NOW
HEALTH INTERNATIONAL

SimpleCare Members' Handbook

Companies

Everything you need to know about your SimpleCare plan

Effective 1 April 2025

Introduction

Welcome to SimpleCare from Now Health International. **Your** company or employer has chosen **Us** to provide **Your** international health insurance **Group Plan**. **We** have designed SimpleCare based on **Our** understanding of what people buy international health insurance want and need. At the heart of this is **Our** commitment to provide clear information about how **Your Group Plan** works and how to use it. Please read this handbook carefully.

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 SimpleCare **Group 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 Group Plan** is administered
- How to make a complaint
- Other services available to **You** under **Your Group 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 Group 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** SimpleCare **Group Plan**, here's what **You** can expect from **Us**:

- A commitment to process **Your** claim within the turnaround time of **Our** service promise
- Access to assistance online via **Your** secure online portfolio
- Easy access to medical providers within the **SimpleCare Provider Network** using the mobile app or the website
- **Pre-authorisation** of all **Day-Patient** and **In-Patient** claims, to reduce **Your** out-of-pocket expenses

If **You** require more details about this **Group 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

All the important information about **Your Group Plan** can be found in this members' handbook and **Your** secure online portfolio area.

If **You** need to contact **Us**, please chat with **Us** live or request a call back from the Now Health website, or email **Us** at CustomerService@now-health.com.

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 +356 2260 5240

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

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

Accident
A sudden, unexpected, unforeseen and involuntary external event resulting in identifiable physical injury occurring to an **Insured Person** while **Your Group 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 Terrorism
Any 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
An agreement **We** have with each of the **Hospitals**, **Day-Patient** units and scanning centres listed in the **SimpleCare 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 practiced 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 **Group 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 **Group 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 **Group 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 **Group Plan,** as specified in **Your Certificate of Insurance**. The **Group 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 Group Plan**. In order to determine whether a **Treatment** or charge is covered, all sections of **Your Group Plan** should be read together, and are subject to all the terms (including payment of premium due), **Benefits** and exclusions set out in this **Group Plan**.
Entry Date	The date shown on the **Certificate of Insurance** on which an **Insured Person** was included under this **Group Plan**. **We** must have received premium payment in order for **Your Benefits** to start.
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.**

Excluded Countries	Refers to the list of countries that **We** cannot offer **You** cover if **You** reside in any one of them. For details of **Our** list of **Excluded Countries**, please contact **Our** customer service team.
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**.
Group Plan	The contract between the **Planholder** and **Us** which sets out terms and conditions of the cover provided. The full terms and conditions consist of the Group Employee application form (if applicable), **Certificate of Insurance**, **Benefit Schedule** and this employees' handbook.
High Cost Providers List	The list of medical providers that **We** exclude from cover. **We** do not cover any **Treatment** costs incurred in any medical provider that is within **Our High Cost Providers List**. **We** will update **Our High Cost Providers List** on a periodic basis. For details of **Our High Cost Providers List**, please contact **Our** customer service team.
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-Patient	A patient who is admitted to **Hospital** and who occupies a bed overnight or longer, for medical reasons.
Insured Person/You/Your	**You** and/or the **Dependants** named on the **Certificate of Insurance** who are covered under this **Group Plan**.
Medical Condition	Any disease, injury, or 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.
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 **Group 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**.
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**.

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. Please refer to section 4.2 for details.
Plan Administrator	The person appointed by the **Planholder** to administer the **Insured Person's Group Plan**, and to act as a coordinator with **Us**.
Planholder	The first **Insured Person** named on the **Certificate of Insurance**, or the company.
Pregnancy	Refers to the period of time from the date of the first diagnosis until delivery.
Primary Health Insurance	If **You** have more than one health insurance policy, this is the health insurance policy that pays claims first.
Primary Health Insurer	The insurer of the **Primary Health Insurance Plan**.
Private Room	Single occupancy accommodation in a private **Hospital**. Deluxe, executive rooms and VIP suites are not covered.
Qualified Nurse	A 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 Customary Charges	The standard fee that would typically be made in respect of **Your 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**, government health department or medical providers within the **SimpleCare Provider Network**.
Regional Cover: Europe	The default area of cover for residents of Europe. **We** will pay 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 area of cover 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).

Region of Cover: Worldwide Excluding USA	A geographical area option that extends to provide worldwide cover but excluding any elective area of cover option **Treatment** in the USA.
Rehabilitation	**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 **Group Plan**.
Secondary Health Insurance	If **You** have more than one health insurance policy, **Secondary Health Insurance** is the payer that pays claim after the **Primary Health Insurance** has paid its portion. If **You** have more than one health insurance policy, this **Group Plan** will be the health insurance policy that pays last. If this **Group Plan** is purchased as a **Secondary Health Insurance Plan**, **We** will only pay a claim if: - the claim was submitted to the **Primary Health Insurer** but the claim was not paid / fully settled due to ineligibility or the **Benefit** limits have been exhausted under the **Primary Health Insurance** contract, and - the unpaid claim amount is considered as **Eligible** claim under this **Group Plan**. **You** will need to provide a copy of the **Certificate of Insurance** of **Your Primary Health Insurance** when **You** apply for this **Group Plan**. In any case, **We** will only pay the remaining balance of an **Eligible** claim amount that was not settled by the **Primary Health Insurance**.
Semi-Private Room	Dual occupancy accommodation in a private **Hospital**. Deluxe, executive rooms and VIP suites are not covered.
SimpleCare Comprehensive Network	**Our** list of medical providers that is available to **You** if **You** have extended **Your** geographical area of cover to Worldwide Excluding USA.
SimpleCare Europe Network	**Our** list of medical providers in Europe that is available to **You**.
SimpleCare Provider Network	**Our** lists of medical providers where **We** have a **Direct Billing** Agreement.
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**.
Surgical Procedure	An operation requiring the incision of tissue or other invasive surgical intervention.
Terminal	Refers to the stage where **Treatment** can no longer be expected to cure the condition with death anticipated within 12 months.
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 the **Entry Date** of the **Insured Person** during which the **Insured Person** is 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 Services (Europe) Limited on behalf of the **Underwriters** detailed in the **Certificate of Insurance**.
WHO	The World Health Organisation.

2. Manage your Group plan online

A guide to the secure online portfolio area

The simplest way to manage **Your Group 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** at CustomerService@now-health.com.

About me

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

My Plan

You can view **Your Group 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 submit an **Out-Patient** claim online and track **Your** claims. **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. **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 **SimpleCare Provider Network.**

For more information, including simple video user guides on how to use the secure online portfolio area, please visit the community section of **Our** website: https://www.now-health.com/en/community/user-guides/

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 **SimpleCare Provider Network** and submit a claim for **Out-Patient Treatment You** have already paid for in a few simple touches.

3. How to claim

Your secure online portfolio area has a dedicated claims section with the latest information on all **Your** past and present claims. **You** can also use this area to make an **Out-Patient** claim (all **In-Patient** and **Day-Patient** claims must be pre-authorised).

To process **Your Out-Patient** claims, **We** require receipts with services breakdown, referral letters, diagnostic or medical reports (if any).

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 Out-Patient 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 or the mobile app.

Step 2

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 3

We will assess **Your** claim. Provided **We** have all the information **We** need, **We** will process all **Eligible** claims within seven 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.

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.

For all **Out-Patient** claims where **We** reimburse **You**, **You** can choose which currency **You** would like **Your** claims to be settled in**.**

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.

