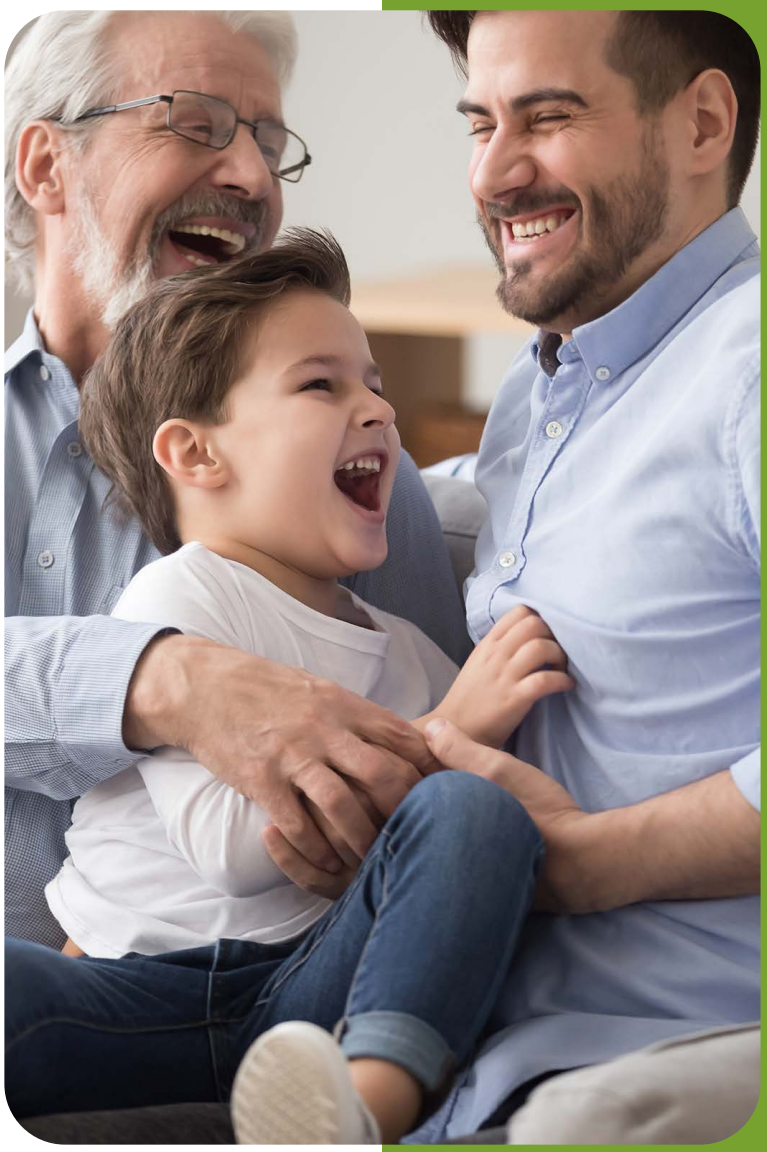
Administered by:

NOW HEALTH INTERNATIONAL

Insured by:

Arabia INSURANCE

WorldCare Members' Handbook



Individuals and families

Insured by Arabia Insurance Company S.A.L.

Everything you need to know about your international health insurance

Effective 1 April 2026

Introduction

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

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

How to use this handbook

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

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

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

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

Our service for You

When **You** need to use **Your** WorldCare **Plan**, here's what **You** can expect from **Us**:

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

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

Contacting Us

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

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

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

T +971 (0) 4450 1410 | CustomerService@now-health.com

Arabia Insurance Company S.A.L., c/o Now Health International Gulf Third Party Administrators LLC, Office No: 1741, Al Ghaith Tower, Aya Business Centers – Branch 1, Hamdan Street, Al Dannah, Abu Dhabi, United Arab Emirates.

Offices 10, 11 and 12, Block D3, Xavier Business Centre, Level M2, Burj Nahar Mall, Deira, P.O. Box 334337, Dubai, United Arab Emirates

Assistance team for Emergency Evacuation or Repatriation

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

T +971 (0) 4450 1440

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 Plan** have specific meanings. They are always shown in bold with a capital letter at the beginning wherever they appear in **Your Plan**.

Accident
A sudden, unexpected, unforeseen and involuntary external event resulting in identifiable physical injury occurring to an **Insured Person** while **Your Plan** is in force.

Acute Condition
A disease, illness or injury that is likely to respond quickly to **Treatment** which aims to return **You** to the state of health **You** were in immediately before suffering the disease, illness or injury, or which leads to **Your** full recovery.

Act of 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.

Alternative Therapies
Refers to therapeutic and diagnostic **Treatment** that exists outside the institutions where conventional medicine is taught. Such medicine includes chiropractic **Treatment**, osteopathy, dietician, homeopathy and acupuncture as practised by approved therapists.

Apicoectomy
Is a dental surgery performed to remove the root tip and the surrounding infected tissue of an abscessed tooth, when inflammation or infection persists in the bony area around the end of a tooth after a root canal procedure. Apicoectomy is done to treat the following:

- Fractured tooth root
- A severely curved tooth root
- Teeth with caps or posts
- Cyst or infection which is untreatable with root canal therapy
- Root perforations
- Recurrent pain and infection
- Persistent symptoms that do not indicate problems from x-rays
- Calcification
- Damaged root surfaces and surrounding bone requiring surgery

Benefits
Insurance cover provided by this **Plan** and any extensions or restrictions shown in the **Certificate of Insurance** or in any endorsements (if applicable) and subject always to **Us** having received the premium due.

Benefit Schedule
The table of **Benefits** applicable to this **Plan** showing the maximum **Benefits We** will pay.

Cancer
A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Certificate of Insurance
The certificate giving details of the **Planholder**, the **Insured Persons**, the **Period of Cover**, the **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 and as **You** declared to **Us**.

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

Chronic Condition

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

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

Day-Patient

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

Deductible
(Please note that an annual **Deductible** is not available to residence visa holders in the Emirates of Dubai or Abu Dhabi)

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.**

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 and recognised by **Us**.

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 or wife, living with **You**. 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, which are authorised and recognised in the country where they are prescribed and are administered by a **Medical Practitioner** or **Specialist** needed to relieve or cure a **Medical Condition**.

Eligible

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

Entry Date

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

Emergency

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

Evacuation or Repatriation Service

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

Expatriate

Any persons living and/or working outside of the country for which they hold a passport. Usually for a period of more than 180 days per **Period of Cover**.

Geographic Area

The geographic area used to calculate the premium that will apply to **You** based on **Your** principal **Country of Residence** at the **Start Date** or any subsequent **Renewal Date** of this **Plan**.

Hospital	Any establishment, which is licensed as a medical or surgical hospital under the laws of the country where it operates. The following establishments are not considered hospitals: rest and nursing homes, spas, cure-centres and health resorts.
Hospital Accommodation	Refers to standard private or semi-private accommodation as indicated in the **Benefit Schedule**. Deluxe, executive rooms and VIP suites are not covered.
In Network Medical Provider	Is a medical facility recognised by **Us** and contracted by **Us** and provides medical services to **Plan** members for specific pre-negotiated rates agreed by **Us**.
In-Patient	A patient who is admitted to **Hospital** and who occupies a bed overnight or longer, for medical reasons.
Insured Person/You/Your	The **Planholder** and/or the **Dependants** named on the **Certificate of Insurance** who are covered under this **Plan**.
Major Elective Surgery	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, Diskectomy, Foraminectomy) • Major vascular surgeries (aortic aneurysm repair, Carotid endarterectomy, Peripheral Vascular bypass, Mesenteric / renal artery reconstruction, Thrombectomy, varicose veins) • Cataract Surgeries
Medical Condition	Any disease, injury, or illness, including **Psychiatric Illness**.
Medical Practitioner	A person who has attained primary degrees in medicine or surgery following attendance at a **WHO**-recognised medical school and who is licensed to practise medicine by the relevant authority in the country where the **Treatment** is given. By "recognised medical school" **We** mean a medical school, which is listed in the current World Directory of Medical Schools published by the **WHO**.
Medical Provider Agreement	An agreement **We** have with each of the **Hospitals**, **Day-Patient** units and scanning centres listed in the **Now Health International Provider Network**.
Medically Necessary	**Treatment**, which in the opinion of a qualified **Medical Practitioner** is appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards could not have been omitted without adversely affecting the **Insured Person's** condition or the quality of medical care rendered. Such **Treatment** must be required for reasons other than the comfort or convenience of the patient or **Medical Practitioner** and provided only for an appropriate duration of time. As used in this definition, the term "appropriate" shall mean taking patient safety and cost effectiveness into consideration. When specifically applied to **In-Patient Treatment**, medically necessary also means that diagnosis cannot be made, or **Treatment** cannot be safely and effectively provided on an **Out-Patient** basis.
New Born	A baby who is within the first 16 weeks of its life following birth.
Now Health International Provider Network	**Our** published list of medical providers where **We** have a **Direct Billing Agreement**. A separate list of medical providers will be available for residents in the Emirate of Abu Dhabi.

Out-Patient Per Visit Excess	An Uninsured amount payable by an **Insured Person** in respect of **Out-Patient** expenses before any **Benefits** are paid under the **Plan** as specified in **Your Certificate of Insurance**. Each visit refers to each consultation. The **Out-Patient Per Visit Excess** applies per **Insured Person,** per **Out-Patient** consultation, when **You** receive **Eligible Out-Patient Treatment** inside and outside of the **Now Health International Provider Network.**
Out of Network Medical Provider	An out of network medical provider is one not contracted with **Your Plan**.
Out-Patient	A patient who attends a **Hospital**, consulting room, telemedicine appointment or out-patient clinic and is not admitted as a **Day-Patient** or an **In-Patient**.
Out-Patient Direct Billing	**Our** published list of medical providers where **We** have a **Direct Billing Provider** Network.
Period of Cover	The period of cover set out in the **Certificate of Insurance**. This will be a 12-month period starting from the **Start Date** or any subsequent **Renewal Date** as applicable.
Physiotherapist	A practising physiotherapist who is registered and licensed to practise in the country where **Treatment** is provided.
Pre-Authorisation	A process whereby an **Insured Person** seeks approval from **Us** prior to undertaking any **Treatment** or incurring costs. Such **Benefits** requiring pre-authorisation from **Us** will denote **Pre-Authorisation** ☎ in the **Benefit Schedule** and as detailed in section 4.
Plan	The contract between **You** and **Us** which set out terms and conditions of the cover provided. The full terms and conditions consist of the application form, **Certificate of Insurance**, **Benefit Schedule** and this members' handbook.
Planholder	The person or company named as planholder in the **Certificate of Insurance**.
Pregnancy	Refers to the period of time from the date of the first diagnosis until delivery.
Private Room	Single occupancy accommodation in a private **Hospital**. Deluxe, executive rooms and VIP suites are not covered.
Psychiatric Illness	The mental or nervous disorder that meets the criteria for classification under an international classification system such as Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD). The disorder must be associated with present distress, or substantial impairment of the individual's ability to function in a major life activity (e.g. employment). The aforementioned condition must be clinically significant and not merely an expected response to a particular event such as bereavement, relationship or academic problems and acculturation.
Qualified 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 and recognised by **Us**.
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** or government health department.
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 **Plan**.
Restricted Network	**Our** published list of restricted medical providers where **We** have a **Direct Billing Provider Network Agreement**.

Semi-Private Room	Dual occupancy accommodation in a private **Hospital**. Deluxe, executive rooms and VIP suites are not covered.
Specialist	A surgeon, anaesthetist or physician who has attained primary degrees in medicine or surgery following attendance at a **WHO**-recognised medical school and who is licensed to practise medicine by the relevant authority in the country where the **Treatment** is given, and is recognised as having a specialised qualification in the field of, or expertise in, the **Treatment** of the disease, illness or injury being treated. By "recognised medical school" **We** mean a medical school which is listed in the current World Directory of Medical Schools published by the **WHO**.
Start Date	The start date shown on **Your Certificate of Insurance**. **We** must have received premium payment in order for **Your** contract to start.
Surgical Procedure	An operation requiring the incision of tissue or other invasive surgical intervention.
Terminal	Following the diagnosis that the condition is terminal and **Treatment** can no longer be expected to cure the condition with death anticipated within 12 months of diagnosis.
Traditional Chinese Medicine and Ayurvedic Medicine	Traditional Chinese Medicine (TCM) and Ayurveda Medicine exist outside the institutions where conventional medicine is taught. They are holistic healing systems that focus on the individual rather than the disease. Both systems use a variety of interventions, including herbs, diet, and lifestyle changes.
Treatment	Surgical or medical services (including **Diagnostic Tests**) that are needed to diagnose, relieve or cure a **Medical Condition**.
Vaccinations	Refers to all basic immunisations and booster injections required under regulation of the country in which **Treatment** is being given, any **Medically Necessary** travel vaccinations and malaria prophylaxis.
Waiting Period	Is a period of time starting on **Your Plan Start Date** (or **Entry Date** if **You** are a **Dependant**), during which **You** are not entitled to cover for particular **Benefits**. **Your Benefit Schedule** will indicate which **Benefits** are subject to waiting periods.
We/Our/Us	Arabia Insurance Company S.A.L.
WHO	The World Health Organisation.

2. Manage your plan online

A guide to the secure online portfolio area

The simplest way to manage **Your Plan** is via the secure online portfolio area which **You** can access at www.now-health.com. To access it **You** need the unique username and password **You** were supplied with when **You** joined. If **You** need help to retrieve this information, contact **Us** on +971 (0) 4450 1410.

About me

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

My Plan

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

Your Claims

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

Other features

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

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

Download our mobile app

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

Download on the App Store

ANDROID APP ON Google play

3. How to claim

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

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

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

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

3.1 Claiming for Treatment You have already paid for

Step 1

Choose how You would like to claim

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

You can download a claim form from the secure online portfolio or the 'How to claim' page of www.now-health.com. Alternatively call **Us** on +971 (0) 4450 1410 to request a form or if **You** need help to access the secure online portfolio area.

Step 2

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

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

- Email to ClaimsService@now-health.com, or
- Post to Now Health International Gulf Third Party Administrators LLC, Offices 10, 11 and 12, Block D3, Xavier Business Centre, Level M2, Burj Nahar Mall, Deira, P.O. Box 334337, Dubai, United Arab Emirates

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

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

Step 2

For In-Patient/Day-Patient claims over USD 500 per Medical Condition:

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

- Email to ClaimsService@now-health.com, or
- Post to Now Health International Gulf Third Party Administrators LLC, Offices 10, 11 and 12, Block D3, Xavier Business Centre, Level M2, Burj Nahar Mall, Deira, P.O. Box 334337, Dubai, United Arab Emirates

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

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

Step 3

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

Step 4

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

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

Important notes:

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

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

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

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

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

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

3.2 Arranging Direct Settlement

3.2.1 For In-Patient and Day-Patient Treatment

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

Step 1

Five working days before **You** are admitted (or whenever possible), contact **Our** customer service team on T +971 (0) 4450 1410 | ClinicalService@now-health.com

Tell **Us** the **Hospital** name, telephone number and 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** online secure portfolio area at www.now-health.com.

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

Step 4

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

Important notes:

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

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

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

3.2 Arranging Direct Settlement

3.2.2 Out-Patient Treatment within the Now Health International Direct Billing Network – The following process applies for Insured Persons with Residence visas in the Emirates of Dubai or Abu Dhabi

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

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

Step 1

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

If **You** can't find an **Out-Patient Direct Billing** facility near **You**, **Our** customer service team will be happy to help.

You can contact them on T +971 (0) 4450 1410 | ClinicalService@now-health.com

Step 2

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

Step 3

The medical facility will check **Out-Patient Per Visit Excess** and any **Co-Insurance** before arranging for **You** to see a doctor.

If **Your** cover is not **Eligible**, they will still arrange for **You** to see a doctor but will ask **You** to pay for the **Treatment.**

Step 4

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

Step 5

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

Important notes:

If **You** receive **Treatment** that is not **Eligible** under **Your Plan** through the **Now Health International Provider Network**, **You** are liable for the costs incurred and **You** must refund **Us** or **We** may suspend **Your Benefits** until the **Planholder** or **You** have settled the outstanding amounts in full. If **We** determine that a claim was fraudulent , **We** may terminate **You** from the **Plan** with immediate effect without refund of premiums.

If **You** were **Eligible Treatment** within the **Now Health International Provider Network** but pay and claim for the **Treatment** received, the standard **Out Patient Per Visit Excess** will apply.

Out-Patient Direct Billing is not available for dental, wellness, optical and **Vaccinations Benefits**.

We offer Direct Billing for maternity if **You** have the optional maternity **Benefit** on Advance, Excel or Apex **Plan**. If **You** choose the maternity **Benefit** with **Out-Patient Direct Billing**, it will be specified on **Your** Membership Card.

However, **You** have to pay and claim for Dubai Health Authority (DHA) Mandatory requirements maternity **Benefit.**

For Dubai resident visa holders seeking **Treatment** in the Emirate of Dubai, they will only be charged 20% up to their excess amount for **Out-Patient** consultations in the Emirate of Dubai.

A USD 15 **Out-Patient Per Visit Excess** is available for **Insured Persons** with residence visas in the Emirate of Abu Dhabi.

3.2 Arranging Direct Settlement

3.2.3 Out-Patient Treatment within the Now Health International Direct Billing Network – The following process applies for Insured Persons with Residence visas in the Emirates outside of Dubai or Abu Dhabi

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

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

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

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

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

Step 1

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

If **You** can't find an **Out-Patient Direct Billing** facility near **You**, **Our** customer service team will be happy to help.

You can contact them on T +971 (0) 4450 1410 | ClinicalService@now-health.com

Step 2

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

Step 3

The medical facility will check **Out-Patient Per Visit Excess** and any **Co-Insurance** before arranging for **You** to see a doctor.

If **Your** cover is not **Eligible**, they will still arrange for **You** to see a doctor but will ask **You** to pay for the **Treatment.**

Step 4

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

Step 5

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

Important notes:

If **You** receive **Treatment** that is not **Eligible** under **Your Plan** through the **Now Health International Provider Network**, **You** are liable for the costs incurred and **You** must refund **Us** or **We** may suspend **Your Benefits** until the **Planholder** or **You** have settled the outstanding amounts in full. If **We** determine that a claim was fraudulent, **We** may terminate **You** from the **Plan** with immediate effect without refund of premiums.

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

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

3.3 When You need Emergency medical Treatment

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

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

Step 1

Contact **Our Emergency** assistance service on +971 (0) 4450 1440 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 a contact name at the **Hospital** and the name of the **Medical Practitioner**.

Step 2

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

Step 3

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

Step 4

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

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

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

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

Step 5

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

Important notes:

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

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

3.4 Accessing elective Treatment in the USA

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

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

Step 1

Five working days before **Your Treatment** (or as early as possible), contact **Our** customer service team on T +971 (0) 4450 1410 | ClinicalService@now-health.com

A Clinical Adviser will verify **Your** entitlement to **Benefits** for the proposed **Treatment** and give **You** details on how to claim.

Tell **Us** the name of the medical facility, telephone number, contact name and the name of the **Medical Practitioner**.

Step 2

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

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

We will contact **You** once the arrangements have been made.

