



Everything you need to know about your Remote Health plan

Effective January 2020

Introduction

Thank you for choosing **Us** to provide **Your** Remote Health **Plan**.

We have designed Remote Health 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 Remote Health 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 Remote Health **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** Remote Health **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 +971 (0) 4450 1540

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**.

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: Worldwide Excluding USA, Singapore and Hong Kong	A geographical area default that extends to provide worldwide cover but excluding any elective Treatment in the USA, Singapore and Hong Kong.
Area of Cover: Worldwide Including USA, Singapore and Hong Kong	A geographical area option that extends to provide worldwide cover including elective Treatment in the USA, Singapore and Hong Kong.
Benefits	Insurance cover provided by this Plan and any extensions or restrictions shown in the Certificate of Insurance or in any endorsements (if applicable) and subject always to Us having received the premium due.
Benefit Schedule	The table of Benefits applicable to this Plan showing the maximum Benefits We will pay.
Cancer	A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Certificate of Insurance	The certificate giving details of the Planholder , the Insured Persons , the Period of Cover , the 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 .
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.

New Born	A baby who is within the first 16 weeks of its life following birth.
Out-Patient	A patient who attends a Hospital , consulting room, 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 .
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 .
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 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-authorized).

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** or **Co-Insurance** 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.

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 +971 (0) 4450 1540 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 Accessing Elective Treatment in the USA, Singapore and Hong Kong

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

3.4.1 Elective Treatment in Singapore and Hong Kong

For **Out-Patient** expenses, follow the instructions in section 3.1 (Claiming for **Out-Patient Treatment** **You** have already paid for). If **You** are referred for **In-Patient** or **Day-Patient Treatment**, follow instructions in section 3.2 (Arranging Direct Settlement).

3.4.2 Elective Treatment in the USA

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

Step 1

Five working days before **Your Treatment** (or as early as possible), contact **Our** customer service team on T +971 (0) 4450 1510 | F +971 (0) 4450 1530 | ClinicalService@now-health.com

A Clinical Adviser will verify **Your** entitlement to **Benefits** for the proposed **Treatment** and give **You** details on how to claim. Tell **Us** the name of the medical facility, telephone number, fax number, contact name and the name of the **Medical Practitioner**.

Step 2

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

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

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

Step 3

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

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

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

Step 4

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

Important notes:

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

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

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

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

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

3.5 What must I provide when making a claim?

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

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

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

3.6 Do I need to provide any other information?

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

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

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

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

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

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.

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

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

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

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

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

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

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

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

3.9 You have a Deductible and/or Co-Insurance on Your Plan

Any **Deductible** or **Co-Insurance** applicable is shown on **Your Certificate of Insurance** and charged in the same currency as **Your** premium.

A **Deductible** 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.

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, then the **Insured Person** will have to pay USD 20 and **We** will pay USD 80 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 **Deductible** and a 20% **Out-Patient Co-Insurance**, and the **Eligible Out-Patient** claimed amount is USD 500, then the **Insured Person** needs to pay the USD 150 **Deductible** plus 20% of the balance of the claimed amount, which is a total of USD 220. **We** will then pay USD 280 towards this claim.

You need to submit **Your** claim form and bills, even if the **Deductible** 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** limit is used up.

3.10 How will claim reimbursements be calculated?

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

3.11 What currencies can claims be made in?

You have the choice of claims reimbursement in either the currency of **Your Plan**, the currency **You** incurred **Your** claim in, or another currency of **Your** choice. Listed below are the currencies **We** can transact in.*

