

SimpleCare Members' Handbook



Individuals and families



Everything you need to know about your SimpleCare plan

Effective 1 April 2024

Introduction

Thank you for choosing **Us** to provide **Your SimpleCare Plan**.

We have designed SimpleCare to provide vital health protection in **Your** chosen **Area of Cover** with access to top-end healthcare. At the heart of this is **Our** commitment to make SimpleCare easy to understand and use. 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 SimpleCare **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 SimpleCare Plan**, here's what **You** can expect from **Us**:

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

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

Contacting Us

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

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

Assistance team for Emergency Evacuation or Repatriation

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

T +356 2260 5240

If **You** have any questions about **Your** membership or would like to request information on the progress of a claim, **You** can log in to **Your** online secure portfolio at www.now-health.com or contact **Us** via email at ClinicalService@now-health.com.

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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**.

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| 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. |
| Agreement | An agreement We have with each of the Hospitals, Day-Patient units and scanning centres listed in the SimpleCare Provider Network . |
| Alternative Therapies | Refers to therapeutic and diagnostic Treatment that exists outside the institutions where conventional medicine is taught. Such medicine includes Chinese medicine, chiropractic Treatment , Ayurvedic medicine, osteopathy, dietician, homeopathy and acupuncture as practiced by approved therapists. |
| Apicoectomy | Is a dental surgery performed to remove the root tip and the surrounding infected tissue of an abscessed tooth, when inflammation or infection persists in the bony area around the end of a tooth after a root canal procedure. Apicoectomy is done to treat the following: <ul style="list-style-type: none"> • 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 |
| Area of Cover: Europe | The default area of cover under this Plan. We will pay for Eligible claims incurred in Europe. Europe shall mean: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Gibraltar, Greece, Guernsey, Hungary, Iceland, Ireland, Isle of Man, Italy, Jersey, Kazakhstan, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia (FYROM), Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, United Kingdom, Vatican City (Holy See) |
| Area of Cover: Worldwide Excluding USA | A geographical area option that extends to provide worldwide cover but excluding any elective Treatment in the USA. |
| 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. |

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| Cancer | A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue. |
| Certificate of Insurance | The certificate giving details of the Planholder , the Insured Persons , the Period of Cover , the Underwriters , the Entry Date , the level of cover and any endorsements that may apply. |
| Congenital Disorder | A Medical Condition that is present at birth or is believed to have been present since birth, whether it is inherited or caused by environmental factors. |
| Co-Insurance | Is the uninsured percentage of the costs, which the Insured Person must pay towards the cost of a claim. |
| Country of Nationality | The country for which You hold a passport. |
| Country of Residence | The country in which You habitually reside (usually for a period of no less than six months per Period of Cover) at the 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: <ul style="list-style-type: none"> • It needs ongoing or long-term monitoring through consultations, examination, check-ups, Drugs and Dressings and/or tests • It needs ongoing or long-term control or relief of symptoms • It requires Your Rehabilitation or for You to be specially trained to cope with it • It continues indefinitely • It has no known cure • It comes back or is likely to come back |
| Day-Patient | A patient who is admitted to a Hospital or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight. |
| Deductible | An uninsured amount payable by an Insured Person in respect of In-Patient , Day-Patient and Out-Patient 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. |
| Dependants | One spouse or adult partner and/or unmarried children who are not more than 18 years old and residing with You , or up to 28 years old if in full-time education (written proof may be required from the educational institute where they are enrolled), at the Start Date or any subsequent Renewal Date . The term partner shall mean husband, wife, civil partner or the person permanently living with You in a similar relationship. All dependants must be named as Insured Persons in the Certificate of Insurance . |
| Diagnostic Tests | Investigations, such as x-rays or blood tests, to find or to help to find the cause of Your symptoms. |
| Drugs and Dressings | Essential prescription drugs, dressings and medicines administered by a Medical Practitioner or Specialist needed to relieve or cure a Medical Condition . |
| Eligible | Those Treatments and charges, which are covered by Your 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 . |

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| 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 . |
| Excluded Countries | Refers to the list of countries that We cannot offer You cover if You reside in any one of them. For details of Our list of Excluded Countries , please contact Our customer service team. |
| Expatriate | Any persons living and/or working outside of the country for which they hold a passport. Usually for a period of more than 180 days per Period of Cover . |
| High Cost Providers List | The list of medical providers that We exclude from cover. We do not cover any Treatment costs incurred in any medical provider that is within Our High Cost Providers List . We will update Our High Cost Providers List on a periodic basis. For details of Our High Cost Providers List , please contact Our customer service team. |
| Hospital | Any establishment, which is licensed as a medical or surgical hospital under the laws of the country where it operates. The following establishments are not considered hospitals: rest and nursing homes, spas, cure-centres and health resorts. |
| Hospital Accommodation | Refers to standard private or semi-private accommodation as indicated in the Benefit Schedule . Deluxe, executive rooms and VIP suites are not covered. |
| In-Patient | A patient who is admitted to Hospital and who occupies a bed overnight or longer, for medical reasons. |
| Insured Person/You/Your | The Planholder and/or the Dependants named on the Certificate of Insurance who are covered under this Plan . |
| Medical Condition | Any disease, injury, or illness. |
| Medical Practitioner | A person who has attained primary degrees in medicine or surgery following attendance at a WHO -recognised medical school and who is licensed to practise medicine by the relevant authority in the country where the Treatment is given. By "recognised medical school" We mean a medical school, which is listed in the current World Directory of Medical Schools published by the WHO . |
| Medically Necessary | Treatment , which in the opinion of a qualified Medical Practitioner is appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards could not have been omitted without adversely affecting the Insured Person's condition or the quality of medical care rendered. Such Treatment must be required for reasons other than the comfort or convenience of the patient or Medical Practitioner and provided only for an appropriate duration of time. As used in this definition, the term "appropriate" shall mean taking patient safety and cost effectiveness into consideration. When specifically applied to In-Patient Treatment , medically necessary also means that diagnosis cannot be made, or Treatment cannot be safely and effectively provided on an Out-Patient basis. |

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| New Born | A baby who is within the first 16 weeks of its life following birth. |
| Out-Patient Per Visit Excess | An uninsured amount payable by an Insured Person in respect of Out-Patient expenses before any Benefits are paid under the Plan , as specified in Your Certificate of Insurance . Each visit refers to each consultation. The Out-Patient Per Visit Excess applies per Insured Person , per Out-Patient consultation, when You receive Eligible Out-Patient Treatment . |
| Out-Patient | A patient who attends a Hospital , consulting room, telemedicine appointment or out-patient clinic and is not admitted as a Day-Patient or an In-Patient . |
| Period of Cover | The period of cover set out in the Certificate of Insurance . This will be a 12-month period starting from the Start Date or any subsequent Renewal Date as applicable. |
| Physiotherapist | A practising physiotherapist who is registered and licensed to practise in the country where Treatment is provided. |
| Pre-Authorisation | A process whereby an Insured Person seeks approval from Us prior to undertaking any Treatment or incurring costs. Please refer to section 4.2 for details. |
| Plan | 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. |
| Primary Health Insurance | If You have more than one health insurance policy, this is the health insurance policy that pays claims first. |
| Primary Health Insurer | The insurer of the Primary Health Insurance Plan . |
| Private Room | Single occupancy accommodation in a private Hospital . Deluxe, executive rooms and VIP suites are not covered. |
| Qualified Nurse | A nurse whose name is currently on any register or roll of nurses, maintained by any Statutory Nursing Registration Body within the country where Treatment is provided. |
| Reasonable and Customary Charges | The standard fee that would typically be made in respect of Your Treatment costs, in the country You received Treatment . We may require such fees to be substantiated by an independent third party, such as a practising Surgeon/Physician/ Specialist , government health department or medical providers within the SimpleCare Provider Network . |
| 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 . |