3.2 Arranging Direct Settlement

For In-Patient and Day-Patient Treatment

If **You** are referred for **In-Patient** or **Day-Patient Treatment**, **You** must get all **In-Patient** and **Day-Patient Treatment** pre-authorised by **Us** in advance. Failure to do so means **You** may incur a proportion of the medical costs.

Step 1

Five working days before **You** are admitted (or whenever possible), contact **Our** customer service team at 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**.

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** secure online portfolio area at www.now-health.com.

You will need to pay any **Deductible** on **Your Group 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** secure online portfolio area. Log in using **Your** username and password at www.now-health.com.

Important notes:

You must get all **In-Patient** and **Day-Patient Treatment** pre-authorised by **Us** in advance. Failure to do so means **You** may incur a proportion of the medical costs.

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 Group Plan** to the medical provider before **You** leave.

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 +356 2260 5240 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 Group 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 Group 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 Group Plan.**

3.4 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**.

3.5 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.

3.6 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.

If **You** are buying this **Plan** as a **Secondary Insurance Plan**, **We** request **You** to provide the following before **We** process **Your** claim:

- A copy of **Your** claim forms, invoices and receipts with service breakdown submitted to the **Primary Health Insurer** for the purpose of claim from **Your Primary Health Insurance**; and
- A copy of the claims settlement advices issued by the Primary Insurer which show the claims assessment details including the breakdown of claims being settled by **Your Primary Health Insurance**; and
- A copy of an updated **Certificate Of Insurance** of **Your Primary Health Insurance** that was not provided to **Us** when **You** applied for cover, if any.

3.7 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 **Group 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.

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

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

The **Deductible** applies per **Insured Person**, per **Period of Cover**. If the full **Deductible** amount has not been fulfilled after the first claim, the **Deductible** balance will be taken from subsequent claims before any **Eligible** claim amount is paid.

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 Group 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.

3.9 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 **Group 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.

3.10 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.

3.11 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 SimpleCare 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**.

Please remember that this **Group 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 **Group Plan**.

Please refer to the definition of **Group Plan** in section 1 for details of the documents that make up **Your Group Plan**.

4.1 Summary of SimpleCare

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

SimpleCare provides cover for **Treatment** in Europe only, unless the Worldwide Excluding USA option is being selected.

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

SimpleCare CORE	Cover for **In-Patient** and **Day-Patient Treatment**, and various **Deductible** options to lower **Your** premiums, if **You** want to cover high cost/low frequency major medical events only.
SimpleCare 100	As with SimpleCare CORE and generally higher **Group Plan** limits, and limited cover for **Out-Patient Treatment**.
SimpleCare 250	As with SimpleCare 100, but with higher **Out-Patient Benefit** limits, and cover for dental.

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

Cover options available are:

Regional Cover: Europe (excluding United Kingdom, Germany and Switzerland)	If **You** are a resident of Europe, **You** can change your area of cover to include Europe (excluding United Kingdom, Germany and Switzerland)
Region of Cover: Worldwide excluding USA	If **You** are a resident of Africa, Europe, South East Asia, (excluding Singapore), **You** can change **Your** area of cover to Worldwide but excluding elective **Treatment** in the USA.

Co-Insurance Out-Patient Treatment	If this option is selected, costs associated with **Eligible Out-Patient Treatment** are subject to a 20% **Co-Insurance**. This option is available for SimpleCare 100 or SimpleCare 250.
Out-Patient Per Visit Excess	This option is available for SimpleCare 100 & SimpleCare 250. **We** do not cover the first USD 25/EUR 20/GBP 15 of any **Eligible Out-Patient** claim.

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 **Group 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

Pre-Authorisation is mandatory for all **In-Patient**, **Day-Patient Treatment** and **Diagnostic Procedures (Benefit 2)** under this **Group Plan**.

For planned **Treatment**, **You** must contact **Our** customer service team on +356 2260 5110 | Email ClinicalService@now-health.com, at least 2 working days before **Treatment** starts.

In the case of any **Emergency**, **You**, the treating **Medical Practitioner** or the **Hospital**, must contact **Our** 24 hour **Emergency** assistance service on +356 2260 5240 or email ClinicalService@now-health.com as soon as possible and prior to discharge.

Your Group 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 Group Plan**.

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**.

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: SimpleCare

SimpleCare 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 **Group Plan**. This is additional information that should be read in conjunction with this complete handbook.

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 **Group Plan** limit or Annual **Out-Patient** 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 SimpleCare CORE

Benefit	SimpleCare CORE
Annual Maximum Group Plan Limit ***24/7 helpline and assistance services available on all Group Plans***	**USD 1,000,000/ EUR 800,000/ GBP 625,000**
Regional Cover Default	
Residents of Europe **Regional Cover: Europe**	
1. 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* *(ii)* ▶ *Up to USD 1,500/ EUR 1,200/ GBP 930 per **Medical Condition***
2. Diagnostic Procedures: ***Medically Necessary** diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans.*	***Pre-Authorisation for PET, MRI, CT*** ☎ ▶ *Full refund for **In-Patient** pre and post-operative scans*
3. 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)* ▶ ***In-Patient** pre and post-operative care up to six weeks full refund per **Period of Cover*** *(ii)* ▶ *Up to USD50,000/ EUR 40,000/ GBP 31,250 per **Period of Cover***
4. Organ Transplant: ***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** 7 - **Congenital Disorder** but excluded from **Benefit** 4 – Organ Transplant.* ***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.* *Medical costs associated with the donor and the cost of the donor organ search are excluded from this **Benefit**.*	▶ *Up to USD 100,000/ EUR 80,000/ GBP 62,500 per **Period of Cover***
5. 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	SimpleCare CORE
6. 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* ***Group Plan*** *within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.* *In circumstances where* ***We*** *require details of the* ***New Born*** *baby's medical history before the baby is being added to the* ***Group 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.*	*Up to USD 25,000/ EUR 20,000/ GBP 15,625 per* ***Period of Cover***
7. 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*** *6 -* ***New Born*** *Cover but excluded from* ***Benefit*** *7 –* ***Congenital Disorders****.*	*Up to USD 25,000/ EUR 20,000/ GBP 15,625 per* ***Period of Cover***
8. 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*
9. 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****.*	*Full refund*
10. 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.*	*Full refund*
11. Day-Patient or Out-Patient Surgery: ***Treatment*** *costs for a* ***Surgical Procedure*** *performed in a surgery,* ***Hospital****, day-care facility or* ***Out-Patient*** *department.*	*Full refund*
12. In-Patient Emergency Dental Treatment: *This means* ***Emergency*** *restorative dental* ***Treatment*** *required to sound, natural teeth following an* ***Accident*** *which necessitates* ***Your*** *admission to* ***Hospital*** *for at least one night.* *The dental* ***Treatment*** *must be received within 10 days of the* ***Accident****. This* ***Benefit*** *covers all costs incurred for* ***Treatment*** *made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:* • *If the* ***Treatment*** *involves replacing a crown, bridge facing, veneer or denture,* ***We*** *will pay only the reasonable and customary cost of a replacement of similar type or quality* • *If implants are clinically needed* ***We*** *will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead* • *Damage to dentures providing they were being worn at the time of the injury*	*Full refund*
13. 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*	*Full refund for* ***Eligible In-Patient Treatment*** *only up to 30 days per* ***Medical Condition***
14. Nursing Care at Home: *Care given by* ***Qualified Nurse*** *in the* ***Insured Person's*** *own home, which is immediately received subsequent to* ***Treatment*** *as an* ***In-Patient*** *or* ***Day-Patient*** *on the recommendation of a* ***Medical Practitioner*** *or* ***Specialist****.*	*Not covered*

