USD15/EUR 12/GBP 10 of any Eligible

Wellness, Optical and Vaccinations	This is an option available on Essential where Out-Patient Charges or Out-Patient Charges – Option 2 has been selected, or on Advance, Excel and Apex Plan . This option allows You to receive limited cover for Wellness, Optical and Vaccinations .
Wellness, Optical and Vaccinations – Option 2	This is an option available on Advance, Excel and Apex Plan . This option allows You to receive limited cover for Wellness, Optical and Vaccinations .
Wellness and Vaccinations – Option 3	This is an option available on Essential where Out-Patient Charges or Out-Patient Charges – Option 2 has been selected, or on Advance, Excel and Apex Plan . This option allows You to receive limited cover for Wellness and Vaccinations .
USA Elective Treatment	Costs associated with Eligible In-Patient , Day-Patient and Out-Patient Treatment in the USA will be paid in full where Treatment is received in Our Network of Providers.
Your choice of Plan Deductible	The Plan Deductible applies to In-Patient and Day-Patient Treatment and is per Insured Person , per Period of Cover .

The above is a summary of just some of the **Plan Benefits**. For full details of the **Benefits** and exclusions, it is important that **You** read this handbook in full. For the full **Benefit Schedule**, please go to section 4.3.

4.2 Pre-Authorisation

When You should contact Us before Treatment starts.

Your Plan with Us will only cover Reasonable and Customary Charges for Treatment that is Medically Necessary. It is important that You contact Us before Treatment for Us to confirm if such Treatment is Eligible under Your Plan.

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

You should contact Our customer service team on +971 (0) 4450 1510 | Fax +971 (0)4450 1530.

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

Pre-Authorisation is required for the following:

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

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

In the case of any **Emergency**, **You**, the treating **Medical Practitioner** or the **Hospital**, must contact **Our** 24 hour **Emergency** assistance service as soon as possible. Failure to obtain **Pre-Authorisation** for **Treatment** of an **Eligible Medical Condition** means **You** may incur a proportion of the costs.

4.3 Now Health International: WorldCare

WorldCare has been designed to provide cover for **Reasonable and Customary Charges** for **Medically Necessary** and active **Treatment** of disease, illness or injury. The **Benefit Schedule** below details the cover provided by each **Plan**. This is additional information that should be read in conjunction with this complete handbook.

Benefits aim to cover short term Treatment of acute episodes of Chronic Conditions, to return You to the state of health You were in immediately before suffering the episode, or which leads to a full recovery. If this is not possible and maintenance therapy of a Chronic Condition, such as but not limited to asthma, diabetes, and hypertension, is required, such cover will be provided by Benefit 1 – Maintenance of Chronic Medical Conditions. If You are unsure of Your particular circumstances, please contact Our customer service team before incurring any Treatment costs. Some cover states "Full Refund" and this means that Eligible claims are covered up to the annual maximum Plan limit, after any deduction of any Deductible or Out-Patient Per Visit Excess or Co-Insurance or similar condition, if Reasonable and Customary Charges for Medically Necessary Treatment are incurred.

4.3.1 WorldCare Essential

Benefit Essential USD 3m/ Annual Maximum Plan Limit EUR 2.4m/ 24/7 helpline and assistance services available on all Plans **GBP 1.9m** 1. Maintenance of Chronic Medical Conditions: Maintenance of chronic Medical Conditions such as but not limited to asthma, diabetes and hypertension requiring ongoing or long-term monitoring through consultations, examinations, check-ups, **Drugs and Dressings** and/or tests up to the **Benefit** limits following **Your Entry Date**. This **Benefit** does not cover renal failure and dialysis. Not covered Claims for this will fall under Benefit 6. Claims for Cancer will fall under Benefit 8. 2. Hospital Charges, Medical Practitioner and Specialist Fees: (i) Charges for In-Patient or Day-Patient Treatment made by a Hospital including charges for accommodation (ward/semi-private or private); Diagnostic Tests; operating theatre Full refund charges including surgeon and anaesthetist charges; and charges for nursing care by a **Qualified Nurse**; **Drugs and Dressings** prescribed by a **Medical Practitioner** or Pre-Authorisation Specialist; and surgical appliances used by the Medical Practitioner during surgery. for (i) 🕿 This includes pre and post-operative consultations while an **In-Patient** or **Day-Patient** and includes charges for intensive care. (ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an **Eligible Medical Condition** which Up to USD 1,500/ required In-Patient or Day-Patient Hospital Treatment. EUR 1,200/ GBP 930 per Medical Condition 3. Diagnostic Procedures: Pre-Authorisation for PET. MRI. CT 2 Medically Necessary diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an In-Patient, Day-Patient or Out-Patient. Full refund 4. Emergency Ambulance Transportation: **Emergency** road ambulance transport costs to or between **Hospitals**, or when considered Full refund Medically Necessary by a Medical Practitioner or Specialist. 5. Parent Accommodation: The cost of one parent staying in **Hospital** overnight with an **Insured Person** under 18 years Full refund old while the child is admitted as an In-Patient for Eligible Treatment (i) 6. Renal Failure and Renal Dialysis: (i) **Treatment** of renal failure, including renal dialysis on an **In-Patient** basis. Full refund for In-Patient pre and post-operative care (ii) Treatment of renal failure, including renal dialysis on a Day-Patient or Out-Patient basis. Up to USD 50,000/ EUR 40,000/ GBP 31,250 per Period of Cover 7. Organ Transplant: (i) (i) **Treatment** for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the **Insured Person** Full refund as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under **Benefit** 12 but excluded from Benefit 7 – Organ Transplant. Up to USD 50,000/ (ii) Medical costs associated with the donor as an In-Patient or Day-Patient, with the EUR 40,000/ exception of the cost of the donor organ search. GBP 31,250 per We only pay for transplants carried out in internationally-accredited institutions Period of Cover by accredited surgeons and where the organ procurement is in accordance with **WHO** guidelines. 8. Cancer Treatment: Treatment given for Cancer received as an In-Patient, Day-Patient or Out-Patient. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, Full refund from the point of diagnosis.

Benefit Essential 9. Pregnancy Medical Conditions: In-Patient Treatment of an Eligible Medical Condition which arises during the antenatal stages of **Pregnancy**, or an **Eligible Medical Condition** which arises during childbirth. **We** would only allow Treatment of the following as an Eligible Medical Condition under this Benefit: Ectopic **Pregnancy** (where the foetus is growing outside the womb) Hydatidiform mole (abnormal cell growth in the womb) Retained placenta (afterbirth retained in the womb) Placenta praevia Eclampsia (a coma or seizure during **Pregnancy** and following pre-eclampsia) Diabetes (If You have exclusions because of Your past medical history which relate to Full refund diabetes, then You will not be covered for any Treatment for diabetes during Pregnancy) Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth) Miscarriage requiring immediate surgical **Treatment** This **benefit** does not provide any cover for voluntary or **Emergency** caesarean section procedures or 'failure to progress in labour' unless for one of the above stated Eligible Medical Waiting Period: Costs Incurred within 12 months from the Start Date of the mother are excluded. 10. New Born Cover: **In-Patient Treatment** of premature birth (i.e. prior to age 37 weeks gestation) or an **Acute Condition** being suffered by a **New Born** baby of an **Insured Person** which manifests itself within 30 days following birth. Provided that the **New Born** baby is added to the **Plan** Up to USD 100,000/ within 30 days of birth and premium paid. Cover for multiple births will be covered up to the EUR 80,000/ GBP 62.500 In circumstances where We require details of the **New Born** baby's medical history before per **Period of Cover** the baby is being added to the **Plan**, We reserve the right to apply particular restrictions to the cover We will offer. Please refer to Section 6.5 - Adding **New Born** of this Members Handbook for details. 11. Hospital Accommodation for New Born Accompanying their Mother: b Hospital Accommodation costs relating to a New Born baby (up to 16 weeks old) to accompany its mother (being an Insured Person) while she is receiving Eligible Treatment Full refund as an In-Patient in a Hospital. 12. Congenital Disorder: In-Patient Treatment for a Congenital Disorder. In circumstances where a Congenital Up to USD 100,000/ Disorder manifests itself in a New Born baby within 30 days of birth, cover for such EUR 80.000/ Medical Conditions will be provided under Benefit 10 but excluded from Benefit 12 -GRP 62 500 Congenital Disorders per Period of Cover 13. Reconstructive Surgery: Reconstructive surgery required to restore natural function or appearance following an Accident or following a Surgical Procedure for an Eligible Medical Condition, which Full refund occurred after an Insured Person's Entry Date or Start Date whichever is later. 14. Rehabilitation: When referred by a **Specialist** as an integral part of **Treatment** for a **Medical Condition** necessitating admission to a recognised **Rehabilitation** unit of a **Hospital**. Where the **Insured Person** was confined to a **Hospital** as an **In-Patient** for at least three consecutive days, Full refund and where a **Specialist** confirms in writing that **Rehabilitation** is required. Admission to a for Eligible In-Patient Rehabilitation unit must be made within 14 days of discharge from Hospital. Such Treatment Treatment only should be under the direct supervision and control of a Specialist and would cover: up to 30 days (i) Use of special **Treatment** rooms per Medical Condition (ii) Physical therapy fees (iii) Speech therapy fees (iv) Occupational therapy fees 15. In-Patient Emergency Dental Treatment: This means **Emergency** restorative dental **Treatment** required to sound, natural teeth following an **Accident** which necessitates **Your** admission to **Hospital** for at least one night. The dental **Treatment** must be received within 10 days of the **Accident**. This **Benefit** covers all costs incurred for **Treatment** made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply: If the **Treatment** involves replacing a crown, bridge facing, veneer or denture, **We** will Full refund 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**. 16. In-Patient Psychiatric Treatment: Pre-Authorisation In-Patient Treatment in a recognised Psychiatric unit of a Hospital. All Treatment must be administered under the direct control of a Registered Psychiatrist. Full refund limited to 30 days per Period of Cover

Benefit

17. Terminal Illness:

Palliative and Hospice Care: On diagnosis of a **Terminal** illness, costs for any **In-Patient**, **Day-Patient** or **Out-Patient Treatment** given on the advice of a **Medical Practitioner** or **Specialist** for the purpose of offering temporary relief of symptoms. Charges for **Hospital** or hospice accommodation, nursing care by a **Qualified Nurse** and prescribed **Drugs and Dressings** are covered.

Essential



Eligible In-Patient and Day-Patient Treatment only up to USD 50,000/ EUR 40,000/ GBP 31,250 lifetime limit

18. Emergency Non-Elective Cover outside Area of 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 Medical Conditions** are specifically excluded from this **Benefit**.

Accident: Full refund for Accident requiring In-Patient and Day-Patient care



Illness: In-Patient and Day-Patient care up to USD 25,000/ EUR 20,000/ GBP 15,625 per Period of Cover Out-Patient

Out-Patient
Treatment in
an Accident
and Emergency
Department in a
Hospital up to
USD 500/EUR 400/
GBP 310
per Period of Cover

19. Evacuation and Repatriation:

Evacuation

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

Reasonable expenses for:

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

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

Following an **Evacuation** covered by **Us**, 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**.

We do not cover standalone repatriation.

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

Pre-Authorisation 🖀

(i)

Full refund

(ii)

Full refund

(iii)

Full refund

(iv)

Up to USD 200/ EUR 160/GBP 125 per day

Up to USD 7,500/ EUR 6,000/GBP 4,600 per person, per **Evacuation**

Pre-Authorisation 2



Full refund

20. Mortal Remains:

In the event of death from an **Eligible Medical Condition**, **Reasonable and Customary Charges** for:

- (i) Costs of transportation of body or ashes of an Insured Person to his/her Country of Nationality or Country of Residence, or
- (iii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.

Pre-Authorisation 🕿



Full refund



Up to USD 10,000/ EUR 8,000/GBP 6,250

Benefit Essential 21. Hospital Cash Benefit: This **Benefit** is payable for each night an **Insured Person** receives **In-Patient Treatment** and only if an Insured Person is admitted for In-Patient Treatment before midnight, and the USD 125/ Treatment is received free of charge that would have otherwise been Eligible for Benefit EUR 100/GBP 75 privately under this **Plan**. Cover under this **Benefit** is limited to a maximum of 30 nights per per night Period of Cover. For this **Benefit** exclusion 5.10 does not apply. 22. Out-Patient Charges: (i) and (ii) (i) Medical Practitioner fees including consultations; Specialist fees; Diagnostic Tests; prescribed Drugs and Dressings. Pre-operative (ii) Teleconsultation (Virtual Doctor appointments via electronic means). consultation within Costs associated with **Eligible Treatment** will be paid in full where **Treatment** is received 15 days from the from Medical Providers listed in the Now Health International Provider Network. admission and post hospitalisation Treatment that is not received in the Now Health International Provider Network will consultation within pay Reasonable and Customary Charges. 30 days following No Out-Patient Co-Insurance or Out Patient visit Excess is applicable. discharge from Hospital (iii) Vitamins and Minerals: Un to maximum Vitamins and Minerals as prescribed by a **Medical Practitioner**. Vitamins, minerals and USD 2,000/EUR 1,600/ eye lubricants prescribed for a diagnosed deficiency will be paid as per the **Out-Patient** GBP 1,250 per Medical Renefit Condition per Period of Cover Any pre-operative and post-hospitalisation consultations are payable under this **Benefit**. (iii) Not covered 23. Menopause Hormone Replacement Therapy: The cost of Hormone Replacement Therapy when required to alleviate the symptoms of the early onset of menopause where onset and **Treatment** commence below the age of Not covered 40 years. 24. Day-Patient or Out-Patient Surgery: **Treatment** costs for a **Surgical Procedure** performed in a surgery, **Hospital**, day-care facility or **Out-Patient** department. Any pre or post-operative consultations are payable under Full refund Benefit 22 - Out-Patient charges. 25. Out Patient Psychiatric Illness: **Out-Patient Treatment** administered by a Registered Psychologist and/or a Registered Psychiatrist, subject to 10 sessions and the cost limit under this section Not covered For the first 5 sessions **You** may choose to visit a Registered Psychologist directly without the need for referral. However, any subsequent sessions with a Registered Psychologist will require referral and a **Treatment Plan** with a **Medical Practitioner** or **Specialist**. 26. Out-Patient Physiotherapy and Alternative Therapies: (i) Physiotherapy by a Registered Physiotherapist. (i) (ii) Complementary medicine and **Treatment** by a therapist. This **Benefit** extends to Up to 5 sessions osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and within 30 days after acupuncture Treatment but excludes Physiotherapist covered in (i). hospitalisation You may choose 5 sessions for any combination of Benefits in aggregate in a given Period (ii) 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. Not covered 27. Out-Patient Traditional Chinese Medicine and Ayurvedic Medicine: Out-Patient Treatment for the rapies administered by a recognised Traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner Not covered All claims to include diagnosis, consultation fee, Treatment type, Treatment fee, prescription including detailed medication and number of doses. Exclusion 5.35 applies.

Benefit Essential

28. Nursing Care at Home:

- (i) Care given by a Qualified Nurse in the Insured Person's own home, which is immediately received subsequent to Treatment as an In-Patient or Day-Patient on the recommendation of a Medical Practitioner or Specialist.
- (ii) Emergency Medical Practitioner (GP) home visits out of normal clinic hours

Pre-Authorisation 2

(i)

Up to USD 100/ EUR 80/GBP 65 per day, up to 30 days per **Medical Condition**

(ii)

Not covered

29. AIDS:

Medical expenses, which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. As result of proven occupation **Accident*** or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition, **Drugs and Dressings** (except experimental or those unproven), **Hospital Accommodation** and nursing fees.