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| Secondary Health Insurance | <p>If You have more than one health insurance policy, Secondary Health Insurance is the payer that pays claim after the Primary Health Insurance has paid its portion.</p> <p>If You have more than one health insurance policy, this Plan will be the health insurance policy that pays last.</p> <p>If You buy this Plan as a Secondary Health Insurance Plan, We will only pay a claim if:</p> <ul style="list-style-type: none"> - the claim was submitted to the Primary Health Insurer but the claim was not paid / fully settled due to ineligibility or the Benefit limits have been exhausted under the Primary Health Insurance contract, and - the unpaid claim amount is considered as Eligible claim under this Plan. <p>You will need to provide a copy of the Certificate of Insurance of Your Primary Health Insurance when You apply for this Plan.</p> <p>In any case, We will only pay the remaining balance of an Eligible claim amount that was not settled by the Primary Health Insurance.</p> |
| Semi-Private Room | Dual occupancy accommodation in a private Hospital . Deluxe, executive rooms and VIP suites are not covered. |
| SimpleCare Comprehensive Network | Our list of medical providers that is available to You if You have extended Your geographical area of cover to Worldwide Excluding USA. |
| SimpleCare Europe Network | Our list of medical providers in Europe that is available to You . |
| SimpleCare Provider Network | Our lists of medical providers where We have a Direct Billing Agreement. |
| Specialist | A surgeon, anaesthetist or physician who has attained primary degrees in medicine or surgery following attendance at a WHO -recognised medical school and who is licensed to practise medicine by the relevant authority in the country where the Treatment is given, and is recognised as having a specialised qualification in the field of, or expertise in, the Treatment of the disease, illness or injury being treated. By “recognised medical school” We mean a medical school which is listed in the current World Directory of Medical Schools published by the WHO . |
| Start Date | The start date shown on Your Certificate of Insurance . 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 | Refers to the stage where Treatment can no longer be expected to cure the condition with death anticipated within 12 months. |
| Treatment | Surgical or medical services (including Diagnostic Tests) that are needed to diagnose, relieve or cure a Medical Condition . |
| Underwriters | Those insurance companies named as underwriters in the Certificate of Insurance . |
| Vaccinations | Refers to all basic immunisations and booster injections required under regulation of the country in which Treatment is being given, any Medically Necessary travel vaccinations and malaria prophylaxis. |
| Waiting Period | Is a period of time starting on 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 | Now Health International Services (Europe) Limited on behalf of the Underwriters detailed in the Certificate of Insurance . |
| WHO | The World Health Organisation. |

2. Manage your 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** at CustomerService@now-health.com.

About me

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

My Plan

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

My claims

Here **You** can submit an **Out-Patient** claim online and track **Your** claims. **You** can view information about all **Your** claims, past and present, including claim status, the medical provider and the amounts claimed and settled, in the currency **You** have selected. **You** can also submit a pre-authorisation request from here.

Other features

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

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

Download our mobile app

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



3. How to claim

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

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

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

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

3.1 Claiming for Out-Patient Treatment You have already paid for

Step 1

Choose how You would like to claim

You can claim using the secure online portfolio at www.now-health.com or the mobile app.



Step 2

Using the mobile app:

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

Using the secure online portfolio:

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



Step 3

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



Step 4

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

We will email or SMS **You** every time there is a change to the claims status on **Your** account so **You** know the most relevant time to log in.

Important notes:

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

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

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

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

3.2 Arranging Direct Settlement For In-Patient and Day-Patient Treatment

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

Step 1

Two working days before **You** are admitted (or whenever possible), contact **Our** customer service team at ClinicalService@now-health.com

Tell **Us** the **Hospital** name, telephone number, fax number, the contact name at the **Hospital** and the name of the **Medical Practitioner**.

Step 2

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

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

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

Step 3

When **You** arrive at the medical provider on the day of **Your Treatment**, show **Your** membership card and tell them that **Direct Billing** has been arranged.

We may also ask **You** to fill in some extra forms, such as a release of medical information by the medical provider.

You can access all the forms **You** need from **Your** secure online portfolio area at www.now-health.com.

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

Step 4

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

Important notes:

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

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

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

3.3 When You need Emergency medical Treatment

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

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

Step 1

Contact **Our Emergency** assistance service on +356 2260 5240 or email ClinicalService@now-health.com. This service is available 24 hours a day, 365 days a year.

They will need **Your** name and membership number as well as the **Hospital** name, telephone number and fax number, a contact name at the **Hospital** and the name of the **Medical Practitioner**.

Step 2

Our Emergency assistance service will verify whether the **Medical Condition** **You** are claiming for is **Eligible** under **Your 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 What must I provide when making a claim?

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

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

If the total amount **You** are claiming now or have claimed for **Day-Patient** and **In-Patient** (per **Insured Person**, per **Medical Condition**, per **Period of Cover**) is over USD 500/EUR 400/GBP 300, please ensure Section 3 of the claim form is completed by the treating **Medical Practitioner**.

3.5 Do I need to provide any other information?

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

We may request access to **Your** medical records including medical referral letters. If **You** don't reasonably allow **Us** access to this important information, **We** will have to refuse **Your** claim. This means that **We** will also recoup any previous payments that **We** have made for that **Medical Condition**.

There may be instances where **We** are uncertain about the eligibility of a claim. If this is the case, **We** may, at **Our** own cost, ask a **Medical Practitioner** chosen by **Us** to review the claim. They may review the medical facts relating to a claim or examine **You** in connection with the claim. In choosing a relevant **Medical Practitioner**, **We** will take into account **Your** personal circumstances. **You** must co-operate with any **Medical Practitioner** chosen by **Us** or **We** will not pay **Your** claim.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The **Out-Patient Per Visit Excess** applies per **Insured Person**, per **Out-Patient** consultation in relation to **Eligible Out-Patient Treatment**. For example, if an **Insured Person** has more than one visit in relation to **Out-Patient** consultations for a single or multiple **Medical Condition(s)**, then the **Out-Patient Per Visit Excess** will be applied to each consultation.

If **You** have both a **Deductible** and an **Out-Patient Per Visit Excess**, the **Out-Patient Per Visit Excess** will only be taken after the full **Deductible** amount has been fulfilled.

A **Co-Insurance** is a percentage payment made by **You** towards the cost of an **Eligible** claim per **Period of Cover**. For example, if an **Insured Person** has 20% **Co-Insurance** applicable on **Eligible Out-Patient Treatment** and the claimed amount is USD 100/EUR 80/GBP 62.50, then the **Insured Person** will have to pay USD 20/EUR 16/GBP 12.50 and **We** will pay USD 80/EUR 64/GBP 50 towards this claim.

If **You** have both a **Deductible** and a **Co-Insurance Out-Patient** option, **We** will first apply the **Deductible** before any **Co-Insurance** is applied. For example, if an **Insured Person** has a USD 150/EUR 120/GBP 95 **Deductible** and a 20% **Out-Patient Co-Insurance**, and the **Eligible Out-Patient** claimed amount is USD 500/EUR 400/GBP 310, then the **Insured Person** needs to pay the USD 150/EUR 120/GBP 95 **Deductible** plus 20% of the balance of the claimed amount, which is a total of USD 220/EUR 176/GBP 138. **We** will then pay USD 280/EUR 224/GBP 172 towards this claim.

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

3.9 How will claim reimbursements be calculated?

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

3.10 What currencies can claims be made in?

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

4. Benefits: What is covered?

All the **Benefits** covered by SimpleCare are shown in the **Benefit Schedule** in this section. The **Benefit** limits are per **Insured Person** and either per **Medical Condition**, per visit or per **Period of Cover**.

Please remember that this **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 SimpleCare

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

SimpleCare provides cover for **Treatment** in Europe only, unless **You** choose to upgrade your geographical area of cover to Worldwide Excluding USA.

