

## 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:** SimpleCare 250 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 Europe area of cover basis as standard

#### What is insured?

- ✓ An annual maximum plan limit of USD 1.5m/EUR 1.2m/GBP 937.5k
- ✓ 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 or out-patient treatment up to the annual maximum plan limit
- ✓ Renal failure and renal dialysis is covered for in-patient treatment up to the annual maximum benefit limit for six weeks and up to USD 50,000/EUR 40,000/GBP 31,250 for day and out-patient care
- ✓ Organ transplant is covered up to USD 150,000/EUR 120,000/GBP 93,750
- ✓ Cancer treatment is covered for in, day and out-patient treatment up to the annual maximum plan limit
- ✓ New borns are covered within the first 30 days of their birth for in-patient treatment or an acute condition up to USD 35,000/EUR 28,000/GBP 21,875
- ✓ Day and out-patient surgery is covered up to the annual maximum plan limit
- ✓ Emergency dental treatment is covered for in-patient treatment up to the annual maximum plan limit
- ✓ Rehabilitation is covered up to the annual maximum plan limit limited to 90 days per medical condition
- ✓ Evacuation and repatriation is covered up to USD 100,000/EUR 80,000/GBP 62,500
- ✓ Emergency non-elective treatment outside area of cover is covered up to the annual maximum plan limit for in and day-patient treatment relating to accidents and USD

#### 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 costs relating to normal pregnancy or childbirth
- ✗ 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/day/out-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 nine month waiting period for the dental care benefit

35,000/EUR 28,000/GBP 21,875 relating to illness

- ✓ Out-patient charges, physiotherapy and alternative therapies are covered up to USD 2,500/EUR 2,000/GBP 1,550 combined limit
- ✓ Dental care is covered up to USD 300/EUR 240/GBP 185

## Where am I covered?

- Default cover applies for treatment within the Europe Area of Cover
- 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.