Step 3

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

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

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

Step 4

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

Important notes:

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

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

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

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

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

3.5 What must I provide when making a claim?

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

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

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

3.6 Do I need to provide any other information?

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

We may request access to **Your** medical records including medical referral letters. If **You** don't reasonably allow **Us** access to this important information, **We** will have to refuse **Your** claim. This means that **We** will also recoup any previous payments that **We** have made for that **Medical Condition**. There may be instances where **We** are uncertain about the eligibility of a claim. If this is the case, **We** may, at **Our** own cost, ask a **Medical Practitioner** chosen by **Us** to review the claim. They may review the medical facts relating to a claim or examine **You** in connection with the claim. In choosing a relevant **Medical Practitioner**, **We** will take into account **Your** personal circumstances. **You** must co-operate with any **Medical Practitioner** chosen by **Us** or **We** will not pay **Your** claim.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The **Deductible** applies per **Insured Person** per **Period of Cover**. For example, if an **Insured Person** claims more than once for **In-Patient Treatment** during one **Period of Cover,** the **Deductible** will only apply to the first **Eligible In-Patient** claim if the full **Deductible** amount has already been fulfilled on the first claim. If the **Deductible** has not been fulfilled after the first claim, the **Deductible** balance will be taken from the second claim before any **Eligible** claim amount is paid. Please note that **Deductibles** are not available for any **Insured Person** with residence visas in the Emirates of Dubai or Abu Dhabi.

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 Visit Excess** will be applied to each consultation. The exception to this is if **You** have an initial consultation and **You** are asked to return for a further consultation and **You** are not charged for the second consultation, the **Out-Patient Per Visit Excess** will not apply to the free 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 **Out-Patient Treatment** and the claimed amount is USD 100, then the **Insured Person** will have to pay USD 20 and **We** will pay USD 80 towards the claim. Please note that this is not available fo**r Insured Persons** with residence visas in the Emirate of Abu Dhabi.

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

3.10 How will claim reimbursements be calculated?

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

3.11 What currencies can claims be made in?

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

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

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

4. Benefits: What is covered?

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

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

In return for payment of the premium, **We** agree to provide cover as set out in the terms of this **Plan**.

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

4.1 Summary of WorldCare

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

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

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

Essential	Cover for **In-Patient** and **Day-Patient Treatment**, and the option for a **Deductible** to lower **Your** premiums, if **You** want to cover high cost/low frequency major medical events only. WorldCare Essential is not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi.
Advance	Cover for **In-Patient, Day-Patient** and **Out-Patient Treatment**.
Excel	As with Advance, and cover for dental and generally higher **Plan** limits.
Apex	As with Excel, and cover for dental and maternity, as well as **Benefits** with overall higher limits.

Optional Benefits:

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

Co-Insurance Out-Patient Treatment	If this option is selected, costs associated with **Eligible Out-Patient Treatment** are subject to a 10% **Co-Insurance** (not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi).
Co-Insurance Out-Patient Treatment – Option 2	If this option is selected, costs associated with **Eligible Out-Patient Treatment** are subject to a 20% **Co-Insurance** (not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi).
Out-Patient Charges **(Essential only)**	Add **Out-Patient Benefits** to the **Essential Plan** option (not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi).
Out-Patient Charges – Option 2 (Essential only)	The same as **Out-Patient** Charges but inclusive of Maintenance of **Chronic Medical Conditions** within the **Benefit** sub-limit (not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi).
Out-Patient Charges – Option 3 (Essential only)	Adds Accident and Emergency **Out-Patient** and additional Pre-Operative and Post-Hospitalisation **Benefits** to the **Essential Plan**.
Out-Patient Per Visit Excess	This option is available for Advance, Excel and Apex. **You** can select to pay a USD 25 or USD15 **Excess** everytime **You** receive an **Out-Patient Consultation**. Please note that if **You** have selected the **Out-Patient Per Visit Excess**, **You** must pay the first USD 25 or USD15 of any **Eligible Out-Patient** claim. (Please note that USD 25 **Excess** is not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi).

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

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

4.2 Pre-Authorisation

When **You** should contact **Us** before **Treatment** starts.

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

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

You should contact **Our** customer service team on +971 (0) 4450 1410.

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

Pre-Authorisation is required for the following:

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

If **Pre-Authorisation** is not obtained and **Treatment** is received and is subsequently proven not to be **Medically Necessary**, **We** reserve the right to decline **Your** claim. If **Treatment** is **Medically Necessary**, but **You** did not obtain **Pre-Authorisation**,**We** will only pay up to **Reasonable and Customary Charges**. By **Reasonable and Customary Charge**s**, We** mean the standard fee that would be typically made in respect of **Your Treatment**.

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

4.3 The WorldCare Plan

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

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

4.3.1 WorldCare Essential
(not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi)

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

Full refund | Not covered | Subject to limits | Optional

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

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

Benefit	Essential
17. Terminal Illness: *Palliative and Hospice Care: On diagnosis of a **Terminal** illness, costs for any **In-Patient**, **Day-Patient** or **Out-Patient Treatment** given on the advice of a **Medical Practitioner** or **Specialist** for the purpose of offering temporary relief of symptoms. Charges for **Hospital** or hospice accommodation, nursing care by a **Qualified Nurse** and prescribed **Drugs and Dressings** are covered.*	▶ *__Eligible In-Patient__ and __Day-Patient Treatment__ only up to USD 50,000 lifetime limit*
18. Emergency Non-Elective Treatment USA Cover: *For planned trips up to 30 days of duration. **Treatment** by a **Medical Practitioner** or **Specialist** starting within 24 hours of the **Emergency** event, required as a result of an **Accident** or the sudden beginning of a severe illness resulting in a **Medical Condition** that presents an immediate threat to the **Insured Person's** health.* *Charges relating to routine **Pregnancy** and **Pregnancy Medical Conditions** are specifically excluded from this **Benefit**.*	▶ ***Accident:*** *Full refund for **Accident** requiring **In-Patient** and **Day-Patient** care* ▶ *Illness: **In-Patient** and **Day-Patient** care Up to USD 25,000 per **Period of Cover*** ***Out-Patient Treatment** in an **Accident and Emergency** Department in a **Hospital** up to USD 500 per **Period of Cover***
19. Evacuation and Repatriation: **Evacuation** *Arrangements will be made to move an **Insured Person** who has a critical, life-threatening **Eligible Medical Condition** to the nearest medical facility for the purpose of admission to **Hospital** as an **In-Patient** or **Day-Patient**.* *Reasonable expenses for:* *(i) Transportation costs (including air ambulance if required) of an **Insured Person** in the event of **Emergency Treatment** and **Medically Necessary** transport and care not being readily available at the plac of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.* *(ii) Reasonable local travel costs to and from medical appointments when **Treatment** is being received as a **Day-Patient**.* *(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the **Hospital** to visit the **Insured Person** following admission as an **In-Patient**.* *(iv) Reasonable costs for non-**Hospital Accommodation** only for immediate pre and post-**Hospital** admission periods provided that the **Insured Person** is under the care of a **Specialist**.* *Costs of **Evacuation** do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.* ***Our** medical advisers will decide the most appropriate method of transportation for the **Evacuation** and this **Benefit** will not cover travel if it is against the advice of **Our** medical advisers or where the medical facility does not have appropriate facilities to treat the **Eligible Medical Condition**.* **Repatriation** *Following an **Evacuation** covered by **Us**, an economy class airfare ticket to return the **Insured Person** and a locally-accompanying person who has travelled as an escort to the site of **Treatment** or the **Insured Person's** principal **Country of Nationality** or principal **Country of Residence**, as long as the journey is made within one month of completion of **Treatment**.* ***We** do not cover standalone repatriation.* *Charges relating to routine **Pregnancy** and **Pregnancy Medical Conditions** are specifically excluded from this **Benefit.***	***Pre-Authorisation*** ☎ *(i)* ▶ *Full refund* *(ii)* ▶ *Full refund* *(iii)* ▶ *Full refund* *(iv)* ▶ *Up to USD 200 per day* *Up to USD 7,500 per person, per **Evacuation*** ***Pre-Authorisation*** ☎ ▶ *Full refund*
20. Mortal Remains: *In the event of death from an **Eligible Medical Condition**, **Reasonable and Customary Charges** for:* *(i) Costs of transportation of body or ashes of an **Insured Person** to his/her **Country of Nationality** or **Country of Residence**, or* *(ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.*	***Pre-Authorisation*** ☎ *(i)* ▶ *Full refund* *(ii)* ▶ *Up to USD 10,000*

Benefit	Essential
21. Hospital Cash Benefit: *i) This **Benefit** is payable 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 limited 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.*	***Pre-Authorisation*** ☎ ▶ *i) Up to USD 200 per* admission *ii) Up to USD 1,000 per **Major Elective Surgery***
22. Out-Patient Charges: *(i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**; prescribed **Drugs and Dressings**.* *(ii) Teleconsultation (Virtual Doctor appointments via electronic means).* *Costs associated with **Eligible Treatment** will be paid in full where **Treatment** is received from **Medical Providers** listed in the **Now Health International Provider Network**.* *Treatment that is not received in the **Now Health International Provider Network** will pay **Reasonable and Customary Charges**.* *No **Out-Patient Co-Insurance** or **Out Patient visit Excess** is applicable.* *(iii) **Vitamins and Minerals**:* *Vitamins and Minerals as prescribed by a **Medical Practitioner**. Vitamins, minerals and eye lubricants prescribed for a diagnosed deficiency will be paid as per the **Out-Patient Benefit**.* *Any pre-operative and post-hospitalisation consultations are payable under this **Benefit**.*	*(i) and (ii)* ▶ *Pre-operative consultations within 15 days from the admission and post hospitalisation consultation within 30 days following discharge from **Hospital** Up to maximum USD 2,000 per **Medical Condition** per **Period of Cover*** *(iii)* ◀ *Not covered*
23. Menopause Hormone Replacement Therapy: *The cost of Hormone Replacement Therapy when required to alleviate the symptoms of the early onset of menopause where onset and **Treatment** commence below the age of 40 years.*	◀ *Not covered*
24. Day-Patient or Out-Patient Surgery: ***Treatment** costs for a **Surgical Procedure** performed in a surgery, **Hospital**, day-care facility or **Out-Patient** department. Any pre or post-operative consultations are payable under **Benefit** 22 – **Out-Patient** charges.*	▶ *Full refund*
25. Out Patient Psychiatric Illness: ***Out-Patient Treatment** administered by a Registered Psychologist and/or a Registered Psychiatrist, subject to 10 sessions and the cost limit under this section.* *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*
26. Out-Patient Physiotherapy and Alternative Therapies: *(i) Physiotherapy by a Registered **Physiotherapist**.* *(ii) Complementary medicine and **Treatment** by a therapist. This **Benefit** extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture **Treatment** but excludes **Physiotherapist** covered in (i).* ***You** may choose 5 sessions for any combination of **Benefits** in aggregate in a given **Period of Cover** for **Benefits** (i) and (ii) excluding dietician without the need of referral; any subsequent sessions need to be referred by a **Medical Practitioner** or **Specialist**.* *Please note that sessions must be conducted at a recognised medical facility or an approved healthcare center. Home-based sessions are not covered.*	*(i)* ▶ *Up to 5 sessions within 30 days after hospitalisation.* *(ii)* ◀ *Not covered*

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

Benefit	Essential
27. Out-Patient Traditional Chinese Medicine and Ayurvedic Medicine: ***Out-Patient Treatment*** *for therapies administered by a recognised Traditional Chinese* ***Medical Practitioner*** *or an Ayurvedic* ***Medical Practitioner****.* *All claims to include diagnosis, consultation fee,* ***Treatment*** *type,* ***Treatment*** *fee, prescription including detailed medication and number of doses.* *Exclusion 5.35 applies.*	▶ *Not covered*
28. Nursing Care at Home: *(i) 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****.* *(ii)* ***Emergency Medical Practitioner*** *(GP) home visits out of normal clinic hours.*	***Pre-Authorisation*** ☎ *(i)* ▶ *Up to USD 100 per day, up to 30 days per* ***Medical Condition*** *(ii)* ▶ *Not covered*
29. AIDS: *Medical expenses, which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. As result of proven occupation* ***Accident***** or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition,* ***Drugs and Dressings*** *(except experimental or those unproven),* ***Hospital Accommodation*** *and nursing fees.* * *For members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the* ***Entry Date*** *or* ***Start Date****, whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the* ***Insured Person's*** *occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational* ***Accident****.* ** *As long as the blood transfusion was received as an* ***In-Patient*** *as part of* ***Medically Necessary Treatment****.* ***Waiting Period****: Cover only available after three years of continuous membership.*	***Pre-Authorisation*** ☎ ▶ ***Eligible In-Patient*** *and* ***Day-Patient Treatment*** *only up to USD 25,000 per* ***Period of Cover***

Options to Core Benefits	Essential
30. Dental Care: *(i) Routine dental **Treatment**: Fees of a registered **Dental Practitioner** carrying out routine dental **Treatment** in a dental surgery. Routine dental **Treatment** means:* *– Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including X-rays where necessary,* *– Preventive scaling, polishing, and sealing (twice per year),* *– Fillings (standard amalgam or composite fillings) and extractions,* *– Root-canal **Treatment** (but not the fitting of a crown following root-canal **Treatment**), and* *– Prescribed **Drugs and Dressings**.* *No other **Treatment** is covered under the routine dental Treatment benefit.* ***Waiting Period**: Costs incurred within nine months from the **Start Date** are excluded.* *A **Co-Insurance** of 20% applies.* *For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.*	*(i)* ▶ *Optional* *Up to USD 250 per **Period of Cover***
*(ii) Complex Dental **Treatment**: Fees of a registered **Dental Practitioner** and associated costs for the following procedures: **Eligible** complex dental **Treatment**: including for example, **Apicoectomy** done to treat the following – Fractured tooth root; A severely curved tooth root; Teeth with caps or posts; Cyst or infection which is untreatable with root canal therapy; Root perforations; New or repair of crowns, dentures, in lays and bridges. Recurrent pain and infection; Persistent symptoms that do not indicate problems from x-rays. Calcification; Damaged root surfaces and surrounding bone requiring surgery; Dental implant; and prescribed **Drugs and Dressings**.* *No other **Treatment** (including Orthodontics) is covered by this **Benefit**.* ***Waiting Period**: Costs incurred within nine months from the **Start Date** are excluded.* *A **Co-Insurance** of 20% applies.* *For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.* *Please note that this **Benefit** is only available when **Out-Patient** Charges or **Out-Patient** Charges Option 2 (**Benefit** 32 or 33) are selected.*	*(ii)* ▶ *Optional* *Up to USD 1,000 per **Period of Cover***
31. USA Elective Treatment: *(i) Costs associated with **Eligible In-Patient** and **Day-Patient Treatment** in the USA will be paid in full where **Treatment** is received in a **Hospital** listed in the **Now Health International Provider Network**.* *(ii) Costs associated with **Eligible Out-Patient Treatment** in the USA will be paid up to **Your Out-Patient Benefit** limit.* ***In-Patient** and **Day-Patient Treatment** that is not received in the **Now Health International Provider Network** will be subject to a 50% **Co-Insurance**.* *This option is not available if **You** have selected an optional **Regional Cover**.*	***Pre-Authorisation for Out-Patient diagnostics and surgery, Day-Patient and In-Patient Treatment ☎*** ▶ *Optional* *Up to USD 1.5m per **Insured Person** per **Period of Cover***

Options to Core Benefits	Essential
32. Out-Patient Charges:	
(i) ***Medical Practitioner*** *fees including consultation,* ***Specialist*** *fees,* ***Diagnostic Tests****, prescribed* ***Drugs and Dressings****.*	*(i) and (ii)* ▶ *Optional Up to USD 5,000 per* ***Period of Cover*** *in aggregate*
(ii) Teleconsultation (Virtual Doctor appointments via electronic means). Costs associated with ***Eligible Treatment*** *will be paid in full where* ***Treatment*** *is received from* ***Medical Providers*** *listed in the* ***Now Health International Provider Network****. Treatment that is not received in the* ***Now Health International Provider Network*** *will pay* ***Reasonable and Customary Charges****. No* ***Out-Patient Co-Insurance*** *or* ***Out Patient visit Excess*** *is applicable.*	
(iii) ***Vitamins and Minerals****: Vitamins and Minerals as prescribed by a* ***Medical Practitioner****. Vitamins, minerals and eye lubricants prescribed for a diagnosed deficiency will be paid as per the* ***Out-Patient Benefit****.*	*(iii)* ▶ *Optional Up to USD 150 per* ***Period of Cover*** *in aggregate of overall* ***Out-Patient*** *Charges* ***Benefit*** *limit*
This ***Benefit*** *(i), (ii) and (iii) replaces* ***Benefit*** *22 –* ***Out-Patient Charges****.*	*Combined* ***Out-Patient*** *Charges* ***Benefit*** *limit Up to USD 5,000 per* ***Period of Cover*** *for (i), (ii) &(iii)*
(iv) a. Physiotherapy by a Registered ***Physiotherapist****.* *b. Complementary medicine and* ***Treatment*** *by a therapist. This* ***Benefit*** *extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture* ***Treatment*** *but excludes* ***Physiotherapist*** *covered in (i).* *c.* ***Out-Patient Treatment*** *for therapies administered by a recognised traditional Chinese* ***Medical Practitioner*** *or an Ayurvedic* ***Medical Practitioner****. All claims to include diagnosis, consultation fee,* ***Treatment*** *type,* ***Treatment*** *fee, prescription including detailed medication and number of doses.*	*(iv)* ▶ *Full refund up to a maximum 10 sessions per* ***Period of Cover*** *in aggregate. Physiotherapy is limited to 10 sessions and not in addition to* ***Benefit*** *26*
You *may choose 5 sessions for any combination of* ***Benefits*** *in aggregate in a given* ***Period of Cover*** *for* ***Benefits*** *(iv)a. and (iv)b. excluding dietician without the need of referral; any subsequent sessions need to be referred by a* ***Medical Practitioner*** *or* ***Specialist****.*	
This ***Benefit*** *replaces* ***Benefit*** *26 –* ***Out-Patient*** *Physiotherapy and* ***Alternative Therapies****.*	
Any pre-operative and post-hospitalisation consultations are payable under this ***Benefit.***	
Please note that sessions must be conducted at a recognised medical facility or an approved healthcare center. Home-based sessions are not covered.	*(v)* ▶ *Optional Up to USD 500 and a maximum of 10 sessions per* ***Period of Cover*** *in aggregate*
(v) ***Out Patient Psychiatric Illness:*** ***Out-Patient Treatment*** *administered by a Registered Psychologist and/or a Registered Psychiatrist, subject to 10 sessions and the cost limit under this section. For the first 5 sessions* ***You*** *may choose to visit a Registered Psychologist directly without the need for referral. However, any subsequent sessions with a Registered Psychologist will require referral and a* ***Treatment Plan*** *with a* ***Medical Practitioner*** *or* ***Specialist.***	*(vi)* ▶ *Optional Up to USD 400 per* ***Period of Cover***
This ***Benefit*** *replaces* ***Benefit*** *25 –* ***Out-Patient*** *psychiatric illness.*	
(vi) ***Menopause Hormone Replacement Therapy:*** *The cost of Hormone Replacement Therapy when required to alleviate the symptoms of the early onset of menopause where onset and* ***Treatment*** *commence below the age of 40 years.*	
This ***Benefit*** *replaces* ***Benefit*** *23 – Menopause Hormone Replacement Therapy.*	
Please note that if this option is chosen, the only ***Plan Deductible*** *options that can be chosen are USD 150, USD 250, USD 500, USD 1,000, USD 2,500 or USD 5,000.*	
If ***You*** *choose an optional* ***Deductible****,* ***You*** *must also select a* ***Co-Insurance Out-Patient Treatment*** *option.*	