A summary of each Plan is shown below:

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

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

Cover options available are:

| | |
|---|--|
| Area of Cover: Worldwide excluding USA | You can extend Your Area of Cover to Worldwide but excluding elective Treatment in the USA. |
|---|--|

| | |
|---|---|
| Co-Insurance Out-Patient Treatment | If this option is selected, costs associated with Eligible Out-Patient Treatment are subject to a 20% Co-Insurance . This option is available for SimpleCare 100 or SimpleCare 250. |
|---|---|

| | |
|-------------------------------------|---|
| Out-Patient Per Visit Excess | This option is available for SimpleCare 100 & SimpleCare 250. We do not cover the first USD 25/EUR 20/GBP 15 of any Eligible Out-Patient claim. |
|-------------------------------------|---|

| | |
|---------------------------------------|---|
| Your choice of Plan Deductible | The Plan Deductible applies to In-Patient , Day-Patient and Out-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

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

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

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

Your 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**.

If **Pre-Authorisation** is not obtained and **Treatment** is received and is subsequently proven not to be **Medically Necessary**, **We** reserve the right to decline **Your** claim. If **Treatment** is **Medically Necessary**, but **You** did not obtain **Pre-Authorisation**, **We** will only pay up to **Reasonable and Customary Charges**.









Failure to obtain **Pre-Authorisation** for **Treatment** of an **Eligible Medical Condition** means **You** may incur a proportion of the costs.

4.3 Now Health International: SimpleCare

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

If **You** are unsure of **Your** particular circumstances, please contact **Our** customer service team before incurring any **Treatment** costs. Some cover states "Full Refund" and this means that **Eligible** claims are covered up to the annual maximum **Plan** limit or Annual **Out-Patient** Limit, after any deduction of any **Deductible** or **Out-Patient Per Visit Excess** or **Co-Insurance** or similar condition, if **Reasonable and Customary Charges** for **Medically Necessary Treatment** are incurred.

4.3.1 SimpleCare CORE

| Benefit | SimpleCare CORE |
|--|--|
| Annual Maximum Plan Limit 24/7 helpline and assistance services available on all Plans | USD 1,000,000/ EUR 800,000/ GBP 625,000 |
| Geographical Area Default | |
| Area of Cover: Europe | Default Network: SimpleCare Europe Network |
| 1. Hospital Charges, Medical Practitioner and Specialist Fees: (i) Charges for In-Patient or Day-Patient Treatment made by a Hospital including charges for accommodation (ward/semi-private or private); Diagnostic Tests ; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a Qualified Nurse ; Drugs and Dressings prescribed by a Medical Practitioner or Specialist ; and surgical appliances used by the Medical Practitioner during surgery. This includes pre and post-operative consultations while an In-Patient or Day-Patient and includes charges for intensive care. (ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an Eligible Medical Condition which required In-Patient or Day-Patient Hospital Treatment . | (i)  Full refund (ii)  Up to USD 1,500/ EUR 1,200/ GBP 930 per Medical Condition |
| 2. Diagnostic Procedures: Medically Necessary diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans. | Pre-Authorisation for PET, MRI, CT   Full refund for In-Patient pre and post-operative scans |
| 3. Renal Failure and Renal Dialysis: (i) Treatment of renal failure, including renal dialysis on an In-Patient basis. (ii) Treatment of renal failure, including renal dialysis on a Day-Patient or Out-Patient basis. | (i)  In-Patient pre and post-operative care up to six weeks full refund per Period of Cover (ii)  Up to USD 50,000/ EUR 40,000/ GBP 31,250 per Period of Cover |
| 4. Organ Transplant: Treatment for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the Insured Person as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under Benefit 7 - Congenital Disorder but excluded from Benefit 4 - Organ Transplant . We only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO guidelines. Medical costs associated with the donor and the cost of the donor organ search are excluded from this Benefit. |  Up to USD 100,000/ EUR 80,000/ GBP 62,500 per Period of Cover |
| 5. Cancer Treatment: Treatment given for Cancer received as an In-Patient, Day-Patient or Out-Patient . Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis. |  Full refund |

| Benefit | SimpleCare CORE |
|--|--|
| <p>6. New Born Cover:</p> <p>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.</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Up to USD 25,000/ EUR 20,000/ GBP 15,625 per Period of Cover</p> |
| <p>7. Congenital Disorder:</p> <p>In-Patient Treatment for a Congenital Disorder. In circumstances where a Congenital Disorder manifests itself in a New Born baby within 30 days of birth, cover for such Medical Conditions will be provided under Benefit 6 - New Born Cover but excluded from Benefit 7 – Congenital Disorders.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Up to USD 25,000/ EUR 20,000/ GBP 15,625 per Period of Cover</p> |
| <p>8. Parent Accommodation:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>9. Hospital Accommodation for New Born Accompanying their Mother:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>10. Reconstructive Surgery:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>11. Day-Patient or Out-Patient Surgery:</p> <p>Treatment costs for a Surgical Procedure performed in a surgery, Hospital, day-care facility or Out-Patient department.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>12. In-Patient Emergency Dental Treatment:</p> <p>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:</p> <ul style="list-style-type: none"> • If the Treatment involves replacing a crown, bridge facing, veneer or denture, We will pay only the reasonable and customary cost of a replacement of similar type or quality • If implants are clinically needed We will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead • Damage to dentures providing they were being worn at the time of the injury | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>13. Rehabilitation:</p> <p>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:</p> <ol style="list-style-type: none"> (i) Use of special Treatment rooms (ii) Physical therapy fees (iii) Speech therapy fees (iv) Occupational therapy fees | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund for Eligible In-Patient Treatment only up to 30 days per Medical Condition</p> |
| <p>14. Nursing Care at Home:</p> <p>Care 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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Not covered</p> |

| Benefit | SimpleCare CORE |
|---|--|
| <p>15. Emergency Ambulance Transportation:</p> <p><i>Emergency road ambulance transport costs to or between Hospitals, or when considered Medically Necessary by a Medical Practitioner or Specialist.</i></p> | <p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p> |
| <p>16. Evacuation and Repatriation:</p> <p>Evacuation</p> <p>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.</p> <p>Reasonable expenses for:</p> <p>(i) Transportation costs of an Insured Person in the event of Emergency Treatment and Medically Necessary transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.</p> <p>(ii) Reasonable local travel costs to and from medical appointments when Treatment is being received as a Day-Patient.</p> <p>(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.</p> <p>(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.</p> <p>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.</p> <p>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.</p> <p>Repatriation</p> <p>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.</p> <p>You are Eligible for Medically Necessary Repatriation costs only if there was an initial Evacuation that has taken place.</p> <p>Deductible would apply to Medically Necessary Treatment required under this Benefit.</p> | <p style="text-align: center;">Combined limit up to USD 100,000/ EUR 80,000/ GBP 62,500</p> <p>(i) ▶ Full refund</p> <p>(ii) ▶ Full refund</p> <p>(iii) ▶ Full refund</p> <p>(iv) ▶ Up to USD 200/ EUR 160/ GBP 125 per day Up to USD 7,500/ EUR 6,000/GBP 4,600 per person, per Evacuation</p> <p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p> |
| <p>17. Mortal Remains:</p> <p>In the event of death from an Eligible Medical Condition, Reasonable and Customary Charges for:</p> <p>(i) Costs of transportation of body or ashes of an Insured Person to his/her Country of Nationality or Country of Residence, or</p> <p>(ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.</p> | <p style="text-align: center;">Pre-Authorisation 📄</p> <p>(i) ▶ Full refund</p> <p>(ii) ▶ Up to USD 10,000/ EUR 8,000/GBP 6,250</p> |
| <p>18. Emergency Non-Elective Treatment outside Area of Cover:</p> <p>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.</p> | <p style="text-align: center;">▶</p> <p>Accident: Full refund for Accident requiring In-Patient and Day-Patient care</p> <p style="text-align: center;">▶</p> <p>Illness: In-Patient and Day-Patient care up to USD 25,000/ EUR 20,000/ GBP 15,625 per Period of Cover</p> |