Full refund Not covered Subject to limits Optional

Benefit	SimpleCare CORE
15. 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*
16. 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****.*	*Combined limit up to USD 100,000/ EUR 80,000/ GBP 62,500*
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.*	*(i)* ▶ *Full refund*
(ii) Reasonable local travel costs to and from medical appointments when ***Treatment*** *is being received as a* ***Day-Patient****.*	*(ii)* ▶ *Full refund*
(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the ***Hospital*** *to visit the* ***Insured Person*** *following admission as an* ***In-Patient****.*	*(iii)* ▶ *Full refund*
*(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****.*	*(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***
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****.*	▶ *Full refund*
We *do not cover standalone repatriation.*	
You *are* ***Eligible*** *for* ***Medically Necessary Repatriation*** *costs only if there was an initial* ***Evacuation*** *that has taken place.*	
Deductible *would apply to* ***Medically Necessary Treatment*** *required under this* ***Benefit****.*	
17. Mortal Remains:	
In the event of death from an ***Eligible Medical Condition****,* ***Reasonable and Customary Charges*** *for:*	***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*	*(i)* ▶ *Full refund*
(ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.	*(ii)* ▶ *Up to USD 10,000/ EUR 8,000/GBP 6,250*
18. Emergency Non-Elective Treatment 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.*	***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***

Benefit	SimpleCare CORE
19. Hospital Cash Benefit: *This **Benefit** is payable for each night an **Insured Person** receives **In-Patient Treatment** and only if:* *(i) the **Insured Person** is admitted for an elective **In-Patient Treatment** before midnight, and the **Treatment** is received within the public hospitals of the **Insured Persons' Country of Residence**; or* *(ii) this **Group Plan** being the **Secondary Health Insurance Plan**. However, if **You** have a USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 **Group Plan Deductible**, **You** are not **Eligible** for this **Benefit**.* *Cover under this **Benefit** is limited to a maximum of 30 nights per **Period of Cover**.* *For this **Benefit** exclusion 5.9 does not apply.*	*USD 125/ EUR 100/GBP 75 per night*
20. Out-Patient Charges: *(i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**.* *(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 & Customary charges.* *No **Out-Patient Co-Insurance** or **Out Patient visit Excess** is applicable.* *(iii) prescribed **Drugs and Dressings**.* *(iv) **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**.*	*(i) and (ii)* *Pre-operative consultation within 15 days from the admission and post hospitalisation consultation within 30 days following discharge from **Hospital*** *Up to maximum USD 750/EUR 600/ GBP 460 per **Medical Condition** per **Period of Cover*** *(iii) Not covered* *(iv) Not covered*
21. Out-Patient Physiotherapy and Alternative Therapies *(i) Physiotherapy by a Registered **Physiotherapist**.* *(ii) Complementary medicine and **Treatment** by a therapist. This **Benefit** extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture **Treatment**.* *(iii) **Out-Patient Treatment** for therapies administered by a recognised traditional Chinese **Medical Practitioner** or an Ayurvedic **Medical Practitioner**. All claims to include diagnosis, consultation fee, **Treatment** type, **Treatment** fee, prescription including detailed medication and number of doses.* *Exclusion 5.35 applies.* ***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 Practioner** or **Specialist**.*	*Not covered*
22. 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.*	*Not covered*
23. 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**.*	*Not covered*

Benefit	SimpleCare CORE
24. Dental Care *Fees of a registered **Dental Practitioner** carrying out dental **Treatment** in a dental clinic/ surgery.* *This **Benefit** provides cover for the below dental **Treatment**:* – *Screening (including x-rays where necessary)* – *Preventive scaling, polishing, and sealing (once per year)* – *Fillings and extractions (non-surgical and surgical)* – *Root canal **Treatment*** – *New or repair of crowns, dentures, in lays and bridges* – *Apicoectomy* – *Prescribed **Drugs and Dressings*** *Dental implants and orthodontics **Treatment** are specifically excluded under this **Benefit**.* *No other **Treatment** is covered by this **Benefit**.* ***Waiting Period**: Costs incurred within nine months from the **Entry Date** are excluded.* *A **Co-Insurance** of 20% applies.* *For this **Benefit** the **Group Plan Deductible** or **Group Plan Out-Patient Per Visit Excess** does not apply.*	▶ *Not covered*

Regional Cover Options	SimpleCare CORE
25. Regional Cover: Europe (excluding United Kingdom, Germany and Switzerland) ***Applicable to residents of Europe only.*** *By selecting this option, **Your** area of cover will change to **Europe (excluding United Kingdom, Germany and Switzerland)**.*	▶ *Optional*
26. Region of Cover: Worldwide excluding USA ***Applicable to residents of Africa, Europe and South East Asia where a default Regional Cover applies.*** *By selecting this option, **Your** area of cover will change to **Worldwide excluding USA**.*	▶ *Optional*

Deductible Options	SimpleCare CORE
Standard Deductible	*USD 500/ EUR 400/GBP 310*
Optional Deductible *Please note:* *USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375* ***Deductible*** *is only available if* ***You*** *are covered by more than one health insurance policy.* ***You*** *can only select such* ***Deductible*** *options if* ***You*** *buy this* ***Group Plan*** *as a* ***Secondary Health Insurance Plan****.* ***You*** *will be required to provide details of* ***Your Primary Health Insurance*** *when* ***You*** *apply for cover under this* ***Group Plan****.*	*Nil* *USD 150/ EUR 120/GBP 95* *USD 250/ EUR 200/GBP 155* *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*

Underwriting Options	SimpleCare CORE
Capped Cover *This underwriting option provides limited cover for any pre-existing* ***Medical Conditions*** *that are declared and accepted by* ***Us****.* ***Waiting Period****: Costs of* ***Treatment*** *for such pre-existing* ***Medical Conditions*** *incurred within the first nine months from the* ***Entry Date*** *are excluded.*	▶ *Optional* *For Compulsory* ***Group Plans*** *5 to 19 employees* *After* ***Waiting Period****, until the* ***Group Plan*** *renews: USD 2,000/ EUR 1,600/GBP 1,250 per declared pre-existing* ***Medical Condition*** *Upon renewal of the* ***Group Plan****: USD 4,000/ EUR 3,200/GBP 2,500 per declared pre-existing* ***Medical Condition****, per* ***Period of Cover***
Medical History Disregarded *If this underwriting option is selected, Exclusion 5.27 does not apply.*	▶ *Optional* *For Compulsory* ***Group Plans*** *of 10+ employees*