Options to Core Benefits	Essential
33. Out-Patient Charges Option 2: ***Out-Patient*** *Charges including costs associated with maintenance of chronic* ***Medical Conditions***.	
(i) ***Medical Practitioner*** *fees including consultation,* ***Specialist*** *fees,* ***Diagnostic Tests****, prescribed* ***Drugs and Dressings***.	*(i) and (ii)* ▶ *Optional* *Up to USD 5,000 per* ***Period of Cover*** *in aggregate*
(ii) Teleconsultation (Virtual Doctor appointments via electronic means). *Costs associated with* ***Eligible Treatment*** *will be paid in full where* ***Treatment*** *is received from* ***Medical Providers*** *listed in the* ***Now Health International Provider Network***. ***Treatment*** *that is not received in the* ***Now Health International Provider Network*** *will pay* ***Reasonable and Customary Charges***. *No* ***Out-Patient Co-Insurance*** *or* ***Out Patient visit Excess*** *is applicable.*	
(iii) ***Vitamins and Minerals****:* *Vitamins and Minerals as prescribed by a* ***Medical Practitioner****. Vitamins, minerals and eye lubricants prescribed for a diagnosed deficiency will be paid as per the* ***Out-Patient Benefit***.	*(iii)* ▶ *Optional* *Up to USD 150 per* ***Period of Cover*** *in aggregate of overall* ***Out-Patient*** *Charges* ***Benefit*** *limit* *Combined* ***Out-Patient*** *Charges* ***Benefit*** *limit* *Up to USD 5,000 per* ***Period of Cover*** *for (i), (ii) &(iiii)*
This ***Benefit*** *(i), (ii) and (iii) replaces* ***Benefit*** *22 –* ***Out-Patient*** *Charges.*	
(iv) a. Physiotherapy by a Registered ***Physiotherapist***. *b. Complementary medicine and* ***Treatment*** *by a therapist. This* ***Benefit*** *extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture* ***Treatment*** *but excludes* ***Physiotherapist*** *covered in (i).* *c.* ***Out-Patient Treatment*** *for therapies administered by a recognised traditional Chinese* ***Medical Practitioner*** *or an Ayurvedic* ***Medical Practitioner****. All claims to include diagnosis, consultation fee,* ***Treatment*** *type,* ***Treatment*** *fee, prescription including detailed medication and number of doses.* ***You*** *may choose 5 sessions for any combination of* ***Benefits*** *in aggregate in a given* ***Period of Cover*** *for* ***Benefits*** *(iv)a. and (iv)b. excluding dietician without the need of referral; any subsequent sessions need to be referred by a* ***Medical Practitioner*** *or* ***Specialist***. *This* ***Benefit*** *replaces* ***Benefit*** *26 –* ***Out-Patient*** *Physiotherapy and* ***Alternative Therapies***. *Any pre-operative and post-hospitalisation consultations are payable under this* ***Benefit.***	*(iv)* ▶ *Full refund up to a maximum 10 sessions per* ***Period of Cover*** *in aggregate. Physiotherapy is limited to 10 sessions and not in addition to* ***Benefit*** *26*
Please note that sessions must be conducted at a recognised medical facility or an approved healthcare center. Home-based sessions are not covered.	*(v)* ▶ *Optional* *Up to USD 500 and a maximum of 10 sessions per* ***Period of Cover*** *in aggregate*
(v) ***Out Patient Psychiatric Illness:*** ***Out-Patient Treatment*** *administered by a Registered Psychologist and/or a Registered Psychiatrist, subject to 10 sessions and the cost limit under this section.* *For the first 5 sessions* ***You*** *may choose to visit a Registered Psychologist directly without the need for referral. However, any subsequent sessions with a Registered Psychologist will require referral and a* ***Treatment Plan*** *with a* ***Medical Practitioner*** *or* ***Specialist.***	
This ***Benefit*** *replaces* ***Benefit*** *25 –* ***Out-Patient*** *psychiatric illness.*	*(vi)* ▶ *Optional* *Up to USD 400 per* ***Period of Cover***
(vi) ***Menopause Hormone Replacement Therapy:*** *The cost of Hormone Replacement Therapy when required to alleviate the symptoms of the early onset of menopause where onset and* ***Treatment*** *commence below the age of 40 years.*	
This ***Benefit*** *replaces* ***Benefit*** *23 – Menopause Hormone Replacement Therapy.*	
Please note that if this option is chosen, the only ***Plan Deductible*** *options that can be chosen are USD 150, USD 250, USD 500, USD 1,000, USD 2,500 or USD 5,000.* *If* ***You*** *choose an optional* ***Deductible****,* ***You*** *must also select a* ***Co-Insurance Out-Patient Treatment*** *option.*	

Options to Core Benefits	Essential
34. Out-Patient Charges Option 3: *(i)* ***Emergency Out-Patient Benefit:*** *Charges for* ***Emergency Treatment*** *received as an* ***Out-Patient*** *in the* ***Accident*** *and* ***Emergency*** *department of a medical provider including:* ***Medical Practitioner*** *fees including consultation;* ***Specialist*** *fees;* ***Diagnostic Tests****, prescribed* ***Drugs and Dressings****.* *(ii)* ***Pre and Post-Operative Out-Patient Charges:*** *a.* ***Medical Practitioner*** *fees including consultations;* ***Specialist*** *fees;* ***Diagnostic Tests****; prescribed* ***Drugs and Dressings****.* *b. Teleconsultation (Virtual Doctor appointments via electronic means). Costs associated with* ***Eligible Treatment*** *will be paid in full where* ***Treatment*** *is received from* ***Medical Providers*** *listed in the* ***Now Health International Provider Network****.* ***Treatment*** *that is not received in the* ***Now Health International Provider Network*** *will pay* ***Reasonable and Customary Charges****.* *c. Physiotherapy by a Registered* ***Physiotherapist****.* *Any pre-operative and post-hospitalisation consultations are payable under this* ***Benefit****.* *Charges relating to pre-operative consultation within 60 days from the admission and post-hospitalisation consultation within 90 days following discharge from* ***Hospital****.* *This* ***Benefit*** *replaces* ***Benefit*** *22-* ***Out-Patient*** *Charges and* ***Benefit*** *26 –* ***Out-Patient*** *Physiotherapy and* ***Alternative Therapies****.* *Please note that sessions must be conducted at a recognised medical facility or an approved healthcare center. Home-based sessions are not covered.*	*(i)* ▶ *Optional* *Up to a maximum USD 300 per* ***Period of Cover*** *in aggregate and subject to USD 25* ***Out-Patient Per Visit Excess*** *(ii)* ▶ *Optional* *Up to a maximum USD 3,500 per* ***Medical Condition*** *per* ***Period of Cover*** *Physiotherapy is up to 5 sessions within 90 days following hospitalisation in aggregate.*
35. Co-Insurance Out-Patient Treatment: *A 10%* ***Co-Insurance*** *will apply to all* ***Eligible Out-Patient Treatment****. Should* ***Your Plan*** *include the Maternity, Dental care or Wellness, Optical and* ***Vaccinations Benefits****, any applicable* ***Co-Insurance*** *will be detailed in* ***Your Benefit Schedule****.* *Please note that the* ***Co-Insurance*** *will not apply to* ***Treatment*** *relating to Renal dialysis/ Renal failure,* ***Cancer*** *or Organ Transplants.*	▶ *Optional*
36. Co-Insurance Out-Patient Treatment Option 2: *A 20%* ***Co-Insurance*** *will apply to all* ***Eligible Out-Patient Treatment.*** *Should* ***Your Plan*** *include the Maternity, Dental care or Wellness, Optical and* ***Vaccinations Benefits****, any applicable* ***Co-Insurance*** *will be detailed in* ***Your Benefit Schedule****.* *Please note that the* ***Co-Insurance*** *will not apply to* ***Treatment*** *relating to Renal dialysis/ Renal failure,* ***Cancer*** *or Organ Transplants.*	▶ *Optional*
37. Wellness, Optical and Vaccinations: *(i) Wellness: This* ***Benefit*** *is payable as a contribution towards the cost of routine health checks including* ***Cancer*** *screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital sign (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age).* *and/or* *(ii) Optical* ***Benefits:*** *This* ***Benefit*** *also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, and Laser Eye Surgery and any complications, within the combined* ***Benefit*** *limits to a maximum USD300 per* ***Period of Cover*** *for an optical claim.* *Please note that there is no cover for prescription sunglasses or transition lenses.* *and/or* *(iii)* ***Vaccinations****: Costs of drugs and consultations to administer all* ***Medically Necessary*** *basic immunisation and booster injections and any* ***Medically Necessary*** *travel* ***Vaccinations*** *and malaria prophylaxis.* *For this* ***Benefit*** *exclusion 5.10 does not apply.* ***Waiting Period:*** *Cover only available six months after selecting this Option.* *This* ***Benefit*** *can only be taken on WorldCare Essential if* ***You*** *select an optional* ***Out-Patient*** *Charges or* ***Out-Patient*** *Charges – Option 2.*	▶ *Optional* ▶ *Combined limit Up to USD 500 per* ***Period of Cover***
38. Wellness and Vaccinations Option 3: *(i) Wellness: This* ***Benefit*** *is payable as a contribution towards the cost of routine health checks including* ***Cancer*** *screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age).* *and/or* *(ii)* ***Vaccinations****: Costs of drugs and consultations to administer all* ***Medically Necessary*** *basic immunisation and booster injections and any* ***Medically Necessary*** *travel* ***Vaccinations*** *and malaria prophylaxis.* *For this* ***Benefit*** *exclusion 5.10 does not apply.* ***Waiting Period:*** *Cover only available six months after selecting this Option.* *This* ***Benefit*** *can only be taken on WorldCare Essential if* ***You*** *select an optional* ***Out-Patient*** *Charges or* ***Out-Patient*** *Charges – Option 2.*	▶ *Optional* ▶ *Combined limit Up to USD 250 per* ***Period of Cover***

Options to Core Benefits	Essential
39. Extended Evacuation and Repatriation:	
Evacuation *Arrangements will be made to move an **Insured Person** who has a critical, life-threatening **Eligible Medical Condition** to the nearest medical facility, **Country of Residence**, **Country of Nationality** or the Insured Member's country of choice for the purpose of admission to **Hospital** as an **In-Patient** or **Day-Patient.*** *Reasonable expenses for:* *(i) Transportation costs (including air ambulance if required) of an **Insured Person** in the event of **Emergency Treatment** and **Medically Necessary** transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.* *(ii) Reasonable local travel costs to and from medical appointments when **Treatment** is being received as a **Day-Patient**.* *(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the **Hospital** to visit the **Insured Person** following admission as an **In-Patient.*** *(iv) Reasonable costs for non-**Hospital Accommodation** only for immediate pre and post-**Hospital** admission periods provided that the **Insured Person** is under the care of a **Specialist.*** *Costs of **Evacuation** do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.* *The Insured Member's country of choice is subject to the availability of the appropriate medical facilities being in place. **Our** medical advisers will determine whether the selected country has the suitable medical facility to treat the Insured Member's **Eligible Medical Condition**. **Our** medical advisers will decide the most appropriate method of transportation for the **Evacuation** and this **Benefit** will not cover travel if it is against the advice of **Our** medical advisers or where the medical facility does not have appropriate facilities to treat the **Eligible Medical Condition**.*	***Pre-Authorisation*** ☎ *(i)* ▶ *Full refund* *(ii)* ▶ *Full refund* *(iii)* ▶ *Full refund* *(iv)* ▶ *Up to USD 200 per day Up to USD 7,500 per person, per **Evacuation***
Repatriation *Following an **Evacuation** covered by **Us**, an economy class airfare ticket to return the **Insured Person** and a locally-accompanying person who has travelled as an escort to the site of **Treatment** or the **Insured Person's** principal **Country of Nationality** or principal **Country of Residence**, as long as the journey is made within one month of completion of **Treatment.** Reasonable cost of the above will be paid in full.* ***We** do not cover standalone repatriation.* *Charges relating to routine **Pregnancy** and **Pregnancy Medical Conditions** are specifically excluded from this **Benefit.***	***Pre-Authorisation*** ☎ ▶ *Full refund*

Deductible Options	Essential
Standard Deductible	*Nil*
Optional Deductible: *Please note:* ***Deductibles** would apply to any **Medically Necessary Treatment** required under **Benefit** 19 and **Benefit** 39.*	*USD 150* *USD 250* *USD 500* *USD 1,000* *USD 2,500* *USD 5,000* *USD 10,000* *USD 15,000*

*WorldCare Essential is not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi.*

4.3.2 WorldCare Advance

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

Benefit	Advance
9. Pregnancy Medical Conditions: ***In-Patient Treatment*** *of an* ***Eligible Medical Condition*** *which arises during the antenatal stages of* ***Pregnancy****, or an* ***Eligible Medical Condition*** *which arises during childbirth.* ***We*** *would only allow* ***Treatment*** *of the following as an* ***Eligible Medical Condition under this Benefit****:* • *Ectopic* ***Pregnancy*** *(where the foetus is growing outside the womb)* • *Hydatidiform mole (abnormal cell growth in the womb)* • *Retained placenta (afterbirth retained in the womb)* • *Placenta praevia* • *Eclampsia (a coma or seizure during* ***Pregnancy*** *and following pre-eclampsia)* • *Diabetes (If* ***You*** *have exclusions because of* ***Your*** *past medical history which relate to diabetes, then* ***You*** *will not be covered for any* ***Treatment*** *for diabetes during* ***Pregnancy****)* • *Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)* • *Miscarriage requiring immediate surgical* ***Treatment*** *This* ***benefit*** *does not provide any cover for voluntary or* ***Emergency*** *caesarean section procedures or 'failure to progress in labour' unless for one of the above stated Eligible Medical Conditions.* ***Waiting Period****: Costs Incurred within 12 months from the* ***Start Date*** *of the mother are excluded.*	▶ *Full refund*
10. New Born Cover: ***In-Patient Treatment*** *of premature birth (i.e. prior to age 37 weeks gestation) or an* ***Acute Condition*** *being suffered by a* ***New Born*** *baby of an* ***Insured Person*** *which manifests itself within 30 days following birth. Provided that the* ***New Born*** *baby is added to the* ***Plan*** *within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.* *In circumstances where* ***We*** *require details of the* ***New Born*** *baby's medical history before the baby is being added to the* ***Plan****,* ***We*** *reserve the right to apply particular restrictions to the cover* ***We*** *will offer.* *Please refer to Section 6.5 - Adding* ***New Born*** *of this Members' Handbook for details.*	▶ *Up to USD 100,000 per* ***Period of Cover***
11. Hospital Accommodation for New Born Accompanying their Mother: ***Hospital Accommodation*** *costs relating to a* ***New Born*** *baby (up to 16 weeks old) to accompany its mother (being an* ***Insured Person****) while she is receiving* ***Eligible Treatment*** *as an* ***In-Patient*** *in a* ***Hospital****.*	▶ *Full refund*
12. Congenital Disorder: ***In-Patient Treatment*** *for a* ***Congenital Disorder****. In circumstances where a* ***Congenital Disorder*** *manifests itself in a* ***New Born*** *baby within 30 days of birth, cover for such* ***Medical Conditions*** *will be provided under* ***Benefit*** *10 but excluded from* ***Benefit*** *12 –* ***Congenital Disorders****.*	▶ *Up to USD 100,000 per* ***Period of Cover***
13. Reconstructive Surgery: *Reconstructive surgery required to restore natural function or appearance following an* ***Accident*** *or following a* ***Surgical Procedure*** *for an* ***Eligible Medical Condition****, which occurred after an* ***Insured Person's Entry Date*** *or* ***Start Date*** *whichever is later.*	▶ *Full refund*
14. Rehabilitation: *When referred by a* ***Specialist*** *as an integral part of* ***Treatment*** *for a* ***Medical Condition*** *necessitating admission to a recognised* ***Rehabilitation*** *unit of a* ***Hospital****. Where the* ***Insured Person*** *was confined to a* ***Hospital*** *as an* ***In-Patient*** *for at least three consecutive days, and where a* ***Specialist*** *confirms in writing that* ***Rehabilitation*** *is required. Admission to a* ***Rehabilitation*** *unit must be made within 14 days of discharge from* ***Hospital****. Such* ***Treatment*** *should be under the direct supervision and control of a* ***Specialist*** *and would cover:* *(i) Use of special* ***Treatment*** *rooms* *(ii) Physical therapy fees* *(iii) Speech therapy fees* *(iv) Occupational therapy fees*	▶ *Full refund up to 180 days per* ***Medical Condition***
15. In-Patient Emergency Dental Treatment: *This means* ***Emergency*** *restorative dental* ***Treatment*** *required to sound, natural teeth following an* ***Accident*** *which necessitates* ***Your*** *admission to* ***Hospital*** *for at least one night.* *The dental* ***Treatment*** *must be received within 10 days of the* ***Accident****. This* ***Benefit*** *covers all costs incurred for* ***Treatment*** *made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:* • *If the* ***Treatment*** *involves replacing a crown, bridge facing, veneer or denture,* ***We*** *will pay only the reasonable and customary cost of a replacement of similar type or quality* • *If implants are clinically needed* ***We*** *will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead* *This* ***Benefit*** *also covers repair or reconstruction of dentures broken following an* ***Accident*** *that necessitates the* ***Insured Person****'s admission to a* ***Hospital*** *for at least one night, provided that such dentures were being worn at the time of the* ***Accident****.*	▶ *Full refund*
16. In-Patient Psychiatric Treatment: ***In-Patient Treatment*** *in a recognised Psychiatric unit of a* ***Hospital****. All* ***Treatment*** *must be administered under the direct control of a Registered Psychiatrist.*	***Pre-Authorisation*** ☎ ▶ *Full refund limited to 30 days per* ***Period of Cover***