- * For members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the Entry Date or Start Date, whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the Insured Person's occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational Accident.
- ** As long as the blood transfusion was received as an **In-Patient** as part of **Medically Necessary Treatment**.

Waiting Period: Cover only available after three years of continuous membership.

Pre-Authorisation



Eligible In-Patient and Day-Patient Treatment only up to USD 25,000/ EUR 20,000/ GBP 15,625 per Period of Cover

Essential

30. Dental Care:

- (i) Routine dental **Treatment**: Fees of a registered **Dental Practitioner** carrying out routine dental **Treatment** in a dental surgery. Routine dental **Treatment** means.
 - Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including X-rays where necessary,
 - Preventive scaling, polishing, and sealing (once per year),
 - Fillings (standard amalgam or composite fillings) and extractions,
 - Root-canal **Treatment** (but not the fitting of a crown following root-canal **Treatment**), and
 - Prescribed Drugs and Dressings.

No other **Treatment** is covered under the routine dental Treatment benefit.

Waiting Period: Costs incurred within nine months from the Start Date are excluded.

A Co-Insurance of 20% applies.

For this Benefit the Plan Deductible or Plan Out-Patient Per Visit Excess does not apply.

(ii) Complex Dental **Treatment**: Fees of a registered **Dental Practitioner** and associated costs for the following procedures: **Eligible** complex dental **Treatment**: including for example, Apicoectomy done to treat the following – Fractured tooth root; A severely curved tooth root; Teeth with caps or posts; Cyst or infection which is untreatable with root canal therapy; Root perforations; New or repair of crowns, dentures, in lays and bridges. Recurrent pain and infection; Persistent symptoms that do not indicate problems from x-rays. Calcification; Damaged root surfaces and surrounding bone requiring surgery; Dental implant; and prescribed Drugs and Dressings.

No other Treatment (including Orthodontics) is covered by this Benefit.

Waiting Period: Costs incurred within nine months from the Start Date are excluded.

A Co-Insurance of 20% applies.

For this Benefit the Plan Deductible or Plan Out-Patient Per Visit Excess does not apply. Please note that this **Benefit** is only available when **Out-Patient** Charges or **Out-Patient** Charges Option 2 (Benefit 32 or 33) are selected.



Optional Up to USD 250/ EUR 200/ GBP 155 per **Period of Cover**





Optional Up to USD 1,000/ EUR 800/ GBP 625 per Period of Cover

31. USA Elective Treatment:

- (i) Costs associated with **Eligible In-Patient** and **Day-Patient Treatment** in the USA will be paid in full where **Treatment** is received in a **Hospital** listed in the Now Health International Provider Network
- (ii) Costs associated with **Eligible Out-Patient Treatment** in the USA will be paid in full where Treatment is received in the Now Health International Provider Network.

Treatment that is not received in the Now Health International Provider Network will be subject to a 50% Co-Insurance.

This option is not available if You have selected an optional Regional Cover.

Pre-Authorisation for Out-Patient diagnostics and surgery, Day-Patient and In-Patient Treatment 🖀



Optional Up to USD 1.5m/ EUR 1.2m/ GBP 937.500 per Insured Person per **Period of Cover**

32. Out-Patient Charges:

- Medical Practitioner fees including consultation, Specialist fees, Diagnostic Tests, prescribed **Drugs and Dressings**.
- Teleconsultation (Virtual Doctor appointments via electronic means). Costs associated with **Eliqible Treatment** will be paid in full where **Treatment** is received from Medical Providers listed in the Now Health International Provider Network. Treatment that is not received in the Now Health International Provider Network will pay Reasonable and Customary Charges

No Out-Patient Co-Insurance or Out Patient visit Excess is applicable.

(iii) Vitamins and Minerals:

Vitamins and Minerals as prescribed by a Medical Practitioner. Vitamins, minerals and eye lubricants prescribed for a diagnosed deficiency will be paid as per the **Out-Patient** Renefit

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, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture Treatment but excludes Physiotherapist covered in (i).
- c. **Out-Patient Treatment** for therapies administered by a recognised traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner. All claims to include diagnosis, consultation fee, Treatment type, Treatment fee, prescription including detailed medication and number of doses.

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

This Benefit replaces Benefit 26 – Out-Patient Physiotherapy and Alternative

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

(v) Out Patient Psychiatric Illness:

Out-Patient Treatment administered by a Registered Psychologist and/or a Registered Psychiatrist, subject to 10 sessions and the cost limit under this section. For the first 5 sessions **You** may choose to visit a Registered Psychologist directly without the need for referral. However, any subsequent sessions with a Registered Psychologist will require referral and a Treatment Plan with a Medical Practitioner or Specialist.

This Benefit replaces Benefit 25 – Out-Patient psychiatric illness.

(vi) Menopause Hormone Replacement Therapy:

The cost of Hormone Replacement Therapy when required to alleviate the symptoms of the early onset of menopause where onset and Treatment commence below the age of

This Benefit replaces Benefit 23 – Menopause Hormone Replacement Therapy.

Please note that if this option is chosen, the only **Plan Deductible** options that can be chosen are USD 150/EUR 120/GBP 95, USD 250/EUR 200/GBP 155, USD 500/EUR 400/GBP 310, USD 1,000/EUR 800/GBP 625, USD 2,500/EUR 2,000/GBP 1,550 or USD 5,000/EUR 4,000/

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

Essential

(i) and (ii)



Optional Up to USD 5,000/ EUR 4,000/GBP 3,125 per **Period of Cover** in aggregate



Optional Up to USD 150/ EUR 120/GBP 95 per **Period of Cover** in aggregate of overall **Out-Patient** Charges Benefit limit

Combined **Out-Patient** Charges Benefit limit Up to USD 5,000/ EUR 4,000/GBP 3,125 per Period of Cover for (i), (ii) &(iiii)

(iv)

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 26



Optional Up to USD 500/ EUR 400/GBP 315 and a maximum of 10 sessions per **Period of Cover** in aggregate



Optional Up to USD 400/ EUR 320/GBP 250 per Period of Cover

Essential

(i) and (ii)

Optional Up to USD 5,000/

EUR 4,000/GBP 3,125 per **Period of Cover**

in aggregate

33. Out-Patient Charges Option 2:

Out-Patient Charges including costs associated with maintenance of chronic **Medical Conditions**.

- (i) Medical Practitioner fees including consultation, Specialist fees, Diagnostic Tests, prescribed Drugs and Dressings.
- (ii) Teleconsultation (Virtual Doctor appointments via electronic means).
 Costs associated with Eligible Treatment will be paid in full where Treatment is received from Medical Providers listed in the Now Health International Provider Network.
 Treatment that is not received in the Now Health International Provider Network will pay Reasonable and Customary Charges.

No Out-Patient Co-Insurance or Out Patient visit Excess is applicable.

(iii) Vitamins and Minerals:

Vitamins and Minerals as prescribed by a **Medical Practitioner**. Vitamins, minerals and eye lubricants prescribed for a diagnosed deficiency will be paid as per the **Out-Patient Benefit**.

This **Benefit** (i), (ii) and (iii) replaces **Benefit** 22 – **Out-Patient** Charges.

(iii)



Optional
Up to USD 150/
EUR 120/GBP 95 per
Period of Cover in
aggregate of overall
Out-Patient Charges
Benefit limit

Combined

Out-Patient Charges

Benefit limit

Up to USD 5,000/

EUR 4,000/GBP 3,125

per Period of Cover

for (i), (ii) &(iiii)

(iv)



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 26

- (iv) a. Physiotherapy by a Registered **Physiotherapist**.
 - b. Complementary medicine and **Treatment** by a therapist. This **Benefit** extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture **Treatment** but excludes **Physiotherapist** covered in (i).
 - c. Out-Patient Treatment for therapies administered by a recognised traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner. All claims to include diagnosis, consultation fee, Treatment type, Treatment fee, prescription including detailed medication and number of doses.

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**.

This **Benefit** replaces **Benefit** 26 – **Out-Patient** Physiotherapy and **Alternative Therapies**.

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

(v) Out Patient Psychiatric Illness:

Out-Patient Treatment administered by a Registered Psychologist and/or a Registered Psychiatrist, subject to 10 sessions and the cost limit under this section.

For the first 5 sessions You may choose to visit a Registered Psychologist directly without the need for referral. However, any subsequent sessions with a Registered Psychologist will require referral and a Treatment Plan with a Medical Practitioner or Specialist.

This **Benefit** replaces **Benefit** 25 – **Out-Patient** psychiatric illness.

(v)



Optional
Up to USD 500/
EUR 400/GBP 315
and a maximum of
10 sessions per
Period of Cover in
aggregate

(vi)



Optional Up to USD 400/ EUR 320/GBP 250 per **Period of Cover**

(vi) Menopause Hormone Replacement Therapy:

The cost of Hormone Replacement Therapy when required to alleviate the symptoms of the early onset of menopause where onset and **Treatment** commence below the age of 40 years.

This **Benefit** replaces **Benefit** 23 – Menopause Hormone Replacement Therapy.

Please note that if this option is chosen, the only **Plan Deductible** options that can be chosen are USD 150/EUR 120/GBP 95, USD 250/EUR 200/GBP 155, USD 500/EUR 400/GBP 310, USD 1,000/EUR 800/GBP 625, USD 2,500/EUR 2,000/GBP 1,550 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.

34. Out-Patient Charges Option 3:

(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 Providings for including speculiarities Securialist force Dispersation Texts.

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

- (ii) Pre and Post-Operative Out-Patient Charges:
 - Medical Practitioner fees including consultations; Specialist fees; Diagnostic Tests; prescribed Drugs and Dressings.
 - b. Teleconsultation (Virtual Doctor appointments via electronic means). Costs associated with Eligible Treatment will be paid in full where Treatment is received from Medical Providers listed in the Now Health International Provider Network.

Treatment that is not received in the **Now Health International Provider Network** will pay **Reasonable and Customary Charges**.

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**.

Essential

i)

Optional

Up to a maximum
USD 300/
EUR 240/ GBP 190
per **Period of Cover**in aggregate and
subject to USD 25/
EUR 20/CBP 15 **Out-Patient Per Visit Excess**

(ii)

Optional Up to a maximum USD 3,500/

EUR 2,800/ GBP 2,190 per Medical Condition per Period of Cover Physiotherapy is up to 5 sessions within 90 days following hospitalisation in aggregate.

35. Co-Insurance Out-Patient Treatment:

A 10% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment**. Should **Your 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 **Treatmen**t relating to Renal dialysis/ Renal failure, **Cancer** or Organ Transplants.

Optional

36. Co-Insurance Out-Patient Treatment Option 2:

A 20% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment**. Should **Your Plan** include the Maternity, 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.

•

Optional

37. Wellness, Optical and Vaccinations:

- (i) Wellness: This Benefit is payable as a contribution towards the cost of routine health checks including Cancer screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital sign (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age). and/or
- (ii) Optical Benefits: This Benefit also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, and Laser Eye Surgery and any complications, within the combined Benefit limits to a maximum USD300/EUR 240/GBP 180 per Period of Cover for an optical claim. Please note that there is no cover for prescription sunglasses or transition lenses. and/or
- (iii) Vaccinations: Costs of drugs and consultations to administer all Medically Necessary basic immunisation and booster injections and any Medically Necessary travel Vaccinations and malaria prophylaxis.

For this **Benefit** exclusion 5.10 does not apply.

Waiting Period: Cover only available six months after selecting this Option.

This **Benefit** can only be taken on WorldCare Essential if **You** select an optional **Out-Patient** Charges or **Out-Patient** Charges – Option 2.

Optional



Combined limit Up to USD 500/ EUR 400/GBP 310 per **Period of Cover**

38. Wellness and Vaccinations Option 3:

- (i) Wellness: This Benefit is payable as a contribution towards the cost of routine health checks including Cancer screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age). and/or
- (ii) Vaccinations: Costs of drugs and consultations to administer all Medically Necessary basic immunisation and booster injections and any Medically Necessary travel Vaccinations and malaria prophylaxis.

For this **Benefit** exclusion 5.10 does not apply.

Waiting Period: Cover only available six months after selecting this Option.

This **Benefit** can only be taken on WorldCare Essential if **You** select an optional **Out-Patient** Charges or **Out-Patient** Charges – Option 2.



Optional



Combined limit Up to USD 250/ EUR 200/GBP 155 per **Period of Cover**

39. Regional Cover Option: Africa, Indian Sub-Continent, Jordan, Lebanon, and Philippines:

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

Regional Cover: Africa, Indian Sub-Continent, Jordan, Lebanon and Philippines.

Essential



Optional



Accient: Full Refund for Accident requiring In-Patient and Day-Patient care



Illness: In-Patient
and Day-Patient care
up to USD 25,000/
EUR 20,000/
GBP 15,625
per Period of Cover
Out-Patient
Treatment in
an Accident
and Emergency
Department in a

Hospital up to USD 500/ EUR 400/GBP 310 per **Period of Cover**

40. Regional Cover Option: Africa, Europe, Indian Sub-Continent, Jordan, Lebanon, and Philippines

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

 $Regional\ Cover:\ Africa,\ Europe,\ Indian\ Sub-Continent,\ Jordan,\ Lebanon\ and\ Philippines.$



Optional



Accient: Full Refund for Accident requiring In-Patient and Day-Patient care



and **Day-Patient** care

up to USD 25,000/ EUR 20,000/ GBP 15,625 per Period of Cover Out-Patient Treatment in an Accident and Emergency Department in a Hospital UP to USD 500/ EUR 400/GBP 310 per Period of Cover

Regional Cover Option: Europe (excluding United Kingdom, Germany and Switzerland)

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

Regional Cover: Europe (excluding United Kingdom, Germany and Switzerland).



Optional



Accient: Full Refund for Accident requiring In-Patient and Day-Patient care



Illness: In-Patient
and Day-Patient care
up to USD 25,000/
EUR 20,000/
GBP 15,625
per Period of Cover
Out-Patient
Treatment in
an Accident
and Emergency
Department in a

Hospital up to USD 500/ EUR 400/GBP 310 per **Period of Cover**

42. Regional Cover Option: South East Asia (excluding Singapore)

Benefit 18 Emergency Non-Elective Cover outside Area of Cover of the Plan wording is amended as follows:

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 Medical Conditions** are specifically excluded from this Benefit.

Regional Cover: South East Asia (excluding Singapore).

Essential



Optional



Accient: Full Refund for Accident requiring **In-Patient** and Day-Patient care



Illness: In-Patient and **Day-Patient** care up to USD 25,000/ FUR 20 000/ GBP 15,625 per **Period of Cover** Out-Patient Treatment in an Accident and Emergency

Department in a Hospital up to USD 500/ EUR 400/GBP 310 per Period of Cover

43. Regional Cover Option: South Asia

Benefit 18 Emergency Non-Elective Cover outside Area of Cover of the Plan wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Renefit**

Regional Cover: South Asia.