| Benefit | SimpleCare CORE |
|---|---|
| <p>19. Hospital Cash Benefit:</p> <p>This Benefit is payable for each night an Insured Person receives In-Patient Treatment and only if:</p> <ul style="list-style-type: none"> (i) the Insured Person is admitted for an elective In-Patient Treatment before midnight, and the Treatment is received within the public hospitals of the Insured Persons' Country of Residence; or (ii) this Plan being the Secondary Health Insurance Plan. However, if You have a USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 Deductible Plan, You are not Eligible for this Benefit. <p>Cover under this Benefit is limited to a maximum of 30 nights per Period of Cover. For this Benefit exclusion 5.9 does not apply.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">USD 125/ EUR 100/ GBP 75 per night</p> |
| <p>20. Out-Patient Charges:</p> <ul style="list-style-type: none"> (i) Medical Practitioner fees including consultations; Specialist fees; Diagnostic Tests. (ii) Teleconsultation (Virtual Doctor appointments via electronic means). Costs associated with Eligible Treatment will be paid in full where Treatment is received from Medical Providers listed in the Now Health International Provider Network. Treatment that is not received in the Now Health International Provider Network will pay Reasonable & Customary charges. No Out-Patient Co-Insurance or Out Patient visit Excess is applicable. (iii) prescribed Drugs and Dressings. (iv) Vitamins and Minerals: Vitamins and Minerals as prescribed by a Medical Practitioner. Vitamins 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. | <p>(i) and (ii) ▶</p> <p style="text-align: right;">Pre-operative consultation within 15 days from the admission and post hospitalisation consultation within 30 days following discharge from Hospital Up to maximum USD 750/EUR 600/GBP 460 per Medical Condition per Period of Cover</p> <p>(iii) ▶ Not covered</p> <p>(iv) ▶ Not covered</p> |
| <p>21. Out-Patient Physiotherapy and Alternative Therapies</p> <ul style="list-style-type: none"> (i) Physiotherapy by a Registered Physiotherapist. (ii) Complementary medicine and Treatment by a therapist. This Benefit extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture Treatment. (iii) Out-Patient Treatment for therapies administered by a recognised traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner. <p>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</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Not covered</p> |
| <p>22. Menopause Hormone Replacement Therapy:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Not covered</p> |
| <p>23. Out-Patient Psychiatric Illness:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Not covered</p> |

| Benefit | SimpleCare CORE |
|---|--|
| <p>24. Dental Care</p> <p>Fees of a registered Dental Practitioner carrying out dental Treatment in a dental clinic/ surgery.</p> <p>This Benefit provides cover for the below dental Treatment:</p> <ul style="list-style-type: none"> - Screening (including x-rays where necessary) - Preventive scaling, polishing, and sealing (once per year) - Fillings and extractions (non-surgical and surgical) - Root canal Treatment - New or repair of crowns, dentures, in lays and bridges - Apicoectomy <p>Dental implants and orthodontics Treatment are specifically excluded under this Benefit. No other Treatment is covered by this Benefit.</p> <p>Waiting Period: Costs incurred within nine months from the Start Date (or Entry Date if You are a Dependant) are excluded.</p> <p>A Co-Insurance of 20% applies.</p> <p>For this Benefit the Plan Deductible or Plan Out-Patient Per Visit Excess does not apply.</p> |  Not covered |

| Geographical Area Option | SimpleCare CORE |
|---|---|
| <p>25. Area of Cover: Worldwide excluding USA</p> <p>By selecting this option, Your area of cover will become Worldwide but excluding elective Treatment in the USA.</p> <p>You will also be able to access to the SimpleCare Comprehensive Network.</p> |  Optional |

| Deductible Options | SimpleCare CORE |
|---|--|
| <p>Standard Deductible</p> | USD 500/ EUR 400/GBP 310 |
| <p>Optional Deductible</p> <p>Please note: USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 Deductible is only available if You are covered by more than one health insurance policy. You can only select such Deductible options if You buy this Plan as a Secondary Health Insurance Plan. You will be required to provide details of Your Primary Health Insurance when You apply for cover under this Plan.</p> | Nil USD 150/ EUR 120/GBP 95 USD 250/ EUR 200/GBP 155 USD 1,000/ EUR 800/GBP 625 USD 2,500/ EUR 2,000/GBP 1,550 USD 5,000/ EUR 4,000/GBP 3,125 USD 10,000/ EUR 8,000/GBP 6,250 USD 15,000/ EUR 12,000/GBP 9,375 |

4.3.2 SimpleCare 100




| Benefit | SimpleCare 100 |
|--|---|
| Annual Maximum Plan Limit <i>24/7 helpline and assistance services available on all Plans</i> | USD 1,500,000/ EUR 1,200,000/ GBP 937,500 |
| Geographical Area Default | |
| Area of Cover: Europe | <i>Default Network:</i> SimpleCare Europe Network |
| 1. Hospital Charges, Medical Practitioner and Specialist Fees: (i) Charges for In-Patient or Day-Patient Treatment made by a Hospital including charges for accommodation (ward/semi-private or private); Diagnostic Tests ; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a Qualified Nurse ; Drugs and Dressings prescribed by a Medical Practitioner or Specialist ; and surgical appliances used by the Medical Practitioner during surgery. This includes pre and post-operative consultations while an In-Patient or Day-Patient and includes charges for intensive care. (ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an Eligible Medical Condition which required In-Patient or Day-Patient Hospital Treatment . | (i)  Full refund (ii)  Up to USD 1,500/ EUR 1,200/ GBP 930 per Medical Condition |
| 2. Diagnostic Procedures: Medically Necessary diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an In-Patient , Day-Patient or Out-Patient . | Pre-Authorisation for PET, MRI, CT   Full refund |
| 3. Renal Failure and Renal Dialysis: (i) Treatment of renal failure, including renal dialysis on an In-Patient basis. (ii) Treatment of renal failure, including renal dialysis on a Day-Patient or Out-Patient basis. | (i)  Up to six weeks full refund per Period of Cover (ii)  Up to USD 50,000/ EUR 40,000/ GBP 31,250 per Period of Cover |
| 4. Organ Transplant: Treatment for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the Insured Person as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under Benefit 7 - Congenital Disorder but excluded from Benefit 4 – Organ Transplant . We only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO guidelines. Medical costs associated with the donor and the cost of the donor organ search are excluded from this Benefit . |  Up to USD 150,000/ EUR 120,000/ GBP 93,750 per Period of Cover |
| 5. Cancer Treatment: Treatment given for Cancer received as an In-Patient , Day-Patient or Out-Patient . Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis. |  Full refund |

| Benefit | SimpleCare 100 |
|--|---|
| <p>6. New Born Cover:</p> <p>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.</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Up to USD 35,000/ EUR 28,000/ GBP 21,875 per Period of Cover</p> |
| <p>7. Congenital Disorder:</p> <p>In-Patient Treatment for a Congenital Disorder. In circumstances where a Congenital Disorder manifests itself in a New Born baby within 30 days of birth, cover for such Medical Conditions will be provided under Benefit 6 - New Born Cover but excluded from Benefit 7 – Congenital Disorders.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Up to USD 35,000/ EUR 28,000/ GBP 21,875 per Period of Cover</p> |
| <p>8. Parent Accommodation:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>9. Hospital Accommodation for New Born Accompanying their Mother:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>10. Reconstructive Surgery:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>11. Day-Patient or Out-Patient Surgery:</p> <p>Treatment costs for a Surgical Procedure performed in a surgery, Hospital, day-care facility or Out-Patient department.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>12. In-Patient Emergency Dental Treatment:</p> <p>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:</p> <ul style="list-style-type: none"> • If the Treatment involves replacing a crown, bridge facing, veneer or denture, We will pay only the reasonable and customary cost of a replacement of similar type or quality • If implants are clinically needed We will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead • Damage to dentures providing they were being worn at the time of the injury | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>13. Rehabilitation:</p> <p>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:</p> <ol style="list-style-type: none"> (i) Use of special Treatment rooms (ii) Physical therapy fees (iii) Speech therapy fees (iv) Occupational therapy fees | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund up to 90 days per Medical Condition</p> |
| <p>14. Nursing Care at Home:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund up to 30 days per Medical Condition</p> |