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

Benefit	Advance
17. Terminal Illness: *Palliative and Hospice Care: On diagnosis of a **Terminal** illness, costs for any **In-Patient**, **Day-Patient** or **Out-Patient Treatment** given on the advice of a **Medical Practitioner** or **Specialist** for the purpose of offering temporary relief of symptoms. Charges for **Hospital** or hospice accommodation, nursing care by a **Qualified Nurse** and prescribed **Drugs and Dressings** are covered.*	▶ *Up to USD 50,000 lifetime limit*
18. Emergency Non-Elective Treatment USA Cover: *For planned trips up to 30 days of duration. **Treatment** by a **Medical Practitioner** or **Specialist** starting within 24 hours of the **Emergency** event, required as a result of an **Accident** or the sudden beginning of a severe illness resulting in a **Medical Condition** that presents an immediate threat to the **Insured Person's** health.* *Charges relating to routine **Pregnancy** and **Pregnancy Medical Conditions** are specifically excluded from this **Benefit**.*	▶ ***Accident:*** *Full refund for **Accident** requiring **In-Patient** and **Day-Patient** care* ▶ *Illness: **In-Patient** and **Day-Patient** care up to USD 25,000 per **Period of Cover** **Out-Patient Treatment** in an **Accident** and **Emergency** Department in a **Hospital** up to USD 500 per **Period of Cover***
19. Evacuation and Repatriation: **Evacuation** *Arrangements will be made to move an **Insured Person** who has a critical, life-threatening **Eligible Medical Condition** to the nearest medical facility for the purpose of admission to **Hospital** as an **In-Patient** or **Day-Patient**.* *Reasonable expenses for:* *(i) Transportation costs (including air ambulance if required) of an **Insured Person** in the event of **Emergency Treatment** and **Medically Necessary** transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.* *(ii) Reasonable local travel costs to and from medical appointments when **Treatment** is being received as a **Day-Patient**.* *(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the **Hospital** to visit the **Insured Person** following admission as an **In-Patient**.* *(iv) Reasonable costs for non-**Hospital Accommodation** only for immediate pre and post-**Hospital** admission periods provided that the **Insured Person** is under the care of a **Specialist**.* *Costs of **Evacuation** do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.* ***Our** medical advisers will decide the most appropriate method of transportation for the **Evacuation** and this **Benefit** will not cover travel if it is against the advice of **Our** medical advisers or where the medical facility does not have appropriate facilities to treat the **Eligible Medical Condition**.* **Repatriation** *Following an **Evacuation** covered by **Us**, an economy class airfare ticket to return the **Insured Person** and a locally-accompanying person who has travelled as an escort to the site of **Treatment** or the **Insured Person's** principal **Country of Nationality** or principal **Country of Residence**, as long as the journey is made within one month of completion of **Treatment**.* ***We** do not cover standalone repatriation.* *Charges relating to routine **Pregnancy** and **Pregnancy Medical Conditions** are specifically excluded from this **Benefit.***	***Pre-Authorisation*** ☎ *(i)* ▶ *Full refund* *(ii)* ▶ *Full refund* *(iii)* ▶ *Full refund* *(iv)* ▶ *Up to USD 200 per day Up to USD 7,500 per person, per **Evacuation*** ***Pre-Authorisation*** ☎ ▶ *Full refund*
20. Mortal Remains: *In the event of death from an **Eligible Medical Condition**, **Reasonable and Customary Charges** for:* *(i) Costs of transportation of body or ashes of an **Insured Person** to his/her **Country of Nationality** or **Country of Residence** or,* *(ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.*	***Pre-Authorisation*** ☎ *(i)* ▶ *Full refund* *(ii)* ▶ *Up to USD 10,000*

Benefit	Advance
21. Hospital Cash Benefit: *i) This **Benefit** is payable 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 limited 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.*	***Pre-Authorisation*** ☎ ▶ *i) Up to USD 200 per* admission *ii) Up to USD 1,000 per **Major Elective Surgery***
22. Out-Patient Charges: *(i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**; prescribed **Drugs and Dressings**.* *(ii) Teleconsultation (Virtual Doctor appointments via electronic means).* *Costs associated with **Eligible Treatment** will be paid in full where **Treatment** is received from **Medical Providers** listed in the **Now Health International Provider Network**.* *Treatment that is not received in the **Now Health International Provider Network** will pay **Reasonable and Customary Charges**.* *No **Out-Patient Co-Insurance** or **Out Patient visit Excess** is applicable.* *(iii) **Vitamins and Minerals**:* *Vitamins and Minerals as prescribed by a **Medical Practitioner**. Vitamins, minerals and eye lubricants prescribed for a diagnosed deficiency will be paid as per the **Out-Patient Benefit**.* *Any pre-operative and post-hospitalisation consultations are payable under this **Benefit**.*	*(i) and (ii)* ▶ *Full refund* *(iii)* ▶ *Up to USD 150 per **Period of Cover***
23. Menopause Hormone Replacement Therapy: *The cost of Hormone Replacement Therapy when required to alleviate the symptoms of the early onset of menopause where onset and **Treatment** commence below the age of 40 years.*	▶ *Up to USD 500 per **Period of Cover***
24. Day-Patient or Out-Patient Surgery: ***Treatment** costs for a **Surgical Procedure** performed in a surgery, **Hospital**, day-care facility or **Out-Patient** department. Any pre or post-operative consultations are payable under **Benefit** 22 – **Out-Patient** charges.*	▶ *Full refund*
25. Out-Patient Psychiatric Illness: ***Out-Patient Treatment** administered by a Registered Psychologist and/or a Registered Psychiatrist, subject to 10 sessions and the cost limit under this section.* *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 2,500 per and subject to a maximum of 10 sessions per **Period of Cover***
26. Out-Patient Physiotherapy and Alternative Therapies: *(i) Physiotherapy by a Registered **Physiotherapist**.* *(ii) Complementary medicine and **Treatment** by a therapist. This **Benefit** extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture **Treatment** but excludes **Physiotherapist** covered in (i).* ***You** may choose 5 sessions for any combination of **Benefits** in aggregate in a given **Period of Cover** for **Benefits** (i) and (ii) excluding dietician without the need of referral; any subsequent sessions need to be referred by a **Medical Practitioner** or **Specialist**.* *Please note that sessions must be conducted at a recognised medical facility or an approved healthcare center. Home-based sessions are not covered.*	*(i)* ▶ *Full refund up to a maximum 30 sessions per **Period of Cover*** *(ii)* ▶ *Full refund up to a maximum of 30 visits per **Period of Cover*** ***Pre-Authorisation for (i) and (ii) after every 10 visits*** ☎

Benefit	Advance
27. Out-Patient Traditional Chinese Medicine and Ayurvedic Medicine: ***Out-Patient Treatment*** *for therapies administered by a recognised Traditional Chinese* ***Medical Practitioner*** *or an Ayurvedic* ***Medical Practitioner****.* *All claims to include diagnosis, consultation fee,* ***Treatment*** *type,* ***Treatment*** *fee, prescription including detailed medication and number of doses.* *Exclusion 5.35 applies.*	▶ *Up to USD 1,000 per* ***Period of Cover***
28. Nursing Care at Home: *(i) 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****.* *(ii)* ***Medical Practitioner*** *(GP) home visits for an* ***Emergency*** *GP home call-out during out of normal clinic hours.*	*(i)* ▶ *Full refund up to 45 days per* ***Medical Condition Pre-Authorisation for (i)*** ☎ *(ii)* ▶ *Not covered*
29. AIDS: *Medical expenses, which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. As result of proven occupation* ***Accident***** or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition,* ***Drugs and Dressings*** *(except experimental or those unproven),* ***Hospital Accommodation*** *and nursing fees.* * *For members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the* ***Entry Date*** *or* ***Start Date****, whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the* ***Insured Person's*** *occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational* ***Accident****.* ** *As long as the blood transfusion was received as an* ***In-Patient*** *as part of* ***Medically Necessary Treatment****.* ***Waiting Period****: Cover only available after three years of continuous membership.*	***Pre-Authorisation*** ☎ ▶ *Up to USD 25,000 per* ***Period of Cover***

Benefit	Advance

30. Dubai Health Authority (DHA) Mandatory requirements Benefit:

*This **Plan** provides coverage up to USD 41,000 in aggregate per **Insured Person**, per **Period of Cover** for the following basic health services inclusive of **Emergency** services within the United Arab Emirates:*

*(i) Pre-existing Conditions including maintenance of **Chronic Medical Conditions**.*

*(ii) Examinations, diagnostic and **Treatment** services (including cost of medicine) received in clinics and health centers that are provided by general **Medical Practitioners** and **Specialists**. Follow up visits are exempted from fees if made within a week from the date of the first examination.*

(iii) Laboratory tests, X–ray diagnostic services, diagnostic procedures including MRI, CT scans and endoscopies.

*(iv) **Out-Patient** physiotherapy - Maximum 10 sessions per year.*

*(v) The costs of accommodation of an accompanying person as an **In-Patient** in the same room in cases that are **Medically Necessary** at the recommendation of the **Medical Practitioner** or **Specialist**. Subject to **Pre-Authorisation** and up to a maximum of USD 28 (AED 100) per night.*

*(vi) Essential **Vaccinations** and inoculations for newborns and children as stipulated in the DHA policies and its updates, in assigned facilities covered up to a limit of USD 28 (AED 100).*

*(vii) Adult Pneumococcal Conjugate Vaccine as per DHA Adult Pneumococcal **Vaccination** guidelines.*

*(viii) Preventive screening for diabetes and other screening as stipulated by the DHA every three years for **Insured Persons** above the age of 30 and every year for 18 years and above for **Insured Persons** considered high risk.*

*(ix) **Medically Necessary** costs incurred during normal **Pregnancy** and childbirth, including the delivery costs, pre and post natal check-ups. Cover includes examinations, diagnostic and **Treatment**, and follow up visits for **Pregnancy** and gynaecology services provided by general **Medical Practitioners** and **Specialists** (subject to referral by the general **Medical Practitioner**) and received in authorised health centers and clinics.*

- *Cover is provided for eight visits to a Primary Healthcare (PHC) obstetrician for low-risk patients or **Specialist** obstetrician for high-risk patients referrals.*
- *Visits to include reviews and checks and tests in accordance with the DHA antenatal Protocols. Initial investigations to include: FBC and platelets, blood group, rhesus status and antibodies, VDRL, MSU, urinalysis, rubella serology, HIV, FBS, randoms or A1C and for high-risk patients GTT and Hepatitis C.*
- *The cost of three antenatal ultrasound scans.*
- ***In-Patient** maternity is limited to a maximum of USD 2,750 for normal Pregnancy and USD 2,750 for C-section per **Insured Person**, per **Period of Cover**.*

*10% **Co-Insurance** payable by the Insured for all **Out-Patient** and **In-Patient** maternity services.*

*(x) Cover is provided for a **New Born** baby of an **Insured Person** for a period of 30 days from birth within the existing aggregate limit of the Mother. This includes BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia).*

(xi) Psychiatry and Mental Health: Outpatient counselling covered up to USD 218 (AED 800) per year subject to a 30% coinsurance payable by the insured per visit.

*(xii) Influenza Vaccine covered once a year. Unless otherwise indicated these Benefits will not be payable for **Treatment** outside the United Arab Emirates.*

(xiii) Organ transplantation: Coverage up to limit of USD 27,226 (AED 100,000) for recipient only. 20% coinsurance payable by the insured per visit for outpatient visits.

(xiv) Dialysis: Covered to a limit of USD 16,336 (AED 60,000). 20% coinsurance payable by the insured per visit for outpatient visits.

(xv) Dental Benefits: Dental consultation, extraction, fillings, root canal treatment, scaling, x-rays, antibiotics and prophylaxis covered up to USD 137 (AED 500). 30% coinsurance payable by the insured per visit for outpatient visits. No coinsurance applicable if a follow-up visit is made within 7 days.

(xvi) Repatriation costs for the transport of mortal remains to the country of origin: Coverage up to limit of USD 1,362 (AED 5,000)

(xvii) Hearing and vision aids, and vision correction by surgeries and laser: Excluded healthcare services except in cases of medical emergencies. Subject to 20% coinsurance.

*No maternity **Waiting Period** applies on the Dubai Health Authority (DHA) Mandatory requirements **Benefit**.*

*For maternity **Benefit** outside the United Arab Emirates, the optional maternity Benefit must be selected or the Apex **Plan** chosen.*

*****Note**: Above mentioned benefits are the minimum required DHA benefits however if client has opted for the upgraded plan (enhanced benefits) he/she will avail the benefits under the enhanced coverage.*

BASMAH Initiative:

*Dubai Health Authority (DHA), as part of UAE 2021 vision and in alignment with Dubai Standards of Care has launched a **Cancer** Patient Support Program (Cancer PSP) and a **Hepatitis C** Patient Support Program (HCV PSP).*

*Screening, healthcare services, investigations and **Treatments** related to and associated complications related to **Cancer** shall be extended to the fund ONLY for members enrolled under the Patient Support Program (PSP) as per terms and conditions of the Program.*

*Screening, healthcare services, investigations and **Treatments** related to viral hepatitis andassociated complications related to **Hepatitis C** shall be available ONLY for members enrolled under the Patient Support Program (PSP) as per terms and conditions of the Program.*

31. Health Authority Abu Dhabi (HAAD) Mandatory requirements Benefit:

*For **Insured Persons** with residence visas in the Emirate of Abu Dhabi this **Plan** is extended to provide coverage up to USD 69,000 in aggregate per **Insured Person**, per **Period of Cover** for the following basic health services within the Emirate of Abu Dhabi and for **Emergency** services within the United Arab Emirates:*

*(i) Pre-existing Conditions including **Maintenance of Chronic Medical Conditions**.*

*(ii) **Medically Necessary** costs incurred during normal **Pregnancy** and childbirth, including pre and post natal check-ups up to the **Benefit** limit subject to **Pre-Authorisation.***

*(iii) The costs of accommodation of an accompanying person as an **In-Patient** in the same room in cases that are **Medically Necessary** at the recommendation of the **Medical Practitioner** or **Specialist.** Subject to **Pre-Authorisation** and up to a maximum of USD 28 per night.*

*(iv) Physiotherapy by a registered **Physiotherapist** when referred by a **Medical Practitioner** or a **Specialist** subject to **Pre-Authorisation.***

*(v) Hearing and vision aids and vision corrected by surgeries where **Medically Necessary** and as a result of an **Emergency**.*

*Unless otherwise indicated these **Benefits** will not be payable for **Treatment** outside the United Arab Emirates.*

*For maternity **Benefit** outside of the United Arab Emirates, the optional maternity **Benefit** must be selected.*

Healthcare services are covered in full for work illnesses and injuries as per Federal Law concerning the Regulations of Work Relations, as amended and applicable laws in this respect.

Options to Core Benefits	Advance
32. Dental Care: *(i) Routine dental **Treatment**: Fees of a registered **Dental Practitioner** carrying out routine dental **Treatment** in a dental surgery. Routine dental **Treatment** means:* *– Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including X-rays where necessary,* *– Preventive scaling, polishing, and sealing (twice per year),* *– Fillings (standard amalgam or composite fillings) and extractions,* *– Root-canal **Treatment** (but not the fitting of a crown following root-canal **Treatment**), and* *– Prescribed **Drugs and Dressings**.* *No other **Treatment** is covered under the routine dental Treatment benefit.* ***Waiting Period**: Costs incurred within nine months from the **Start Date** are excluded.* *A **Co-Insurance** of 20% applies.* *For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.*	*(i)* ▶ *Optional* *Up to USD 250 per **Period of Cover***
*(ii) Complex Dental **Treatment**: Fees of a registered **Dental Practitioner** and associated costs for the following procedures: **Eligible** complex dental **Treatment**: including for example, **Apicoectomy** done to treat the following – Fractured tooth root; A severely curved tooth root; Teeth with caps or posts; Cyst or infection which is untreatable with root canal therapy; Root perforations; New or repair of crowns, dentures, in lays and bridges. Recurrent pain and infection; Persistent symptoms that do not indicate problems from x-rays. Calcification; Damaged root surfaces and surrounding bone requiring surgery; Dental implant; and prescribed **Drugs and Dressings**.* *No other **Treatment** (including Orthodontics) is covered by this **Benefit**.* ***Waiting Period**: Costs incurred within nine months from the **Start Date** are excluded.* *A **Co-Insurance** of 20% applies.* *For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.*	*(ii)* ▶ *Optional* *Up to USD 1,000 per **Period of Cover***
31. USA Elective Treatment: *(i) Costs associated with **Eligible In-Patient** and **Day-Patient Treatment** in the USA will be paid in full where **Treatment** is received in a **Hospital** listed in the **Now Health International Provider Network**.* *(ii) Costs associated with **Eligible Out-Patient Treatment** in the USA will be paid up to **Your Out-Patient Benefit** limit.* ***In-Patient** and **Day-Patient Treatment** that is not received in the **Now Health International Provider Network** will be subject to a 50% **Co-Insurance**.* *This option is not available if **You** have selected an optional **Regional Cover**.*	***Pre-Authorisation for Out-Patient diagnostics and surgery, Day-Patient and In-Patient Treatment*** ☎ ▶ *Optional* *Up to USD 1.5m per **Insured Person** per **Period of Cover***
34. Co-Insurance Out-Patient Treatment: (not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi) *A 10% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment.** Should **Your Plan** include the Maternity or Dental care **Benefits**, any applicable **Co-Insurance** will be detailed in **Your Benefit Schedule**.* *Please note that the **Co-Insurance** will not apply to **Treatment** relating to Renal dialysis/ Renal failure, **Cancer** or Organ Transplants.*	▶ *Optional*
35. Co-Insurance Out-Patient Treatment Option 2: (not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi) *A 20% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment.** Should **Your Plan** include the Maternity or Dental care **Benefits**, any applicable **Co-Insurance** will be detailed in **Your Benefit Schedule**.* *Please note that the **Co-Insurance** will not apply to **Treatment** relating to Renal dialysis/ Renal failure, **Cancer** or Organ Transplants.*	▶ *Optional*
36. Restricted Network – UAE Residents only: (not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi) (only available for new **Plans** in force on or after 1 August 2015) *No **Benefit** will be payable in respect of costs associated with **Eligible In-Patient**, **Day-Patient** or **Out-Patient Treatment** made at either the American Hospital and associated clinics, City Hospital, Welcare Hospital and associated **Hospitals** and clinics of the Mediclinic Group.* *Please note that if **You** selected the USD 25 per visit **Out-Patient Excess** or one of the **Co-Insurance Plan** options, these will still apply in the **Restricted Network**.*	▶ *Optional*

Options to Core Benefits	Advance
37. Wellness, Optical and Vaccinations: *(i) Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including **Cancer** screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol) . Well Child Tests (Up to 5 Years of age).* *and/or* *(ii) Optical **Benefits:** This **Benefit** also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, and Laser Eye Surgery and any complications, within the combined **Benefit** limits to a maximum USD300 per **Period of Cover** for an optical claim.* *Please note that there is no cover for prescription sunglasses or transition lenses.* *and/or* *(iii) **Vaccinations**: Costs of drugs and consultations to administer all **Medically Necessary** basic immunisation and booster injections and any **Medically Necessary** travel **Vaccinations** and malaria prophylaxis.* *For this **Benefit** exclusion 5.10 does not apply.* ***Waiting Period:** Cover only available six months after selecting this Option.*	*Optional* *Combined limit Up to USD 500 per **Period of Cover***
38. Wellness, Optical and Vaccinations Option 2: *(i) Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including **Cancer** screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age).* *and/or* *(ii) Optical **Benefits**: This **Benefit** also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, and Laser Eye Surgery and any complications, within the combined **Benefit** limits to a maximum USD600 per **Period of Cover** for an optical claim.* *Please note that there is no cover for prescription sunglasses or transition lenses.* *and/or* *(iii) **Vaccinations**: Costs of drugs and consultations to administer all **Medically Necessary** basic immunisation and booster injections and any **Medically Necessary** travel **Vaccinations** and malaria prophylaxis.* *For this **Benefit** exclusion 5.10 does not apply.* ***Waiting Period:** Cover only available six months after selecting this Option.*	*Optional* *Combined limit Up to USD 1,000 per **Period of Cover***
39. Wellness and Vaccinations Option 3: *(i) Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including **Cancer** screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age).* *and/or* *(ii) **Vaccinations**: Costs of drugs and consultations to administer all **Medically Necessary** basic immunisation and booster injections and any **Medically Necessary** travel **Vaccinations** and malaria prophylaxis.* *For this **Benefit** exclusion 5.10 does not apply.* ***Waiting Period:** Cover only available six months after selecting this Option.*	*Optional* *Combined limit Up to USD 250 per **Period of Cover***