Optional



Accient: Full Refund for **Accident** requiring In-Patient and Day-Patient care



Illness: In-Patient and **Day-Patient** care up to USD 25,000/ EUR 20,000/ GRP 15 625 ner **Period of Cover** Out-Patient **Treatment** in an **Accident** and Emergency Department in a

Hospital up to USD 500/ EUR 400/GBP 310 per **Period of Cover**

44. Regional Cover Option: Pacific Islands

Benefit 18 Emergency Non-Elective Cover outside Area of Cover of the Plan wording is amended as follows:

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 Medical Conditions** are specifically excluded from this Benefit

Regional Cover: Pacific Islands.



Optional



Accient: Full Refund for **Accident** requiring **In-Patient** and Day-Patient care



Illness: In-Patient and Day-Patient care up to USD 25,000/ EUR 20,000/ GBP 15,625 per Period of Cover

> Out-Patient Treatment in an Accident and Emergency Department in a Hospital up to USD 500/

FUR 400/GBP 310 per Period of Cover

Essential

45. Extended Evacuation and Repatriation

Evacuation

Arrangements will be made to move an **Insured Person** who has a critical, life-threatening **Eligible Medical Condition** to the nearest medical facility, **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.
- (iii) 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

Following an Evacuation covered by Us, 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.

We do not cover standalone repatriation.

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

Pre-Authorisation 22

(i)



Full refund

(ii)



Full refund

(iii)



Full refund

(iv)

Up to USD 200/ EUR 160/GBP 125 per day Up to USD 7,500/ EUR 6,000/GBP 4,600

FUR 6,000/GBP 4,600 per person, per **Evacuation**

Pre-Authorisation



Full refund

Deductible Options

Essential

Nil

Standard Deductible

Optional Deductible

Please note

Deductibles would apply to any **Medically Necessary Treatment** required under **Benefit** 19 and **Benefit** 45.

USD 150/ EUR 120/GBP 95 USD 250/ EUR 200/GBP 155 USD 500/ EUR 400/GBP 310 USD 1,000/ EUR 800/GBP 625 USD 2,500/ EUR 2,000/GBP 1,550 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

4.3.2 WorldCare Advance

Benefit Advance USD 3.5m/ Annual Maximum Plan Limit EUR 2.8m/ 24/7 helpline and assistance services available on all Plans **GBP 2.2m** 1. Maintenance of Chronic Medical Conditions: Maintenance of chronic **Medical Conditions** such as but not limited to asthma, diabetes and hypertension requiring ongoing or long-term monitoring through consultations, examinations, check-ups, **Drugs and Dressings** and/or tests up to the **Benefit** limits Full refund following Your Entry Date. This Benefit does not cover renal failure and dialysis. Claims for this will fall under Benefit 6. Claims for Cancer will fall under Benefit 8. 2. Hospital Charges, Medical Practitioner and Specialist Fees: (i) Charges for In-Patient or Day-Patient Treatment made by a Hospital including charges for accommodation (ward/semi-private or private); **Diagnostic Tests**; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a **Qualified Nurse**; **Drugs and Dressings** prescribed by a **Medical Practitioner** or Full refund Pre-Authorisation Specialist; and surgical appliances used by the Medical Practitioner during surgery. This for (i) 🖀 includes pre and post-operative consultations while an In-Patient or Day-Patient and includes charges for intensive care. (ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an Eligible Medical Condition which Up to USD 1,500/ required In-Patient or Day-Patient Hospital Treatment. EUR 1,200/GBP 930 per Medical Condition Pre-Authorisation 3. Diagnostic Procedures: for PET. MRI. CT 2 Medically Necessary diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an In-Patient, Day-Patient or Out-Patient. Full refund 4. Emergency Ambulance Transportation: Emergency road ambulance transport costs to or between Hospitals, or when considered Full refund Medically Necessary by a Medical Practitioner or Specialist 5. Parent Accommodation: The cost of one parent staying in **Hospital** overnight with an **Insured Person** under 18 years old Full refund while the child is admitted as an In-Patient for Eligible Treatment. 6. Renal Failure and Renal Dialysis: (i) Treatment of renal failure, including renal dialysis on an In-Patient basis. (i) Full refund (ii) (ii) Treatment of renal failure, including renal dialysis on a Day-Patient or Out-Patient basis. Up to USD 100,000/ EUR 80,000/ GBP 62,500 per **Period of Cover** 7. Organ Transplant: (i) Treatment for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the **Insured Person** as a recipient. In circumstances where an organ transplant is required as a result of a Full refund congenital disorder, cover will be provided under **Benefit** 12 but excluded from Benefit 7 – Organ Transplant. (ii) Medical costs associated with the donor as an In-Patient or Day-Patient, with the exception of the cost of the donor organ search. Up to USD 50,000/ We only pay for transplants carried out in internationally-accredited institutions EUR 40,000/ by accredited surgeons and where the organ procurement is in accordance with GBP 31.250 WHO quidelines. per Period of Cover 8. Cancer Treatment: Treatment given for Cancer received as an In-Patient, Day-Patient or Out-Patient. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, Full refund from the point of diagnosis.

Benefit Advance 9. Pregnancy Medical Conditions: In-Patient Treatment of an Eligible Medical Condition which arises during the antenatal stages of **Pregnancy**, or an **Eligible Medical Condition** which arises during childbirth. **We** would only allow Treatment of the following as an Eligible Medical Condition under this Benefit: Ectopic Pregnancy (where the foetus is growing outside the womb) Hydatidiform mole (abnormal cell growth in the womb) Retained placenta (afterbirth retained in the womb) Placenta praevia Eclampsia (a coma or seizure during **Pregnancy** and following pre-eclampsia) Diabetes (If **You** have exclusions because of **Your** past medical history which relate to Full refund diabetes, then **You** will not be covered for any **Treatment** for diabetes during **Pregnancy**) Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth) Miscarriage requiring immediate surgical **Treatment** This **benefit** does not provide any cover for voluntary or **Emergency** caesarean section procedures or 'failure to progress in labour' unless for one of the above stated Eligible Medical Waiting Period: Costs Incurred within 12 months from the Start Date of the mother are excluded. 10. New Born Cover: **In-Patient Treatment** of premature birth (i.e. prior to age 37 weeks gestation) or an **Acute** Condition being suffered by a New Born baby of an Insured Person which manifests itself within 30 days following birth. Provided that the **New Born** baby is added to the **Plan** within Up to USD 100,000/ 30 days of birth and premium paid. Cover for multiple births will be covered up to the same EUR 80,000/ GBP 62.500 In circumstances where **We** require details of the **New Born** baby's medical history before per Period of Cover the baby is being added to the **Plan**, **We** reserve the right to apply particular restrictions to the cover We will offer. Please refer to Section 6.5 - Adding **New Born** of this Members Handbook for details 11. Hospital Accommodation for New Born Accompanying their Mother: Hospital Accommodation costs relating to a New Born baby (up to 16 weeks old) to accompany its mother (being an Insured Person) while she is receiving Eligible Full refund Treatment as an In-Patient in a Hospital. 12. Congenital Disorder: In-Patient Treatment for a Congenital Disorder. In circumstances where a Congenital Up to USD 100,000/ Disorder manifests itself in a New Born baby within 30 days of birth, cover for such FUR 80.000/ Medical Conditions will be provided under Benefit 10 but excluded from Benefit 12 -GRP 62 500 Congenital Disorders per **Period of Cover** 13. Reconstructive Surgery: Reconstructive surgery required to restore natural function or appearance following an Accident or following a Surgical Procedure for an Eligible Medical Condition, which Full refund occurred after an Insured Person's Entry Date or Start Date whichever is later. When referred by a **Specialist** as an integral part of **Treatment** for a **Medical Condition** necessitating admission to a recognised **Rehabilitation** unit of a **Hospital**. Where the **Insured Person** was confined to a **Hospital** as an **In-Patient** for at least three consecutive days, and where a **Specialist** confirms in writing that **Rehabilitation** is required. Admission to a **Rehabilitation** unit must be made within 14 days of discharge from **Hospital**. Such **Treatment** Full refund up to 180 days should be under the direct supervision and control of a Specialist and would cover: per Medical Condition Use of special **Treatment** rooms (ii) Physical therapy fees (iii) Speech therapy fees (iv) Occupational therapy fees 15. In-Patient Emergency Dental Treatment: This means **Emergency** restorative dental **Treatment** required to sound, natural teeth following an Accident which necessitates Your admission to Hospital for at least one night. The dental **Treatment** must be received within 10 days of the **Accident**. This **Benefit** covers all costs incurred for **Treatment** made necessary by an accidental injury caused by an extraoral 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 Full refund 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**. Pre-Authorisation 🖀 16. In-Patient Psychiatric Treatment: In-Patient Treatment in a recognised Psychiatric unit of a Hospital. All Treatment must be administered under the direct control of a Registered Psychiatrist. Full refund limited to 30 days per **Period of Cover** 17. Terminal Illness: Palliative and Hospice Care: On diagnosis of a **Terminal** illness, costs for any **In-Patient**, **Day-Patient** or **Out-Patient Treatment** given on the advice of a **Medical Practitioner** or **Specialist** for the purpose of offering temporary relief of symptoms. Charges for Up to USD 50,000/ FUR 40 000/ GBP 31,250 Hospital or hospice accommodation, nursing care by a Qualified Nurse and prescribed

Full refund

Not covered

Drugs and Dressings are covered.

lifetime limit

Subject to limits

Optional

Benefit

18. Emergency Non-Elective Cover outside Area of 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 Medical Conditions** are specifically excluded from this Benefit.

Advance

Accident: Full refund for **Accident** requiring

In-Patient and Day-Patient care



Illness: **In-Patient** and **Day-Patient** care up to USD 25,000/ EUR 20,000/ GBP 15,625 per Period of Cover

Out-Patient Treatment in an Accident and **Emergency** Department in a Hospital up to USD 500/ EUR 400/GBP 310 per **Period of Cover**

19. Evacuation and Repatriation:

Evacuation

Arrangements will be made to move an Insured Person who has a critical, life-threatening Eligible Medical Condition to the nearest medical facility for the purpose of admission to Hospital as an In-Patient or Day-Patient.

Reasonable expenses for:

- (i) Transportation costs of an **Insured Person** in the event of **Emergency Treatment** and Medically Necessary transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.
- (ii) Reasonable local travel costs to and from medical appointments when **Treatment** is being received as a Day-Patient.
- (iii) Reasonable travel costs for a locally-accompanying person to travel to and from the Hospital to visit the Insured Person following admission as an In-Patient.
- (iv) Reasonable costs for non-**Hospital Accommodation** only for immediate pre and post-Hospital admission periods provided that the Insured Person is under the care of a Specialist.

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

Our medical advisers will decide the most appropriate method of transportation for the **Evacuation** and this **Benefit** will not cover travel if it is against the advice of **Our** medical advisers or where the medical facility does not have appropriate facilities to treat the Eligible Medical Condition.

Repatriation

Following an **Evacuation** covered by **Us**, 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.

We do not cover standalone repatriation.

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

Pre-Authorisation

(i) Full refund

Full refund

Full refund

(iii)

(iv)

Up to USD 200/

EUR 160/GBP 125 per dav Up to USD 7,500/ EUR 6,000/GBP 4,600 per person, per Evacuation

Pre-Authorisation 2



Full refund

20. Mortal Remains:

In the event of death from an Eligible Medical Condition, Reasonable and Customary Charges for:

- Costs of transportation of body or ashes of an Insured Person to his/her Country of Nationality or Country of Residence or,
- (ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.

Pre-Authorisation 22

(i)

(ii)

Full refund

Up to USD 10,000/ EUR 8,000/GBP 6,250

21. Hospital Cash Benefit:

This **Benefit** is payable for each night an **Insured Person** receives **In-Patient Treatment** and only if an Insured Person is admitted for In-Patient Treatment before midnight, and the Treatment is received free of charge that would have otherwise been Eligible for Benefit privately under this Plan. Cover under this Benefit is limited to a maximum of 30 nights per Period of Cover

For this **Benefit** exclusion 5.10 does not apply.

USD 175/ FUR 140/GBP 105 per night

Benefit Advance 22. Out-Patient Charges: (i) and (ii) (i) Medical Practitioner fees including consultations; Specialist fees; Diagnostic Tests; prescribed Drugs and Dressings. (ii) Teleconsultation (Virtual Doctor appointments via electronic means). Full refund Costs associated with **Eligible Treatment** will be paid in full where **Treatment** is received from Medical Providers listed in the Now Health International Provider Network. (iii) Treatment that is not received in the Now Health International Provider Network will pay Reasonable and Customary Charges. *Up to USD 150/* No Out-Patient Co-Insurance or Out Patient visit Excess is applicable. FUR 120/GRP 95 per Period of Cover (iii) Vitamins and Minerals: Vitamins and Minerals as prescribed by a Medical Practitioner. Vitamins, minerals and eye lubricants prescribed for a diagnosed deficiency will be paid as per the Out-Patient Benefit. Any pre-operative and post-hospitalisation consultations are payable under this **Benefit**. 23. Menopause Hormone Replacement Therapy: The cost of Hormone Replacement Therapy when required to alleviate the symptoms of Up to USD 500/ the early onset of menopause where onset and **Treatment** commence below the age of FUR 400/GBP 315 per **Period of Cover** 40 years. 24. Day-Patient or Out-Patient Surgery: Treatment costs for a Surgical Procedure performed in a surgery, Hospital, day-care facility or **Out-Patient** department. Any pre or post-operative consultations are payable under Full refund Benefit 22 - Out-Patient charges. 25. Out-Patient Psychiatric Illness: Out-Patient Treatment administered by a Registered Psychologist and/or a Registered Up to USD 2,500/ Psychiatrist, subject to 10 sessions and the cost limit under this section. EUR 2,000/GBP 1,550 and subject to a For the first 5 sessions You may choose to visit a Registered Psychologist directly without the need for referral. However, any subsequent sessions with a Registered Psychologist will maximum of 10 sessions per **Period of Cover** require referral and a Treatment Plan with a Medical Practitioner or Specialist. 26. Out-Patient Physiotherapy and Alternative Therapies: (i) (i) Physiotherapy by a Registered Physiotherapist. Full refund (ii) Complementary medicine and **Treatment** by a therapist. This **Benefit** extends to up to a maximum osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and 30 sessions acupuncture Treatment but excludes Physiotherapist covered in (i). per Period of Cover 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. Full refund up to a maximum of 30 visits per Period of Cover Pre-Authorisation for (i) and (ii) after every 10 visits 🕿 27. Out-Patient Traditional Chinese Medicine and Ayurvedic Medicine: Out-Patient Treatment for therapies administered by a recognised Traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner. Up to USD 1,000/ All claims to include diagnosis, consultation fee, **Treatment** type, **Treatment** fee, EUR 800/ GBP 625 prescription including detailed medication and number of doses per Period of Cover Exclusion 5.35 applies. 28. Nursing Care at Home: (i) Care given by a **Qualified Nurse** in the **Insured Person's** own home, which is immediately received subsequent to $\it Treatment$ as an $\it In-Patient$ or $\it Day-Patient$ on the Full refund recommendation of a Medical Practitioner or Specialist. up to 45 days per **Medical Condition** Pre-Authorisation for (i) 🕿 (ii) Medical Practitioner (GP) home visits for an Emergency GP home call-out during out of normal clinic hours Not covered

Advance

29. AIDS:

Benefit

Medical expenses, which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. As result of proven occupation **Accident*** or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition, **Drugs and Dressings** (except experimental or those unproven), **Hospital Accommodation** and nursing fees.