ALL	Albanian Lek	GHS	Ghanian Cedi	PHP	Philippine Peso
DZD	Algerian Dinar	GTQ	Guatemalan Quetzal	PLN	Polish Zloty
AMD	Armenian Dram	GNF	Guinea Republic Franc	QAR	Qatari Riyal
AOA	Angola Kwanza	GYD	Guyana Dollar	RON	Romanian Leu
AUD	Australian Dollar	HTG	Haitian Gourde	RUB	Russian Ruble
AZN	Azerbaijan Manat	HNL	Honduran Lempira	RWF	Rwandan Franc
BSD	Bahamian Dollar	HKD	Hong Kong Dollar	WST	Samoan Tala
BHD	Bahraini Dinar	HUF	Hungarian Forint	SAR	Saudi Riyal
BDT	Bangladesh Taka	INR	Indian Rupee	RSB	Serbian Dinar
BBD	Barbados Dollar	IDR	Indonesian Rupiah	SCR	Seychelles Rupee
BYR	Belarus Ruble	ILS	Israeli Shekel	SLL	Sierra Leone Leone
BZD	Belize Dollar	JMD	Jamaican Dollar	SGD	Singapore Dollar
BMD	Bermudian Dollar	JPY	Japanese Yen	SBD	Solomon Islands Dollar
BTN	Bhutan Ngultrum	JOD	Jordanian Dinar	ZAR	South African Rand
BOB	Bolivian Boliviano	KZT	Kazakhstan Tenge	SRD	Suriname Dollar
BAM	Bosnia & Herzegovina Convertible Mark	KES	Kenyan Shilling	SEK	Swedish Krona
BWP	Botswana Pula	KRW	Korean Won	SZL	Swaziland Lilangeni
BRL	Brazilian Real	KWD	Kuwaiti Dinar	CHF	Swiss Franc
BND	Brunei Dollar	LAK	Laos Kip	LKR	Sri Lankan Rupee
BGN	Bulgarian Lev	LVL	Latvian Lats	TWD	Taiwan New Dollar
BIF	Burundi Franc	LSL	Lesotho Loti	TZS	Tanzanian Shilling
CAD	Canadian Dollar	LBP	Lebanese Pound	THB	Thai Baht
CVE	Cape Verde Escudo	LYD	Libyan Dinar	TOP	Tongan Pa'anga
KHR	Cambodia Riel	LTL	Lithuanian Litas	TTD	Trinidad and Tobago Dollar
KYD	Cayman Island Dollar	MKD	Macedonia Denar	TND	Tunisian Dinar
XOF	West African States CFA Franc BCEAO	MOP	Macau Pataca	TRY	Turkish Lira
XAF	Central African States CFA Franc BEAC	MGA	Madagascar Ariary	AED	U.A.E. Dirham
XPF	Central Pacific Franc	MWK	Malawi Kwacha	UGX	Ugandan Shilling
CLP	Chilean Peso	MVR	Maldives Rufiyaa	GBP	U.K. Pound Sterling
CNY	Chinese Yuan Renminbi	MYR	Malaysian Ringgit	UAH	Ukraine Hryvnia
COP	Colombian Peso	MRO	Mauritanian Ouguiya	UYU	Uruguayan Peso
KMF	Comoros Franc	MUR	Mauritius Rupee	USD	U.S. Dollar
CRC	Costa Rican Colon	MXN	Mexican Peso	UZS	Uzbekistan Som
HRK	Croatian Kuna	MDL	Moldavian Leu	VUV	Vanuatu Vatu
CZK	Czech Koruna	MNT	Mongolian Tugrik	VEF	Venezuelan Bolivar
DKK	Danish Krone	MAD	Moroccan Dirham	VND	Vietnam Dong
DJF	Djibouti Franc	MZN	Mozambique Metical	YER	Yemeni Rial
DOP	Dominican Peso	NAD	Namibian Dollar	ZMK	Zambia Kwacha
EGP	Egyptian Pound	NPR	Nepal Rupee		
EUR	EMU Euro	NZD	New Zealand Dollar		
ERN	Eritrea Nakfa	NIO	Nicaraguan Cordoba		
EEK	Estonian Kroon	NGN	Nigerian Naira		
ETB	Ethiopia Birr	NOK	Norwegian Krone		
FJD	Fiji Dollar	OMR	Omani Rial		
GMD	Gambian Dalasi	PKR	Pakistani Rupee		
GEL	Georgian Lari	PGK	Papua New Guinea Kina		
		PYG	Paraguayan Guarani		
		PEN	Peruvian Nuevo Sol		

* Subject to local currency and/or international restrictions/regulations.

4. Benefits: What is covered?

All the **Benefits** covered by Remote Health 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 Remote Health

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

Remote Health provides cover for **Treatment** worldwide excluding the USA, Singapore and Hong Kong, unless the USA, Singapore and Hong Kong elective **Treatment** option is selected.

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

Remote Health	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.
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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** and **Day-Patient Treatment** under this **Plan**.

For planned **Treatment**, **You** must contact **Our** customer service team on +971 (0) 4450 1510 | Fax +971 (0) 4450 1530 | 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 +971 (0) 4450 1540 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: Remote Health

Remote Health 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 **Co-Insurance** or similar condition, if **Reasonable and Customary Charges** for **Medically Necessary Treatment** are incurred.