Options to Core Benefits	Advance
40. Extended Evacuation and Repatriation:	
Evacuation	***Pre-Authorisation ☎***
*Arrangements will be made to move an **Insured Person** who has a critical, life-threatening **Eligible Medical Condition** to the nearest medical facility, **Country of Residence**, **Country of Nationality** or the Insured Member's country of choice for the purpose of admission to **Hospital** as an **In-Patient** or **Day-Patient.***	*Optional*
Reasonable expenses for:	
*(i) Transportation costs (including air ambulance if required) 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 per day Up to USD 7,500 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.*	
*The Insured Member's country of choice is subject to the availability of the appropriate medical facilities being in place. **Our** medical advisers will determine whether the selected country has the suitable medical facility to treat the Insured Member's **Eligible Medical Condition**. **Our** medical advisers will decide the most appropriate method of transportation for the **Evacuation** and this **Benefit** will not cover travel if it is against the advice of **Our** medical advisers or where the medical facility does not have appropriate facilities to treat the **Eligible Medical Condition**.*	
Repatriation	***Pre-Authorisation ☎***
*Following an **Evacuation** covered by **Us**, an economy class airfare ticket to return the **Insured Person** and a locally-accompanying person who has travelled as an escort to the site of **Treatment** or the **Insured Person's** principal **Country of Nationality** or principal **Country of Residence**, as long as the journey is made within one month of completion of **Treatment.** Reasonable cost of the above will be paid in full.*	*Full refund*
***We** do not cover standalone repatriation.*	
*Charges relating to routine **Pregnancy** and **Pregnancy Medical Conditions** are specifically excluded from this **Benefit.***	

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

***Out-Patient Per Visit Excess** options – Please note that only option 2 is available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi.*

Deductible Options	Advance
Standard Deductible	*Nil*
Optional Deductible: *Please note:* *If **You** choose an optional **Deductible**, **You** must also select either a **Co-Insurance Out-Patient Treatment** Option or a **Out-Patient Per Visit Excess** Option.* ***Deductibles** would apply to any **Medically Necessary Treatment** required under **Benefit** 19 and **Benefit** 40.*	*USD 150* *USD 250* *USD 500* *USD 1,000* *USD 2,500* *USD 5,000* *USD 10,000* *USD 15,000*

*Please note **Deductibles** are not available to **Insured Persons** with residence visas in the Emirates of Dubai or Abu Dhabi.*

4.3.3 WorldCare Excel

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

Full refund | Not covered | Subject to limits | Optional

Benefit	Excel
9. Pregnancy Medical Conditions: ***In-Patient Treatment*** *of an* ***Eligible Medical Condition*** *which arises during the antenatal stages of* ***Pregnancy****, or an* ***Eligible Medical Condition*** *which arises during childbirth.* ***We*** *would only allow* ***Treatment*** *of the following as an* ***Eligible Medical Condition under this Benefit****:* • *Ectopic* ***Pregnancy*** *(where the foetus is growing outside the womb)* • *Hydatidiform mole (abnormal cell growth in the womb)* • *Retained placenta (afterbirth retained in the womb)* • *Placenta praevia* • *Eclampsia (a coma or seizure during* ***Pregnancy*** *and following pre-eclampsia)* • *Diabetes (If* ***You*** *have exclusions because of* ***Your*** *past medical history which relate to diabetes, then* ***You*** *will not be covered for any* ***Treatment*** *for diabetes during* ***Pregnancy****)* • *Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)* • *Miscarriage requiring immediate surgical* ***Treatment*** *This* ***benefit*** *does not provide any cover for voluntary or* ***Emergency*** *caesarean section procedures or 'failure to progress in labour' unless for one of the above stated Eligible Medical Conditions.* ***Waiting Period****: Costs Incurred within 12 months from the* ***Start Date*** *of the mother are excluded.*	*Full refund*
10. New Born Cover: ***In-Patient Treatment*** *of premature birth (i.e. prior to age 37 weeks gestation) or an* ***Acute Condition*** *being suffered by a* ***New Born*** *baby of an* ***Insured Person*** *which manifests itself within 30 days following birth. Provided that the* ***New Born*** *baby is added to the* ***Plan*** *within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.* *In circumstances where* ***We*** *require details of the* ***New Born*** *baby's medical history before the baby is being added to the* ***Plan****,* ***We*** *reserve the right to apply particular restrictions to the cover* ***We*** *will offer.* *Please refer to Section 6.5 - Adding* ***New Born*** *of this Members' Handbook for details.*	*Up to USD 125,000 per* ***Period of Cover***
11. Hospital Accommodation for New Born Accompanying their Mother: ***Hospital Accommodation*** *costs relating to a* ***New Born*** *baby (up to 16 weeks old) to accompany its mother (being an* ***Insured Person****) while she is receiving* ***Eligible Treatment*** *as an* ***In-Patient*** *in a* ***Hospital****.*	*Full refund*
12. Congenital Disorder: ***In-Patient Treatment*** *for a* ***Congenital Disorder****. In circumstances where a* ***Congenital Disorder*** *manifests itself in a* ***New Born*** *baby within 30 days of birth, cover for such* ***Medical Conditions*** *will be provided under* ***Benefit*** *10 but excluded from* ***Benefit*** *12 –* ***Congenital Disorders****.*	*Up to USD 125,000 per* ***Period of Cover***
13. Reconstructive Surgery: *Reconstructive surgery required to restore natural function or appearance following an* ***Accident*** *or following a* ***Surgical Procedure*** *for an* ***Eligible Medical Condition****, which occurred after an* ***Insured Person's Entry Date*** *or* ***Start Date*** *whichever is later.*	*Full refund*
14. Rehabilitation: *When referred by a* ***Specialist*** *as an integral part of* ***Treatment*** *for a* ***Medical Condition*** *necessitating admission to a recognised* ***Rehabilitation*** *unit of a* ***Hospital****. Where the* ***Insured Person*** *was confined to a* ***Hospital*** *as an* ***In-Patient*** *for at least three consecutive days, and where a* ***Specialist*** *confirms in writing that* ***Rehabilitation*** *is required. Admission to a* ***Rehabilitation*** *unit must be made within 14 days of discharge from* ***Hospital****. Such* ***Treatment*** *should be under the direct supervision and control of a* ***Specialist*** *and would cover:* *(i) Use of special* ***Treatment*** *rooms* *(ii) Physical therapy fees* *(iii) Speech therapy fees* *(iv) Occupational therapy fees*	*Full refund*
15. In-Patient Emergency Dental Treatment: *This means* ***Emergency*** *restorative dental* ***Treatment*** *required to sound, natural teeth following an* ***Accident*** *which necessitates* ***Your*** *admission to* ***Hospital*** *for at least one night.* *The dental* ***Treatment*** *must be received within 10 days of the* ***Accident****. This* ***Benefit*** *covers all costs incurred for* ***Treatment*** *made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:* • *If the* ***Treatment*** *involves replacing a crown, bridge facing, veneer or denture,* ***We*** *will pay only the reasonable and customary cost of a replacement of similar type or quality* • *If implants are clinically needed* ***We*** *will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead* *This* ***Benefit*** *also covers repair or reconstruction of dentures broken following an* ***Accident*** *that necessitates the* ***Insured Person****'s admission to a* ***Hospital*** *for at least one night, provided that such dentures were being worn at the time of the* ***Accident****.*	*Full refund*
16. In-Patient Psychiatric Treatment: ***In-Patient Treatment*** *in a recognised Psychiatric unit of a* ***Hospital****. All* ***Treatment*** *must be administered under the direct control of a Registered Psychiatrist.*	***Pre-Authorisation*** ☎ *Full refund limited to 30 days per* ***Period of Cover***

Full refund Not covered Subject to limits Optional

Benefit	Excel
17. Terminal Illness: *Palliative and Hospice Care: On diagnosis of a **Terminal** illness, costs for any **In-Patient**, **Day-Patient** or **Out-Patient Treatment** given on the advice of a **Medical Practitioner** or **Specialist** for the purpose of offering temporary relief of symptoms. Charges for **Hospital** or hospice accommodation, nursing care by a **Qualified Nurse** and prescribed **Drugs and Dressings** are covered.*	▶ *Up to USD 75,000 lifetime limit*
18. Emergency Non-Elective Treatment USA Cover: *For planned trips up to 30 days of duration. **Treatment** by a **Medical Practitioner** or **Specialist** starting within 24 hours of the **Emergency** event, required as a result of an **Accident** or the sudden beginning of a severe illness resulting in a **Medical Condition** that presents an immediate threat to the **Insured Person's** health.* *Charges relating to routine **Pregnancy** and **Pregnancy Medical Conditions** are specifically excluded from this **Benefit.***	▶ ***Accident:*** *Full refund for **Accident** requiring **In-Patient** and **Day-Patient** care* ▶ *Illness: **In-Patient** and **Day-Patient** care up to USD 35,000 per **Period of Cover** **Out-Patient Treatment** in an **Accident** and **Emergency** Department in a **Hospital** up to USD 500 per **Period of Cover***
19. Evacuation and Repatriation: **Evacuation** *Arrangements will be made to move an **Insured Person** who has a critical, life-threatening **Eligible Medical Condition** to the nearest medical facility for the purpose of admission to **Hospital** as an **In-Patient** or **Day-Patient**.* *Reasonable expenses for:* *(i) Transportation costs (including air ambulance if required) of an **Insured Person** in the event of **Emergency Treatment** and **Medically Necessary** transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.* *(ii) Reasonable local travel costs to and from medical appointments when **Treatment** is being received as a **Day-Patient**.* *(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the **Hospital** to visit the **Insured Person** following admission as an **In-Patient**.* *(iv) Reasonable costs for non-**Hospital Accommodation** only for immediate pre and post-**Hospital** admission periods provided that the **Insured Person** is under the care of a **Specialist**.* *Costs of **Evacuation** do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.* ***Our** medical advisers will decide the most appropriate method of transportation for the **Evacuation** and this **Benefit** will not cover travel if it is against the advice of **Our** medical advisers or where the medical facility does not have appropriate facilities to treat the **Eligible Medical Condition**.* **Repatriation** *Following an **Evacuation** covered by **Us**, an economy class airfare ticket to return the **Insured Person** and a locally-accompanying person who has travelled as an escort to the site of **Treatment** or the **Insured Person's** principal **Country of Nationality** or principal **Country of Residence**, as long as the journey is made within one month of completion of **Treatment**.* ***We** do not cover standalone repatriation.* *Charges relating to routine **Pregnancy** and **Pregnancy Medical Conditions** are specifically excluded from this **Benefit.***	***Pre-Authorisation*** ☎ *(i)* ▶ *Full refund* *(ii)* ▶ *Full refund* *(iii)* ▶ *Full refund* *(iv)* ▶ *Up to USD 200 per day Up to USD 7,500 per person, per **Evacuation*** ***Pre-Authorisation*** ☎ ▶ *Full refund*
20. Mortal Remains: *In the event of death from an **Eligible Medical Condition**, **Reasonable and Customary Charges** for:* *(i) Costs of transportation of body or ashes of an **Insured Person** to his/her **Country of Nationality** or **Country of Residence** or,* *(ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.*	***Pre-Authorisation*** ☎ *(i)* ▶ *Full refund* *(ii)* ▶ *Up to USD 15,000*

Benefit	Excel
21. Hospital Cash Benefit: *i) This **Benefit** is payable 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 limited 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.*	***Pre-Authorisation*** ☎ ▶ *i) Up to USD 200 per* admission *ii) Up to USD 1,000 per **Major Elective Surgery***
22. Out-Patient Charges: *(i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**; prescribed **Drugs and Dressings**.* *(ii) Teleconsultation (Virtual Doctor appointments via electronic means).* *Costs associated with **Eligible Treatment** will be paid in full where **Treatment** is received from **Medical Providers** listed in the **Now Health International Provider Network**.* *Treatment that is not received in the **Now Health International Provider Network** will pay **Reasonable and Customary Charges**.* *No **Out-Patient Co-Insurance** or **Out Patient visit Excess** is applicable.* *(iii) **Vitamins and Minerals**:* *Vitamins and Minerals as prescribed by a **Medical Practitioner**. Vitamins, minerals and eye lubricants prescribed for a diagnosed deficiency will be paid as per the **Out-Patient Benefit**.* *Any pre-operative and post-hospitalisation consultations are payable under this **Benefit**.*	*(i) and (ii)* ▶ *Full refund* *(iii)* ▶ *Up to USD 150 per **Period of Cover***
23. Menopause Hormone Replacement Therapy: *The cost of Hormone Replacement Therapy when required to alleviate the symptoms of the early onset of menopause where onset and **Treatment** commence below the age of 40 years.*	▶ *Up to USD 600 per **Period of Cover***
24. Day-Patient or Out-Patient Surgery: ***Treatment** costs for a **Surgical Procedure** performed in a surgery, **Hospital**, day-care facility or **Out-Patient** department. Any pre or post-operative consultations are payable under **Benefit** 22 – **Out-Patient** charges.*	▶ *Full refund*
25. Out Patient Psychiatric Illness: ***Out-Patient Treatment** administered by a Registered Psychologist and/or a Registered Psychiatrist, subject to 15 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 5,000 and subject to a maximum of 15 sessions per **Period of Cover***
26. Out-Patient Physiotherapy and Alternative Therapies: *(i) Physiotherapy by a Registered **Physiotherapist**.* *(ii) Complementary medicine and **Treatment** by a therapist. This **Benefit** extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture **Treatment** but excludes **Physiotherapist** covered in (i).* ***You** may choose 5 sessions for any combination of **Benefits** in aggregate in a given **Period of Cover** for **Benefits** (i) and (ii) excluding dietician without the need of referral; any subsequent sessions need to be referred by a **Medical Practitioner** or **Specialist**.* *Please note that sessions must be conducted at a recognised medical facility or an approved healthcare center. Home-based sessions are not covered.*	*(i)* ▶ *Full refund* *(ii)* ▶ *Full refund* ***Pre-Authorisation for (i) and (ii) after every 10 sessions*** ☎

Benefit	Excel
27. Out-Patient Traditional Chinese Medicine and Ayurvedic Medicine: ***Out-Patient Treatment*** *for therapies administered by a recognised Traditional Chinese* ***Medical Practitioner*** *or an Ayurvedic* ***Medical Practitioner***. *All claims to include diagnosis, consultation fee,* ***Treatment*** *type,* ***Treatment*** *fee, prescription including detailed medication and number of doses.* *Exclusion 5.35 applies.*	▶ *Up to USD 1,500 per* ***Period of Cover***
28. Nursing Care at Home: (i) *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***. (ii) ***Medical Practitioner*** *(GP) home visits for an* ***Emergency*** *GP home call-out during out of normal clinic hours.*	(i) ▶ *Full refund up to 60 days per* ***Medical Condition Pre-Authorisation for (i)*** ☎ (ii) ▶ *Not covered*
29. AIDS: *Medical expenses, which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. As result of proven occupation* ***Accident***** or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition,* ***Drugs and Dressings*** *(except experimental or those unproven),* ***Hospital Accommodation*** *and nursing fees.* * *For members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the* ***Entry Date*** *or* ***Start Date***, *whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the* ***Insured Person's*** *occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational* ***Accident***. ** *As long as the blood transfusion was received as an* ***In-Patient*** *as part of* ***Medically Necessary Treatment***. ***Waiting Period****: Cover only available after three years of continuous membership.*	***Pre-Authorisation*** ☎ ▶ *Up to USD 40,000 per* ***Period of Cover***
30. Dental Care: (i) *Routine Dental* ***Treatment****: Fees of a registered* ***Dental Practitioner*** *carrying out routine dental* ***Treatment*** *in a dental surgery. Routine dental* ***Treatment*** *means:* – *Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including x-rays where necessary,* – *Preventive scaling, polishing, and sealing (twice per year),* – *Fillings (standard amalgam or composite fillings) and extractions,* – *Root-canal* ***Treatment*** *(but not the fitting of a crown following root-canal* ***Treatment****), and* – *Prescribed* ***Drugs and Dressings***. *No other* ***Treatment*** *is covered under the routine dental* ***Treatment Benefit***. ***Waiting Period****: Costs incurred within nine months from the* ***Start Date*** *are excluded.* *A* ***Co-Insurance*** *of 20% applies.* *For this* ***Benefit*** *the* ***Plan Deductible*** *or* ***Plan Out-Patient Per Visit Excess*** *does not apply.* (ii) *Complex Dental* ***Treatment****: Fees of a registered* ***Dental Practitioner*** *and associated costs for the following procedures:* ***Eligible*** *complex dental* ***Treatment****: including for example,* ***Apicoectomy*** *done to treat the following – Fractured tooth root; A severely curved tooth root; Teeth with caps or posts; Cyst or infection which is untreatable with root canal therapy; Root perforations; New or repair of crowns, dentures, in lays and bridges. Recurrent pain and infection; Persistent symptoms that do not indicate problems from x-rays. Calcification; Damaged root surfaces and surrounding bone requiring surgery; Dental implant; and prescribed* ***Drugs and Dressings***. *No other* ***Treatment*** *is covered by this* ***Benefit***. ***Waiting Period****: Costs incurred within nine months from the* ***Start Date*** *are excluded.* *A* ***Co-Insurance*** *of 20% applies.* *A 50%* ***Co-Insurance*** *applies in respect of all orthodontic* ***Treatment***. *For this* ***Benefit*** *the* ***Plan Deductible*** *or* ***Plan Out-Patient Per Visit Excess*** *does not apply.*	(i) ▶ *Up to USD 1,000 per* ***Period of Cover*** (ii) ▶ *Up to USD 2,000 per* ***Period of Cover***

Benefit	Excel

31. Dubai Health Authority (DHA) Mandatory requirements Benefit:

*This **Plan** provides coverage up to USD 41,000 in aggregate per **Insured Person**, per **Period of Cover** for the following basic health services inclusive of **Emergency** services within the United Arab Emirates:*

*(i) Pre-existing Conditions including maintenance of **Chronic Medical Conditions**.*

*(ii) Examinations, diagnostic and **Treatment** services (including cost of medicine) received in clinics and health centers that are provided by general **Medical Practitioners** and **Specialists**. Follow up visits are exempted from fees if made within a week from the date of the first examination.*

(iii) Laboratory tests, X–ray diagnostic services, diagnostic procedures including MRI, CT scans and endoscopies.