- For members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the **Entry Date** or **Start Date**, whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the **Insured Person's** occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational Accident.
- As long as the blood transfusion was received as an In-Patient as part of Medically Necessary Treatment.

Waiting Period: Cover only available after three years of continuous membership.

Pre-Authorisation 22



Up to USD 25,000/ EUR 20,000/ GBP 15,625 per **Period of Cover**

Advance

Optional

Up to USD 250/

EUR 200/ GBP 155

per Period of Cover

30. Dental Care:

- (i) Routine dental **Treatment**: Fees of a registered **Dental Practitioner** carrying out routine dental **Treatment** in a dental surgery. Routine dental **Treatment** means:
 - Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including X-rays where necessary,
 - Preventive scaling, polishing, and sealing (once per year),
 - Fillings (standard amalgam or composite fillings) and extractions,
 - Root-canal **Treatment** (but not the fitting of a crown following root-canal **Treatment**), and
 - Prescribed Drugs and Dressings.

No other **Treatment** is covered under the routine dental Treatment benefit.

Waiting Period: Costs incurred within nine months from the Start Date are excluded.

A Co-Insurance of 20% applies.

For this Benefit the Plan Deductible or Plan Out-Patient Per Visit Excess does not apply.

(ii) Complex Dental Treatment: Fees of a registered Dental Practitioner and associated costs for the following procedures: Eligible complex dental Treatment: including for example, Apicoectomy done to treat the following – Fractured tooth root; A severely curved tooth root; Teeth with caps or posts; Cyst or infection which is untreatable with root canal therapy; Root perforations; New or repair of crowns, dentures, in lays and bridges. Recurrent pain and infection; Persistent symptoms that do not indicate problems from x-rays. Calcification; Damaged root surfaces and surrounding bone requiring surgery; Dental implant; and prescribed Drugs and Dressings.

No other Treatment (including Orthodontics) is covered by this Benefit.

Waiting Period: Costs incurred within nine months from the Start Date are excluded.

A Co-Insurance of 20% applies.

For this Benefit the Plan Deductible or Plan Out-Patient Per Visit Excess does not apply.

(ii)



Optional Up to USD 1,000/ EUR 800/ GBP 625 per **Period of Cover**

31. USA Elective Treatment:

- (i) Costs associated with Eligible In-Patient and Day-Patient Treatment in the USA will be paid in full where Treatment is received in a Hospital listed in the Now Health International Provider Network.
- (ii) Costs associated with Eligible Out-Patient Treatment in the USA will be paid in full where Treatment is received in the Now Health International Provider Network

Treatment that is not received in the **Now Health International Provider Network** will be subject to a 50% **Co-Insurance**.

This option is not available if **You** have selected an optional **Regional Cover**.

Pre-Authorisation for Out-Patient diagnostics and surgery, Day-Patient and In-Patient Treatment 🕿



Optional

Up to USD 1.5m/ EUR 1.2m/ GBP 937,500 per **Insured Person** per **Period of Cover**

32. Co-Insurance Out-Patient Treatment:

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

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



Optional

33. Co-Insurance Out-Patient Treatment Option 2:

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

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

Optional

34. Wellness, Optical and Vaccinations:

- (i) Wellness: This Benefit is payable as a contribution towards the cost of routine health checks including Cancer screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital sign (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age). and/or
- (ii) Optical Benefits: This Benefit also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, and Laser Eye Surgery and any complications, within the combined Benefit limits to a maximum USD300/EUR 240/GBP 180 per Period of Cover for an optical claim. Please note that there is no cover for prescription sunglasses or transition lenses.
- (iii) Vaccinations: Costs of drugs and consultations to administer all Medically Necessary basic immunisation and booster injections and any Medically Necessary travel Vaccinations and malaria prophylaxis.

For this **Benefit** exclusion 5.10 does not apply.

Waiting Period: Cover only available six months after selecting this Option.



Optional



Combined limit Up to USD 500/ EUR 400/GBP 310 per **Period of Cover**









35. Wellness, Optical and Vaccinations Option 2:

- (i) Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including **Cancer** screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age). and/or
- (ii) Optical **Benefits**: This **Benefit** also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, and Laser Eye Surgery and any complications, within the combined Benefit limits to a maximum USD 600/EUR 480/GBP 375 per Period of Cover for an optical claim. Please note that there is no cover for prescription sunglasses or transition lenses.
- (iii) Vaccinations: Costs of drugs and consultations to administer all Medically Necessary basic immunisation and booster injections and any Medically Necessary travel Vaccinations and malaria prophylaxis.

For this **Benefit** exclusion 5.10 does not apply.

Waiting Period: Cover only available six months after selecting this Option.

36. Wellness and Vaccinations Option 3:

- (i) Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including **Cancer** screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age). and/or
- Vaccinations: Costs of drugs and consultations to administer all Medically Necessary basic immunisation and booster injections and any **Medically Necessary** travel Vaccinations and malaria prophylaxis.

For this Benefit exclusion 5.10 does not apply.

Waiting Period: Cover only available six months after selecting this Option.

37. Regional Cover Option: Africa, Indian Sub-Continent, Jordan, Lebanon, and Philippines:

Benefit 18 Emergency Non-Elective Cover outside Area of Cover of the Plan wording is amended as follows.

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 Medical Conditions** are specifically excluded from this Benefit.

Regional Cover: Africa, Indian Sub-Continent, Jordan, Lebanon and Philippines.

Advance







Combined limit Up to USD 1,000/ EUR 800/GBP 625 per **Period of Cover**



Optional



Combined limit Up to USD 250/ EUR 200/GBP 155 per **Period of Cover**



Optional



Accident: Full refund for **Accident** requiring In-Patient and **Day-Patient** care



Illness: In-Patient and **Day-Patient** Care up to USD 25,000/ EUR 20,000/ GBP 15,625 per **Period of Cover**

Out-Patient Treatment in an **Accident** and Emergency Department in a Hospital up to USD 500/ EUR 400/GBP 310 per **Period of Cover**

Full refund

38. Regional Cover Option: Africa, Europe, Indian Sub-Continent, Jordan, Lebanon, and Philippines

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

Regional Cover: Africa, Europe, Indian Sub-Continent, Jordan, Lebanon and Philippines.

Advance



Optional



Accient: Full Refund for Accident requiring In-Patient and Day-Patient care



Illness: In-Patient and Day-Patient care up to USD 25,000/ EUR 20,000/ GBP 15,625 per Period of Cover Out-Patient Treatment in an Accident

Treatment in an Accident and Emergency Department in a Hospital up to USD 500/ EUR 400/GBP 310 per Period of Cover

Regional Cover Option: Europe (excluding United Kingdom, Germany and Switzerland)

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

 ${\it Regional Cover: Europe (excluding United Kingdom, Germany and Switzerland)}.$



Optional



Accient: Full Refund for Accident requiring In-Patient and Day-Patient care



Illness: In-Patient
and Day-Patient care
up to USD 25,000/
EUR 20,000/
GBP 15,625
per Period of Cover
Out-Patient
Treatment in
an Accident
and Emergency

Department in a Hospital up to USD 500/ EUR 400/GBP 310 per **Period of Cover**

40. Regional Cover Option: South East Asia (excluding Singapore)

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

Regional Cover: South East Asia (excluding Singapore).



Optional



Accient: Full Refund for Accident requiring In-Patient and Day-Patient care



Illness: In-Patient and Day-Patient care up to USD 25,000/ EUR 20,000/ GBP 15,625 per Period of Cover

per Period of Cover
Out-Patient
Treatment in
an Accident
and Emergency
Department in a
Hospital
EUR 400/GBP 310
per Period of Cover

41. Regional Cover Option: South Asia

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

Regional Cover: South Asia.

Optional



Accient: Full Refund for Accident requiring In-Patient and Day-Patient care



Illness: In-Patient
and Day-Patient care
up to USD 25,000/
EUR 20,000/
GBP 15,625
per Period of Cover
Out-Patient
Treatment in
an Accident
and Emergency
Department in a
Hospital
up to USD 500/
EUR 400/GBP 310
per Period of Cover

42. Regional Cover Option: Pacific Islands

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

Regional Cover: Pacific Islands.



Optional



Accient: Full Refund for Accident requiring In-Patient and Day-Patient care



Illness: In-Patient
and Day-Patient care
up to USD 25,000/
EUR 20,000/
GBP 15,625
per Period of Cover
Out-Patient
Treatment in
an Accident
and Emergency
Department in a
Hospital
up to USD 500/
EUR 400/GBP 310

per **Period of Cover**

Advance

43. Extended Evacuation and Repatriation:

Evacuation

Arrangements will be made to move an Insured Person who has a critical, life-threatening Eligible Medical Condition to the nearest medical facility, 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 Dav-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

Following an **Evacuation** covered by **Us**, 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.

We do not cover standalone repatriation.

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

Pre-Authorisation 2



Optional



Full refund

Full refund

Full refund

Up to USD 200/ EUR 160/GBP 125 per dav Up to USD 7,500 EUR 6,000/GBP 4,600 per person. per Evacuation

Pre-Authorisation



Full refund

Out-Patient Per Visit Excess Options

Out-Patient Per Visit Excess: A USD 25/EUR 20/GBP 15 Out-Patient Per Visit Excess will apply when You receive Eligible Out-Patient Treatment inside and outside of the Now Health International Provider Network.

If **Your Plan** also includes Dental care **Benefit**, as detailed in **Your Benefit Schedule**, no Out-Patient Per Visit Excess will be applicable

Please note that the **Out-Patient Per Visit Excess** will not apply to Consultation relating to Renal dialysis/Renal failure, Cancer or Organ Transplants.

Out-Patient Per Visit Excess - Option 2:

A USD 15/EUR 12/GBP 10 **Out-Patient Per Visit Excess** will apply when **You** receive **Eligible Out-Patient Treatment** inside and outside the **Now Health International Provider Network**.

Please note:
If **Your Plan** also includes Dental care **Benefit**, as detailed in **Your Benefit Schedule**, no Out-Patient Per Visit Excess will be applicable

Please note that the **Out-Patient Per Visit Excess** will not apply to Consultation relating to Renal dialysis/Renal failure, Cancer or Organ Transplants.

Advance



Optional USD 25/ EUR 20/GBP 15



Optional LISD 15/ EUR 12/GBP 10

Advance
Nil
USD 150/ EUR 120/GBP 95 USD 250/ EUR 200/GBP 155 USD 500/ EUR 400/GBP 310 USD 1,000/ EUR 800/GBP 625 USD 2,500/ EUR 2,000/GBP 1,550 USD 5,000/ EUR 4,000/GBP 3,125 USD 10,000/ EUR 8,000/GBP 6,250 USD 15,000/
Εl

4.3.3 WorldCare Excel

Benefit	Excel
Annual Maximum Plan Limit 24/7 helpline and assistance services available on all Plans	USD 4m/ EUR 3.2m/ GBP 2.5m
1. Maintenance of Chronic Medical Conditions: Maintenance of chronic Medical Conditions such as but not limited to asthma, diabetes and hypertension requiring ongoing or long-term monitoring through consultations, examinations, check-ups, Drugs and Dressings and/or tests up to the Benefit limits detailed following Your Entry Date. This Benefit does not cover renal failure and dialysis. Claims for this will fall under Benefit 6. Claims for Cancer will fall under Benefit 8.	Full refund
2. Hospital Charges, Medical Practitioner and Specialist Fees: (i) Charges for In-Patient or Day-Patient Treatment made by a Hospital including charges for accommodation (ward/semi-private or private); Diagnostic Tests; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a Qualified Nurse; Drugs and Dressings prescribed by a Medical Practitioner or Specialist; and surgical appliances used by the Medical Practitioner during surgery. This includes pre and post-operative consultations while an In-Patient or Day-Patient and includes charges for intensive care. (ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an Eligible Medical Condition which required In-Patient or Day-Patient Hospital Treatment. 	(i) Full refund Pre-Authorisation for (i) (ii) Up to USD 2,000/ EUR 1,600/GBP 1,250 per Medical Condition
3. Diagnostic Procedures: Medically Necessary diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an In-Patient, Day-Patient or Out-Patient.	Pre-Authorisation for PET, MRI, CT To Full refund
4. Emergency Ambulance Transportation: Emergency road ambulance transport costs to or between Hospitals, or when considered Medically Necessary by a Medical Practitioner or Specialist.	Full refund
 Parent Accommodation: The cost of one parent staying in Hospital overnight with an Insured Person under 18 years old while the child is admitted as an In-Patient for Eligible Treatment. 	Full refund
 Renal Failure and Renal Dialysis: (i) Treatment of renal failure, including renal dialysis on an In-Patient basis. (ii) Treatment of renal failure, including renal dialysis on a Day-Patient or Out-Patient basis. 	(i) Full refund (ii) Up to USD 100,000/ EUR 80,000/ GBP 62,500 per Period of Cover
 7. Organ Transplant: (i) Treatment for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the Insured Person as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under Benefit 12 but excluded from Benefit 7 – Organ Transplant. (ii) Medical costs associated with the donor as an In-Patient or Day-Patient, with the exception of the cost of the donor organ search. We only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO guidelines. 	(i) Full refund (ii) Up to USD 50,000/ EUR 40,000/ GBP 31,250 per Period of Cover
8. Cancer Treatment: Treatment given for Cancer received as an In-Patient, Day-Patient or Out-Patient. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis.	Full refund

Full refund Not covered Subject to limits

Optional

Benefit Excel

9. Pregnancy Medical Conditions:

In-Patient Treatment of an Eligible Medical Condition which arises during the antenatal stages of Pregnancy, or an Eligible Medical Condition which arises during childbirth. We would only allow Treatment of the following as an Eligible Medical Condition under this Benefit:

- Ectopic **Pregnancy** (where the foetus is growing outside the womb)
- Hydatidiform mole (abnormal cell growth in the womb)
- Retained placenta (afterbirth retained in the womb)
- Placenta praevia
- Eclampsia (a coma or seizure during **Pregnancy** and following pre-eclampsia)
- Diabetes (If You have exclusions because of Your past medical history which relate to diabetes, then You will not be covered for any Treatment for diabetes during Pregnancy)
- Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)
- Miscarriage requiring immediate surgical **Treatment**

This **benefit** does not provide any cover for voluntary or **Emergency** caesarean section procedures or 'failure to progress in labour' unless for one of the above stated Eligible Medical

Waiting Period: Costs Incurred within 12 months from the Start Date of the mother are excluded.

10. New Born Cover:

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

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.

Please refer to Section 6.5 - Adding **New Born** of this Members Handbook for details.

11. Hospital Accommodation for New Born Accompanying their Mother:

Hospital Accommodation costs relating to a New Born baby (up to 16 weeks old) to accompany its mother (being an Insured Person) while she is receiving Eligible Treatment as an In-Patient in a Hospital.

12. Congenital Disorder:

In-Patient Treatment for a Congenital Disorder. In circumstances where a Congenital **Disorder** manifests itself in a **New Born** baby within 30 days of birth, cover for such Medical Conditions will be provided under Benefit 10 but excluded from Benefit 12 -Congenital Disorders

13. Reconstructive Surgery:

Reconstructive surgery required to restore natural function or appearance following an Accident or following a Surgical Procedure for an Eligible Medical Condition, which occurred after an Insured Person's Entry Date or Start Date whichever is later.