| Benefit | SimpleCare 100 |
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| <p>15. Emergency Ambulance Transportation:</p> <p>Emergency road ambulance transport costs to or between Hospitals, or when considered Medically Necessary by a Medical Practitioner or Specialist.</p> | <p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund</p> |
| <p>16. Evacuation and Repatriation:</p> <p>Evacuation</p> <p>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.</p> <p>Reasonable expenses for:</p> <p>(i) Transportation costs of an Insured Person in the event of Emergency Treatment and Medically Necessary transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.</p> <p>(ii) Reasonable local travel costs to and from medical appointments when Treatment is being received as a Day-Patient.</p> <p>(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.</p> <p>(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.</p> <p>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.</p> <p>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.</p> <p>Repatriation</p> <p>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.</p> <p>You are Eligible for Medically Necessary Repatriation costs only if there was an initial Evacuation that has taken place.</p> <p>Deductible would apply to Medically Necessary Treatment required under this Benefit.</p> | <p style="text-align: center;">Combined limit up to USD 100,000/ EUR 80,000/ GBP 62,500</p> <p>(i) ▶ Full refund</p> <p>(ii) ▶ Full refund</p> <p>(iii) ▶ Full refund</p> <p>(iv) ▶ Up to USD 200/ EUR 160/ GBP 125 per day Up to USD 7,500/ EUR 6,000/ GBP 4,600 per person, per Evacuation</p> <p style="text-align: center;">▶ Full refund</p> |
| <p>17. Mortal Remains:</p> <p>In the event of death from an Eligible Medical Condition, Reasonable and Customary Charges for:</p> <p>(i) Costs of transportation of body or ashes of an Insured Person to his/her Country of Nationality or Country of Residence, or</p> <p>(ii) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.</p> | <p style="text-align: center;">Pre-Authourisation 📞</p> <p>(i) ▶ Full refund</p> <p>(ii) ▶ Up to USD 10,000/ EUR 8,000/GBP 6,250</p> |
| <p>18. Emergency Non-Elective Treatment outside Area of Cover:</p> <p>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.</p> | <p style="text-align: center;">▶</p> <p>Accident: Full refund for Accident requiring In-Patient and Day-Patient care</p> <p style="text-align: center;">▶</p> <p>Illness: In-Patient and Day-Patient care up to USD 35,000/ EUR 28,000/ GBP 21,875 per Period of Cover</p> |


| Benefit | SimpleCare 100 |
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| <p>19. Hospital Cash Benefit:</p> <p>This Benefit is payable for each night an Insured Person receives In-Patient Treatment and only if:</p> <ul style="list-style-type: none"> (i) the Insured Person is admitted for an elective In-Patient Treatment before midnight, and the Treatment is received within the public hospitals of the Insured Persons' Country of Residence; or (ii) this Plan being the Secondary Health Insurance Plan. However, if You have a USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 Deductible Plan, You are not Eligible for this Benefit. <p>Cover under this Benefit is limited to a maximum of 30 nights per Period of Cover. For this Benefit exclusion 5.9 does not apply.</p> | <p style="text-align: center;">▶</p> <p style="text-align: center;">USD 250/ EUR 200/GBP 155 per night</p> |

| Benefit | SimpleCare 100 |
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| <p>Annual Out-Patient Limit <i>Applicable to Benefit 20 and 21 only, subject to Annual Maximum Plan Limit</i></p> | <p style="text-align: center;">USD 1,000/ EUR 800/ GBP 625</p> |
| <p>20. Out-Patient Charges:</p> <ul style="list-style-type: none"> (i) Medical Practitioner fees including consultations; Specialist fees; Diagnostic Tests; (ii) Teleconsultation (Virtual Doctor appointments via electronic means). Costs associated with Eligible Treatment will be paid in full where Treatment is received from Medical Providers listed in the Now Health International Provider Network. Treatment that is not received in the Now Health International Provider Network will pay Reasonable & Customary charges. No Out-Patient Co-Insurance or Out Patient visit Excess is applicable. (iii) prescribed Drugs and Dressings. (iv) Vitamins and Minerals: Vitamins and Minerals as prescribed by a Medical Practitioner. Vitamins prescribed for a diagnosed deficiency will be paid as per the Out-Patient Benefit. <p>Maintenance of Chronic Medical Conditions requiring ongoing or long-term monitoring through consultations, examinations, check-ups, Drugs and Dressings and/or tests are covered under this Benefit.</p> | <p>(i) and (ii) ▶ Full refund subject to Annual Out-Patient Limit</p> <p>(iii) ▶ Full refund subject to Annual Out-Patient Limit</p> <p>(vi) ▶ Up to USD 150/ EUR 120/GBP 95 per Period of Cover</p> <p>(i), (ii), (iii) and (iv) subject to Annual Out-Patient Limit</p> |
| <p>21. Out-Patient Physiotherapy and Alternative Therapies</p> <ul style="list-style-type: none"> (i) Physiotherapy by a Registered Physiotherapist. (ii) Complementary medicine and Treatment by a therapist. This Benefit extends to osteopaths, chiropractors and podiatrists, chiropractors, homeopaths, dietician and acupuncture Treatment. (iii) Out-Patient Treatment for therapies administered by a recognised traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner. <p>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.</p> | <p>(i) ▶ USD 60/ EUR 48/GBP 40 per visit</p> <p>(ii) ▶ USD 60/ EUR 48/GBP 40 per visit</p> <p>(iii) ▶ USD 30/ EUR 24/GBP 20 per visit</p> <p>Combined up to 10 visits for (i), (ii) & (iii) per Period of Cover, subject to Annual Out-Patient Limit</p> |









| Benefit | SimpleCare 100 |
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| <p>22. Menopause Hormone Replacement Therapy:</p> <p><i>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.</i></p> | <p style="text-align: center;"></p> <p style="text-align: center;"><i>Up to USD 200/ EUR 160/GBP 125 per Period of Cover</i></p> |
| <p>23. Out-Patient Psychiatric Illness:</p> <p><i>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.</i></p> | <p style="text-align: center;"></p> <p style="text-align: center;"><i>Up to USD 300/ EUR 240/GBP 190 and subject to a maximum of 10 sessions per Period of Cover</i></p> |
| <p>24. Dental Care</p> <p><i>Fees of a registered Dental Practitioner carrying out dental Treatment in a dental clinic/ surgery.</i></p> <p><i>This Benefit provides cover for the below dental Treatment:</i></p> <ul style="list-style-type: none"> - Screening (including x-rays where necessary) - Preventive scaling, polishing, and sealing (once per year) - Fillings and extractions (non-surgical and surgical) - Root canal Treatment - New or repair of crowns, dentures, in lays and bridges - Apicoectomy <p><i>Dental implants and orthodontics Treatment are specifically excluded under this Benefit.</i></p> <p><i>No other Treatment is covered by this Benefit.</i></p> <p><i>Waiting Period: Costs incurred within nine months from the Start Date (or Entry Date if You are a Dependant) are excluded.</i></p> <p><i>A Co-Insurance of 20% applies.</i></p> <p><i>For this Benefit the Plan Deductible or Plan Out-Patient Per Visit Excess does not apply.</i></p> | <p style="text-align: center;"></p> <p style="text-align: center;">Not covered</p> |

| Geographical Area Option | SimpleCare 100 |
|---|---|
| <p>25. Area of Cover: Worldwide excluding USA</p> <p>By selecting this option, Your area of cover will become Worldwide but excluding elective Treatment in the USA.</p> <p>You will also be able to access to the SimpleCare Comprehensive Network.</p> |  Optional |












