



Enhanced WorldCare Plans

WorldCare – New Benefits and Enhancements to our Plans

The following summary in this document provides an overview of the New Benefits and Enhancements to our plan subsequent to our annual plan review. This document is to be read in conjunction with the Members' Handbook, effective 1 April 2025 and is intended to advise you of the changes to policies incepting from **1 April 2026**. Effective 1 April 2026, our Members' Handbook will incorporate the changes mentioned in this document and will be available within your secure online portfolio.

Below you will find the recent changes and benefit clarifications we have made to our policies. These changes are contained in a short form description format. For full details please review your policy handbook.

If you are a renewing customer these changes will only come into effect when your policy renews with us.

You may only select the new cover options at your policy renewal.

If you have any questions, please contact NHI customer service or your broker.

Changes to Plan and Benefits

1. Hospital Charges, Medical Practitioner and Specialist Fees

Section ii) Ancillary charges have been updated and renamed DMEPOS Charges.

The scope of the benefit is now wider. Section ii) is now as follows:

ii) Durable Medical Equipment, Prosthetic and Orthotic Supplies (DMEPOS) when supplied within 6 months of In Patient or Day Patient Hospital treatment for an eligible medical condition, which is prescribed by your treating medical practitioner. We will pay for the following items: -

- i. Purchase or rental of crutches, air boots and initial purchase or rental of a wheelchair (self-propelled)
- ii. Delivery systems for prescribed drugs and dressings
- iii. Orthotic supplies such as insoles and orthotic supports
- iv. External prosthetics required after surgery. These include braces and calipers, initial purchase and fitting of an artificial limb and artificial eyes. Excludes hearing aids.

New limits are applicable as follows:

- o Essential & Advance: USD 2,000/ EUR 1,600/ GBP 1,250
- o Excel: USD USD 3,000/EUR 2,400/GBP 1,875
- o Apex: USD 4,000/EUR 3,200/GBP 2,500

2. Hospital Cash Benefit

The Hospital cash benefit has been revised. A new section has been added to provide a cash benefit for specified **Major Elective Surgeries** subject to pre-authorisation by **Us**.

The revised clause is as follows:

i) This Benefit is payable for each night when an Insured Person receives In-Patient Treatment and only if an Insured Person is admitted for In-Patient Treatment before midnight, and the Treatment is received free of charge that would have otherwise been Eligible for Benefit privately under this Plan. This Benefit is not payable if the insured Person is eligible for Hospital Cash Benefit ii) Major Elective Surgery. This Benefit is subject to a minimum of 30 days between eligible admissions, and up to a maximum of 5 admissions per policy year.

ii) This Benefit is payable when an Insured Person undergoes **Major Elective Surgery** and only if an Insured Person is admitted for In-Patient Treatment before midnight, and the Treatment is received free of charge that would have otherwise been Eligible for Benefit privately under this Plan.

This Benefit is subject to pre-approval and subject to a minimum of 30 days between eligible admissions, and up to a maximum of 3 admissions per policy year.

For this Benefit exclusion 5.10 does not apply

This Benefit is not payable if your admission and this Benefit is not pre-approved. This Benefit is not eligible if you are admitted for an Accident and Emergency.

Waiting Period: Cover only available after nine months of continuous membership.

New Limits are applicable as follows:

- i) USD 200/EUR 160/GBP 125 per admission
- ii) USD 1,000/EUR 800/GBP 625 per Major Elective Surgery

3. Dental Care Benefit (if included in your plan)

Section i) Preventative scaling, polishing and sealing is now allowed twice a year.

4. USA Elective Treatment Benefit

Section ii) has been altered to remove the 50% co-insurance for Out-Patient Treatment outside the

Now Health International Network:

ii) Costs associated with Eligible Out-Patient Treatment in the USA will be paid up to the Out-Patient limits of your Policy

5. Out-Patient Physiotherapy and Alternative Therapies

An extra clause has been added as follows:

Please note that sessions must be conducted at a recognised medical facility or an approved healthcare centre. Home-based sessions are not covered.

Additional Wording Changes

○ Exclusions

i) Nursing Homes, convalescence homes, health Hydros, Health Resorts, Health Spas and nature cure clinics

This exclusion has had Health Resorts and Health Spas added to it as set out below:

5.25 Nursing Homes, convalescence homes, health Hydros, Health Resorts, Health Spas and nature cure clinics

You are not covered for Treatment received in nursing homes, convalescence home, health hydros, health resorts, health spas, 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 age related infirmity and/or if the Hospital has effectively become your home.

ii) Reproductive Medicine Exclusion

This exclusion has been updated as follows:

5.29 Reproductive Medicine Exclusion

You are not covered for costs relating to:

- (i) investigations into or Treatment of infertility and fertility, or assisted conception
- (ii) Sterilisation (or its reversal)
- (iii) Contraception

○ The Contract

i) Benefits: What is covered? – Pre-Authorisation 4.2

Hospital Cash Benefit has been added to the Pre-Authorisation required list.

ii) Making a Complaint 7.1 (BDIL Binder Only)

Step 2 of the complaints procedure has been updated as follows:

We aim to resolve your complaint to your satisfaction. However, if you are unhappy with our final decision and remain dissatisfied, you may escalate your complaint to the appropriate regulatory authority, depending on the nature of your concern, as outlined below:

- **Service-related complaints** (for example, complaints related to turnaround times, delays, or service experience)
You may refer your complaint to the **Dubai Financial Services Authority (DFSA)**.
Website: <https://www.dfsa.ae/your-resources/consumer/complaints>
- **Policy-related complaints** (for example, complaints related to exclusions, benefits, or policy terms)
You may refer your complaint to the **Bermuda Monetary Authority (BMA)**.

○ Definition

A new definition for **Major Elective Surgery** has been added:

Major Elective Surgery involves complex, invasive procedures on vital organs (head, chest, abdomen, limbs) requiring anesthesia, significant tissue manipulation, a hospital stay, and a longer recovery, carrying higher risks of severe complications or impacting life/major body systems.

Eligible Major Elective Surgeries:

- Elective Heart Surgeries
- Mastectomy with reconstruction
- Hip and Knee Joint replacements, Knee ligament repairs & Shoulder surgeries
- Brain and spinal surgeries (craniotomies, spinal fusion, Laminectomy, Discectomy, Foraminectomy)
- Major vascular surgeries (aortic aneurysm repair, Carotid endarterectomy, Peripheral Vascular bypass, Mesenteric / renal artery reconstruction, Thrombectomy, varicose veins)
- Cataract Surgeries

○ Deductible

The **Deductible** definition has been modified to provide more clarity.

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