14. Rehabilitation:

When referred by a **Specialist** as an integral part of **Treatment** for a **Medical Condition** necessitating admission to a recognised **Rehabilitation** unit of a **Hospital**. Where the **Insured** Person was confined to a Hospital as an In-Patient for at least three consecutive days, and where a Specialist confirms in writing that Rehabilitation is required. Admission to a Rehabilitation unit must be made within 14 days of discharge from Hospital. Such Treatment should be under the direct supervision and control of a Specialist and would cover:

- (i) Use of special **Treatment** rooms
- (ii) Physical therapy fees
- (iii) Speech therapy fees
- (iv) Occupational therapy fees

15. In-Patient Emergency Dental Treatment:

This means **Emergency** restorative dental **Treatment** required to sound, natural teeth following an **Accident** which necessitates **Your** admission to **Hospital** for at least one night. The dental **Treatment** must be received within 10 days of the **Accident**. This **Benefit** covers all costs incurred for **Treatment** made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:

- If the $\it Treatment$ involves replacing a crown, bridge facing, veneer or denture, $\it We$ 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.

16. In-Patient Psychiatric Treatment:

In-Patient Treatment in a recognised Psychiatric unit of a Hospital. All Treatment must be administered under the direct control of a Registered Psychiatrist.



Full refund

Up to USD 125,000/ EUR 100,000/ GRP 78 125

per Period of Cover

Full refund

Up to USD 125,000/ EUR 100,000/

GBP 78,125

per **Period of Cover**

Full refund

Full refund



Pre-Authorisation 🕿



limited to 30 days per Period of Cover



Benefit Excel

17. Terminal Illness:

Palliative and Hospice Care: On diagnosis of a Terminal illness, costs for any In-Patient, Day-Patient or Out-Patient Treatment given on the advice of a Medical Practitioner or **Specialist** for the purpose of offering temporary relief of symptoms. Charges for **Hospital** or hospice accommodation, nursing care by a **Qualified Nurse** and prescribed **Drugs and** Dressings are covered.

Up to USD 75,000/ FUR 60.000/ GBP 46,875 lifetime limit

18. Emergency Non-Elective Cover outside Area of 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 Medical Conditions** are specifically excluded from this Benefit.





Illness: In-Patient and **Day-Patient** care up to USD 35,000/

EUR 28.000/

per **Period of Cover**

Out-Patient Treatment in an **Accident** and **Emergency** Department in a Hospital up to USD 500/EUR 400/ GBP 310 per **Period of Cover**

19. Evacuation and Repatriation:

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:

- Transportation costs of an **Insured Person** in the event of **Emergency Treatmen** 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.

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

Following an **Evacuation** covered by **Us**, 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

We do not cover standalone repatriation.

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

Pre-Authorisation 🖀

Full refund (ii)

Full refund

Full refund

(iii)

Up to USD 200/ EUR 160/GBP 125 per day Up to USD 7,500/ EUR 6,000/GBP 4,600 per person. per **Evacuation**

Pre-Authorisation 🖀



Full refund

20. Mortal Remains:

In the event of death from an Eligible Medical Condition Reasonable and Customary Charges for:

- Costs of transportation of body or ashes of an Insured Person to his/her Country of Nationality or Country of Residence or,
- (ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice

Pre-Authorisation



Up to USD 15,000/ EUR 12,000/GBP 9,375

Now Health International Members' Handbook | Benefits: What is covered? | 49 **Benefit** Excel 21. Hospital Cash Benefit: This **Benefit** is payable for each night an **Insured Person** receives **In-Patient Treatment** and only if an Insured Person is admitted for In-Patient Treatment before midnight, and the Treatment is received free of charge that would have otherwise been Eligible for Benefit USD 225/ privately under this **Plan**. Cover under this **Benefit** is limited to a maximum of 30 nights EUR 180/GBP 135 per Period of Cover. per night For this **Benefit** exclusion 5.10 does not apply. 22. Out-Patient Charges: (i) Medical Practitioner fees including consultations; Specialist fees; Diagnostic Tests; (i) and (ii) prescribed Drugs and Dressings (ii) Teleconsultation (Virtual Doctor appointments via electronic means). Full refund Costs associated with **Eligible Treatment** will be paid in full where **Treatment** is received from Medical Providers listed in the Now Health International Provider Network. (iii) Treatment that is not received in the Now Health International Provider Network will pay Reasonable and Customary Charges. Up to USD 150/ No Out-Patient Co-Insurance or Out Patient visit Excess is applicable. EUR 120/GBP 95 (iii) Vitamins and Minerals: per Period of Cover Vitamins and Minerals as prescribed by a **Medical Practitioner**. Vitamins, minerals and eye lubricants prescribed for a diagnosed deficiency will be paid as per the **Out-Patient** Any pre-operative and post-hospitalisation consultations are payable under this **Benefit**. 23. Menopause Hormone Replacement Therapy: The cost of Hormone Replacement Therapy when required to alleviate the symptoms of Up to USD 600/ the early onset of menopause where onset and Treatment commence below the age of EUR 480/GBP 375 40 years. per Period of Cover 24. Day-Patient or Out-Patient Surgery: **Treatment** costs for a **Surgical Procedure** performed in a surgery, **Hospital**, day-care facility or Out-Patient department. Any pre or post-operative consultations are payable under Full refund Benefit 22 - Out-Patient charges. 25. Out-Patient Psychiatric Illness: Out-Patient Treatment administered by a Registered Psychologist and/or a Registered Up to USD 5,000/ Psychiatrist, subject to 15 sessions and the cost limit under this section. EUR 4,000/ For the first 5 sessions **You** may choose to visit a Registered Psychologist directly without GBP 3.125 and the need for referral. However, any subsequent sessions with a Registered Psychologist will subject to a maximum of require referral and a Treatment Plan with a Medical Practitioner or Specialist. 15 sessions per Period of Cover 26. Out-Patient Physiotherapy and Alternative Therapies: (i) Physiotherapy by a Registered Physiotherapist. (ii) Complementary medicine and **Treatment** by a therapist. This **Benefit** extends to Full refund osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture Treatment but excludes Physiotherapist covered in (i). 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 Full refund subsequent sessions need to be referred by a Medical Practitioner or Specialist. Pre-Authorisation for (i) and (ii) after every 10 sessions 🖀

27. Out-Patient Traditional Chinese Medicine and Ayurvedic Medicine:

Out-Patient Treatment for therapies administered by a recognised Traditional Chinese **Medical Practitioner** or an Ayurvedic **Medical Practitioner**.

All claims to include diagnosis, consultation fee, **Treatment** type, **Treatment** fee, prescription including detailed medication and number of doses.

Exclusion 5.35 applies.



Benefits Excel

28. Nursing Care at Home:

(i) Care given by a 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.

Full refund
up to 60 days
per **Medical Condition Pre-Authorisation for (i)**

(ii) Medical Practitioner (GP) home visits for an Emergency GP home call-out during out of normal clinic hours. (ii)



29. AIDS:

Medical expenses, which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. As result of proven occupation **Accident*** or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition, **Drugs and Dressings** (except experimental or those unproven), **Hospital Accommodation** and nursing fees.

For members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the Entry Date or Start Date, whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the Insured Person's occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational Accident.

** As long as the blood transfusion was received as an In-Patient as part of Medically Necessary Treatment.

Waiting Period: Cover only available after three years of continuous membership.

Pre-Authorisation



Up to USD 40,000/ EUR 32,000/ GBP 25,000 per **Period of Cover**

30. Dental Care:

- (i) Routine Dental **Treatment**: Fees of a registered **Dental Practitioner** carrying out routine dental **Treatment** in a dental surgery. Routine dental **Treatment** means:
 - Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth including x-rays where necessary,
 - Preventive scaling, polishing, and sealing (once per year),
 - Fillings (standard amalgam or composite fillings) and extractions,
 - Root-canal **Treatment** (but not the fitting of a crown following root-canal **Treatment**), and
 - Prescribed **Drugs and Dressings**.

No other **Treatment** is covered under the routine dental **Treatment Benefit**.

Waiting Period: Costs incurred within nine months from the Start Date are excluded.

A **Co-Insurance** of 20% applies.

For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.

(ii) Complex Dental Treatment: Fees of a registered Dental Practitioner and associated costs for the following procedures: Eligible complex dental Treatment: including for example, Apicoectomy done to treat the following – Fractured tooth root; A severely curved tooth root; Teeth with caps or posts; Cyst or infection which is untreatable with root canal therapy; Root perforations; New or repair of crowns, dentures, in lays and bridges. Recurrent pain and infection; Persistent symptoms that do not indicate problems from x-rays. Calcification; Damaged root surfaces and surrounding bone requiring surgery; Dental implant; and prescribed Drugs and Dressings.

No other **Treatment** is covered by this **Benefit**.

Waiting Period: Costs incurred within nine months from the Start Date are excluded.

A Co-Insurance of 20% applies.

A 50% **Co-Insurance** applies in respect of all orthodontic **Treatment**.

For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.

(i)



Up to USD 1,000/ EUR 800/GBP 625 per **Period of Cover**

(ii)



Up to USD 2,000/ EUR 1,600/GBP 1,250 per **Period of Cover**



31. USA Elective Treatment:

- (i) Costs associated with Eligible In-Patient and Day-Patient Treatment in the USA will be paid in full where Treatment is received in a Hospital listed in the Now Health International Provider Network
- (ii) Costs associated with **Eligible Out-Patient Treatment** in the USA will be paid in full where Treatment is received in the Now Health International Provider Network.

Treatment that is not received in the Now Health International Provider Network will be subject to a 50% Co-Insurance.

This option is not available if You have selected an optional Regional Cover.

Excel

Pre-Authorisation for Out-Patient diagnostics and surgery, Day-Patient and In-Patient Treatment 22



Optional

Up to USD 1.5m/ EUR 1.2m/ GBP 937,500 per **Insured Person** per Period of Cover

32. Co-Insurance Out-Patient Treatment:

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

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



Optional

33. Co-Insurance Out-Patient Treatment Option 2:

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

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



34. Wellness, Optical and Vaccinations:

- (i) Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including Cancer screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age).
- (ii) Optical Benefits: This Benefit also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, and Laser Eye Surgery and any complications, within the combined **Benefit** limits to a maximum USD300/EUR 240/GBP 180 per **Period of Cover** for an optical claim. Please note that there is no cover for prescription sunglasses or transition lenses.
- (iii) Vaccinations: Costs of drugs and consultations to administer all Medically Necessary basic immunisation and booster injections and any Medically Necessary travel Vaccinations and malaria prophylaxis.

For this Benefit exclusion 5.10 does not apply.

Waiting Period: Cover only available six months after selecting this Option.

Optional



Combined limit Up to USD 500/ FLIR 400/GRP 310 per Period of Cover

35. Wellness, Optical and Vaccinations Option 2:

- Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including Cancer screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol. Well Child Tests (Up to 5 Years of age).) and/or
- (ii) Optical **Benefits**: This **Benefit** also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, and Laser Eye Surgery and any complications, within the combined **Benefit** limits to a maximum USD 600/EUR 480/GBP 375 per Period of Cover for an optical claim. Please note that there is no cover for prescription sunglasses or transition lenses
- (iii) Vaccinations: Costs of drugs and consultations to administer all Medically Necessary basic immunisation and booster injections and any Medically Necessary travel Vaccinations and malaria prophylaxis.

For this Benefit exclusion 5.10 does not apply.

Waiting Period: Cover only available six months after selecting this Option.



Optional



Combined limit Up to USD 1.000/ EUR 800/GBP 625 per Period of Cover

Excel

36. Wellness and Vaccinations Option 3:

- (i) Wellness: This Benefit is payable as a contribution towards the cost of routine health checks including Cancer screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age).
- (iii) Vaccinations: Costs of drugs and consultations to administer all Medically Necessary basic immunisation and booster injections and any Medically Necessary travel Vaccinations and malaria prophylaxis.

For this Benefit exclusion 5.10 does not apply.

Waiting Period: Cover only available six months after selecting this Option.

Optional



Combined limit Up to USD 250/ EUR 200/GBP 155 per **Period of Cover**

37. Regional Cover Option: Africa, Indian Sub-Continent, Jordan, Lebanon, and Philippines:

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

Regional Cover: Africa, Indian Sub-Continent, Jordan, Lebanon and Philippines.



Optional



Accident:
Full refund for
Accident requiring
In-Patient and
Day-Patient care



Illness: In-Patient and Day-Patient Care up to USD 35,000/ EUR 28,000/ GBP 21,875

per Period of Cover
Out-Patient
Treatment in
an Accident
and Emergency
Department in a
Hospital
up to USD 500/
EUR 400/GBP 310

38. Regional Cover Option: Africa, Europe, Indian Sub-Continent, Jordan, Lebanon, and the Philippines:

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

Regional Cover: Africa, Europe, Indian Sub-Continent, Jordan, Lebanon and Philippines.



per **Period of Cover**

Optional



Accident:
Full refund for
Accident requiring
In-Patient and
Day-Patient care



Illness: In-Patient and Day-Patient Care up to USD 35,000/ EUR 28,000/ GBP 21,875

per Period of Cover
Out-Patient
Treatment in
an Accident
and Emergency
Department in a
Hospital
up to USD 500/
EUR 400/GBP 310
per Period of Cover

39. Regional Cover Option: Europe (excluding United Kingdom, Germany and Switzerland)

Benefit 18 Emergency Non-Elective Cover outside Area of Cover of the Plan wording is amended as follows:

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 Medical Conditions are specifically excluded from this Benefit.

Regional Cover: Europe (excluding United Kingdom, Germany and Switzerland).

Excel



Optional



Accient: Full Refund for Accident requiring **In-Patient** and Day-Patient care



Illness: In-Patient and **Day-Patient** care up to USD 35,000/ FUR 28 000/ GBP 21,875 per **Period of Cover** Out-Patient Treatment in an Accident and Emergency Department in a Hospital up to USD 500/ EUR 400/GBP 310 per Period of Cover

40. Regional Cover Option: South East Asia (excluding Singapore)

Benefit 18 Emergency Non-Elective Cover outside Area of Cover of the Plan wording is amended as follows:

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 Medical Conditions** are specifically excluded from this Benefit.

Regional Cover: South East Asia (excluding Singapore).



Optional



Accient: Full Refund for **Accident** requiring In-Patient and Day-Patient care



Illness: In-Patient and **Day-Patient** care up to USD 35,000/ EUR 28,000/ GRP 21 875 per Period of Cover Out-Patient **Treatment** in an **Accident** and **Emergency** Department in a Hospital up to USD 500/

41. Regional Cover Option: South Asia

Benefit 18 Emergency Non-Elective Cover outside Area of Cover of the Plan wording is amended as follows:

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 Medical Conditions** are specifically excluded from this Benefit

Regional Cover: South Asia.



EUR 400/GBP 310 per Period of Cover

Optional



Accient: Full Refund for **Accident** requiring **In-Patient** and Day-Patient care



Illness: In-Patient and Dav-Patient care up to USD 35,000/ EUR 28,000/ GBP 21,875 per Period of Cover Out-Patient Treatment in an Accident and Emergency Department in a Hospital up to USD 500/ FUR 400/GBP 310 per Period of Cover

42. Regional Cover Option: Pacific Islands

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

Regional Cover: Pacific Islands.