| Deductible Options | SimpleCare 100 |
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| <p>Standard Deductible</p> | USD 500/ EUR 400/GBP 310 |
| <p>Optional Deductible</p> <p>Please note: USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 Deductible is only available if You are covered by more than one health insurance policy. You can only select such Deductible options if You buy this Plan as a Secondary Health Insurance Plan. You will be required to provide details of Your Primary Health Insurance when You apply for cover under this Plan.</p> | Nil USD 150/ EUR 120/GBP 95 USD 250/ EUR 200/GBP 155 USD 1,000/ EUR 800/GBP 625 USD 2,500/ EUR 2,000/GBP 1,550 USD 5,000/ EUR 4,000/GBP 3,125 USD 10,000/ EUR 8,000/GBP 6,250 USD 15,000/ EUR 12,000/GBP 9,375 |

| Out-Patient Options | SimpleCare 100 |
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| <p>26. Co-Insurance Out-Patient Treatment:</p> <p>A 20% Co-Insurance will apply to all Eligible Out-Patient Treatment.</p> <p>Please note that the Co-Insurance will not apply to Treatment relating to Renal dialysis/ Renal failure, Cancer or Organ Transplants.</p> <p>This option is not available for Plans with Deductibles of USD 1,000/EUR 800/GBP 625 or higher.</p> |  Optional |
| <p>27. Out-Patient Per Visit Excess:</p> <p>A USD 25/EUR 20/GBP 15 Out-Patient Per Visit Excess will apply when You receive Eligible Out-Patient Treatment.</p> <p>Please note that the Out-Patient Per Visit Excess would apply to both Benefit 20 - Out-Patient Charges and Benefit 21 - Out-Patient Physiotherapy and Alternative Therapies Benefits.</p> <p>This option is not available for Plans with Deductibles of USD 1,000/EUR 800/GBP 625 or higher.</p> |  Optional |

4.3.3 SimpleCare 250

| Benefit | SimpleCare 250 |
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| Annual Maximum Plan Limit 24/7 helpline and assistance services available on all Plans | USD 1,500,000/ EUR 1,200,000/ GBP 937,500 |
| Geographical Area Default | |
| Area of Cover: Europe | Default Network: SimpleCare Europe Network |
| 1. Hospital Charges, Medical Practitioner and Specialist Fees: (i) Charges for In-Patient or Day-Patient Treatment made by a Hospital including charges for accommodation (ward/semi-private or private); Diagnostic Tests ; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a Qualified Nurse ; Drugs and Dressings prescribed by a Medical Practitioner or Specialist ; and surgical appliances used by the Medical Practitioner during surgery. This includes pre and post-operative consultations while an In-Patient or Day-Patient and includes charges for intensive care. (ii) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an Eligible Medical Condition which required In-Patient or Day-Patient Hospital Treatment . | (i)  Full refund (ii)  Up to USD 1,500/ EUR 1,200/ GBP 930 per Medical Condition |
| 2. Diagnostic Procedures: Medically Necessary diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an In-Patient , Day-Patient or Out-Patient . | Pre-Authorisation for PET, MRI, CT   Full refund |
| 3. Renal Failure and Renal Dialysis: (i) Treatment of renal failure, including renal dialysis on an In-Patient basis. (ii) Treatment of renal failure, including renal dialysis on a Day-Patient or Out-Patient basis. | (i)  Up to six weeks full refund per Period of Cover (ii)  Up to USD 50,000/ EUR 40,000/ GBP 31,250 per Period of Cover |
| 4. Organ Transplant: Treatment for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the Insured Person as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under Benefit 7 - Congenital Disorder but excluded from Benefit 4 – Organ Transplant . We only pay for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO guidelines. Medical costs associated with the donor and the cost of the donor organ search are excluded from this Benefit . |  Up to USD 150,000/ EUR 120,000/ GBP 93,750 per Period of Cover |
| 5. Cancer Treatment: Treatment given for Cancer received as an In-Patient , Day-Patient or Out-Patient . Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis. |  Full refund |

| Benefit | SimpleCare 250 |
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| <p>6. New Born Cover:</p> <p>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.</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Up to USD 35,000/ EUR 28,000/ GBP 21,875 per Period of Cover</p> |
| <p>7. Congenital Disorder:</p> <p>In-Patient Treatment for a Congenital Disorder. In circumstances where a Congenital Disorder manifests itself in a New Born baby within 30 days of birth, cover for such Medical Conditions will be provided under Benefit 6 - New Born Cover but excluded from Benefit 7 – Congenital Disorders.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Up to USD 35,000/ UR 28,000/ GBP 21,875 per Period of Cover</p> |
| <p>8. Parent Accommodation:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>9. Hospital Accommodation for New Born Accompanying their Mother:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>10. Reconstructive Surgery:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>11. Day-Patient or Out-Patient Surgery:</p> <p>Treatment costs for a Surgical Procedure performed in a surgery, Hospital, day-care facility or Out-Patient department.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>12. In-Patient Emergency Dental Treatment:</p> <p>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:</p> <ul style="list-style-type: none"> • If the Treatment involves replacing a crown, bridge facing, veneer or denture, We will pay only the reasonable and customary cost of a replacement of similar type or quality • If implants are clinically needed We will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead • Damage to dentures providing they were being worn at the time of the injury | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund</p> |
| <p>13. Rehabilitation:</p> <p>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:</p> <ol style="list-style-type: none"> (i) Use of special Treatment rooms (ii) Physical therapy fees (iii) Speech therapy fees (iv) Occupational therapy fees | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund up to 90 days per Medical Condition</p> |
| <p>14. Nursing Care at Home:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Full refund up to 30 days per Medical Condition</p> |

| Benefit | SimpleCare 250 |
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| <p>15. Emergency Ambulance Transportation:</p> <p><i>Emergency road ambulance transport costs to or between Hospitals, or when considered Medically Necessary by a Medical Practitioner or Specialist.</i></p> | <p style="text-align: center;"> Full refund</p> |
| <p>16. Evacuation and Repatriation:</p> <p>Evacuation</p> <p><i>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.</i></p> <p><i>Reasonable expenses for:</i></p> <ul style="list-style-type: none"> (i) <i>Transportation costs of an Insured Person in the event of Emergency Treatment and Medically Necessary transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.</i> (ii) <i>Reasonable local travel costs to and from medical appointments when Treatment is being received as a Day-Patient.</i> (iii) <i>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.</i> (iv) <i>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.</i> <p><i>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.</i></p> <p><i>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.</i></p> <p>Repatriation</p> <p><i>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.</i></p> <p><i>You are Eligible for Medically Necessary Repatriation costs only if there was an initial Evacuation that has taken place.</i></p> <p><i>Deductible would apply to Medically Necessary Treatment required under this Benefit.</i></p> | <p style="text-align: center;">Combined limit up to USD 100,000/ EUR 80,000/ GBP 62,500</p> <ul style="list-style-type: none"> (i)  Full refund (ii)  Full refund (iii)  Full refund (iv)  Up to USD 200/ EUR 160/ GBP 125 per day Up to USD 7,500/ EUR 6,000/ GBP 4,600 per person, per Evacuation <p style="text-align: center;"> Full refund</p> |
| <p>17. Mortal Remains:</p> <p><i>In the event of death from an Eligible Medical Condition, Reasonable and Customary Charges for:</i></p> <ul style="list-style-type: none"> (i) <i>Costs of transportation of body or ashes of an Insured Person to his/her Country of Nationality or Country of Residence, or</i> (ii) <i>Burial or cremation costs at the place of death in accordance with reasonable and customary practice.</i> | <p style="text-align: center;">Pre-Authorisation </p> <ul style="list-style-type: none"> (i)  Full refund (ii)  Up to USD 10,000/ EUR 8,000/GBP 6,250 |
| <p>18. Emergency Non-Elective Treatment outside Area of Cover:</p> <p><i>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.</i></p> | <p style="text-align: center;"></p> <p>Accident: Full refund for Accident requiring In-Patient and Day-Patient care</p> <p style="text-align: center;"></p> <p>Illness: In-Patient and Day-Patient care up to USD 35,000/ EUR 28,000/GBP 21,875 per Period of Cover</p> |