*(iv) **Out-Patient** physiotherapy - Maximum 10 sessions per year.*

*(v) The costs of accommodation of an accompanying person as an **In-Patient** in the same room in cases that are **Medically Necessary** at the recommendation of the **Medical Practitioner** or **Specialist**. Subject to **Pre-Authorisation** and up to a maximum of USD 28 (AED 100) per night.*

*(vi) Essential **Vaccinations** and inoculations for newborns and children as stipulated in the DHA policies and its updates, in assigned facilities covered up to a limit of USD 28 (AED 100).*

*(vii) Adult Pneumococcal Conjugate Vaccine as per DHA Adult Pneumococcal **Vaccination** guidelines.*

*(viii) Preventive screening for diabetes and other screening as stipulated by the DHA every three years for **Insured Persons** above the age of 30 and every year for 18 years and above for **Insured Persons** considered high risk.*

*(ix) **Medically Necessary** costs incurred during normal **Pregnancy** and childbirth, including the delivery costs, pre and post natal check-ups. Cover includes examinations, diagnostic and **Treatment**, and follow up visits for **Pregnancy** and gynaecology services provided by general **Medical Practitioners** and **Specialists** (subject to referral by the general **Medical Practitioner**) and received in authorised health centers and clinics.*

- *Cover is provided for eight visits to a Primary Healthcare (PHC) obstetrician for low-risk patients or **Specialist** obstetrician for high-risk patients referrals.*
- *Visits to include reviews and checks and tests in accordance with the DHA antenatal Protocols. Initial investigations to include: FBC and platelets, blood group, rhesus status and antibodies, VDRL, MSU, urinalysis, rubella serology, HIV, FBS, randoms or A1C and for high-risk patients GTT and Hepatitis C.*
- *The cost of three antenatal ultrasound scans.*
- ***In-Patient** maternity is limited to a maximum of USD 2,750 for normal Pregnancy and USD 2,750 for C-section per **Insured Person**, per **Period of Cover**.*

*10% **Co-Insurance** payable by the Insured for all **Out-Patient** and **In-Patient** maternity services.*

*(x) Cover is provided for a **New Born** baby of an **Insured Person** for a period of 30 days from birth within the existing aggregate limit of the Mother. This includes BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia).*

(xi) Psychiatry and Mental Health: Outpatient counselling covered up to USD 218 (AED 800) per year subject to a 30% coinsurance payable by the insured per visit.

*(xii) Influenza Vaccine covered once a year. Unless otherwise indicated these Benefits will not be payable for **Treatment** outside the United Arab Emirates.*

(xiii) Organ transplantation: Coverage up to limit of USD 27,226 (AED 100,000) for recipient only. 20% coinsurance payable by the insured per visit for outpatient visits.

(xiv) Dialysis: Covered to a limit of USD 16,336 (AED 60,000). 20% coinsurance payable by the insured per visit for outpatient visits.

(xv) Dental Benefits: Dental consultation, extraction, fillings, root canal treatment, scaling, x-rays, antibiotics and prophylaxis covered up to USD 137 (AED 500). 30% coinsurance payable by the insured per visit for outpatient visits. No coinsurance applicable if a follow-up visit is made within 7 days.

(xvi) Repatriation costs for the transport of mortal remains to the country of origin: Coverage up to limit of USD 1,362 (AED 5,000)

(xvii) Hearing and vision aids, and vision correction by surgeries and laser: Excluded healthcare services except in cases of medical emergencies. Subject to 20% coinsurance.

*No maternity **Waiting Period** applies on the Dubai Health Authority (DHA) Mandatory requirements **Benefit**.*

*For maternity **Benefit** outside the United Arab Emirates, the optional maternity Benefit must be selected or the Apex **Plan** chosen.*

***Note**: Above mentioned benefits are the minimum required DHA benefits however if client has opted for the upgraded plan (enhanced benefits) he/she will avail the benefits under the enhanced coverage.*

BASMAH Initiative:

*Dubai Health Authority (DHA), as part of UAE 2021 vision and in alignment with Dubai Standards of Care has launched a **Cancer** Patient Support Program (Cancer PSP) and a **Hepatitis C** Patient Support Program (HCV PSP).*

*Screening, healthcare services, investigations and **Treatments** related to and associated complications related to **Cancer** shall be extended to the fund ONLY for members enrolled under the Patient Support Program (PSP) as per terms and conditions of the Program.*

*Screening, healthcare services, investigations and **Treatments** related to viral hepatitis andassociated complications related to **Hepatitis C** shall be available ONLY for members enrolled under the Patient Support Program (PSP) as per terms and conditions of the Program.*

32. Health Authority Abu Dhabi (HAAD) Mandatory requirements Benefit:

*For **Insured Persons** with residence visas in the Emirate of Abu Dhabi this **Plan** is extended to provide coverage up to USD 69,000 in aggregate per **Insured Person**, per **Period of Cover** for the following basic health services within the Emirate of Abu Dhabi and for **Emergency** services within the United Arab Emirates:*

*(i) **Pre-existing Conditions** including **Maintenance of Chronic Medical Conditions.***

*(ii) **Medically Necessary** costs incurred during normal **Pregnancy** and childbirth, including pre and post natal check-ups up to the **Benefit** limit subject to **Pre-Authorisation**.*

*(iii) The costs of accommodation of an accompanying person as an **In-Patient** in the same room in cases that are **Medically Necessary** at the recommendation of the **Medical Practitioner** or **Specialist**. Subject to **Pre-Authorisation** and up to a maximum of USD 28 per night.*

*(iv) Physiotherapy by a registered **Physiotherapist** when referred by a **Medical Practitioner** or a **Specialist** subject to **Pre-Authorisation.***

*(v) Hearing and vision aids and vision corrected by surgeries where **Medically Necessary** and as a result of an **Emergency.***

*Unless otherwise indicated these **Benefits** will not be payable for **Treatment** outside the United Arab Emirates.*

*For maternity **Benefit** outside of the United Arab Emirates, the optional maternity **Benefit** must be selected.*

Healthcare services are covered in full for work illnesses and injuries as per Federal Law concerning the Regulations of Work Relations, as amended and applicable laws in this respect.

Options to Core Benefits	Excel
32. USA Elective Treatment: *(i) Costs associated with **Eligible In-Patient** and **Day-Patient Treatment** in the USA will be paid in full where **Treatment** is received in a **Hospital** listed in the **Now Health International Provider Network**.* *(ii) Costs associated with **Eligible Out-Patient Treatment** in the USA will be paid up to **Your Out-Patient Benefit** limit.* ***In-Patient** and **Day-Patient Treatment** that is not received in the **Now Health International Provider Network** will be subject to a 50% **Co-Insurance**.* *This option is not available if **You** have selected an optional **Regional Cover**.*	***Pre-Authorisation for Out-Patient diagnostics and surgery, Day-Patient and In-Patient Treatment ☎*** ▶ *Optional* *Up to USD 1.5m per **Insured Person** per **Period of Cover***
34. Co-Insurance Out-Patient Treatment: (not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi) *A 10% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment**. Should **Your Plan** include the Maternity or Dental care **Benefits**, any applicable **Co-Insurance** will be detailed in **Your Benefit Schedule**.* *Please note that the **Co-Insurance** will not apply to **Treatment** relating to Renal dialysis/ Renal failure, **Cancer** or Organ Transplants.*	▶ *Optional*
35. Co-Insurance Out-Patient Treatment Option 2: (not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi) *A 20% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment**. Should **Your Plan** include the Maternity or Dental care **Benefits**, any applicable **Co-Insurance** will be detailed in **Your Benefit Schedule**.* *Please note that the **Co-Insurance** will not apply to **Treatment** relating to Renal dialysis/ Renal failure, **Cancer** or Organ Transplants.*	▶ *Optional*
36. Restricted Network – UAE residents only: (not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi) (only available for new **Plans** in force on or after 1 August 2015) *No **Benefit** will be payable in respect of costs associated with **Eligible In-Patient**, **Day-Patient** or **Out-Patient Treatment** made at either the American Hospital and associated clinics, City Hospital, Welcare Hospital and associated **Hospitals** and clinics of the Mediclinic Group.* *Please note that if **You** selected the USD 25 per visit **Out-Patient Excess** or one of the **Co-Insurance Plan** options, these will still apply in the **Restricted Network**.*	▶ *Optional*
37. Wellness, Optical and Vaccinations: *(i) Wellness: This **Benefit** is payable as a contribution towards the cost of routine healt checks including **Cancer** screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age).* *and/or* *(ii) Optical **Benefits**: This **Benefit** also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription ha changed, and Laser Eye Surgery and any complications, within the combined **Benefit** limits to a maximum USD300 per **Period of Cover** for an optical claim.* *Please note that there is no cover for prescription sunglasses or transition lenses.* *and/or* *(iii) **Vaccinations**: Costs of drugs and consultations to administer all **Medically Necessary** basic immunisation and booster injections and any **Medically Necessary** travel **Vaccinations** and malaria prophylaxis.* *For this **Benefit** exclusion 5.10 does not apply.* ***Waiting Period:** Cover only available six months after selecting this Option.*	▶ *Optional* ▶ *Combined limit Up to USD 500 per **Period of Cover***

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

Options to Core Benefits	Excel
38. Wellness, Optical and Vaccinations Option 2: *(i) Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including **Cancer** screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age).* *and/or* *(ii) Optical **Benefits**: This **Benefit** also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, and Laser Eye Surgery and any complications, within the combined **Benefit** limits to a maximum USD600 per **Period of Cover** for an optical claim.* *Please note that there is no cover for prescription sunglasses or transition lenses.* *and/or* *(iii) **Vaccinations**: Costs of drugs and consultations to administer all **Medically Necessary** basic immunisation and booster injections and any **Medically Necessary** travel **Vaccinations** and malaria prophylaxis.* *For this **Benefit** exclusion 5.10 does not apply.* ***Waiting Period:** Cover only available six months after selecting this Option.*	*Optional* *Combined limit Up to USD 1,000 per **Period of Cover***
39. Wellness and Vaccinations Option 3: *(i) Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including **Cancer** screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age).* *and/or* *(ii) **Vaccinations**: Costs of drugs and consultations to administer all **Medically Necessary** basic immunisation and booster injections and any **Medically Necessary** travel **Vaccinations** and malaria prophylaxis.* *For this **Benefit** exclusion 5.10 does not apply.* ***Waiting Period:** Cover only available six months after selecting this Option.*	*Optional* *Combined limit Up to USD 250 per **Period of Cover***
40. Extended Evacuation and Repatriation: **Evacuation** *Arrangements will be made to move an **Insured Person** who has a critical, life-threatening **Eligible Medical Condition** to the nearest medical facility, **Country of Residence**, **Country of Nationality** or the Insured Member's country of choice for the purpose of admission to Hospital as an **In-Patient or Day-Patient.*** *Reasonable expenses for:* *(i) Transportation costs (including air ambulance if required) of an **Insured Person** in the event of **Emergency Treatment** and **Medically Necessary** transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.* *(ii) Reasonable local travel costs to and from medical appointments when **Treatment** is being received as a **Day-Patient.*** *(iii) Reasonable travel costs for a locally-accompanying person to travel to and from the **Hospital** to visit the **Insured Person** following admission as an **In-Patient**.* *(iv) Reasonable costs for non-**Hospital Accommodation** only for immediate pre and post-**Hospital** admission periods provided that the **Insured Person** is under the care of a **Specialist**.* *Costs of **Evacuation** do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.* *The Insured Member's country of choice is subject to the availability of the appropriate medical facilities being in place. **Our** medical advisers will determine whether the selected country has the suitable medical facility to treat the Insured Member's **Eligible Medical Condition**. **Our** medical advisers will decide the most appropriate method of transportation for the **Evacuation** and this **Benefit** will not cover travel if it is against the advice of **Our** medical advisers or where the medical facility does not have appropriate facilities to treat the **Eligible Medical Condition**.* **Repatriation** *Following an **Evacuation** covered by **Us**, an economy class airfare ticket to return the **Insured Person** and a locally-accompanying person who has travelled as an escort to the site of **Treatment** or the **Insured Person's** principal **Country of Nationality** or principal **Country of Residence,** as long as the journey is made within one month of completion of **Treatment.** Reasonable cost of the above will be paid in full.* ***We** do not cover standalone repatriation.* *Charges relating to routine **Pregnancy** and **Pregnancy Medical Conditions** are specifically excluded from this **Benefit.***	***Pre-Authorisation ☎*** *Optional* *(i) Full refund* *(ii) Full refund* *(iii) Full refund* *(iv) Up to USD 200 per day* *Up to USD 7,500 per person, per **Evacuation*** ***Pre-Authorisation ☎*** *Full refund*

Full refund Not covered Subject to limits Optional

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

Out-Patient Per Visit Excess *options – Please note that only option 2 is available to* ***Insured Persons*** *with residence visas in the Emirate of Abu Dhabi.*

Deductible Options	Excel
Standard Deductible	*Nil*
Optional Deductible *Please note:* *If* ***You*** *choose an optional* ***Deductible****,* ***You*** *must also select either a* ***Co-Insurance Out-Patient Treatment*** *Option or a* ***Out-Patient Per Visit Excess*** *Option.* ***Deductibles*** *would apply to any* ***Medically Necessary Treatment*** *required under* ***Benefit*** *19 and* ***Benefit*** *40.*	*USD 150* *USD 250* *USD 500* *USD 1,000* *USD 2,500* *USD 5,000* *USD 10,000* *USD 15,000*

Please note ***Deductibles*** *are not available to* ***Insured Persons*** *with residence visas in the Emirates of Dubai or Abu Dhabi.*

4.3.4 WorldCare Apex

Benefit	Apex
Annual Maximum Plan Limit ***24/7 helpline and assistance services available on all Plans***	**USD 4.5m**
1. Maintenance of Chronic Medical Conditions: *Maintenance of chronic **Medical Conditions** such as but not limited to asthma, diabetes and hypertension requiring ongoing or long-term monitoring through consultations, examinations, check-ups, **Drugs and Dressings** and/or tests up to the **Benefit** limits detailed following **Your Entry Date**. This **Benefit** does not cover renal failure and dialysis. Claims for this will fall under **Benefit** 6. Claims for **Cancer** will fall under **Benefit** 8.*	▶ *Full refund*
2. Hospital Charges, Medical Practitioner and Specialist Fees: *(i) Charges for **In-Patient** or **Day-Patient Treatment** made by a **Hospital** including charges for accommodation (ward/semi-private or private); **Diagnostic Tests**; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a **Qualified Nurse**; **Drugs and Dressings** prescribed by a **Medical Practitioner** or **Specialist**; and surgical appliances used by the **Medical Practitioner** during surgery. This includes pre and post-operative consultations while an **In-Patient** or **Day-Patient** and includes charges for intensive care.* *(ii) 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.*	*(i)* ▶ *Full refund* ***Pre-Authorisation for (i) ☎*** *(ii)* ▶ *Up to USD 4,000 per **Medical Condition***
3. Diagnostic Procedures: ***Medically Necessary** diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an **In-Patient, Day-Patient** or **Out-Patient.***	***Pre-Authorisation for PET, MRI, CT ☎*** ▶ *Full refund*
4. Emergency Ambulance Transportation: ***Emergency** road ambulance transport costs to or between **Hospitals**, or when considered **Medically Necessary** by a **Medical Practitioner** or **Specialist**.*	▶ *Full refund*
5. 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*
6. Renal Failure and Renal Dialysis: *(i) **Treatment** of renal failure, including renal dialysis on an **In-Patient** basis.* *(ii) **Treatment** of renal failure, including renal dialysis on a **Day-Patient** or **Out-Patient** basis.*	*(i)* ▶ *Full refund* *(ii)* ▶ *Up to USD 100,000 per **Period of Cover***
7. Organ Transplant: *(i) **Treatment** for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the **Insured Person** as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under **Benefit** 12 but excluded from **Benefit** 7 – Organ Transplant.* *(ii) Medical costs associated with the donor as an **In-Patient** or **Day-Patient**, with the exception of the cost of the donor organ search.* ***We** only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with **WHO** guidelines.*	*(i)* ▶ *Full refund* *(ii)* ▶ *Up to USD 50,000 per **Period of Cover***
8. Cancer Treatment: ***Treatment** given for **Cancer** received as an **In-Patient**, **Day-Patient** or **Out-Patient**. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis.*	▶ *Full refund*

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

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

Full refund Not covered Subject to limits Optional

Benefit	Apex
16. In-Patient Psychiatric Treatment: ***In-Patient Treatment*** *in a recognised Psychiatric unit of a* ***Hospital****. All* ***Treatment*** *must be administered under the direct control of a Registered Psychiatrist.*	***Pre-Authorisation*** ☎ ▶ *Full refund limited to 30 days per* ***Period of Cover***
17. Terminal Illness: *Palliative and Hospice Care: On diagnosis of a* ***Terminal*** *illness, costs for any* ***In-Patient****,* ***Day-Patient*** *or* ***Out-Patient Treatment*** *given on the advice of a* ***Medical Practitioner*** *or* ***Specialist*** *for the purpose of offering temporary relief of symptoms. Charges for* ***Hospital*** *or hospice accommodation, nursing care by a* ***Qualified Nurse*** *and prescribed* ***Drugs and Dressings*** *are covered.*	▶ *Up to USD 100,000 lifetime limit*
18. Emergency Non-Elective Treatment USA Cover: *For planned trips up to 30 days of duration.* ***Treatment*** *by a* ***Medical Practitioner*** *or* ***Specialist*** *starting within 24 hours of the* ***Emergency*** *event, required as a result of an* ***Accident*** *or the sudden beginning of a severe illness resulting in a* ***Medical Condition*** *that presents an immediate threat to the* ***Insured Person's*** *health.* *Charges relating to routine* ***Pregnancy*** *and* ***Pregnancy Medical Conditions*** *are specifically excluded from this* ***Benefit.***	▶ ***Accident:*** *Full refund for* ***Accident*** *requiring* ***In-Patient*** *and* ***Day-Patient*** *care* ▶ *Illness:* ***In-Patient*** *and* ***Day-Patient*** *care up to USD 50,000 per* ***Period of Cover*** ***Out-Patient Treatment*** *in an* ***Accident*** *and* ***Emergency*** *Department in a* ***Hospital*** *up to USD 500 per* ***Period of Cover***
19. Evacuation and Repatriation: **Evacuation** *Arrangements will be made to move an* ***Insured Person*** *who has a critical, life-threatening* ***Eligible Medical Condition*** *to the nearest medical facility for the purpose of admission to* ***Hospital*** *as an* ***In-Patient*** *or* ***Day-Patient****.* *Reasonable expenses for:*	***Pre-Authorisation*** ☎
(i) Transportation costs (including air ambulance if required) 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 300 per day* *Up to USD 10,000 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.* *Charges relating to routine* ***Pregnancy*** *and* ***Pregnancy Medical Conditions*** *are specifically excluded from this* ***Benefit.***	***Pre-Authorisation*** ☎ ▶ *Full refund*

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

Benefit	Apex
20. Mortal Remains: *In the event of death from an **Eligible Medical Condition**, **Reasonable and Customary Charges** for:* *(i) Costs of transportation of body or ashes of an **Insured Person** to his/her **Country of Nationality** or **Country of Residence**, or* *(ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.*	***Pre-Authorisation*** ☎ *(i)* ▶ *Full refund* *(ii)* ▶ *Up to USD 20,000*
21. Hospital Cash Benefit: *i) This **Benefit** is payable 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 limited 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.*	***Pre-Authorisation*** ☎ ▶ *i) Up to USD 200 per* admission *ii) Up to USD 1,000 per **Major Elective Surgery***
22. Out-Patient Charges: *(i) **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**; prescribed **Drugs and Dressings**.* *(ii) Teleconsultation (Virtual Doctor appointments via electronic means).* *Costs associated with **Eligible Treatment** will be paid in full where **Treatment** is received from **Medical Providers** listed in the **Now Health International Provider Network**.* ***Treatment** that is not received in the **Now Health International Provider Network** will pay **Reasonable and Customary Charges**.* *No **Out-Patient Co-Insurance** or **Out Patient visit Excess** is applicable.* *(iii) **Vitamins and Minerals**:* *Vitamins and Minerals as prescribed by a **Medical Practitioner**. Vitamins, minerals and eye lubricants prescribed for a diagnosed deficiency will be paid as per the **Out-Patient Benefit**.* *Any pre-operative and post-hospitalisation consultations are payable under this **Benefit**.*	*(i) and (ii)* ▶ *Full refund* *(iii)* ▶ *Up to USD 150 per **Period of Cover***
23. Menopause Hormone Replacement Therapy: *The cost of Hormone Replacement Therapy when required to alleviate the symptoms of the early onset of menopause where onset and **Treatment** commence below the age of 40 years.*	▶ *Up to USD 750 per **Period of Cover***
24. Day-Patient or Out-Patient Surgery: ***Treatment** costs for a **Surgical Procedure** performed in a surgery, **Hospital**, day-care facility or **Out-Patient** department. Any pre or post-operative consultations are payable under **Benefit** 22 – **Out-Patient** charges.*	▶ *Full refund*
25. Out Patient Psychiatric Illness: ***Out-Patient Treatment** administered by a Registered Psychologist and/or a Registered Psychiatrist, subject to 20 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 7,500 and subject to a maximum of 20 sessions per **Period of Cover***