Excel



Optional



Accient: Full Refund for Accident requiring In-Patient and Day-Patient care



Illness: In-Patient
and Day-Patient care
up to USD 35,000/
EUR 28,000/
GBP 21,875
per Period of Cover
Out-Patient
Treatment in
an Accident
and Emergency
Department in a
Hospital

43. Extended Evacuation and Repatriation:

Evacuation

Arrangements will be made to move an **Insured Person** who has a critical, life-threatening **Eligible Medical Condition** to the nearest medical facility, **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

Following an **Evacuation** covered by **Us**, 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.

We do not cover standalone repatriation.

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

Pre-Authorisation 22

up to USD 500/ EUR 400/GBP 310 per **Period of Cover**



Optional

(i)

Full refund

ii)

Full refund

(iii)

Full refund

(iv)



Up to USD 200/ EUR 160/GBP125 per day Up to USD 7,500/ EUR 6,000/GBP 4,600 per person, per **Evacuation**

Pre-Authorisation 🖀



Full refund

Out-Patient Per Visit Excess Options

Excel

Out-Patient Per Visit Excess:

A USD 25/EUR 20/GBP 15 Out-Patient Per Visit Excess will apply when You receive Eligible Out-Patient Treatment inside and outside of the Now Health International Provider Network.

If Your Plan also includes Dental care Benefit, as detailed in Your Benefit Schedule, no Out-Patient Per Visit Excess will be applicable.

Please note that the **Out-Patient Per Visit Excess** will not apply to Consultation relating to Renal dialysis/Renal failure, **Cancer** or Organ Transplants.

Optional USD 25/ EUR 20/GBP 15

Out-Patient Per Visit Excess – Option 2:

A USD 15/EUR 12/GBP 10 Out-Patient Per Visit Excess will apply when You receive Eligible **Out-Patient Treatment** inside and outside of the **Now Health International Provider Network**.

If Your Plan also includes Dental care Benefit, as detailed in Your Benefit Schedule, no **Out-Patient Per Visit Excess** will be applicable

Please note that the **Out-Patient Per Visit Excess** will not apply to Consultation relating to Renal dialysis/Renal failure, **Cancer** or Organ Transplants.

Optional USD 15/ EUR 12/GBP 10

Deductible Options

Excel

Standard Deductible

Optional Deductible

If **You** choose an optional **Deductible**, **You** must also select either a **Co-Insurance Out-Patient** Treatment Option or a Out-Patient Per Visit Excess Option.

Deductibles would apply to any **Medically Necessary Treatment** required under **Benefit** 19 and

Nil

USD 150/

EUR 120/GBP 95 USD 250/ EUR 200/GBP 155

USD 500/ EUR 400/GBP 310 USD 1 000/

EUR 800/GBP 625 USD 2,500/ EUR 2,000/GBP 1,550

USD 5,000/ EUR 4,000/GBP 3,125 USD 10 000/ EUR 8,000/GBP 6,250

USD 15,000/ EUR12,000/GBP 9,375

4.3.4 WorldCare Apex

Benefit Apex USD 4.5m/ Annual Maximum Plan Limit EUR 3.6m/ GBP 2.8m 24/7 helpline and assistance services available on all Plans 1. Maintenance of Chronic Medical Conditions: Maintenance of chronic **Medical Conditions** such as but not limited to asthma, diabetes and hypertension requiring ongoing or long-term monitoring through consultations, examinations, check-ups, **Drugs and Dressings** and/or tests up to the **Benefit** limits Full refund detailed following **Your Entry Date**. This **Benefit** does not cover renal failure and dialysis. Claims for this will fall under **Benefit** 6. Claims for **Cancer** will fall under **Benefit** 8. 2. Hospital Charges, Medical Practitioner and Specialist Fees: (i) Charges for **In-Patient** or **Day-Patient Treatment** made by a **Hospital** including charges for accommodation (ward/semi-private or private); **Diagnostic Tests**; operating theatre Full refund charges including surgeon and anaesthetist charges; and charges for nursing care by a Qualified Nurse; Drugs and Dressings prescribed by a Medical Practitioner or Pre-Authorisation **Specialist**; and surgical appliances used by the **Medical Practitioner** during surgery. This for (i) 🕿 includes pre and post-operative consultations while an In-Patient or Day-Patient and includes charges for intensive care. Up to USD 2,500/ (ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled EUR 2,000/GBP 1,550 non-electronic wheelchairs within six months of an Eligible Medical Condition which required In-Patient or Day-Patient Hospital Treatment. per Medical Condition Pre-Authorisation 3. Diagnostic Procedures: for PET, MRI, CT 🕿 Medically Necessary diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an In-Patient, Dav-Patient or Out-Patient. Full refund **Emergency Ambulance Transportation: Emergency** road ambulance transport costs to or between **Hospitals**, or when considered Full refund Medically Necessary by a Medical Practitioner or Specialist. 5. Parent Accommodation: The cost of one parent staying in Hospital overnight with an Insured Person under 18 years old Full refund while the child is admitted as an In-Patient for Eligible Treatment. 6. Renal Failure and Renal Dialysis: (i) (i) **Treatment** of renal failure, including renal dialysis on an **In-Patient** basis. Full refund (ii) (ii) **Treatment** of renal failure, including renal dialysis on a **Day-Patient** or **Out-Patient** basis. Up to USD 100,000/ EUR 80,000/GBP 62,500 per Period of Cover 7. Organ Transplant: (i) **Treatment** for and in relation to a human organ transplant of kidney, pancreas, liver, (i) heart, lung, bone marrow, cornea, or heart and lung, in respect of the **Insured Person** as a recipient. In circumstances where an organ transplant is required as a result of a Full refund congenital disorder, cover will be provided under **Benefit** 12 but excluded from **Benefit** 7 – Organ Transplant. (ii) (ii) Medical costs associated with the donor as an In-Patient or Day-Patient, with the Up to USD 50,000/ exception of the cost of the donor organ search. EUR 40,000/ We only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with per Period of Cover **WHO** guidelines. 8. Cancer Treatment: Treatment given for Cancer received as an In-Patient. Day-Patient or Out-Patient. Includes Þ oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the $\,$ point of diagnosis. Full refund

Full refund Not covered Subject to limits Optional

Benefit Apex 9. Pregnancy Medical Conditions: **In-Patient Treatment** of an **Eligible Medical Condition** which arises during the antenatal stages of Pregnancy, or an Eligible Medical Condition which arises during childbirth. We would only allow Treatment of the following as an Eligible Medical Condition under this Benefit: Ectopic Pregnancy (where the foetus is growing outside the womb) Hydatidiform mole (abnormal cell growth in the womb) Retained placenta (afterbirth retained in the womb) Placenta praevia Eclampsia (a coma or seizure during **Pregnancy** and following pre-eclampsia) Diabetes (If You have exclusions because of Your past medical history which relate to Full refund diabetes, then You will not be covered for any Treatment for diabetes during Pregnancy) Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth) Miscarriage requiring immediate surgical **Treatment** This **benefit** does not provide any cover for voluntary or **Emergency** caesarean section procedures or 'failure to progress in labour' unless for one of the above stated Eligible Medical Waiting Period: Costs Incurred within 12 months from the Start Date of the mother are 10. New Born Cover: In-Patient Treatment of premature birth (i.e. prior to age 37 weeks gestation) or an Acute **Condition** being suffered by a **New Born** baby of an **Insured Person** which manifests itself within 30 days following birth. Provided that the **New Born** baby is added to the **Plan** within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same Up to USD 150,000/ EUR 120,000/ limits shown. GRP 93 750 In circumstances where **We** require details of the **New Born** baby's medical history before per **Period of Cover** the baby is being added to the **Plan**, **We** reserve the right to apply particular restrictions to the cover We will offer. Please refer to Section 6.5 - Adding **New Born** of this Members Handbook for details. 11. Hospital Accommodation for New Born Accompanying their Mother: Hospital Accommodation costs relating to a New Born baby (up to 16 weeks old) to accompany its mother (being an **Insured Person**) while she is receiving **Eligible** Full refund Treatment as an In-Patient in a Hospital. 12. Congenital Disorder: In-Patient Treatment for a Congenital Disorder. In circumstances where a Congenital Up to USD 150,000/ **Disorder** manifests itself in a **New Born** baby within 30 days of birth, cover for such EUR 120,000/ GBP 93,750 Medical Conditions will be provided under Benefit 10 but excluded from Benefit 12 – Congenital Disorders per Period of Cover 13. Reconstructive Surgery: Reconstructive surgery required to restore natural function or appearance following an Accident or following a Surgical Procedure for an Eligible Medical Condition, which Full refund occurred after an Insured Person's Entry Date or Start Date whichever is later. 14. Rehabilitation: When referred by a **Specialist** as an integral part of **Treatment** for a **Medical Condition** necessitating admission to a recognised **Rehabilitation** unit of a **Hospital**. Where the **Insured Person** was confined to a **Hospital** as an **In-Patient** for at least three consecutive days, and where a **Specialist** confirms in writing that **Rehabilitation** is required. Admission to a Rehabilitation unit must be made within 14 days of discharge from Hospital. Such Treatment should be under the direct supervision and control of a **Specialist** and would cover: Full refund (i) Use of special **Treatment** rooms (ii) Physical therapy fees (iii) Speech therapy fees (iv) Occupational therapy fees 15. In-Patient Emergency Dental Treatment: This means **Emergency** restorative dental **Treatment** required to sound, natural teeth following an Accident which necessitates Your admission to Hospital for at least one night. The dental **Treatment** must be received within 10 days of the **Accident**. This **Benefit** covers all costs incurred for **Treatment** made necessary by an accidental injury caused by an extraoral impact, when the following conditions apply: If the $\it Treatment$ involves replacing a crown, bridge facing, veneer or denture, $\it We$ will Full refund 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**.

Full refund

Optional

Benefit

Apex

16. In-Patient Psychiatric Treatment:

In-Patient Treatment in a recognised Psychiatric unit of a **Hospital**. All **Treatment** must be administered under the direct control of a Registered Psychiatrist.

Pre-Authorisation 22



Full refund limited to 30 days per **Period of Cover**

17. Terminal Illness:

Palliative and Hospice Care: On diagnosis of a **Terminal** illness, costs for any **In-Patient**, **Day-Patient** or **Out-Patient Treatment** given on the advice of a **Medical Practitioner** or **Specialist** for the purpose of offering temporary relief of symptoms. Charges for **Hospital** or hospice accommodation, nursing care by a **Qualified Nurse** and prescribed **Drugs and Dressings** are covered.

Up to USD 100,000/ EUR 80,000/ GBP 62,500 lifetime limit

18. Emergency Non-Elective Cover outside Area of 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 Medical Conditions** are specifically excluded from this **Benefit**.

Accident:
Full refund
for Accident
requiring In-Patient
and Day-Patient care



Illness: In-Patient
and Day-Patient care
up to USD 50,000/
EUR 40,000/
GBP 31,250
per Period of Cover
Out-Patient
Treatment in
an Accident
and Emergency
Department in
a Hospital
up to USD 500/
EUR 400/GBP 310
per Period of Cover

19. Evacuation and Repatriation:

Evacuation

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

Reasonable expenses for:

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

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

Following an **Evacuation** covered by **Us**, 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**

We do not cover standalone repatriation.

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

Pre-Authorisation 🖀





(ii)



(iii)



Full refund

(iv)

Up to USD 300/ EUR 240/GBP 185 per day Up to USD 10,000/

EUR 8,000/GBP 6,250 per person, per **Evacuation**

Pre-Authorisation 🕿



Full refund

Apex In the event of death from an Eligible Medical Condition, Reasonable and Customary Pre-Authorisation (i) Costs of transportation of body or ashes of an Insured Person to his/her Country of Nationality or Country of Residence, or Full refund (ii) Burial or cremation costs at the place of death in accordance with reasonable (ii) Up to USD 20,000/ EUR 16,000/ GBP 12,500 This **Benefit** is payable for each night an **Insured Person** receives **In-Patient Treatment** and only if an Insured Person is admitted for In-Patient Treatment before midnight, and the Treatment is received free of charge that would have otherwise been Eligible for Benefit USD 275/ EUR 220/GBP 165 privately under this **Plan**. Cover under this **Benefit** is limited to a maximum of 30 nights per per night For this Benefit exclusion 5.10 does not apply. (i) Medical Practitioner fees including consultations; Specialist fees; Diagnostic Tests; (i) and (ii) (ii) Teleconsultation (Virtual Doctor appointments via electronic means). Full refund Costs associated with **Eligible Treatment** will be paid in full where **Treatment** is received from Medical Providers listed in the Now Health International Provider Network. (iii) Treatment that is not received in the Now Health International Provider Network will pay Reasonable and Customary Charges. Up to USD 150/ No **Out-Patient Co-Insurance** or **Out Patient visit Excess** is applicable. EUR 120/GBP 95 per Period of Cover Vitamins and Minerals as prescribed by a **Medical Practitioner**. Vitamins, minerals and eye lubricants prescribed for a diagnosed deficiency will be paid as per the **Out-Patient** Any pre-operative and post-hospitalisation consultations are payable under this **Benefit**. 23. Menopause Hormone Replacement Therapy: The cost of Hormone Replacement Therapy when required to alleviate the symptoms of Up to USD 750/ the early onset of menopause where onset and **Treatment** commence below the age of EUR 600/GBP 470 per **Period of Cover** 24. Day-Patient or Out-Patient Surgery: **Treatment** costs for a **Surgical Procedure** performed in a surgery, **Hospital**, day-care facility or **Out-Patient** department. Any pre or post-operative consultations are payable Full refund **Out-Patient Treatment** administered by a Registered Psychologist and/or a Registered Up to USD 7,500/ Psychiatrist, subject to 20 sessions and the cost limit under this section. EUR 6,000/ For the first 5 sessions **You** may choose to visit a Registered Psychologist directly without GBP 4.600 and the need for referral. However, any subsequent sessions with a Registered Psychologist will require referral and a **Treatment Plan** with a **Medical Practitioner** or **Specialist**. subject to a maximum of 20 sessions per Period of Cover (i)

26. Out-Patient Physiotherapy and Alternative Therapies:

(i) Physiotherapy by a Registered Physiotherapist.

under Benefit 22 - Out-Patient charges.

25. Out-Patient Psychiatric Illness:

Benefit

20. Mortal Remains:

and customary practice.

21. Hospital Cash Benefit:

22. Out-Patient Charges:

(iii) Vitamins and Minerals:

40 years.

prescribed Drugs and Dressings

(ii) Complementary medicine and **Treatment** by a therapist. This **Benefit** extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture Treatment but excludes Physiotherapist covered in (i).

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.



Full refund

for (i) and (ii) after every 10 sessions 2 **Benefit Apex**

27. Out-Patient Traditional Chinese Medicine and Ayurvedic Medicine:

Out-Patient Treatment for therapies administered by a recognised Traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner

All claims to include diagnosis, consultation fee, **Treatment** type, **Treatment** fee, prescription including detailed medication and number of doses. Exclusion 5.35 applies.

Up to USD 3,000/ EUR 2,400/GBP 1,875 per Period of Cover

28. Nursing Care at Home:

(i) Care given by a **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.

Full refund up to 120 days per Medical Condition Pre-Authorisation for (i) 🖀

(i)

(ii) Medical Practitioner (GP) home visits for an Emergency GP home call-out during out

Up to five visits per **Period of Cover**

29. AIDS:

Medical expenses, which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. As result of proven occupation Accident* or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition, **Drugs and Dressings** (except experimental or those unproven), Hospital Accommodation and nursing fees.