| Benefit | SimpleCare 250 |
|---|--|
| <p>19. Hospital Cash Benefit:</p> <p>This Benefit is payable for each night an Insured Person receives In-Patient Treatment and only if:</p> <ul style="list-style-type: none"> (i) the Insured Person is admitted for an elective In-Patient Treatment before midnight, and the Treatment is received within the public hospitals of the Insured Persons' Country of Residence; or (ii) this Plan being the Secondary Health Insurance Plan. However, if You have a USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 Deductible Plan, You are not Eligible for this Benefit. <p>Cover under this Benefit is limited to a maximum of 30 nights per Period of Cover. For this Benefit exclusion 5.9 does not apply.</p> | <p style="text-align: center;">▶</p> <p style="text-align: center;">USD 250/ EUR 200/GBP 155 per night</p> |

| Benefit | SimpleCare 250 |
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| <p>Annual Out-Patient Limit <i>Applicable to Benefit 20 and 21 only, subject to Annual Maximum Plan Limit</i></p> | <p style="text-align: center;">USD 2,500/ EUR 2,000/ GBP 1,550</p> |
| <p>20. Out-Patient Charges:</p> <ul style="list-style-type: none"> (i) Medical Practitioner fees including consultations; Specialist fees; Diagnostic Tests; (ii) Teleconsultation (Virtual Doctor appointments via electronic means). Costs associated with Eligible Treatment will be paid in full where Treatment is received from Medical Providers listed in the Now Health International Provider Network. Treatment that is not received in the Now Health International Provider Network will pay Reasonable & Customary charges. No Out-Patient Co-Insurance or Out Patient visit Excess is applicable. (iii) prescribed Drugs and Dressings. (iv) Vitamins and Minerals: Vitamins and Minerals as prescribed by a Medical Practitioner. Vitamins prescribed for a diagnosed deficiency will be paid as per the Out-Patient Benefit. Maintenance of Chronic Medical Conditions requiring ongoing or long-term monitoring through consultations, examinations, check-ups, Drugs and Dressings and/or tests are covered under this Benefit. Please note: If claim receipts do not show a breakdown of the medical services rendered, We will only pay Eligible claims up to the Prescribed Drugs and Dressings limit. | <p>(i) and (ii) ▶</p> <p style="text-align: center;">▶</p> <p style="text-align: center;">Full refund subject to Annual Out-Patient Limit</p> <p>(iii) ▶</p> <p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 1,250/ EUR 1,000/GBP 780</p> <p>(iv) ▶</p> <p style="text-align: center;">▶</p> <p style="text-align: center;">Up to USD 150/ EUR 120/GBP 95 per Period of Cover</p> <p>(i), (ii), (iii) and (iv) subject to Annual Out-Patient Limit</p> |
| <p>21. Out-Patient Physiotherapy and Alternative Therapies</p> <ul style="list-style-type: none"> (i) Physiotherapy by a Registered Physiotherapist. (ii) Complementary medicine and Treatment by a therapist This Benefit extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture Treatment. (iii) Out-Patient Treatment for therapies administered by a recognised traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner. 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. | <p>(i) ▶</p> <p style="text-align: center;">▶</p> <p style="text-align: center;">USD 80/ EUR 64/GBP 50 per visit</p> <p>(ii) ▶</p> <p style="text-align: center;">▶</p> <p style="text-align: center;">USD 80/ EUR 64/GBP 50 per visit</p> <p>(iii) ▶</p> <p style="text-align: center;">▶</p> <p style="text-align: center;">USD 40/ EUR 32/GBP 25 per visit</p> <p style="text-align: center;">▶</p> <p style="text-align: center;">Combined up to 10 visits for i), ii) & iii) per Period of Cover, subject to Annual Out-Patient Limit</p> |

| Benefit | SimpleCare 250 |
|---|---|
| <p>22. Menopause Hormone Replacement Therapy:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">USD 300/EUR 240/ GBP 190 per Period of Cover</p> |
| <p>23. Out-Patient Psychiatric Illness:</p> <p>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.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Up to USD 400/ EUR 320/GBP 250 and subject to a maximum of 10 sessions per Period of Cover</p> |
| <p>24. Dental Care</p> <p>Fees of a registered Dental Practitioner carrying out dental Treatment in a dental clinic/ surgery.</p> <p>This Benefit provides cover for the below dental Treatment:</p> <ul style="list-style-type: none"> - Screening (including x-rays where necessary) - Preventive scaling, polishing, and sealing (once per year) - Fillings and extractions (non-surgical and surgical) - Root canal Treatment - New or repair of crowns, dentures, in lays and bridges - Apicoectomy <p>Dental implants and orthodontics Treatment are specifically excluded under this Benefit. No other Treatment is covered by this Benefit.</p> <p>Waiting Period: Costs incurred within nine months from the Start Date (or Entry Date if You are a Dependant) are excluded.</p> <p>A Co-Insurance of 20% applies.</p> <p>For this Benefit the Plan Deductible or Plan Out-Patient Per Visit Excess does not apply.</p> | <p style="text-align: right;">▶</p> <p style="text-align: right;">Up to USD 300/ EUR 240/GBP 185 per Period of Cover</p> |

| Geographical Area Option | SimpleCare 250 |
|---|---|
| <p>25. Area of Cover: Worldwide excluding USA</p> <p>By selecting this option, Your area of cover will become Worldwide but excluding elective Treatment in the USA.</p> <p>You will also be able to access to the SimpleCare Comprehensive Network.</p> |  Optional |

| Deductible Options | SimpleCare 250 |
|--|--|
| Standard Deductible | USD 500/ EUR 400/GBP 310 |
| <p>Optional Deductible</p> <p>Please note: USD 10,000/EUR 8,000/GBP 6,250 or USD 15,000/EUR 12,000/GBP 9,375 Deductible is only available if You are covered by more than one health insurance policy. You can only select such Deductible options if You buy this Plan as a Secondary Health Insurance Plan. You will be required to provide details of Your Primary Health Insurance when You apply for cover under this Plan.</p> | <p>Nil</p> <p>USD 150/ EUR 120/ GBP 95</p> <p>USD 250/ EUR 200/ GBP 155</p> <p>USD 1,000/ EUR 800/GBP 625</p> <p>USD 2,500/ EUR 2,000/GBP 1,550</p> <p>USD 5,000/ EUR 4,000/GBP 3,125</p> <p>USD 10,000/ EUR 8,000/GBP 6,250</p> <p>USD 15,000/ EUR 12,000/GBP 9,375</p> |

| Out-Patient Options | SimpleCare 250 |
|--|---|
| <p>26. Co-Insurance Out-Patient Treatment:</p> <p>A 20% Co-Insurance will apply to all Eligible Out-Patient Treatment.</p> <p>Please note that the Co-Insurance will not apply to Treatment relating to Renal dialysis/ Renal failure, Cancer or Organ Transplants.</p> <p>This option is not available for Plans with Deductibles of USD 1,000/EUR 800/GBP 625 or higher.</p> |  Optional |
| <p>27. Out-Patient Per Visit Excess:</p> <p>A USD 25/EUR 20/GBP 15 Out-Patient Per Visit Excess will apply when You receive Eligible Out-Patient Treatment.</p> <p>Please note that the Out-Patient Per Visit Excess would apply to both Benefit 20 - Out-Patient Charges and Benefit 21 - Out-Patient Physiotherapy and Alternative Therapies Benefits.</p> <p>This option is not available for Plans with Deductibles of USD 1,000/EUR 800/GBP 625 or higher.</p> |  Optional |

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 Chemical exposure

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

5.5 Cosmetic Treatment

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

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

5.6 Contamination

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

5.7 Chronic Conditions

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

5.8 Coma or Vegetative State

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

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

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

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

5.10 Dental care

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

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

5.11 Developmental disorders

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

5.12 Dietary supplements and Cosmetic Products

We do not pay 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.