Benefit	Apex
26. Out-Patient Physiotherapy and Alternative Therapies: *(i) Physiotherapy by a Registered **Physiotherapist**.* *(ii) Complementary medicine and **Treatment** by a therapist. This **Benefit** extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture **Treatment** but excludes **Physiotherapist** covered in (i).* ***You** may choose 5 sessions for any combination of **Benefits** in aggregate in a given **Period of Cover** for **Benefits** (i) and (ii) excluding dietician without the need of referral; any subsequent sessions need to be referred by a **Medical Practitioner** or **Specialist**.* *Please note that sessions must be conducted at a recognised medical facility or an approved healthcare center. Home-based sessions are not covered.*	*(i)* ▶ *Full refund* *(ii)* ▶ *Full refund* ***Pre-Authorisation for (i) and (ii) after every 10 visits ☎***
27. Out-Patient Traditional Chinese Medicine and Ayurvedic Medicine: ***Out-Patient Treatment** for therapies administered by a recognised Traditional Chinese **Medical Practitioner** or an Ayurvedic **Medical Practitioner**.* *All claims to include diagnosis, consultation fee, **Treatment** type, **Treatment** fee, prescription including detailed medication and number of doses.* *Exclusion 5.35 applies.*	▶ *Up to USD 3,000 per **Period of Cover***
28. Nursing Care at Home: *(i) 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**.* *(ii) **Medical Practitioner** (GP) home visits for an **Emergency** GP home call-out during out of normal clinic hours.*	*(i)* ▶ *Full refund up to 120 days per **Medical Condition*** ***Pre-Authorisation for (i) ☎*** *(ii)* ▶ *Up to five visits per **Period of Cover***
29. AIDS: *Medical expenses, which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. As result of proven occupation **Accident*** or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition, **Drugs and Dressings** (except experimental or those unproven), **Hospital Accommodation** and nursing fees.* ** For members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the **Entry Date** or **Start Date**, whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the **Insured Person's** occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational **Accident**.* *** As long as the blood transfusion was received as an **In-Patient** as part of **Medically Necessary Treatment**.* ***Waiting Period**: Cover only available after three years of continuous membership.*	***Pre-Authorisation ☎*** ▶ *Up to USD 50,000 per **Period of Cover***
30. Maternity (10% Co-Insurance): ***Medically Necessary** costs incurred during **Pregnancy** and childbirth for pre and post-natal check-ups for up to six weeks following birth, scans and delivery costs for a natural birth or voluntary or emergency caesarean section. Paediatrician costs for the first examination/ check-up of a New Born baby, if the examination is made within 24 hours of delivery and Well-baby examinations up to the child's second birthday and as recommended by a **Medical Practitioner** or **Specialist**. This includes physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, haemoglobin and other blood tests, including tests to screen for sickle haemoglobinopathy.* ***Waiting Period**: Costs incurred within 12 months from the **Start Date** are excluded.* *A **Co-Insurance** of 10% applies.* *Please note that this **Waiting Period** does not apply to **Insured Persons** with resident visas for delivery within the Emirates of Dubai and Abu Dhabi.* *Please note, **We** do not pay for parenting or other teaching classes as these are a matter of personal choice.* *Claims for any caesarean sections are only recoverable from us if you have a maternity **Benefit** as part of your policy. They are not covered by any other **Benefit**.* *The **Plan Deductible** would apply to this **Benefit.*** *Please note **Deductibles** are not available to **Insured Persons** with residence visas in the Emirates of Dubai or Abu Dhabi.*	▶ *Up to USD 17,500 per **Period of Cover***

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

Benefit	Apex
31. Dental Care:	
*(i) Routine dental **Treatment**: Fees of a registered **Dental Practitioner** carrying out routine dental **Treatment** in a dental surgery. Routine dental **Treatment** means:* *– Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including X-rays where necessary,* *– Preventive scaling, polishing, and sealing (twice per year),* *– Fillings (standard amalgam or composite fillings) and extractions,* *– Root-canal **Treatment** (but not the fitting of a crown following root-canal **Treatment**), and* *– Prescribed **Drugs and Dressings**.* *No other **Treatment** is covered under the routine dental **Treatment** benefit.* ***Waiting Period**: Costs incurred within nine months from the **Start Date** are excluded.* *A **Co-Insurance** of 20% applies.* *For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.*	*(i)* ▶ *Up to USD 1,500 per **Period of Cover***
*(ii) Complex Dental **Treatment**: Fees of a registered **Dental Practitioner** and associated costs for the following procedures: **Eligible** complex dental **Treatment**: including for example, **Apicoectomy** done to treat the following – Fractured tooth root; A severely curved tooth root; Teeth with caps or posts; Cyst or infection which is untreatable with root canal therapy; Root perforations; New or repair of crowns, dentures, in lays and bridges. Recurrent pain and infection; Persistent symptoms that do not indicate problems from x-rays. Calcification; Damaged root surfaces and surrounding bone requiring surgery; Dental implant; and prescribed **Drugs and Dressings**.* *No other **Treatment** is covered by this **Benefit**.* ***Waiting Period**: Costs incurred within nine months from the **Start Date** are excluded.* *A **Co-Insurance** of 20% applies.* *A 50% **Co-Insurance** applies in respect of all orthodontic **Treatment**.* *For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.*	*(ii)* ▶ *Up to USD 3,000 per **Period of Cover***

Benefit	Apex

32. Dubai Health Authority (DHA) Mandatory requirements Benefit:

*This **Plan** provides coverage up to USD 41,000 in aggregate per **Insured Person**, per **Period of Cover** for the following basic health services inclusive of **Emergency** services within the United Arab Emirates:*

*(i) Pre-existing Conditions including maintenance of **Chronic Medical Conditions**.*

*(ii) Examinations, diagnostic and **Treatment** services (including cost of medicine) received in clinics and health centers that are provided by general **Medical Practitioners** and **Specialists**. Follow up visits are exempted from fees if made within a week from the date of the first examination.*

(iii) Laboratory tests, X–ray diagnostic services, diagnostic procedures including MRI, CT scans and endoscopies.

*(iv) **Out-Patient** physiotherapy - Maximum 10 sessions per year.*

*(v) The costs of accommodation of an accompanying person as an **In-Patient** in the same room in cases that are **Medically Necessary** at the recommendation of the **Medical Practitioner** or **Specialist**. Subject to **Pre-Authorisation** and up to a maximum of USD 28 (AED 100) per night.*

*(vi) Essential **Vaccinations** and inoculations for newborns and children as stipulated in the DHA policies and its updates, in assigned facilities covered up to a limit of USD 28 (AED 100).*

*(vii) Adult Pneumococcal Conjugate Vaccine as per DHA Adult Pneumococcal **Vaccination** guidelines.*

*(viii) Preventive screening for diabetes and other screening as stipulated by the DHA every three years for **Insured Persons** above the age of 30 and every year for 18 years and above for **Insured Persons** considered high risk.*

*(ix) **Medically Necessary** costs incurred during normal **Pregnancy** and childbirth, including the delivery costs, pre and post natal check-ups. Cover includes examinations, diagnostic and **Treatment**, and follow up visits for **Pregnancy** and gynaecology services provided by general **Medical Practitioners** and **Specialists** (subject to referral by the general **Medical Practitioner**) and received in authorised health centers and clinics.*

- *Cover is provided for eight visits to a Primary Healthcare (PHC) obstetrician for low-risk patients or **Specialist** obstetrician for high-risk patients referrals.*
- *Visits to include reviews and checks and tests in accordance with the DHA antenatal Protocols. Initial investigations to include: FBC and platelets, blood group, rhesus status and antibodies, VDRL, MSU, urinalysis, rubella serology, HIV, FBS, randoms or A1C and for high-risk patients GTT and Hepatitis C.*
- *The cost of three antenatal ultrasound scans.*
- ***In-Patient** maternity is limited to a maximum of USD 2,750 for normal Pregnancy and USD 2,750 for C-section per **Insured Person**, per **Period of Cover**.*

*10% **Co-Insurance** payable by the Insured for all **Out-Patient** and **In-Patient** maternity services.*

*(x) Cover is provided for a **New Born** baby of an **Insured Person** for a period of 30 days from birth within the existing aggregate limit of the Mother. This includes BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia).*

(xi) Psychiatry and Mental Health: Outpatient counselling covered up to USD 218 (AED 800) per year subject to a 30% coinsurance payable by the insured per visit.

*(xii) Influenza Vaccine covered once a year. Unless otherwise indicated these Benefits will not be payable for **Treatment** outside the United Arab Emirates.*

(xiii) Organ transplantation: Coverage up to limit of USD 27,226 (AED 100,000) for recipient only. 20% coinsurance payable by the insured per visit for outpatient visits.

(xiv) Dialysis: Covered to a limit of USD 16,336 (AED 60,000). 20% coinsurance payable by the insured per visit for outpatient visits.

(xv) Dental Benefits: Dental consultation, extraction, fillings, root canal treatment, scaling, x-rays, antibiotics and prophylaxis covered up to USD 137 (AED 500). 30% coinsurance payable by the insured per visit for outpatient visits. No coinsurance applicable if a follow-up visit is made within 7 days.

(xvi) Repatriation costs for the transport of mortal remains to the country of origin: Coverage up to limit of USD 1,362 (AED 5,000)

(xvii) Hearing and vision aids, and vision correction by surgeries and laser: Excluded healthcare services except in cases of medical emergencies. Subject to 20% coinsurance.

*No maternity **Waiting Period** applies on the Dubai Health Authority (DHA) Mandatory requirements **Benefit**.*

*For maternity **Benefit** outside the United Arab Emirates, the optional maternity Benefit must be selected or the Apex **Plan** chosen.*

***Note**: Above mentioned benefits are the minimum required DHA benefits however if client has opted for the upgraded plan (enhanced benefits) he/she will avail the benefits under the enhanced coverage.*

BASMAH Initiative:

*Dubai Health Authority (DHA), as part of UAE 2021 vision and in alignment with Dubai Standards of Care has launched a **Cancer** Patient Support Program (Cancer PSP) and a **Hepatitis C** Patient Support Program (HCV PSP).*

*Screening, healthcare services, investigations and **Treatments** related to and associated complications related to **Cancer** shall be extended to the fund ONLY for members enrolled under the Patient Support Program (PSP) as per terms and conditions of the Program.*

*Screening, healthcare services, investigations and **Treatments** related to viral hepatitis andassociated complications related to **Hepatitis C** shall be available ONLY for members enrolled under the Patient Support Program (PSP) as per terms and conditions of the Program*

Benefit	Apex

33. Health Authority Abu Dhabi (HAAD) Mandatory requirements Benefit:

*For **Insured Persons** with residence visas in the Emirate of Abu Dhabi this **Plan** is extended to provide coverage up to USD 69,000 in aggregate per **Insured Person**, per **Period of Cover** for the following basic health services within the Emirate of Abu Dhabi and for **Emergency** services within the United Arab Emirates:*

*(i) Pre-existing Conditions including **Maintenance of Chronic Medical Conditions**.*

*(ii) **Medically Necessary** costs incurred during normal **Pregnancy** and childbirth, including pre and post natal check-ups up to the **Benefit** limit subject to **Pre-Authorisation**.*

*(iii) The costs of accommodation of an accompanying person as an **In-Patient** in the same room in cases that are **Medically Necessary** at the recommendation of the **Medical Practitioner** or **Specialist**. Subject to **Pre-Authorisation** and up to a maximum of USD 28 per night.*

*(iv) Physiotherapy by a registered **Physiotherapist** when referred by a **Medical Practitioner** or a **Specialist** subject to **Pre-Authorisation.***

*(v) Hearing and vision aids and vision corrected by surgeries where **Medically Necessary** and as a result of an **Emergency.***

*Unless otherwise indicated these **Benefits** will not be payable for **Treatment** outside the United Arab Emirates.*

*For maternity **Benefit** outside of the United Arab Emirates, the optional maternity **Benefit** must be selected.*

Healthcare services are covered in full for work illnesses and injuries as per Federal Law concerning the Regulations of Work Relations, as amended and applicable laws in this respect.

Options to Core Benefits	Apex
32. USA Elective Treatment: *(i) Costs associated with **Eligible In-Patient** and **Day-Patient Treatment** in the USA will be paid in full where **Treatment** is received in a **Hospital** listed in the **Now Health International Provider Network**.* *(ii) Costs associated with **Eligible Out-Patient Treatment** in the USA will be paid up to **Your Out-Patient Benefit** limit.* ***In-Patient** and **Day-Patient Treatment** that is not received in the **Now Health International Provider Network** will be subject to a 50% **Co-Insurance**.* *This option is not available if **You** have selected an optional **Regional Cover**.*	***Pre-Authorisation for Out-Patient diagnostics and surgery, Day-Patient and In-Patient Treatment ☎*** ▶ *Optional* *Up to USD 1.5m per **Insured Person** per **Period of Cover***
35. Co-Insurance Out-Patient Treatment: (not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi) *A 10% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment**. Should **Your Plan** include the Maternity or Dental care **Benefits**, any applicable **Co-Insurance** will be detailed in **Your Benefit Schedule**.* *Please note that the **Co-Insurance** will not apply to **Treatment** relating to Renal dialysis/ Renal failure, **Cancer** or Organ Transplants.*	▶ *Optional*
36. Co-Insurance Out-Patient Treatment Option 2: (not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi) *A 20% **Co-Insurance** will apply to all **Eligible Out-Patient Treatment**. Should **Your Plan** include the Maternity or Dental care **Benefits**, any applicable **Co-Insurance** will be detailed in **Your Benefit Schedule**.* *Please note that the **Co-Insurance** will not apply to **Treatment** relating to Renal dialysis/ Renal failure, **Cancer** or Organ Transplants.*	▶ *Optional*
37. Restricted Network – UAE Residents only: (not available to **Insured Persons** with residence visas in the Emirate of Abu Dhabi) (only available for new **Plans** in force on or after 1 August 2015) *No **Benefit** will be payable in respect of costs associated with **Eligible In-Patient**, **Day-Patient** or **Out-Patient Treatment** made at either the American Hospital and associated clinics, City Hospital, Welcare Hospital and associated **Hospitals** and clinics of the Mediclinic Group.* *Please note that if **You** selected the USD 25 per visit **Out-Patient Excess** or one of the **Co-insurance Plan** options, these will still apply in the **Restricted Network.***	▶ *Optional*
38. Wellness, Optical and Vaccinations: *(i) Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including **Cancer** screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age).* *and/or* *(ii) Optical **Benefits**: This **Benefit** also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, and Laser Eye Surgery and any complications, within the combined **Benefit** limits to a maximum USD 300 per **Period of Cover** for an optical claim.* *Please note that there is no cover for prescription sunglasses or transition lenses.* *and/or* *(iii) **Vaccinations**: Costs of drugs and consultations to administer all **Medically Necessary** basic immunisation and booster injections and any **Medically Necessary** travel **Vaccinations** and malaria prophylaxis.* *For this **Benefit** exclusion 5.10 does not apply.* ***Waiting Period:** Cover only available six months after selecting this Option.*	▶ *Optional* ▶ *Combined limit Up to USD 500 per **Period of Cover***

Options to Core Benefits	Apex
39. Wellness, Optical and Vaccinations Option 2: (i) *Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including **Cancer** screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age).* *and/or* (ii) *Optical **Benefits**: This **Benefit** also provides a contribution towards optician charges including an annual eye test carried out by an Opthalmic Optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, and Laser Eye Surgery and any complications, within the combined **Benefit** limits to a maximum USD 600 per **Period of Cover** for anoptical claim.* *Please note that there is no cover for prescription sunglasses or transition lenses.* *and/or* (iii) ***Vaccinations**: Costs of drugs and consultations to administer all **Medically Necessary** basic immunisation and booster injections and any **Medically Necessary** travel **Vaccinations** and malaria prophylaxis.* *For this **Benefit** exclusion 5.10 does not apply.* ***Waiting Period:** Cover only available six months after selecting this Option.*	*Optional* *Combined limit Up to USD 1,000 per **Period of Cover***
40. Wellness and Vaccinations Option 3: (i) *Wellness: This **Benefit** is payable as a contribution towards the cost of routine health checks including **Cancer** screening, BRCA I & II Test (where a direct family history exists), bone densitometry (once every five years for women aged 50+), cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). Well Child Tests (Up to 5 Years of age).* *and/or* (ii) ***Vaccinations**: Costs of drugs and consultations to administer all **Medically Necessary** basic immunisation and booster injections and any **Medically Necessary** travel **Vaccinations** and malaria prophylaxis.* *For this **Benefit** exclusion 5.10 does not apply.* ***Waiting Period:** Cover only available six months after selecting this Option.*	*Optional* *Combined limit Up to USD 250 per **Period of Cover***
41. Extended Evacuation and Repatriation **Evacuation** *Arrangements will be made to move an **Insured Person** who has a critical, life-threatening **Eligible Medical Condition** to the nearest medical facility, **Country of Residence, Country of Nationality** or the Insured Member's country of choice for the purpose of admission to **Hospital** as an **In-Patient or Day-Patient**.* *Reasonable expenses for:* (i) *Transportation costs (including air ambulance if required) of an **Insured Person** in the event of **Emergency Treatment** and **Medically Necessary** transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.* (ii) *Reasonable local travel costs to and from medical appointments when **Treatment** is being received as a **Day-Patient**.* (iii) *Reasonable travel costs for a locally-accompanying person to travel to and from the **Hospital** to visit the **Insured Person** following admission as an **In-Patient**.* (iv) *Reasonable costs for non-**Hospital Accommodation** only for immediate pre and post-**Hospital** admission periods provided that the **Insured Person** is under the care of a **Specialist**.* *Costs of **Evacuation** do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.* *The Insured Member's country of choice is subject to the availability of the appropriate medical facilities being in place. **Our** medical advisers will determine whether the selected country has the suitable medical facility to treat the Insured Member's **Eligible Medical Condition**. **Our** medical advisers will decide the most appropriate method of transportation for the **Evacuation** and this **Benefit** will not cover travel if it is against the advice of **Our** medical advisers or where the medical facility does not have appropriate facilities to treat the **Eligible Medical Condition**.* **Repatriation** *Following an **Evacuation** covered by **Us**, an economy class airfare ticket to return the **Insured Person** and a locally-accompanying person who has travelled as an escort to the site of **Treatment** or the **Insured Person's** principal **Country of Nationality** or principal **Country of Residence**, as long as the journey is made within one month of completion of **Treatment**. Reasonable cost of the above will be paid in full.* ***We** do not cover standalone repatriation.* *Charges relating to routine **Pregnancy** and **Pregnancy Medical Conditions** are specifically excluded from this **Benefit.***	***Pre-Authorisation ☎*** *Optional* (i) *Full refund* (ii) *Full refund* (iii) *Full refund* (iv) *Up to USD 300 per day Up to USD 10,000 per person, per **Evacuation*** ***Pre-Authorisation ☎*** *Full refund*
42. Removal of Maternity: *If **You** select this **Benefit**, no **Benefit** is payable under **Benefit** 30 - Maternity **Benefit**.* ***You** will still be eligible for the DHA mandatory maternity **Benefit** as shown in **Benefit** 32.*	*Optional*

Full refund | Not covered | Subject to limits | Optional

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

Out-Patient Per Visit Excess *options – Please note that only option 2 is available to* ***Insured Persons*** *with residence visas in the Emirate of Abu Dhabi.*

Deductible Options	Apex
Standard Deductible	*Nil*
Optional Deductible *Please note:* *If* ***You*** *choose an optional* ***Deductible****,* ***You*** *must also select either a* ***Co-Insurance Out-Patient Treatment*** *Option or a* ***Out-Patient Per Visit Excess*** *Option.* ***Deductibles*** *would apply to any* ***Medically Necessary Treatment*** *under* ***Benefit*** *19 and* ***Benefit*** *41.*	*USD 150* *USD 250* *USD 500* *USD 1,000* *USD 2,500* *USD 5,000* *USD 10,000* *USD 15,000*

Please note ***Deductibles*** *are not available to* ***Insured Persons*** *with residence visas in the Emirates of Dubai or Abu Dhabi*

5. Exclusions: What is not covered?

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

5.1 Act of Terrorism, war and illegal acts

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

5.2 Administrative and shipping fees

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

5.3 Alcohol and drug abuse

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

5.4 Allergy Testing

You are not covered for any allergy testing even when prescribed by a physician.