- For members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the Entry Date or **Start Date**, whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the **Insured Person's** occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational Accident.
- As long as the blood transfusion was received as an In-Patient as part of Medically Necessary Treatment.

Waiting Period: Cover only available after three years of continuous membership.

Pre-Authorisation 2



Up to USD 50,000/ EUR 40,000/ GBP 31,250 per Period of Cover

30. Maternity (20% Co-Insurance):

Medically Necessary costs incurred during Pregnancy and childbirth for pre and post-natal check-ups for up to six weeks following birth, scans and delivery costs for a natural birth or voluntary or emergency caesarean section. Paediatrician costs for the first examination/ check-up of a New Born baby, if the examination is made within 24 hours of delivery and Well-baby examinations up to the child's second birthday and as recommended by a **Medical** Practitioner or Specialist. This includes physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, haemoglobin and other blood tests, including tests to screen for sickle haemoglobinopathy.

Waiting Period: Costs incurred within 12 months from the Start Date are excluded. A Co-Insurance of 20% applies

Please note, **We** do not pay for parenting or other teaching classes as these are a matter of personal choice

Claims for any caesarean sections are only recoverable from us if you have a maternity **Benefit** as part of your policy. They are not covered by any other Benefit.

The **Plan Deductible** would apply to this **Benefit**.

Up to USD 17,500/ EUR 14,000/ GBP 10.940 limit per Period of Cover **Benefit Apex**

31. Dental Care:

(i) Routine dental **Treatment**: Fees of a registered **Dental Practitioner** carrying out routine dental **Treatment** in a dental surgery. Routine dental **Treatment** means:

- Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including X-rays where necessary,
- Preventive scaling, polishing, and sealing (once per year),
- Fillings (standard amalgam or composite fillings) and extractions,
- Root-canal **Treatment** (but not the fitting of a crown following root-canal **Treatment**), and
- Prescribed Drugs and Dressings.

No other **Treatment** is covered under the routine dental **Treatment** benefit.

Waiting Period: Costs incurred within nine months from the Start Date are excluded. A Co-Insurance of 20% applies

For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.

(ii) Complex Dental Treatment: Fees of a registered Dental Practitioner and associated costs for the following procedures: Eligible complex dental Treatment: including for example, Apicoectomy done to treat the following – Fractured tooth root; A severely curved tooth root; Teeth with caps or posts; Cyst or infection which is untreatable with root canal therapy; Root perforations; New or repair of crowns, dentures, in lays and bridges. Recurrent pain and infection; Persistent symptoms that do not indicate problems from x-rays. Calcification; Damaged root surfaces and surrounding bone requiring surgery; Dental implant; and prescribed Drugs and Dressings.

No other Treatment is covered by this Benefit.

Waiting Period: Costs incurred within nine months from the Start Date are excluded.

A Co-Insurance of 20% applies.

A 50% Co-Insurance applies in respect of all orthodontic Treatment.

For this Benefit the Plan Deductible or Plan Out-Patient Per Visit Excess does not apply.

Up to USD 1,500/ EUR 1,200/GBP 930 per **Period of Cover**

Up to USD 3,000/ EUR 2,400/GBP 1,875 per **Period of Cover**





Apex

32. USA Elective Treatment:

- (i) Costs associated with Eligible In-Patient and Day-Patient Treatment in the USA will be paid in full where **Treatment** is received in a **Hospital** listed in the **Now Health** International Provider Network
- (ii) Costs associated with **Eligible Out-Patient Treatment** in the USA will be paid in full where Treatment is received in the Now Health International Provider Network.

Treatment that is not received in the Now Health International Provider Network will be subject to a 50% Co-Insurance.

This option is not available if You have selected an optional Regional Cover.

Pre-Authorisation for Out-Patient diagnostics and surgery, Day-Patient and In-Patient Treatment 🖀



Ontional Up to USD 1.5m/ EUR 1.2m/GBP 937,500 per Insured Person per **Period of Cover**

33. Co-Insurance Out-Patient Treatment:

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

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



Ontional

34. Co-Insurance Out-Patient Treatment Option 2:

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

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



35. Wellness, Optical and Vaccinations:

- (i) Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including **Cancer** screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age). and/or
- (ii) Optical Benefits: This Benefit also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, and Laser Eye Surgery and any complications, within the combined Benefit limits to a maximum USD300/EUR 240/GBP 180 per Period of Cover for an optical claim. Please note that there is no cover for prescription sunglasses or transition lenses.
- (iii) Vaccinations: Costs of drugs and consultations to administer all Medically Necessary basic immunisation and booster injections and any Medically Necessary travel Vaccinations and malaria Prophylaxis.

For this Benefit exclusion 5.10 does not apply.

Waiting Period: Cover only available six months after selecting this Option.

Optional



Combined limit Up to USD 500/ EUR 400/GBP 310 per Period of Cover

36. Wellness, Optical and Vaccinations Option 2:

- (i) Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including Cancer screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age) and/or
- (ii) Optical **Benefits**: This **Benefit** also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, and Laser Eye Surgery and any complications, within the combined **Benefit** limits to a maximum USD 600/EUR 480/GBP 375 per Period of Cover for an optical claim. Please note that there is no cover for prescription sunglasses or transition lenses.
- (iii) Vaccinations: Costs of drugs and consultations to administer all Medically Necessary basic immunisation and booster injections and any Medically Necessary travel Vaccinations and malaria Prophylaxis.

For this **Benefit** exclusion 5.10 does not apply.

Waiting Period: Cover only available six months after selecting this Option.



Optional



Combined limit Up to USD 1,000/ EUR 800/GBP 625 per Period of Cover











37. Wellness and Vaccinations Option 3:

- (i) Wellness: This Benefit is payable as a contribution towards the cost of routine health checks including Cancer screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age).
- (iii) Vaccinations: Costs of drugs and consultations to administer all Medically Necessary basic immunisation and booster injections and any Medically Necessary travel Vaccinations and malaria prophylaxis.

For this Benefit exclusion 5.10 does not apply.

Waiting Period: Cover only available six months after selecting this Option.

Apex



Combined limit Up to USD 250/ EUR 200/GBP 155 per **Period of Cover**

38. Regional Cover Option: Africa, Indian Sub-Continent, Jordan, Lebanon, and Philippines:

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

Regional Cover: Africa, Indian Sub-Continent, Jordan, Lebanon and Philippines.



Optional



Accident:
Full refund
for Accident
requiring In-Patient
and Day-Patient care



Illness: In-Patient and Day-Patient Care up to USD 50,000/ EUR 40,000/ GBP 31,250 per Period of Cover

Out-Patient
Treatment in
an Accident
and Emergency
Department in a
Hospital

up to USD 500/ EUR 400/GBP 310 per **Period of Cover**

39. Regional Cover Option: Africa, Europe, Indian Sub-Continent, Jordan, Lebanon, and the Philippines:

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

Regional Cover: Africa, Europe, Indian Sub-Continent, Jordan, Lebanon and Philippines.



Optional



Accident:
Full refund
for Accident
requiring In-Patient
and Day-Patient care



Illness: In-Patient and Day-Patient Care up to USD 50,000/ EUR 40,000/ GBP 31,250

per **Period of Cover**

Out-Patient
Treatment in
an Accident
and Emergency
Department in a
Hospital

up to USD 500/ EUR 400/GBP 310 per **Period of Cover**

40. Regional Cover Option: Europe (excluding United Kingdom, Germany and Switzerland)

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

Regional Cover: Europe (excluding United Kingdom, Germany and Switzerland).

Apex



Optional



Accient: Full Refund for Accident requiring In-Patient and Day-Patient care



Illness: In-Patient and Day-Patient care up to USD 50,000/ EUR 40,000/ GBP 31,250 per Period of Cover Out-Patient Treatment in an Accident

Treatment in an Accident and Emergency Department in a Hospital up to USD 500/ EUR 400/GBP 310 per Period of Cover

41. Regional Cover Option: South East Asia (excluding Singapore)

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Repetit**

Regional Cover: South East Asia (excluding Singapore).



Optional



Accient: Full Refund for Accident requiring In-Patient and Day-Patient care



and Day-Patient care
up to USD 50,000/
EUR 40,000/
GBP 31,250
per Period of Cover
Out-Patient
Treatment in
an Accident
and Emergency
Department in a

Hospital up to USD 500/ EUR 400/GBP 310 per **Period of Cover**

42. Regional Cover Option: South Asia

Benefit 18 **Emergency** Non-Elective Cover outside Area of Cover of the **Plan** wording is amended as follows:

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 Medical Conditions** are specifically excluded from this **Benefit**.

Regional Cover: South Asia.



Optional



Accient: Full Refund for Accident requiring In-Patient and Day-Patient care



Illness: In-Patient and Day-Patient care up to USD 50,000/ EUR 40,000/ GBP 31,250 per Period of Cover Out-Patient Treatment in an Accident and Emergency

Department in a Hospital up to USD 500/ EUR 400/GBP 310 per **Period of Cover**

43. Regional Cover Option: Pacific Islands

Benefit 18 Emergency Non-Elective Cover outside Area of Cover of the Plan wording is amended as follows.

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 Medical Conditions** are specifically excluded from this Benefit.

Regional Cover: Pacific Islands.

Apex



Optional



Accient: Full Refund for Accident requiring **In-Patient** and Day-Patient care



Illness: In-Patient and **Day-Patient** care up to USD 50.000/ FUR 40 000/ GBP 31,250 per **Period of Cover** Out-Patient Treatment in an Accident and Emergency Department in a Hospital up to USD 500/ EUR 400/GBP 310 per Period of Cover

44. Extended Evacuation and Repatriation

Evacuation

Arrangements will be made to move an **Insured Person** who has a critical, life-threatening Eligible Medical Condition to the nearest medical facility, 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.

- 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.
- 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

Following an **Evacuation** covered by **Us**, 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.

We do not cover standalone repatriation

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

45. Removal of Maternity:

If You select this Benefit, no Benefit is payable under Benefit 30 - Maternity Benefit.

Pre-Authorisation



Optional

Full refund

Full refund

(iii)

Full refund

Up to USD 300/

EUR 240/GBP 185 per day Up to USD 10,000 EUR 8,000/GBP 6,250 per person, per Evacuation

Pre-Authorisation



Full refund



Optional

Out-Patient Per Visit Excess Options Apex Out-Patient Per Visit Excess: A USD 25/EUR 20/GBP 15 Out-Patient Per Visit Excess will apply when You receive Eligible Out-Patient Treatment inside and outside of the Now Health International Provider Network. Optional If Your Plan also includes Dental care Benefit, as detailed in Your Benefit Schedule, USD 25/ EUR 20/GBP 15 no Out-Patient Per Visit Excess will be applicable. Please note that the **Out-Patient Per Visit Excess** will not apply to Consultation relating to Renal dialysis/Renal failure, Cancer or Organ Transplants. Out-Patient Per Visit Excess - Option 2 A USD 15/EUR 12/GBP 10 **Out-Patient Per Visit Excess** will apply when **You** receive **Eligible Out-Patient Treatment** inside and outside of the **Now Health International Provider Network**. Optional If Your Plan also includes Dental care Benefit, as detailed in Your Benefit Schedule, USD 15/

Please note that the **Out-Patient Per Visit Excess** will not apply to Consultation relating to Renal

EUR 12/GBP 10

no **Out-Patient Per Visit Excess** will be applicable

dialysis/Renal failure, **Cancer** or Organ Transplants.

Deductible Options	Apex
Standard Deductible	Nil
Optional Deductible Please note:	USD 150/ EUR 120/GBP 95
riease note: If You choose an optional Deductible, You must also select either a Co-Insurance Out-Patient Treatment Option or a Out-Patient Per Visit Excess Option.	USD 250/ EUR 200/GBP 155
Deductibles would apply to any Medically Necessary Treatment under Benefit 19 and Benefit 44.	USD 500/ EUR 400/GBP 310
	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

5. Exclusions: What is not covered?

These are the **Plan** limitations that apply in addition to any personal exclusions detailed in **Your Certificate of Insurance**. These include **Treatments** that may be considered a matter of personal choice (such as cosmetic **Treatment**) and other **Treatments** that are excluded from cover to keep premiums at an affordable level.

5.1 Act of Terrorism, war and illegal acts

We do not pay for **Treatment** of any condition resulting directly or indirectly from, or as a consequence of war, acts of foreign hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, or attempted overthrow of government, or any acts of terrorism, unless **You** are an innocent bystander. **You** are not covered for costs arising from taking part in any illegal act.

5.2 Administrative and shipping fees

You are not covered for any charges made by a **Medical Practitioner** or **Dental Practitioner** for filling in claim forms or providing medical reports. **You** are not covered for any charges where a police report is required. **You** are not covered for the cost of shipping (including customs duty) on transporting medication.

5.3 Alcohol and drug abuse

You are not covered for costs for **Treatment** resulting from dependency on or abuse of alcohol, drugs, or other addictive substances and any illness or injury arising directly or indirectly from such dependency or abuse.

5.4 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 hearing aids or cochlear implants. You are not covered for routine hearing tests unless a Wellness Benefit is shown on Your Certificate of Insurance. You are not covered for routine eyesight tests or the cost of eyeglasses, contact lenses or laser eye surgery to correct vision unless an Optical Benefit is shown on Your Certificate of Insurance. We do pay for eye surgery to correct an Eligible Medical Condition.

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 Obesity and Weight Loss

You are not covered for costs of Treatment for, or related to Bariatric surgery and any complications arising from it. You are not covered for costs of Treatment for, or related to removing fat or surplus healthy tissue from any part of the body and any complications arising from it. You are not covered for the costs of Treatment for, or related to weight loss including weight loss medications and any complications arising from them.

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 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**).

5.27 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:

- 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**.

5.28 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, sterilisation (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 Traditional Chinese Medicine

You are not covered for the following, Pre-paid treatment Plan or pre-paid package prior to Treatment being received, Over-the-counter traditional Chinese Medicines, Treatments for tonic or cosmetic purposes or weight management. You are not covered for the following Traditional Chinese Medicines (whether prescribed or not) including cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; pearl powder; rhinoceros horn and substances from Asian Elephant, Sun Bear, Tiger or other endangered species. You are not covered for more than one Treatment per day.

5.36 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.

5.37 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**.

5.38 Treatment by a family member

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

5.39 Treatment charges outside of Our reasonable and customary range

We will not pay Treatment charges when they are above the Reasonable and Customary Charges level.

6. Plan administration

6.1 The contract

The application form and any supporting documents, **Certificate of Insurance**, **Benefit Schedule** and this handbook incorporating the **Plan** terms and conditions make up the contract between **You** and **Us**.

Your Plan is underwritten by Best Doctors Insurance Limited and governed by the laws of Bermuda. As a consequence **Your Plan** may not meet the requirements of the relevant regulations in **Your** territory. Please ensure that **Your Plan** is suitable where **You** reside and that **You** comply with any necessary taxation or other obligations.

6.2 Premium payment

At the start of each **Plan** year, **We** will calculate **Your** new premium and let **You** know how much it is. **We** offer a choice of monthly, quarterly, semi-annual or annual premiums, which can be paid by credit card. Bank transfers or cheques can be used for annual premiums only. Premiums are payable for each person covered and any increase will normally take effect from the annual **Renewal Date** of **Your** membership.