4.3.2 SimpleCare 100

Benefit	SimpleCare 100
Annual Maximum Group Plan Limit ***24/7 helpline and assistance services available on all Group Plans***	**USD 1,500,000/ EUR 1,200,000/ GBP 937,500**
Regional Cover Default	
Residents of Europe **Regional Cover: Europe**	
1. 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* *(ii)* ▶ *Up to USD 1,500/ EUR 1,200/ GBP 930 per **Medical Condition***
2. 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*** ☎ ▶ *Full refund*
3. 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)* ▶ *Up to six weeks full refund per **Period of Cover*** *(ii)* ▶ *Up to USD 50,000/ EUR 40,000/ GBP 31,250 per **Period of Cover***
4. Organ Transplant: ***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** 7 - **Congenital Disorder** but excluded from **Benefit** 4 – Organ Transplant.* ***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.* *Medical costs associated with the donor and the cost of the donor organ search are excluded from this **Benefit**.*	▶ *Up to USD 150,000/ EUR 120,000/ GBP 93,750 per **Period of Cover***
5. 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	SimpleCare 100
6. 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* ***Group Plan*** *within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.* *In circumstances where* ***We*** *require details of the* ***New Born*** *baby's medical history before the baby is being added to the* ***Group 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.*	*Up to USD 35,000/ EUR 28,000/ GBP 21,875 per* ***Period of Cover***
7. 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*** *6 -* ***New Born*** *Cover but excluded from* ***Benefit*** *7 –* ***Congenital Disorders****.*	*Up to USD 35,000/ EUR 28,000/ GBP 21,875 per* ***Period of Cover***
8. 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*
9. 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****.*	*Full refund*
10. 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.*	*Full refund*
11. Day-Patient or Out-Patient Surgery: ***Treatment*** *costs for a* ***Surgical Procedure*** *performed in a surgery,* ***Hospital****, day-care facility or* ***Out-Patient*** *department.*	*Full refund*
12. In-Patient Emergency Dental Treatment: *This means* ***Emergency*** *restorative dental* ***Treatment*** *required to sound, natural teeth following an* ***Accident*** *which necessitates* ***Your*** *admission to* ***Hospital*** *for at least one night.* *The dental* ***Treatment*** *must be received within 10 days of the* ***Accident****. This* ***Benefit*** *covers all costs incurred for* ***Treatment*** *made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:* • *If the* ***Treatment*** *involves replacing a crown, bridge facing, veneer or denture,* ***We*** *will pay only the reasonable and customary cost of a replacement of similar type or quality* • *If implants are clinically needed* ***We*** *will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead* • *Damage to dentures providing they were being worn at the time of the injury*	*Full refund*
13. 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*	*Full refund up to 90 days per* ***Medical Condition***
14. Nursing Care at Home: *Care given by* ***Qualified Nurse*** *in the* ***Insured Person's*** *own home, which is immediately received subsequent to* ***Treatment*** *as an* ***In-Patient*** *or* ***Day-Patient*** *on the recommendation of a* ***Medical Practitioner*** *or* ***Specialist****.*	*Full refund up to 30 days per* ***Medical Condition***

Full refund Not covered Subject to limits Optional

Benefit	SimpleCare 100
15. 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*
16. 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****.*	*Combined limit up to USD 100,000/ EUR 80,000/ GBP 62,500*
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.*	*(i) Full refund*
(ii) Reasonable local travel costs to and from medical appointments when ***Treatment*** *is being received as a* ***Day-Patient****.*	*(ii) Full refund*
(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the ***Hospital*** *to visit the* ***Insured Person*** *following admission as an* ***In-Patient****.*	*(iii) Full refund*
*(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****.*	*(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***
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.* ***You*** *are* ***Eligible*** *for* ***Medically Necessary Repatriation*** *costs only if there was an initial* ***Evacuation*** *that has taken place.* ***Deductible*** *would apply to* ***Medically Necessary Treatment*** *required under this* ***Benefit****.*	*Full refund*
17. Mortal Remains: *In the event of death from an* ***Eligible Medical Condition****,* ***Reasonable and Customary Charges*** *for:*	***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*	*(i) Full refund*
(ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.	*(ii) Up to USD 10,000/ EUR 8,000/GBP 6,250*
18. Emergency Non-Elective Treatment 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.*	***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***

Benefit	SimpleCare 100
19. Hospital Cash Benefit: *This **Benefit** is payable for each night an **Insured Person** receives **In-Patient Treatment** and only if:* *(i) the **Insured Person** is admitted for an elective **In-Patient Treatment** before midnight, and the **Treatment** is received within the public hospitals of the **Insured Persons' Country of Residence**; or* *(ii) this **Group Plan** being the **Secondary Health Insurance Plan**. However, if **You** have a USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 **Group Plan Deductible**, **You** are not **Eligible** for this **Benefit**.* *Cover under this **Benefit** is limited to a maximum of 30 nights per **Period of Cover**.* *For this **Benefit** exclusion 5.9 does not apply.*	*USD 250/ EUR 200/GBP 155 per night*

Benefit	SimpleCare 100
Annual Out-Patient Limit ***Applicable to Benefit 20 and 21 only, subject to Annual Maximum Group Plan Limit***	**USD 1,000/ EUR 800/ GBP 625**
20. Out-Patient Charges:	
*(i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**;*	*(i) and (ii)* Full refund subject to Annual **Out-Patient** Limit
(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 & Customary charges.* *No **Out-Patient Co-Insurance** or **Out Patient visit Excess** is applicable.*	
*(iii) prescribed **Drugs and Dressings**.*	*(iii)* Full refund subject to Annual **Out-Patient** Limit
*(iv) **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**.*	*(vi)* Up to USD 150/ EUR 120/GBP 95 per **Period of Cover**
*Maintenance of **Chronic Medical Conditions** requiring ongoing or long-term monitoring through consultations, examinations, check-ups, **Drugs and Dressings** and/or tests are covered under this **Benefit**.*	*(i), (ii), (iii) and (iv)* subject to Annual **Out-Patient** Limit
21. Out-Patient Physiotherapy and Alternative Therapies	
*(i) Physiotherapy by a Registered **Physiotherapist**.*	*(i)* USD 60/ EUR 48/GBP 40 per visit
*(ii) Complementary medicine and **Treatment** by a therapist. This **Benefit** extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths,dietician and acupuncture **Treatment**.*	*(ii)* USD 60/ EUR 48/GBP 40 per visit
*(iii) **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.*	*(iii)* USD 30/ EUR 24/GBP 20 per visit
***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 Practioner** or **Specialist**.*	Combined up to 10 visits for (i), (ii) & (iii) per **Period of Cover**, subject to Annual **Out-Patient** Limit

Benefit	SimpleCare 100
22. 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.*	*Up to USD 200/ EUR 160/GBP 125 per **Period of Cover***
23. 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**.*	*Up to USD 300/ EUR 240/GBP 190 and subject to a maximum of 10 sessions per **Period of Cover***
24. Dental Care *Fees of a registered **Dental Practitioner** carrying out dental **Treatment** in a dental clinic/ surgery.* *This **Benefit** provides cover for the below dental **Treatment**:* – *Screening (including x-rays where necessary)* – *Preventive scaling, polishing, and sealing (once per year)* – *Fillings and extractions (non-surgical and surgical)* – *Root canal **Treatment*** – *New or repair of crowns, dentures, in lays and bridges* – *Apicoectomy* – *Prescribed **Drugs and Dressings*** *Dental implants and orthodontics **Treatment** are specifically excluded under this **Benefit**.* *No other **Treatment** is covered by this **Benefit**.* ***Waiting Period**: Costs incurred within nine months from the **Entry Date** are excluded.* *A **Co-Insurance** of 20% applies.* *For this **Benefit** the **Group Plan Deductible** or **Group Plan Out-Patient Per Visit Excess** does not apply.*	*Not covered*

Regional Cover Options	SimpleCare 100
25. Regional Cover: Europe (excluding United Kingdom, Germany and Switzerland) ***Applicable to residents of Europe only.*** *By selecting this option, **Your** area of cover will change to **Europe (excluding United Kingdom, Germany and Switzerland)**.*	*Optional*
26. Region of Cover: Worldwide excluding USA ***Applicable to residents of Africa, Europe and South East Asia where a default Regional Cover applies.*** *By selecting this option, **Your** area of cover will change to **Worldwide excluding USA**.*	*Optional*

Deductible Options	SimpleCare 100
Standard Deductible	*USD 500/ EUR 400/GBP 310*
Optional Deductible *Please note: USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 **Deductible** is only available if **You** are covered by more than one health insurance policy. **You** can only select such **Deductible** options if **You** buy this **Group Plan** as a **Secondary Health Insurance Plan**. **You** will be required to provide details of **Your Primary Health Insurance** when **You** apply for cover under this **Group Plan**.*	*Nil* *USD 150/ EUR 120/GBP 95* *USD 250/ EUR 200/GBP 155* *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*