5.13 Eating disorders

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

5.14 Experimental Treatment and drugs

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

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

You are not covered for routine eyesight or hearing tests or the cost of eyeglasses, contact lenses, hearing aids or cochlear implants. **We** do not pay for eye surgery to correct vision, however eye surgery to correct an **Eligible Medical Condition** is covered.

5.16 External Prosthesis

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

5.17 Failure to follow medical advice

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

5.18 Foetal surgery

We do not cover the costs of surgery on a child while in its mother's womb.

5.19 Genetic testing

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

5.20 Hazardous sports and pursuits

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

5.21 HIV, AIDS or sexually transmitted disease

You are not covered for **Treatment** for Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by or related to Human Immunodeficiency Virus (HIV) (or both) and sexually transmitted disease.

5.22 Hormone Replacement Therapy

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

5.23 Morbid obesity

You are not covered for the costs of **Treatment** for, or related to, morbid obesity. **You** are not covered for costs arising from or related to removing fat or surplus healthy tissue from any part of the body.

5.24 Nursing homes, convalescence homes, health hydros, and nature cure clinics

You are not covered for **Treatment** received in nursing homes, convalescence homes, health hydros, nature cure clinics or similar establishments. **You** are not covered for convalescence or where **You** are in **Hospital** for the purpose of supervision. **You** are not covered for extended nursing care if the reason for the extended nursing care is due to age related infirmity and/or if the **Hospital** has effectively become **Your** home.

5.25 Palliative and Hospice Care

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

5.26 Pregnancy or maternity

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

These costs are only covered under the Maternity **Benefit** and are not covered or recoverable under any other **Benefits**.

5.27 Pre-Existing Medical Conditions

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 Psychiatric or Psychological Treatment

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

5.30 Reproductive medicine

You are not covered for costs relating to investigations into or **Treatment** of infertility and fertility, sterilisation (or its reversal) or assisted conception. **You** are not covered for the costs in connection with contraception.

5.31 Routine examinations, health screening, and Vaccinations

You are not covered for routine medical examinations including issuing medical certificates, health screening examinations or tests to rule out the existence of a condition for which **You** do not have any symptoms. **You** are not covered for any type of **Vaccination** costs.

5.32 Second opinions

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

5.33 Self-inflicted injuries or attempted suicide

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

5.34 Sexual problems and gender re-assignment

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

5.35 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.

5.36 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 in high cost medical facilities

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

5.39 Treatment by a family member

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

5.40 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**.

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 +356 2260 5110.

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.

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 SimpleCare 100 **Plan** option; they can decide to cover their **Dependant** under the same **Plan** option but not SimpleCare CORE or SimpleCare 250 **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 +356 2260 5110.

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.

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 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 Services 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 Services team on T +356 2260 5110 in the first instance. They will try to resolve **Your** complaint. **Our** aim is to resolve the vast majority of customer complaints satisfactorily at this stage.

Step 2

If **You** are unhappy with the response **You** receive from the Customer Services team, **We** ask **You** to write to **Us** at the following address:

The General Manager
Now Health International Services (Europe) Limited
Dragonara Business Centre 5th Floor, Dragonara Road,
St Julian's, STJ 3141, Malta.

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, investigate it and reply to **You** within fifteen working days of receiving **Your** letter. If there is an unavoidable delay, **We** will inform **You** of this explaining the cause of delay and when the investigation is likely to be complete.

Where **Your** complaint relates to matters, for which we are not responsible, **We** shall direct you to the relevant financial services provider to handle **Your** complaint.

Step 3

If **You** are dissatisfied with **Our** final response or dissatisfied with the delay in **Our** response, **You** have a right to refer **Your** complaint to the Arbiter for Financial Services with **Your** complaint at:

Office of the Arbiter for Financial Services
1st Floor, St Calcedonius Square
Floriana FRN 1530
Malta
Freephone: 80072366 (local calls)
Telephone: (+356) 21249245
Email: complaint.info@financialarbiter.org.mt
Website: www.financialarbiter.org.mt

This procedure will not prejudice **Your** right to resort to other legal or judicial action or to refer the matter to alternative dispute resolution mechanisms.

7.2 The Malta Protection and Compensation Fund

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

7.3 What we do with your personal data

Please ensure that **You** show the following information to others covered under **Your Plan** or make them aware of its contents.

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

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

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

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

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

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

Your health claims information may be shared by Now Health International Group companies to other Insurance Companies or Reinsurance Companies for the purposes of risk management, contract negotiations, research, development and analysis, as well as, to promote other products that may be of interest to **You**.

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

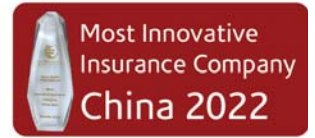
- 8.1.1** **You** must make sure that whenever **You** are required to give **Us** any information, all the information **You** give **Us** is sufficiently true, accurate and complete so as to give **Us** a fair presentation of the risk **We** are taking on (these are **Your** representations to **Us**). 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 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** This **Plan** shall be governed by and construed in accordance with the Laws of Malta and the parties agree to submit to the jurisdiction of the courts of Malta.

8.2 Our rights and responsibilities

- 8.2.1** We will tell the **Planholder** in writing the date the **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.

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



Now Health International

UAE

Arabia Insurance Company S.A.L.
c/o Now Health International Gulf Third Party Administrators LLC,
Unit 3701, Burj Al Salam Building, 3 Sheikh Zayed Rd,
PO Box 334337, Dubai, United Arab Emirates
T +971 (0) 4450 1410 | F +971 (0) 4450 1416
MEAService@worldcare.ae

Rest of the World

Now Health International Limited
PO Box 482055, Dubai, UAE
T +971 (0) 4450 1510 | F +971 (0) 4450 1530
CustomerService@now-health.com

Europe (Malta)

Now Health International Services (Europe) Limited
Dragonara Business Centre 5th Floor,
Dragonara Road, St Julian's, STJ 3141, Malta
T +356 2260 5110
CustomerService@now-health.com

Europe (Spain)

Now Health International Services (Europe) Limited
Edificio Orense 34 (Torre Norte – Planta 07),
Calle Orense 34, CP 28020 - Madrid, Spain
T +34 911 841 690
CustomerService@now-health.com

United Kingdom

Now Health International (UK) Limited
Suite 2.3, Building Three, Watchmoor Park, Camberley,
Surrey, GU15 3YL, United Kingdom
T +44 (0) 1276 602110 | F +44 (0) 1276 602130
CustomerService@now-health.com

Asia Pacific

Now Health International (Asia Pacific) Limited
Units 1501-3, 15/F, AIA Tower, 183 Electric Road
North Point, Hong Kong
T +852 2279 7310 | F +852 2279 7330
CustomerService@now-health.com

China

Asia-Pacific Property & Casualty Insurance Co., Ltd.
c/o Now Health International (Shanghai) Limited
Room 1103B-1105, 11/F, BM Tower
No. 218 Wusong Road
Hongkou District, Shanghai 200080, China
T +(86) 400 077 7500 / +86 21 6156 0910 | F +(86) 400 077 7900
CustomerService@now-health.com

Singapore

Now Health International (Singapore) Pte. Ltd.
4 Robinson Road
#07-01A/02 The House of Eden
Singapore 048543
T +65 6880 2300 | F +65 6220 6950
CustomerService@now-health.com

Indonesia

PT Now Health International Indonesia
17/F, Indonesia Stock Exchange, Tower II
Jl. Jend. Sudirman Kav. 52 – 53
Jakarta 12190, Indonesia
Toll-free 0800 1 889900/ Toll +62 21 2783 6910 | F +62 21 515 7639
CustomerService@now-health.com

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Now Health International Services (Europe) Limited,
Registered Office: Dragonara Business Centre 5th Floor, Dragonara Road,
St Julian's, STJ 3141, Malta. Company No. C94330.