If **You** pay by credit card, bank transfer or cheque, **We** will collect the first premium when **Your Plan** starts and subsequent premiums when they fall due. However **You** pay **Your** premium at the moment, bear in mind that **You** can change to another method simply by contacting **Our** customer service team on +971 (0) 4450 1510.

You must pay **Your** premium when it is due. Depending on **Your** preferred payment method, **You** must pay **Us** before the **Start Date**, the due date or within 30 days of **Our** written acceptance at the latest, if a cover note is issued. If **You** do not, **We** will cancel **Your Plan** and will not pay for any **Treatment** or **Benefit** entitlement arising after the date that the premium became due.

We make every effort to maintain premiums at as low a level as possible, without compromising the range and quality of the cover provided. **We** review premiums each year to take account of a range of statistical factors.

Typically the cost of premiums increases at a level higher than the Retail Price Index (RPI). **You** will receive reasonable notice of any changes in premium. **Your** premium will also include the amount of any insurance premium tax or other taxes or levies which are payable by law in respect of **Your Plan**.

Premiums are based on age at the **Entry Date** or subsequent **Renewal Date**. When the **Dependant** child is an **Insured Person**, the current age shown in the premium tables will apply.

You are not allowed to change the currency of **Your Plan** at renewal of **Your Plan** unless **You** change the **Country of Residence**, and the currency change (if any) is subject to underwriting.

6.3 Eligibility

6.3.1 Age limits

The maximum entry age is 79. You must be under 80 years of age at the Entry Date of Your Plan.

6.3.2 Full medical underwriting

Full medical underwriting requires each person to be covered by **Our Plan** to complete and return an application form including the medical declaration. If **You** answer "Yes" to any of the questions, **You** will be required to provide details of the date of, and diagnosis; past/current and future known **Treatment**; details of the frequency and severity of symptoms including the date of the last episode. If available, **You** should provide any medical reports or test results with **Your** application. **You** may be required to complete a further medical questionnaire if **We** require more information. All information will be treated in strict confidence.

We rely on the information that You provide in the application form when We decide whether or not to accept Your application, and whether or not We need to apply special terms. Special terms are exclusions or conditions that We may apply to Your cover. If You submit a claim for the Treatment of any condition which You omitted to tell Us about here, or You omit to tell Us everything about any condition, We may refuse to pay that claim. We will tell You about any excluded Medical Conditions, restriction of coverage, and/or additional loading on Your Certificate of Insurance.

6.3.3 Dependants

Dependants must be covered under the same level of **Benefits You** have, as the **Planholder**. For example, if the **Insured Person** has elected for the Excel **Plan** option; they can decide to cover their **Dependant** under the same **Plan** option but not Essential, Advance or Apex **Plan** options.

6.3.4 Start Date

Cover starts on the **Start Date** shown on **Your Certificate of Insurance** provided **We** have received **Your** premium payment. Depending on the preferred premium payment method, a cover note may be issued and premiums will be due within 30 days of **Our** written acceptance.

6.3.5 Local legislation

Membership may depend on local insurance licensing legislation in **Your Country of Residence**. **You** are obliged to meet local legislation requirements in **Your Country of Residence** at any time before and while **You** are a member of this **Plan**.

6.3.6 Non-Eligible residency

If **You** permanently reside in a country that is not covered by this **Plan** and which **We** have advised at **Renewal Date**, **You** are not **Eligible** for this **Plan**. For details of the excluded countries please contact **Our** customer service team on +971 (0) 4450 1510.

6.4 Adding a new Dependant

If subsequently **You** wish to add **Your** spouse, partner or child to **Your Plan**, **You** must either use **Your** online secure portfolio area at www.now-health.com or complete an add dependant application form. Cover will not start until **Your** application has been accepted by **Us** for that **Dependant** and **We** have received premium payment.

6.5 Adding New Borns

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

However, \boldsymbol{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.

6.6 Changing Your cover

Subsequent changes in cover can only be made at renewal.

6.7 Renewing Your cover

Your Plan is for one year, the Period of Cover. Prior to the end of any Period of Cover We will write to the Planholder to advise on what terms the Plan will continue, provided the Plan You are on is still available. If We do not hear from the Planholder in response, We will renew Your Plan on the new terms.

Where **You** have opted to pay premiums by continuous credit card payments or other payment method, **We** may continue to collect premiums by such method for the new **Plan** year. Please note that if **We** do not receive **Your** premium, **You** will not be covered. If the **Plan You** were on is no longer available, **We** will do **Our** best to offer **You** cover on an alternative **Plan**.

6.8 Continuous transfer terms/Continued Personal Medical Exclusions

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

6.9 Local taxes

You are liable for any local taxes and charges as established by the applicable laws. These have to be paid in full by **You** and will be shown on **Your Certificate of Insurance**.

7. Making a complaint

7.1 What should I do if I have reason to complain?

We aim to provide You with a simple and straightforward service. Providing You with clear and accurate information, whether in writing or by telephone, is an important part of this service. Our customer service team is there to help You get the best from Your Now Health membership. They can help You when You make a claim, as well as remind You of restrictions You may have on Your Plan (please remember that Your Plan is not intended to cover all eventualities).

If **You** are dissatisfied with the service **We** have provided or if **You** feel that **We** have made a wrong decision, **We** will of course try to address **Your** concerns. **Your** feedback helps **Us** improve **Our** service to **You**.

Step 1

If **You** are dissatisfied with any service **You** have received from **Us**, please contact **Our** customer service team on T +971 (0) 4450 1510 or CustomerService@now-health.com in the first instance.

You can also make a complaint directly from Your online secure portfolio area at www.now-health.com.

We will acknowledge Your complaint upon receipt and investigate.

After investigating, We will provide to You a response. If there is an unavoidable delay, We will inform You of this.

Our aim is to resolve Your complaint satisfactorily and We will inform You of the outcome.



Step 2

We hope to resolve Your complaint satisfactorily. However, if You are unhappy with the outcome You have received from Us and remain dissatisfied, You can refer Your complaint to the relevant Authorities below.

Dubai Financial Services Authority

Website: https://www.dfsa.ae/your-resources/consumer/complaints.

7.2 What regulatory protection do I have?

The Dubai Financial Services Authority (DFSA) and Bermuda Monetary Authority (BMA)

Now Health International Limited is regulated by the DFSA.

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

Best Doctors Insurance Limited is authorised and regulated by the Bermuda Monetary Authority.

The BMA was established by the Bermudian government to regulate financial services. The DFSA has set out rules to regulate the sale and administration of general insurance, which **We** must follow when dealing with **You**.

7.3 What we do with your personal data

Please ensure that **You** show the following information to others covered under **Your Plan**, or make them aware of its contents.

We and the **Underwriters** will deal with all personal information supplied in the strictest confidence as required by the DIFC Law No.5 of 2020 (Data Protection Law). Personal and sensitive personal information may be sent in confidence for processing by other companies and intermediaries, including to countries where the laws protecting personal information may not be a strong as in the DIFC. Steps are taken to ensure that an sub-contractors give at least the same protection as **We** do.

Information about **You** and any family members covered by **Your Plan** will be held by **Us** and **Our** subcontractors. This includes information supplied by **You**, those family members, medical providers or **Your** employer (if applicable). This information will be used to provide the services set out under the terms of this **Plan**, to administer **Your Plan** and to develop customer relationships and services. In certain circumstances medical service providers (or others) may be asked to supply further information. For further details, please refer to our Data Privacy Policy which is available at www.now-health.com/privacy.

When **You** provide information about family members, **We** will take this as confirmation that **You** have their consent to do so. As the legal holder of the insurance **Plan** all correspondence about the **Plan**, including claims correspondence, will be sent to the **Insured Person**. If any person that **You** intend to insure under the **Plan** does not want this to happen, **You** should not include them as a family member under **Your Plan**.

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

With **Your** agreement, Now Health International, and any Now Health International Group companies in operation at that time, may use the information **You** have provided to inform **You** by letter, telephone, email or mobile message of products and services such as special offers and healthcare information.

Some of **Your** details may also be shared with other Now Health International Group companies and other carefully selected companies to enable them to contact **You** about their products and services.

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

Your health claims information may be shared by Now Health International Group companies to other Insurance Companies or Reinsurance Companies in the objective of risk management, contract negotiations, research, development and analysis, as well as, to promote other products that may be of interest to **You**.

We may be required to transfer personal and sensitive data, for the purpose of providing the services set out under the terms of this **Plan**, to third parties located in countries which may not be designated jurisdictions for data transfer as per applicable data protection laws.

8. Rights and responsibilities

The application form, **Certificate of Insurance**, **Benefit Schedule** and this handbook incorporating the **Plan** terms and conditions make up the contract between **You** and **Us** with the purpose of providing **You** with **Benefit** when **You** need medical **Treatment**.

8.1 Your rights and responsibilities

- 8.1.1 You must make sure that whenever You are required to give Us any information, all the information You give Us is sufficiently true, accurate and complete so as to give Us a fair presentation of the risk We are taking on (these are Your representations to Us). If We discover later it is not and that Your representations were deliberate, reckless or careless, then We may void the Plan (including not returning the Plan premium) or apply different terms of cover in line with the terms We would have applied had the information been presented to Us fairly in the first place. These terms may increase the Plan premium and reduce Your claim(s).
- **8.1.2** You must write and tell **Us** if **You** change **Your** address or occupation.
- 8.1.3 This Plan is available only to people living outside their Country of Nationality apart from certain countries where We have explicitly agreed to cover local nationals, so You must tell Us immediately if You or any family member has gone to live in Your Country of Nationality which means they will be in that country for more than six months in the year. You must tell Us if You change Your principal Country of Residence. If You don't tell Us We can refuse to pay Benefits claimed for.
- **8.1.4** Only **We** and the **Planholder** have legal rights under this **Plan** and it is not intended that any clause or term of this **Plan** should be enforceable, by any other person including any family member.
- 8.1.5 If the **Planholder** dies and there is more than one **Insured Person** aged 18 or above, this **Plan** will automatically be transferred to the oldest **Insured Person** from the date of death, who will become the **Planholder**.
- 8.1.6 You must pay Your premium when it is due and in the currency of Your Plan. We will decide the amount at the start of each year and tell You how much it is. You can pay it in the way You have agreed with Us. We can change the amount of Your premium during a year to reflect any change in insurance premium tax or other taxes but We will tell You of the change. If Your premium payments are not up to date Your Plan will end.
- 8.1.7 The Planholder may cancel this Plan by contacting Us during the 14-day cooling off period. The 14-day cooling off period starts on the day that the contract is concluded or the day that full Plan terms and conditions are received, whichever is the later. The 14-day cooling off period also applies from each Renewal Date.

If the **Plan** is cancelled during the 14-day cooling off period **We** will return any premium paid for the **Plan** providing no claims have been made on the **Plan**, in relation to the **Period of Cover** before cancellation (being no more than 14 days' cover). If **You** incur **Eligible** claims costs within that **Period of Cover We** reserve the right to require the **Planholder** to pay for the services **We** have actually provided in connection with the **Plan** to the extent permitted by law and any return of premium is subject to this. If the **Planholder** does not cancel the **Plan** during the cancellation period the **Plan** will continue on the terms described in this handbook for the remainder of the **Period of Cover**.

We may void the **Plan** for **You** (as the **Insured Person**) and **Your Dependants** in the following situations. If **You** or **Your Dependants**:

- Make a misrepresentation by withholding relevant information or giving Us incorrect information
- Make a misrepresentation by making a false or fraudulent claim

- · Fail to provide any reasonable information We have asked for
- Fail to pay the premiums due
- If **You** move to the USA, or a country not covered by this **Plan** which may vary from time to time, of which **You** will be advised
- **8.1.8 We** will not be liable for any misuse by **You** of such **Out-Patient Direct Billing** membership cards, if **We** have already paid the **Benefit We** can recover those sums from **You**.
- **8.1.9** This **Plan** shall be governed by and construed in accordance with the Laws of Bermuda and the parties agree to submit to the jurisdiction of the Dubai International Financial Centre courts.

8.2 Our rights and responsibilities

- **8.2.1 We** will tell the **Planholder** in writing the date the **Plan** starts and any special terms which apply to it.
 - We can refuse to give cover and will tell You if We do.
- **8.2.2** If for whatever reason there is a break in **Your** cover, **We** may reinstate the cover if the premium is subsequently paid, though terms of cover may be subject to variation. Any acceptance by **Us** is subject to **Our** written consent and **Your** acceptance.
- **8.2.3** We can refuse to add a family member to the **Plan** and **We** will tell the **Planholder** if **We** do.
- **8.2.4** We will pay for **Eligible** costs incurred during a period for which the premium has been paid.
- **8.2.5** If **You** break any of the terms of the **Plan** which **We** reasonably consider to be fundamental, **We** may (subject to 8.2.8) do one or more of the following:
 - Refuse to make any Benefit payment or, if We have already paid Benefits, We can recover from You any loss to Us caused by the break
 - Refuse to renew Your Plan
 - Impose different terms to any cover **We** are prepared to provide
 - End Your Plan and all cover under it immediately

8.2.6 Break in cover

Where there is a break in cover, for whatever reason, **We** reserve the right to reapply exclusion 5.27 in respect of pre-existing **Medical Conditions**.

- **8.2.7** Waiver by **Us** of any breach of any term or condition of this **Plan** shall not prevent the subsequent enforcement of that term or condition and shall not be deemed to be a waiver of any subsequent breach.
- 8.2.8 If You (or anyone acting on Your behalf) make a claim under Your Plan knowing it to be false or fraudulent, (i.e. You make a misrepresentation) We can refuse to make Benefit payments for that claim and may declare the Plan void, as if it never existed. If We have already paid the Benefit We can recover those sums from You. Where We have paid a claim later found to be fraudulent, (whether in whole, or in part), We will be able to recover those sums from You.
- **8.2.9 We** retain all rights of subrogation. **You** have no right to admit liability for any event or give any undertaking, which is binding upon **You**, **Your Dependants** or any other person named in the **Certificate of Insurance** without **Our** prior written consent.

- 8.2.10 We may alter the handbook terms or Benefit Schedule from time to time, but no alteration shall take effect until the next annual Renewal Date. We shall notify such changes to You in writing by sending the details to the primary contact details We have for You. We reserve the right to revise or discontinue the Plan with effect from any Renewal Date. No variation or alteration will be admitted unless it is in writing and signed on behalf of Us by an authorised employee.
- **8.2.11 We will not provide cover nor pay claims** under this **Plan** if **Our** obligations (or the obligations of **Our** group companies & administrators) under the laws of any relevant jurisdiction including Malta, UAE, UK, European Union, the United States of America, United Nations resolutions, trade or economic sanctions or international laws sanctions, prevents or restricts **Us** from doing so.

We will not provide You with any services or Benefits including but not limited to acceptance of premium payments, claim payments and other reimbursements if in doing so, We violate applicable law, regulation, code or court order or are or will be otherwise sanctioned, prevented or restricted.

We may terminate Your Plan if **We** consider **You** or **Your** directors or officers as sanctioned persons, or **You** conduct an activity which is sanctioned, according to trade or economic laws & regulations.

8.2.12 This **Plan** is written in English and all other information and communications to **You** relating to this **Plan** will also be in English unless **We** have agreed otherwise in writing.













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Plans issued by Now Health International Limited, which is regulated by Dubai Financial Services Authority, register number F001448, are underwritten by Best Doctors Insurance Limited, which is regulated by the Bermuda Monetary Authority, register number 42307.

Plans are only available to those outside the UAE.

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