Out-Patient Options	SimpleCare 100
27. Co-Insurance Out-Patient Treatment: *A 20% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment.*** *Please note that the **Co-Insurance** will not apply to **Treatment** relating to Renal dialysis/ Renal failure, **Cancer** or Organ Transplants.* *This option is not available for **Group Plans** with **Deductibles** of USD 1,000/EUR 800/ GBP 625 or higher.*	*Optional*
28. 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**.* *Please note that the **Out-Patient Per Visit Excess** will not apply to **Treatment** relating to Renal dialysis/Renal failure, **Cancer** or Organ Transplants.* *This option is not available for **Group Plans** with **Deductibles** of USD 1,000/EUR 800/ GBP 625 or higher.*	*Optional*

Additional Options	SimpleCare 100
29. Removal of Drugs and Dressings Limit *By selecting this option, cover for Prescribed **Drugs and Dressings** under **Benefit** 20 (iii) will be Full Refund, subject to annual **Out-Patient** limit.*	*Not Applicable*
30. Wellness and Vaccinations - Option 1 *(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 5.9 does not apply.*	*Optional* *For Compulsory **Group Plans** 3+ employees* *Combined limit up to USD 150/ EUR 120/GBP 95 per **Period of Cover***
31. Wellness 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) **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 5.9 does not apply.*	*Optional* *For Compulsory **Group Plans** 3+ employees* *Combined limit up to USD 250/ EUR 200/GBP 155 per **Period of Cover***
32. Maternity – Option 1 *(i) **Medically Necessary** costs incurred during **Pregnancy** and childbirth: childbirth costs, including 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.* *Please note **We** will pay for the above Well-baby examinations costs only if **We** have paid the delivery cost of the baby under this **Group Plan**, provided the baby is being added into the **Group Plan** as an **Insured Person**.* *(ii) **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** (ii):* • *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** (ii) 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 Conditions**.* ***Waiting Period:** Costs Incurred within 12 months from the **Start Date** of the mother are excluded.* *Please note, **We** do not pay for parenting or other teaching classes as these are a matter of personal choice.* *The **Group Plan Deductible** applies to this **Benefit***	*Optional* *For Compulsory **Group Plans** 10+ employees* *(i) Up to USD 5,000/ EUR 4,000/GBP 3,125 per **Period of Cover*** *(ii) Up to USD 12,000/ EUR 9,600/GBP 7,500 per **Period of Cover***

Full refund | Not covered | Subject to limits | Optional

Additional Options	SimpleCare 100
33. Maternity – Option 2 (i) ***Medically Necessary*** *costs incurred during* ***Pregnancy*** *and childbirth: childbirth costs, including 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.* *Please note* ***We*** *will pay for the above Well-baby examinations costs only if* ***We*** *have paid the delivery cost of the baby under this* ***Group Plan****, provided the baby is being added into the* ***Group Plan*** *as an* ***Insured Person****.* (ii) ***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*** *(ii):* • *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*** *(ii) 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 Conditions****.* ***Waiting Period****: Costs Incurred within 12 months from the* ***Start Date*** *of the mother are excluded.* *Please note,* ***We*** *do not pay for parenting or other teaching classes as these are a matter of personal choice.* *The* ***Group Plan Deductible*** *applies to this* ***Benefit***	▶ *Optional* *For Compulsory* ***Group Plans*** *10+ employees* *(i)* ▶ *Up to USD 7,000/ EUR 5,600/GBP 4,375 per* ***Period of Cover*** *(ii)* ▶ *Up to USD 15,000/ EUR 12,000/ GBP 9,375 per* ***Period of Cover***

Underwriting Options	SimpleCare 100
Capped Cover *This underwriting option provides limited cover for any pre-existing* ***Medical Conditions*** *that are declared and accepted by* ***Us****.* ***Waiting Period****: Costs of* ***Treatment*** *for such pre-existing* ***Medical Conditions*** *incurred within the first nine months from the* ***Entry Date*** *are excluded.*	▶ *Optional* *For Compulsory* ***Group Plans*** *5 to 19 employees* *After* ***Waiting Period****, until the* ***Group Plan*** *renews: USD 2,000/ EUR 1,600/GBP 1,250 per declared pre-existing* ***Medical Condition*** *Upon renewal of the* ***Group Plan****: USD 4,000/ EUR 3,200/GBP 2,500 per declared pre-existing* ***Medical Condition****, per* ***Period of Cover***
Medical History Disregarded *If this underwriting option is selected, Exclusion 5.27 does not apply.* *Please note that the* ***Waiting Period*** *does not apply to either Maternity or Dental Care* ***Benefits****, if Medical History Disregarded is selected.*	▶ *Optional* *For Compulsory* ***Group Plans*** *of 10+ employees*

4.3.3 SimpleCare 250

Benefit	SimpleCare 250
Annual Maximum Group Plan Limit ***24/7 helpline and assistance services available on all Group Plans***	**USD 1,500,000/ EUR 1,200,000/ GBP 937,500**
Regional Cover Default	
Residents of Europe **Regional Cover: Europe**	
1. 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* *(ii)* ▶ *Up to USD 1,500/ EUR 1,200/ GBP 930 per **Medical Condition***
2. 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*** ☎ ▶ *Full refund*
3. 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)* ▶ *Up to six weeks full refund per **Period of Cover*** *(ii)* ▶ *Up to USD 50,000/ EUR 40,000/ GBP 31,250 per **Period of Cover***
4. Organ Transplant: ***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** 7 - **Congenital Disorder** but excluded from **Benefit** 4 – Organ Transplant.* ***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.* *Medical costs associated with the donor and the cost of the donor organ search are excluded from this **Benefit**.*	▶ *Up to USD 150,000/ EUR 120,000/ GBP 93,750 per **Period of Cover***
5. 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	SimpleCare 250
6. 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* ***Group Plan*** *within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.* *In circumstances where* ***We*** *require details of the* ***New Born*** *baby's medical history before the baby is being added to the* ***Group 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.*	*Up to USD 35,000/ EUR 28,000/ GBP 21,875 per* ***Period of Cover***
7. 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*** *6 -* ***New Born*** *Cover but excluded from* ***Benefit*** *7 –* ***Congenital Disorders****.*	*Up to USD 35,000/ EUR 28,000/ GBP 21,875 per* ***Period of Cover***
8. 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*
9. 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****.*	*Full refund*
10. 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.*	*Full refund*
11. Day-Patient or Out-Patient Surgery: ***Treatment*** *costs for a* ***Surgical Procedure*** *performed in a surgery,* ***Hospital****, day-care facility or* ***Out-Patient*** *department.*	*Full refund*
12. In-Patient Emergency Dental Treatment: *This means* ***Emergency*** *restorative dental* ***Treatment*** *required to sound, natural teeth following an* ***Accident*** *which necessitates* ***Your*** *admission to* ***Hospital*** *for at least one night.* *The dental* ***Treatment*** *must be received within 10 days of the* ***Accident****. This* ***Benefit*** *covers all costs incurred for* ***Treatment*** *made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:* • *If the* ***Treatment*** *involves replacing a crown, bridge facing, veneer or denture,* ***We*** *will pay only the reasonable and customary cost of a replacement of similar type or quality* • *If implants are clinically needed* ***We*** *will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead* • *Damage to dentures providing they were being worn at the time of the injury*	*Full refund*
13. 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*	*Full refund up to 90 days per* ***Medical Condition***
14. Nursing Care at Home: *Care given by* ***Qualified Nurse*** *in the* ***Insured Person's*** *own home, which is immediately received subsequent to* ***Treatment*** *as an* ***In-Patient*** *or* ***Day-Patient*** *on the recommendation of a* ***Medical Practitioner*** *or* ***Specialist****.*	*Full refund up to 30 days per* ***Medical Condition***

