

International health insurance

Insurance Product Information Document

Company: Now Health International (Europe) Limited

Authorised and regulated by the Malta Financial Services Authority. Registered Office: Dragonara Business Centre 5th Floor, Dragonara Road, St Julian's, STJ 3141, Malta. Company No. C94330.

Underwritten By: Starr Europe Insurance Limited

Product: WorldCare Apex Plan

The information provided in this document is a summary of the key features and exclusions of the plan and does not form part of the contract between us. Complete pre-contract and contractual information about the product will be provided in your plan documents.

What is this type of insurance?

International health insurance provides cover for reasonable and customary charges for medically necessary and active treatment of disease, illness or injury on a worldwide basis, excluding the USA as standard

What is insured?

- ✓ An annual maximum plan limit of USD 4.5m/EUR 3.6m/GBP 2.8m
- ✓ Treatment or monitoring of ongoing, recurrent and long-term conditions (also known as 'chronic conditions') are covered up to the annual maximum benefit limit
- ✓ Hospital charges, medical practitioner and specialist fees are covered for in and day-patient treatment up to the annual maximum plan limit
- ✓ Diagnostic procedures are covered for in, day and out-patient treatment up to the annual maximum plan limit
- ✓ Renal failure and renal dialysis are covered for in-patient treatment up to the annual maximum plan limit and up to USD 100,000/EUR 80,000/GBP 62,500 for day and out-patient treatment
- ✓ Organ transplant is covered up to the annual maximum plan limit
- ✓ Cancer treatment is covered for in, day and out-patient treatment up to the annual maximum plan limit
- ✓ Pregnancy medical conditions are covered up to the annual maximum plan limit
- ✓ New borns are covered within the first 30 days of their birth for in-patient treatment up to USD 150,000/EUR 120,000/GBP 93,750
- ✓ Rehabilitation is covered up to the annual maximum plan limit per medical condition for in-patient treatment

What is not insured?

- ✗ Treatment of medical conditions that you had, or had symptoms of, before joining. If you join on different terms it will be shown in your plan documents
- ✗ The standard exclusions that apply to all plans in addition to any personal exclusions detailed in your plan documents

Are there any restrictions on cover?

- If you have an in or day-patient deductible, you are liable to pay this expense before any benefits will be paid under the plan
- Certain benefits are subject to waiting periods so you will not be able to access these benefits immediately. There is a three year waiting period for the AIDS benefit, a twelve month waiting period for the maternity benefit, a twelve month waiting period for the Pregnancy Medical conditions benefit, a nine month waiting period for dental care, and a six month waiting period if you choose a Wellness option

- ✓ Emergency dental treatment is covered for in-patient treatment up to the annual maximum plan limit
- ✓ Psychiatric treatment is covered for in-patient treatment up to the annual maximum plan limit limited to 30 days
- ✓ Terminal illness is covered for in and day-patient treatment up to USD 100,000/EUR 80,000/GBP 62,500 per lifetime
- ✓ Emergency non-elective treatment in the USA:
 - Accidents are covered for in and day-patient treatment up to the annual maximum plan limit
 - Illnesses are covered for in and day-patient treatment up to USD 50,000/EUR 40,000/GBP 31,250. Out-patient treatment in Accident and Emergency Department of a Hospital up to USD 500/EUR 400/GBP 310
- ✓ Evacuation and repatriation is covered up to the annual maximum plan limit
- ✓ Out-patient charges are covered up to the annual maximum plan limit
- ✓ Physiotherapy is covered up to the annual maximum plan limit
- ✓ Day and out-patient surgery is covered up to the annual maximum plan limit
- ✓ Out-patient psychiatric treatment is covered up to USD 7,500/EUR 6,000/GBP 4,600
- ✓ Alternative therapies are covered up to the annual maximum plan limit
- ✓ Routine dental treatment is covered up to USD 1,500, EUR 1200/GBP 930
- ✓ Complex dental treatment is covered up to USD 3,000/EUR 2,400/GBP 1,875
- ✓ Routine maternity treatment up to USD 17,500/EUR 14,000/GBP 10,940

Where am I covered?

- Default cover applies for treatment received in any country except the USA
- Other area coverage options are available

What are my obligations?

- You must give us complete and accurate answers to any questions we may ask
- If anything changes between the time you agreed to join and the start date, you must contact us
- You must pay any deductible that applies to your plan
- You must pay the premium on time
- You must inform us if your personal details change, including your address
- If you need to make a claim and are unsure if you are covered, please get in touch with us

When and how do I pay?

- You can pay your premium monthly, quarterly, semi-annually or annually by credit card
- You can pay your premium annually by bank transfer

When does the cover start and end?

- Your plan will start on the date you choose to accept our quote and buy your plan, which will be shown on your plan documents, and is in place for one year. If we have agreed something different with you it will be shown on your plan documents

How do I cancel the contract?

- You can cancel your plan by writing to or calling us within the first 14-days of receiving your plan documents. If you do this you will receive a refund on the premium you have paid provided that no claims have been paid in that time. If you do not cancel within this time, your plan will continue until the end of the plan year as long as you continue to pay your premium.