5.5 Chemical exposure

You are not covered for **Treatment** costs directly or indirectly caused by or contributed to or arising from: ionizing radiations or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel; the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

5.6 Cosmetic Treatment

You are not covered for **Treatment** costs relating to cosmetic or aesthetic **Treatment** or any **Treatment** related to previous cosmetic or reconstructive surgery (whether or not for psychological purposes) to enhance **Your** appearance, even when medically prescribed, such as but not limited to acne, teeth whitening, lentigo and alopecia.

The only exception is an initial reconstructive surgery necessary to restore function or appearance after a disfiguring **Accident**, or following a **Surgical Procedure** for an **Eligible Medical Condition** if the **Accident** or surgery occurs during **Your** membership.

5.7 Contamination

We do not pay for the **Treatment** of any conditions, or for any claim arising directly or indirectly from chemical or biological contamination, however caused, or from contamination by radioactivity from any nuclear material whatsoever, or asbestosis, including expenses in any way caused by or contributed to by an act of war or terrorism.

5.8 Chronic Conditions

If **You** are insured under the Essential **Plan** option, **You** do not have cover for costs relating to the maintenance of **Chronic Conditions**.

5.9 Coma or Vegetative State

We will not pay for any **Treatment** costs incurred by an **Insured Person** after being in a coma or in a vegetative state for more than 12 months.

We will, however, pay for any active **Treatment** costs of an **Eligible Medical Condition** incurred within the first 12 months of the coma or the vegetative state.

5.10 Deductible, Out-Patient Per Visit Excess or Co-Insurance

You are not covered for the amount of the **Deductible, Out-Patient Per Visit Excess** or **Co-Insurance** that is shown on **Your Certificate of Insurance**. **We** will treat any arrangement with or any offer by a provider to charge **Us** a higher fee to cover the amount of the **Deductible, Out-Patient Per Visit Excess** or **Co-Insurance** as fraud and **We** will take legal action.

5.11 Dental care

You are not covered for any dental care unless these **Benefits** are included on **Your Certificate of Insurance**. However **We** will pay for **Emergency In-Patient** dental **Treatment** following an **Accident** as detailed in the **Benefit Schedule**. **We** will not pay for any telephone or travelling expenses incurred in seeking dental advice or **Treatment**, damage to dentures unless being worn at the time of the **Accident**, or the cost of **Treatment** made necessary by an accidental dental injury if:

- The injury was caused by eating or drinking anything, even if it contains a foreign body
- The damage was caused by normal wear and tear
- The injury was caused when boxing or playing rugby (except school rugby) unless appropriate mouth protection was worn
- The injury was caused by any means other than extra-oral impact
- The damage was caused by tooth brushing or any other oral hygiene procedure
- The damage is not apparent within 10 days of the impact which caused the injury
- The costs are incurred more than 18 months after the date of the injury which made the **Treatment** necessary

5.12 Developmental disorders

You are not covered for **Treatment** of developmental, behavioural or learning problems such as attention deficit hyperactivity syndrome, speech disorders or dyslexia and physical developmental problems.

5.13 Dietary supplements and Cosmetic Products

We do not pay for nutritional or dietary consultations and supplements, including, but not limited to, special infant formula and cosmetic products including but not limited to moisturizers, cleansers, lotions, soaps, shampoos, sunscreen, mouth wash, antiseptic lozenges, even if medically recommended or prescribed or acknowledged as having therapeutic effects.

5.14 Eating disorders

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

5.15 Experimental Treatment and drugs

You are not covered for **Treatment** or drugs which have not been established as being effective or which are experimental. For drugs this means they must be licensed for use by the European Medicines Agency or the Medicines and Healthcare products Regulatory Agency and be used within the terms of that licence. For established **Treatment**, this means procedures and practices that have undergone appropriate clinical trial and assessment, sufficiently evidenced and published medical journals and/or been approved by the National Institute for Health and Clinical Excellence for specific purposes to be considered proven safe and effective therapies.

5.16 Eyesight tests or vision correction, hearing tests, hearing or visual aids

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

5.17 External appliance and/or Prosthesis

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

5.18 Failure to follow medical advice

We do not pay for **Treatment** arising from or related to **Your** unreasonable failure to seek or follow medical advice and/or prescribed **Treatment**, or **Your** unreasonable delay in seeking or following such medical advice and/or prescribed **Treatment**. **We** do not pay for complications arising from ignoring such advice.

5.19 Foetal surgery

We do not cover the costs of surgery on a child while in its mother's womb except as part of the maternity **Benefits** detailed in **Your Certificate of Insurance**.

5.20 Genetic testing

We do not cover the cost of genetic tests, when those tests are undertaken to establish whether or not **You** may be genetically disposed to the development of a **Medical Condition**, **You** have a **Medical Condition** when **You** have no symptoms or if there is a genetic risk of **You** passing on a **Medical Condition**.

5.21 Hazardous sports and pursuits

We do not cover **Treatment** of injuries sustained from base jumping, cliff diving, motor sports, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than 30 metres, trekking to a height of over 4,000 metres, bungee jumping, canyoning, hang-gliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste.

5.22 HIV, AIDS or sexually transmitted disease

You are not covered for **Treatment** for Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by or related to Human Immunodeficiency Virus (HIV) (or both) and sexually transmitted disease, other than stated in the **Benefit Schedule**. HIV test when not medically prescribed or screening for visa application purposes are not covered.

5.23 Hormone Replacement Therapy

You are not covered for the costs of **Treatment** for Hormone Replacement Therapy (HRT). We will cover **Medical Practitioner's** fees including consultations, the cost of implants, patches or tablets which are **Medically Necessary** as a direct result of medical intervention, up to a maximum of 18 months from the date of medical intervention and for Menopause Hormone Replacement Therapy where onset and **Treatment** commence below the age of 40 years.

5.24 Obesity and Weight Loss

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

5.25 Nursing homes, convalescence homes, health hydros, health resorts, health spas and nature cure clinics

You are not covered for **Treatment** received in nursing homes, convalescence homes, 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 due to age related infirmity and/or if the **Hospital** has effectively become **Your** home.

5.26 Pregnancy or maternity

You are not covered for costs relating to **Pregnancy** or childbirth, voluntary or **Emergency** caesarean section, unless the Maternity **Benefit** is shown on **Your Certificate of Insurance**.

These costs are only covered under the Maternity **Benefit** and are not covered or recoverable under any other **Benefits** *(unless specifically covered by **Benefit** 9: **Pregnancy Medical Conditions**)*.

5.27 Pre-Existing Medical Conditions

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

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

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 **Plan**.

5.28 Professional sports

You are not covered for any costs resulting from injuries or illness arising from **You** taking part in any form of professional sport. By professional sport, **We** mean where **You** are being paid to take part.

5.29 Reproductive medicine

You are not covered for costs relating to:
(i) investigations into or **Treatment** of infertility and fertility, or assisted conception
(ii) Sterilisation (or its reversal)
(iii) Contraception

5.30 Routine examinations, health screening

You are not covered for routine medical examinations including issuing medical certificates, health screening examinations or tests to rule out the existence of a condition for which **You** do not have any symptoms, unless these **Benefits** are shown on **Your Certificate of Insurance**.

5.31 Second opinions

We do not cover the costs of any second or subsequent medical opinions from a **Medical Practitioner** or **Specialist** for the same **Medical Condition** other than stated in **Your Certificate of Insurance**, unless authorised by **Us**.

5.32 Self-inflicted injuries or attempted suicide

You are not covered for any costs for **Treatment** resulting directly or indirectly from self-inflicted injury, suicide or attempted suicide.

5.33 Sexual problems and gender re-assignment

You are not covered for **Treatment** costs relating to sexual problems including sexual dysfunction or gender re-assignment operations or any other surgical or medical **Treatment** including psychotherapy or similar services which arise from, or are directly or indirectly associated with gender re-assignment. **You** are not covered for the costs of treating sexually transmitted infections.

5.34 Sleep disorders

You are not covered for **Treatment** costs related to snoring, insomnia, jet-lag, fatigue, or sleep apnoea including sleep studies or corrective surgery.

5.35 Traditional Chinese Medicine

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

5.36 Travel/accommodation costs

You are not covered for transport or accommodation costs **You** incur during trips made specifically to get medical **Treatment** unless these costs are for an **Emergency** medical **Evacuation** that **We** pre-authorise. **You** are not covered for any costs of **Emergency** medical **Evacuation** or repatriating **Your** body that **We** did not pre-authorise and arrange.

5.37 Travelling against medical advice

You are not covered for medical or other costs **You** incur if **You** travel against the advice given by **Your** treating **Medical Practitioner**.

5.38 Treatment by a family member

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

5.39 Treatment charges outside of Our reasonable and customary range

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

6. Plan administration

6.1 The contract

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

Your Plan is underwritten by Arabia Insurance Company S.A.L. and governed by the laws of UAE. As a consequence **Your Plan** may not meet the requirements of the relevant regulations in **Your** territory. Please ensure that **Your Plan** is suitable where **You** reside and that **You** comply with any necessary taxation or other obligations.

6.2 Premium payment

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

If **You** pay by credit card, bank transfer or cheque, **We** will collect the first premium when **Your Plan** starts and subsequent premiums when they fall due. However **You** pay **Your** premium at the moment, bear in mind that **You** can change to another method simply by contacting **Our** customer service team on +971 (0) 4450 1410.

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

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

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

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

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

6.3 Eligibility

6.3.1 Age limits

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

6.3.2 Full medical underwriting

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

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

6.3.3 Dependants

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

6.3.4 Start Date

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

6.3.5 Local legislation

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

6.3.6 Non-Eligible residency

If **You** permanently reside in a country that is not covered by this **Plan** and which **We** have advised at **Renewal Date**, **You** are not **Eligible** for this **Plan**. For details of the excluded countries please contact **Our** customer service team on +971 (0) 4450 1410.

6.4 Adding a new Dependant

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

There will be No backdating of additions for Dubai Residents with the exception of **New Born** babies whose addition can be backdated up to 7 days from the date of birth.

6.5 Adding New Borns

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

However, **We** will require details of the baby's medical history if :

- the baby was born within 10 months from **Your Start Date** or **Your** spouse's **Start Date**, whichever date is later; or
- the baby has been adopted; or
- the baby was born as the result of any method of assisted conception or following any type of fertility **Treatment**, including but not limited to fertility drug **Treatment**.

In such circumstances **We** reserve the right to apply particular restrictions to the cover **We** will offer, and **We** will notify **You** of those terms as soon as reasonably possible. This may limit **Your** baby's cover for existing **Medical Conditions**. This would mean that **Your** baby will not be covered for **Treatment** carried out for **Medical Conditions** which existed prior to joining, such as **Treatment** in a Special Care Baby Unit and **You** will be liable for these costs.

6.6 Changing Your cover

Subsequent changes in cover can only be made at renewal.

6.7 Renewing Your cover

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

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

6.8 Continuous transfer terms

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

Please note that this option is not available for visa holders within the Emirates of Dubai or Abu Dhabi.

6.9 Local taxes

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

7. Making a complaint

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

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

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

Step 1

If **You** are dissatisfied with any service **You** have received from **Us**, please contact **Our** customer service team on T +971 (0) 4450 1410 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.

For Dubai Health Insurance complaints, **You** can contact the Dubai Health Authority (DHA) using the details below:
Website: https://www.isahd.ae/Home/Ipromes
Email: info@dha.gov.ae
Telephone: 800342 (800 DHA) [Toll Free (24/7)]

For Abu Dhabi Health Insurance complaints, **You** can contact the Health Authority of Abu Dhabi (HAAD) using the details below:
Website: https://www.doh.gov.ae/en/Request-For-Submitting-Health-Insurance-Complaint
Email: contact@abudhabi.ae
Telephone: +971 2449 3333 or Local Toll-Free Number: 800 555

For any Regulatory Health Insurance Complaints, **You** can contact SANADAK "Ombudsman Unit For The UAE" using the details below:
Website : Homepage - Sanadak
Email: help@sanadak.ae
Telephone: 800SANADAK (800 72 623 25)
Address: SANADAK Unit – Emirates Institute of Finance Building – Ground Floor – Sultan Bin Zayed The First Street – Abu Dhabi.

8. Rights and responsibilities

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

8.1 Your rights and responsibilities

8.1.1 **You** must make sure that whenever **You** are required to give **Us** any information, all the information **You** give **Us** is sufficiently true, accurate and complete so as to give **Us** a fair presentation of the risk **We** are taking on (these are **Your** representations to **Us**). If **We** discover later it is not and that **Your** representations were deliberate, reckless or careless, then **We** may void the **Plan** (including not returning the **Plan** premium) or apply different terms of cover in line with the terms **We** would have applied had the information been presented to **Us** fairly in the first place. These terms may increase the **Plan** premium and reduce **Your** claim(s).

8.1.2 **You** must write and tell **Us** if **You** change **Your** address or occupation.

8.1.3 This **Plan** is available only to people living outside their **Country of Nationality** apart from certain countries where **We** have explicitly agreed to cover local nationals, so **You** must tell **Us** immediately if **You** or any family member has gone to live in **Your Country of Nationality** – which means they will be in that country for more than six months in the year. **You** must tell **Us** if **You** change **Your** principal **Country of Residence**. If **You** don't tell **Us We** can refuse to pay **Benefits** claimed for.

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

8.1.5 If the **Planholder** dies and there is more than one **Insured Person** aged 18 or above, this **Plan** will automatically be transferred to the oldest **Insured Person** from the date of death, who will become the **Planholder**.

8.1.6 **You** must pay **Your** premium when it is due and in the currency of **Your Plan**. **We** will decide the amount at the start of each year and tell **You** how much it is. **You** can pay it in the way **You** have agreed with **Us**. **We** can change the amount of **Your** premium during a year to reflect any change in insurance premium tax or other taxes but **We** will tell **You** of the change. If **Your** premium payments are not up to date **Your Plan** will end.

8.1.7 The **Planholder** may cancel this **Plan** by contacting **Us** during the 14-day cooling off period. The 14-day cooling off period starts on the day that the contract is concluded or the day that full **Plan** terms and conditions are received, whichever is the later. The 14-day cooling off period also applies from each **Renewal Date**.

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

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

- Make a misrepresentation by withholding relevant information or giving **Us** incorrect information
- Make a misrepresentation by making a false or fraudulent claim
- Fail to provide any reasonable information **We** have asked for
- Fail to pay the premiums due
- If **You** move to the USA, or a country not covered by this **Plan** which may vary from time to time, of which **You** will be advised

8.1.8 **We** will not be liable for any misuse by **You** of such **Out-Patient Direct Billing** membership cards, if **We** have already paid the **Benefit We** can recover those sums from **You**.

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

8.1.10 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 Personal 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**.

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

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**.

8.2 Our rights and responsibilities

8.2.1 **We** will tell the **Planholder** in writing the date the **Plan** starts and any special terms which apply to it. **We** can refuse to give cover and will tell **You** if **We** do.

8.2.2 If for whatever reason there is a break in **Your** cover, **We** may reinstate the cover if the premium is subsequently paid, though terms of cover may be subject to variation. Any acceptance by **Us** is subject to **Our** written consent and **Your** acceptance.

8.2.3 **We** can refuse to add a family member to the **Plan** and **We** will tell the **Planholder** if **We** do.

8.2.4 **We** will pay for **Eligible** costs incurred during a period for which the premium has been paid.

8.2.5 If **You** break any of the terms of the **Plan** which **We** reasonably consider to be fundamental, **We** may (subject to 8.2.8) do one or more of the following:

- Refuse to make any **Benefit** payment or, if **We** have already paid **Benefits, We** can recover from **You** any loss to **Us** caused by the break
- Refuse to renew **Your Plan**
- Impose different terms to any cover **We** are prepared to provide
- End **Your Plan** and all cover under it immediately

8.2.6 Break in cover

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

8.2.7 Waiver by **Us** of any breach of any term or condition of this **Plan** shall not prevent the subsequent enforcement of that term or condition and shall not be deemed to be a waiver of any subsequent breach.

8.2.8 If **You** (or anyone acting on **Your** behalf) make a claim under **Your Plan** knowing it to be false or fraudulent, (i.e. **You** make a misrepresentation) **We** can refuse to make **Benefit** payments for that claim and may declare the **Plan** void, as if it never existed. If **We** have already paid the **Benefit We** can recover those sums from **You**. Where **We** have paid a claim later found to be fraudulent, (whether in whole, or in part), **We** will be able to recover those sums from **You**.

8.2.9 **We** retain all rights of subrogation. **You** have no right to admit liability for any event or give any undertaking, which is binding upon **You**, **Your Dependants** or any other person named in the **Certificate of Insurance** without **Our** prior written consent.

8.2.10 **We** may alter the handbook terms or **Benefit Schedule** from time to time, but no alteration shall take effect until the next annual **Renewal Date**. **We** shall notify such changes to **You** in writing by sending the details to the primary contact details **We** have for **You**. **We** reserve the right to revise or discontinue the **Plan** with effect from any **Renewal Date**. No variation or alteration will be admitted unless it is in writing and signed on behalf of **Us** by an authorised employee.

8.2.11 **We will not provide cover nor pay claims** under this **Plan** if **Our** obligations (or the obligations of **Our** group companies & administrators) under the laws of any relevant jurisdiction including Malta, UAE, UK, European Union, the United States of America, United Nations resolutions, trade or economic sanctions or international laws sanctions, prevents or restricts **Us** from doing so.

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

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

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

Now Health International

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