Full refund Not covered Subject to limits Optional

Benefit	SimpleCare 250
15. 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*
16. 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****.*	*Combined limit up to USD 100,000/ EUR 80,000/ GBP 62,500*
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.*	*(i) Full refund*
(ii) Reasonable local travel costs to and from medical appointments when ***Treatment*** *is being received as a* ***Day-Patient****.*	*(ii) Full refund*
(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the ***Hospital*** *to visit the* ***Insured Person*** *following admission as an* ***In-Patient****.*	*(iii) Full refund*
*(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****.*	*(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***
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.* ***You*** *are* ***Eligible*** *for* ***Medically Necessary Repatriation*** *costs only if there was an initial* ***Evacuation*** *that has taken place.* ***Deductible*** *would apply to* ***Medically Necessary Treatment*** *required under this* ***Benefit****.*	*Full refund*
17. Mortal Remains: *In the event of death from an* ***Eligible Medical Condition****,* ***Reasonable and Customary Charges*** *for:*	***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*	*(i) Full refund*
(ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.	*(ii) Up to USD 10,000/ EUR 8,000/GBP 6,250*
18. Emergency Non-Elective Treatment 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.*	***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***

Benefit	SimpleCare 250
19. Hospital Cash Benefit: *This **Benefit** is payable for each night an **Insured Person** receives **In-Patient Treatment** and only if:* *(i) the **Insured Person** is admitted for an elective **In-Patient Treatment** before midnight, and the **Treatment** is received within the public hospitals of the **Insured Persons' Country of Residence**; or* *(ii) this **Group Plan** being the **Secondary Health Insurance Plan**. However, if **You** have a USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 **Group Plan Deductible**, **You** are not **Eligible** for this **Benefit**.* *Cover under this **Benefit** is limited to a maximum of 30 nights per **Period of Cover**.* *For this **Benefit** exclusion 5.9 does not apply.*	*USD 250/ EUR 200/GBP 155 per night*

Benefit	SimpleCare 250
Annual Out-Patient Limit ***Applicable to Benefit 20 and 21 only, subject to Annual Maximum Group Plan Limit***	**USD 2,500/ EUR 2,000/ GBP 1,550**
20. Out-Patient Charges:	
*(i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**;* *(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 & Customary charges.* *No **Out-Patient Co-Insurance** or **Out Patient visit Excess** is applicable.*	*(i) and (ii)* *Full refund subject to Annual **Out-Patient** Limit*
*(iii) prescribed **Drugs and Dressings**.*	*(iii)* *Up to USD 1,250/ EUR 1,000/GBP 780*
*(iv) **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**.*	*(iv)* *Up to USD 150/ EUR 120/GBP 95 per **Period of Cover*** *(i), (ii), (iii) and (iv) subject to Annual **Out-Patient** Limit*
*Maintenance of **Chronic Medical Conditions** requiring ongoing or long-term monitoring through consultations, examinations, check-ups, **Drugs and Dressings** and/or tests are covered under this **Benefit**.* *Please note: If claim receipts do not show a breakdown of the medical services rendered, **We** will only pay **Eligible** claims up to the Prescribed **Drugs and Dressings** limit.*	
21. Out-Patient Physiotherapy and Alternative Therapies	
*(i) Physiotherapy by a Registered **Physiotherapist**.*	*(i)* *USD 80/ EUR 64/GBP 50 per visit*
*(ii) Complementary medicine and **Treatment** by a therapist. This **Benefit** extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture **Treatment**.*	*(ii)* *USD 80/ EUR 64/GBP 50 per visit*
*(iii) **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.*	*(iii)* *USD 40/ EUR 32/GBP 25 per visit*
***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 Practioner** or **Specialist**.*	*Combined up to 10 visits for (i), (ii) & (iii) per **Period of Cover**, subject to Annual **Out-Patient** Limit*

Full refund Not covered Subject to limits Optional

Benefit	SimpleCare 250
22. 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.*	▶ *USD 300/EUR 240/ GBP 190 per **Period of Cover***
23. 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**.*	▶ *Up to USD 400/ EUR 320/GBP 250 and subject to a maximum of 10 sessions per **Period of Cover***
24. Dental Care *Fees of a registered **Dental Practitioner** carrying out dental **Treatment** in a dental clinic/ surgery.* *This **Benefit** provides cover for the below dental **Treatment**:* – *Screening (including x-rays where necessary)* – *Preventive scaling, polishing, and sealing (once per year)* – *Fillings and extractions (non-surgical and surgical)* – *Root canal **Treatment*** – *New or repair of crowns, dentures, in lays and bridges* – *Apicoectomy* – *Prescribed **Drugs and Dressings*** *Dental implants and orthodontics **Treatment** are specifically excluded under this **Benefit**.* *No other **Treatment** is covered by this **Benefit**.* ***Waiting Period**: Costs incurred within nine months from the **Entry Date** are excluded.* *A **Co-Insurance** of 20% applies.* *For this **Benefit** the **Group Plan Deductible** or **Group Plan Out-Patient Per Visit Excess** does not apply.*	▶ *Up to USD 300/ EUR 240/GBP 185 per **Period of Cover***

Regional Cover Options	SimpleCare 250
25. Regional Cover: Europe (excluding United Kingdom, Germany and Switzerland) ***Applicable to residents of Europe only.*** *By selecting this option, **Your** area of cover will change to **Europe (excluding United Kingdom, Germany and Switzerland)**.*	*Optional*
26. Region of Cover: Worldwide excluding USA ***Applicable to residents of Africa, Europe and South East Asia where a default Regional Cover applies.*** *By selecting this option, **Your** area of cover will change to **Worldwide excluding USA**.*	*Optional*

Deductible Options	SimpleCare 250
Standard Deductible	*USD 500/ EUR 400/GBP 310*
Optional Deductible *Please note: USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 **Deductible** is only available if **You** are covered by more than one health insurance policy. **You** can only select such **Deductible** options if **You** buy this **Group Plan** as a **Secondary Health Insurance Plan**. **You** will be required to provide details of **Your Primary Health Insurance** when **You** apply for cover under this **Group Plan**.*	*Nil* *USD 150/ EUR 120/ GBP 95* *USD 250/ EUR 200/ GBP 155* *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*

Out-Patient Options	SimpleCare 250
27. Co-Insurance Out-Patient Treatment: *A 20% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment.*** *Please note that the **Co-Insurance** will not apply to **Treatment** relating to Renal dialysis/ Renal failure, **Cancer** or Organ Transplants.* *This option is not available for **Group Plans** with **Deductibles** of USD 1,000/EUR 800/GBP 625 or higher.*	*Optional*
28. 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**.* *Please note that the **Out-Patient Per Visit Excess** will not apply to **Treatment** relating to Renal dialysis/Renal failure, **Cancer** or Organ Transplants.* *This option is not available for **Group Plans** with **Deductibles** of USD 1,000/EUR 800/GBP 625 or higher.*	*Optional*

Additional Options	SimpleCare 250
29. Removal of Drugs and Dressings Limit *By selecting this option, cover for Prescribed **Drugs and Dressings** under **Benefit** 20 (iii) will be Full Refund, subject to annual **Out-Patient** limit.*	*Optional* *For Compulsory **Group Plans** 3+ employees*
30. Wellness and Vaccinations - Option 1 *(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 5.9 does not apply.*	*Optional* *For Compulsory **Group Plans** 3+ employees* *Combined limit up to USD 150/ EUR 120/GBP 95 per **Period of Cover***
31. Wellness 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) **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 5.9 does not apply.*	*Optional* *For Compulsory **Group Plans** 3+ employees* *Combined limit up to USD 250/ EUR 200/GBP 155 per **Period of Cover***
32. Maternity – Option 1 *(i) **Medically Necessary** costs incurred during **Pregnancy** and childbirth: childbirth costs, including 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.* *Please note **We** will pay for the above Well-baby examinations costs only if **We** have paid the delivery cost of the baby under this **Group Plan**, provided the baby is being added into the **Group Plan** as an **Insured Person**.* *(ii) **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** (ii):* • *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** (ii) 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 Conditions**.* ***Waiting Period**: Costs Incurred within 12 months from the **Start Date** of the mother are excluded.* *Please note, **We** do not pay for parenting or other teaching classes as these are a matter of personal choice.* *The **Group Plan Deductible** applies to this **Benefit***	*Optional* *For Compulsory **Group Plans** 10+ employees* *(i) Up to USD 5,000/ EUR 4,000/GBP 3,125 per **Period of Cover*** *(ii) Up to USD 12,000/ EUR 9,600/GBP 7,500 per **Period of Cover***

Full refund | Not covered | Subject to limits | Optional

Additional Options	SimpleCare 250
33. Maternity – Option 2 (i) ***Medically Necessary*** *costs incurred during* ***Pregnancy*** *and childbirth: childbirth costs, including 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.* *Please note* ***We*** *will pay for the above Well-baby examinations costs only if* ***We*** *have paid the delivery cost of the baby under this* ***Group Plan****, provided the baby is being added into the* ***Group Plan*** *as an* ***Insured Person****.* (ii) ***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*** *(ii):* • *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*** *(ii) 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 Conditions****.* ***Waiting Period****: Costs Incurred within 12 months from the* ***Start Date*** *of the mother are excluded.* *Please note,* ***We*** *do not pay for parenting or other teaching classes as these are a matter of personal choice.* *The* ***Group Plan Deductible*** *applies to this* ***Benefit***	▶ *Optional* *For Compulsory* ***Group Plans*** *10+ employees* *(i)* ▶ *Up to USD 7,000/ EUR 5,600/GBP 4,375 per* ***Period of Cover*** *(ii)* ▶ *Up to USD 15,000/EUR 12,000/ GBP 9,375 per* ***Period of Cover***

Underwriting Options	SimpleCare 250
Capped Cover *This underwriting option provides limited cover for any pre-existing* ***Medical Conditions*** *that are declared and accepted by* ***Us****.* ***Waiting Period****: Costs of* ***Treatment*** *for such pre-existing* ***Medical Conditions*** *incurred within the first nine months from the* ***Entry Date*** *are excluded.*	▶ *Optional* *For Compulsory* ***Group Plans*** *5 to 19 employees* *After* ***Waiting Period****, until the* ***Group Plan*** *renews: USD 2,000/ EUR 1,600/GBP 1,250 per declared pre-existing* ***Medical Condition*** *Upon renewal of the* ***Group Plan****: USD 4,000/ EUR 3,200/GBP 2,500 per declared pre-existing* ***Medical Condition****, per* ***Period of Cover***
Medical History Disregarded *If this underwriting option is selected, Exclusion 5.27 does not apply.* *Please note that the* ***Waiting Period*** *does not apply to either Maternity or Dental Care* ***Benefits****, if Medical History Disregarded is selected.*	▶ *Optional* *For Compulsory* ***Group Plans*** *of 10+ employees*

▶ Full refund ▶ Not covered ▶ Subject to limits ▶ Optional

5. Exclusions: What is not covered?

These are the **Group 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 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.

5.5 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.

5.6 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.

5.7 Chronic Conditions

You do not have cover for costs relating to the maintenance of **Chronic Conditions** unless **You** are insured under SimpleCare 100 or SimpleCare 250. **We** will pay such **Eligible** costs under **Benefit** 20 - **Out-Patient** Charges.

5.8 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.

5.9 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.

5.10 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**

5.11 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.

5.12 Dietary supplements and Cosmetic Products

We do not pay fornutritional 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.

5.13 Eating disorders

You are not covered for costs relating to **Treatment** of eating disorders such as, but not limited to, anorexia nervosa and bulimia.

5.14 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.

5.15 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**.

5.16 External Prosthesis

You are not covered for any costs relating to providing, maintaining and fitting of any external prosthesis or appliance or other equipment, medical or otherwise except as is specified under the **Hospital** Charges, **Medical Practitioner** and **Specialists** fees **Benefit**.

5.17 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.

5.18 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**.

5.19 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**.

5.20 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.

5.21 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.

5.22 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.

5.23 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.

5.24 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.

5.25 Palliative and Hospice Care

On diagnosis of a **Terminal** illness by a **Medical Practitioner** or **Specialist**, **We** do not cover the costs of **Hospital** or Hospice accommodation or costs of any other **Treatment** for the purpose of offering temporary relief of symptoms.

5.26 Pregnancy or maternity

You are not covered for costs relating to **Pregnancy** or childbirth, **Emergency** or voluntary caesarean section unless 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**.

5.27 Pre-Existing Medical Conditions (not applicable for MHD Groups)

Your Group Plan does not cover **You** for **Treatment** of **Pre-Existing Medical Conditions** and **Related Conditions** unless accepted by **Us** in writing.

A **Pre-Existing Medical Condition** means any disease, injury or illness for which:

1. **You** have received **Treatment**, tests or investigations for, been diagnosed with or been hospitalised for; or
2. **You** have suffered from or experienced symptoms; whether the **Medical Condition** has been diagnosed or not, at any time before your **Start Date/Entry Date** into the **Group 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 Psychiatric or Psychological Treatment

You are not covered for **Treatment** costs related to psychiatric illness or any psychological conditions unless specified in your benefit schedule.

5.30 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.

5.31 Routine examinations, health screening, and Vaccinations

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. **You** are not covered for any type of **Vaccination** costs.

However, **We** will pay for wellness and **Vaccination** costs according to the **Benefit Schedule** if these **Benefits** are shown on **Your Certificate of Insurance**.

5.32 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**.

5.33 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.

5.34 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.

5.35 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 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.

5.37 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.

5.38 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**.

5.39 Treatment in high cost medical facilities

You are not covered for costs of **Treatment** incurred in any medical provider that is listed on **Our High Cost Providers List**.

5.40 Treatment by a family member

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

5.41 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. Group Plan administration

6.1 The contract

The group agreement between **Us** and **Your** company/employer, the group application form, the group employee application form (if applicable) and any supporting documents, the **Certificate of Insurance, Benefit Schedule** and this handbook incorporating the **Group Plan** terms and conditions make up the contract between the **Planholder** and **Us**.

6.2 Premium payment

In most cases **Your** company/employer is responsible for payment of premiums. At the start of each **Group Plan** year, **We** will calculate **Your** new premium and let the **Plan Administrator** know how much it is. The **Plan Administrator** must pay **Your** premium when it is due. **We** must receive premiums 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 the **Plan Administrator** does not, **We** will cancel **Your Benefits** and will not pay for any **Treatment** or **Benefit** entitlement arising after the date that the premium became due.

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 Entry Date

Cover starts on the **Start Date/Entry 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.

6.3.2 Actively at Work

Actively at Work shall mean **You** are employed by the **Planholder** on a full time permanent basis and **You** are performing all **Your** regular duties according to **Your** employment terms on a customary manner and on a full time basis.

If **You** are an employee, **You** need to be Actively at Work on the day you become **Eligible** to join the **Group Plan**. If **You** are not Actively at Work on the day **You** become **Eligible**, **Your** cover will only begin on the day **You** return to work on an Actively at Work basis. **You** can only add **Your Dependants** when **You** return to work.

You are considered NOT being Actively at Work if:

- **You** are working less than 80% of the required work hours or being paid less than 80% of the usual pay as stipulated in **Your** employment terms
- **You** have a **Medical Condition** that necessitates absence from **Your** usual work place for more than 60 days
- **You** are on paid or unpaid leave for more than 30 days due to a **Medical Condition**
- **You** are on paid or unpaid leave for an extended period of more than 60 days, with the exception of maternity/paternity leaves as allowed by the local regulations

6.3.3 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 **Group Plan**.

6.3.4 Non-Eligible residency

If **You** permanently reside in a country that is not covered by this **Group Plan** and which **We** have advised at **Renewal Date**, **You** are not **Eligible** for this **Group Plan**. For details of the **Excluded Countries** please contact **Our** customer service team on +356 2260 5110.

6.4 Adding a new Dependant

Subject to the terms and conditions of **Your Group Plan**, if subsequently **You** wish to add **Your** spouse, partner or child to **Your Group Plan**, the **Plan Administrator** must either use their online secure portfolio area at www.now-health.com or arrange for **You** to complete a new application form, if applicable. 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 the **Plan Administrator** adds them within 30 days of their date of birth. **You** can do this by applying via **Your** online secure portfolio area at www.now-health.com.

However, **We** will require details of the baby's medical history if the baby has been adopted, or 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.

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 +356 2260 5110 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** may refer **Your** complaint to the relevant Authorities below.

The Office of the Arbiter for Financial Services
N/S in Regional Road
Msida MSD 1920
Malta
Freephone: 80072366 (local calls from a Malta landline)
Telephone: +356 2124 9245
Website: www.financialarbiter.org.mt/oafs/enquiry

7.2 The Malta Protection and Compensation Fund

The Malta Protection and Compensation Fund is a special fund which was established in terms of the Protection and Compensation Fund Regulations, 2003. The aims of the fund are: (i) to pay for any claims against an insurer which have remained unpaid because the insurer became insolvent. These claims must be in respect of protected risks situated in Malta or protected commitments where Malta is the country of commitment; and (ii) to compensate victims of road traffic accidents in certain specified circumstances. Limited compensation may be available under the fund if the insurer becomes insolvent and unable to meet its obligations under the insurance contract. **You** may be entitled to compensation from the fund if **We** are unable to meet **Our** obligations to **You** under this contract. If **You** are entitled to compensation from the fund, the level and extent of the compensation would depend on the nature of this contract. Further information can be obtained from the Malta Protection and Compensation Fund, Malta Financial Services Authority, Triq I-Imdina, Zone 1, Central Business District, Birkirkara, CBD1010, Malta.
Tel: +356 2144 1155 and on their website at www.mfsa.mt.

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 Data Protection Act. **We** and **Your Underwriters** collect personal information about **You** and **Your Dependents** (including health, bank account and occupation) for the purpose of establishing and administering **Your Plan**. This includes information supplied by **You**, those family members, medical providers or **Your** employer (if applicable). **Your** information may be passed to Now Health group companies administrating **Your Plan**, **Underwriters**, Insurers, Reinsurers, Medical Practitioners, Medical Assistance Companies and Claims Administrators for these purposes, including those located outside **Your** country of residence. Confidentiality is required of any third parties to whom the administration of **Your Plan** may be subcontracted, including those based outside the country of **Your** residency. In certain circumstances, medical service providers (or others) may be asked to supply further information. **Your** personal details will not be disclosed to other organizations without **Your** consent.

You have a right of access to, and correction of, information that **We** hold about **You**. Please contact **Us** if **You** would like to exercise either of these rights. Some of the information **We** collect about **You** may be classified as "sensitive" – that is information about racial or ethnic origin and physical or mental health. Data protection laws impose specific conditions in relation to sensitive information, including, in some circumstances, the need to obtain **Your** explicit consent before **We** process the information. 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 **Plan** all correspondence about the **Plan**, including claims correspondence, will be sent to the **Planholder**. If any family member over 18 insured under the **Plan** does not want this to happen they should apply for their own **Plan**.

When **You** provide information about **Your Dependants** or employees and their **Dependants**, **You** represent and warrant that **You** have obtained consent from **Your** employees and their **Dependants** to provide and receive information about their personal information and the cost of their medical insurance **Plan**, but not of medical condition.

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 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 practice may be impaired.

Please contact **Our** customer service team or write to **Us** at the address on the back of this handbook if **You** wish Now Health International group companies to contact **You** via letter, SMS or email with details of other IPMI or related product and services. A list of Now Health group companies, their contact details and **Our** Data Privacy Policy is available at www.now-health.com/privacy.

We need **Your** consent to use **Your** contact details for this purpose, which **We** will ask for before **We** start sending **You** any marketing communications. **You** do not have to give **Your** consent and **You** may withdraw **Your** consent at any time by contacting **Our** customer service at CustomerService@now-health.com or write to **Us** at the address on the back of this handbook.

Your health claims information may be shared by Now Health International Group companies to other Insurance Companies or Reinsurance Companies for the purposes 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 group agreement between **Us** and **Your** company/employer, the group application form, the group employee application form (if applicable) and any supporting documents, the **Certificate of Insurance**, **Benefit Schedule** and this handbook incorporating the **Group Plan** terms and conditions make up the contract between the **Planholder** 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 **Your** cover under the **Group Plan** (including not returning the **Group 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 **Group Plan** premium and reduce **Your** claim(s).

8.1.2 Apart from certain countries where **We** have explicity agreed to cover local nationals, this **Group Plan** is available only to people living outside their **Country of Nationality** so **You** must tell **Us** immediately via the **Plan Administrator** 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.

8.1.3 Only **We** and the **Planholder** have legal rights under this **Group Plan** and it is not intended that any clause or term of this **Group Plan** should be enforceable, by virtue of the Contract (Rights of Third Parties) Act 1999, by any other person including any family member.

8.1.4 This **Group Plan** shall be governed by and construed in accordance with the Laws of Malta and the parties agree to submit to the jurisdiction of the courts of Malta.

8.2 Our rights and responsibilities

8.2.1 **We** will tell the **Planholder** in writing the date the **Group Plan** starts and any special terms which apply to it.

We can refuse to give cover and will tell the **Planholder** 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 the **Planholder's** acceptance.

8.2.3 **We** can refuse to add a family member to the **Group 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 **Group 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** or the **Planholder** any loss to **Us** caused by the break
- Refuse to renew **Your Benefits** under the **Group Plan**
- Impose different terms to any cover **We** are prepared to provide
- End **Your Group 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 **Group 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 Group 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 **Your Benefits** void, as if it never existed. If **We** have already paid the **Benefit We** can recover those sums from **You** or the **Planholder**. 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 the **Plan Administrator**. **We** reserve the right to revise or discontinue the **Group 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 **Group Plan** is written in English and all other information and communications to **You** relating to this **Group Plan** will also be in English unless **We** have agreed otherwise in writing.

You have the right to request the policy documentation in the official language of the country of your residence. Please feel free to contact **Our** customer service at CustomerService@now-health.com or write to **Us** at the address on the back of this handbook.

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