4.3.1 Remote Health

Benefit	Remote Health
Annual Maximum Plan Limit 24/7 helpline and assistance services available on all Plans	USD 1,000,000
Geographical Area Default	
Area of Cover: Worldwide (excluding USA, Singapore and Hong Kong)	Default Network: SimpleCare Comprehensive Network
1. Hospital Charges, Medical Practitioner and Specialist Fees: <ul style="list-style-type: none"> (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. 	<ul style="list-style-type: none"> (i)  Full refund (ii)  Up to USD 1,500 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 .	 Up to USD 5,000
3. Renal Failure and Renal Dialysis: <ul style="list-style-type: none"> (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. 	<ul style="list-style-type: none"> (i)  Up to six weeks or USD 20,000 for In-Patient, pre and post-operative care (ii)  Not covered
4. Organ Transplant: <ul style="list-style-type: none"> (i) Treatment for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the Insured Person as a recipient. In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under Benefit 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. (ii) Medical costs associated with the donor and the cost of the donor organ search are excluded from this Benefit. 	<ul style="list-style-type: none"> (i)  Up to USD 150,000 per Period of Cover (ii)  Not covered
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	Remote Health
<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 50,000 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 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;">Up to USD 500,000 per Period of Cover</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;">Up to USD 500,000 per Period of Cover</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;">Up to USD 500,000 per Period of Cover</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;">Up to USD 500,000 or 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	Remote Health
<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> 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>Combined Evacuation and Repatriation limit up to USD 100,000</p> <p>(i)  Full refund</p> <p>(ii)  Full refund</p> <p>(iii)  Full refund</p> <p>(iv)  Up to USD 200 per day Up to USD 7,500 per person, per Evacuation</p> <p> Full refund</p>
<p>17. 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> Accident: Full refund for Accident requiring In-Patient and Day-Patient care</p> <p> Illness: In-Patient and Day-Patient care up to USD 60,000 per Period of Cover</p>
<p>18. Hospital Cash Benefit:</p> <p>This Benefit is payable for each night an Insured Person receives In-Patient Treatment and only if:</p> <p>(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</p> <p>(ii) this Plan being the Secondary Health Insurance Plan.</p> <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> USD 250 per night, up to 30 days</p>
<p>19. Accident & Emergency Out-Patient Benefit:</p> <p>Charges for Treatment received in an Out-Patient Accident and Emergency department of a Hospital, including:</p> <p>(i) Medical Practitioner fees; Specialists fees; Diagnostic Tests</p> <p>(ii) Necessary Drugs and Dressings</p> <p>This Benefit only applies if no Out-Patient option is selected when the Plan is bought.</p>	<p> Combined annual limit (i) and (ii) up to USD 250</p>

Out-patient Options	Remote Health
<p>Annual Out-Patient Limit <i>Applicable to Benefit 20 and 21 only, subject to Annual Maximum Plan Limit</i></p> <p>A 10% 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 style="text-align: center;">▶</p> <p style="text-align: center;">Optional (i) USD 1,000 or (ii) USD 4,500</p>
<p>20. Out-Patient Charges:</p> <p>(i) Medical Practitioner fees including consultations; Specialist fees; Diagnostic Tests.</p> <p>(ii) Prescribed Drugs and Dressings.</p> <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) ▶</p> <p style="text-align: center;">Full refund subject to Annual Out-Patient Limit</p> <p>(ii) ▶</p> <p style="text-align: center;">Full refund subject to Annual Out-Patient Limit</p>
<p>21. Out-Patient Physiotherapy and Alternative Therapies</p> <p>(i) Physiotherapy by a Registered Physiotherapist, when referred by a Medical Practitioner, or Specialist.</p> <p>(ii) Complementary medicine and Treatment by a therapist, when referred by a Medical Practitioner or Specialist. This Benefit extends to osteopaths, chiropractors, homeopaths, dietician and acupuncture Treatment.</p> <p>(iii) Out-Patient Treatment for therapies administered by a recognised traditional Chinese Medical Practitioner or an Ayurvedic Medical Practitioner.</p> <p>We do not cover charges for general chiropody or podiatry.</p>	<p>(i) ▶</p> <p style="text-align: center;">USD 60 per visit</p> <p>(ii) ▶</p> <p style="text-align: center;">USD 60 per visit</p> <p>(iii) ▶</p> <p style="text-align: center;">USD 30 per visit</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>
Dental Option	Remote Health
<p>22. 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> <p>(i) Routine dental Treatment: Fees of a registered Dental Practitioner carrying out routine dental Treatment in a dental surgery. Routine dental Treatment means:</p> <ul style="list-style-type: none"> • Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including x-rays where necessary, • Preventative scaling, polishing, and sealing (once per year), • Fillings (standard amalgams or composite fillings) and extractions, and • Root-canal Treatment (but not fitting of a crown following root-canal Treatment). <p>(ii) Complex Dental Treatment: Fees of a registered Dental Practitioner and associated costs for the following procedures: Eligible complex dental Treatment: including for example: Apicoectomy done to treat the following - Fractured tooth root; A severely curved tooth root; teeth with caps or posts; Cyst or infection which is untreatable with root-canal therapy; Root perforations; New or repair of crowns, dentures, in lays and bridges. Recurrent pain and infection; Persistent symptoms that do not indicate problems from x-rays. Calcification; Damaged root surfaces and surrounding bone requiring surgery:</p> <p>Dental implants and orthodontics Treatment are specifically excluded under this Benefit. No other Treatment is covered by this Benefit. Waiting Period: Costs incurred within nine months from the Entry Date are excluded. A Co-Insurance of 20% applies. For this Benefit the Plan Deductible does not apply.</p>	<p>(i) ▶</p> <p style="text-align: center;">Up to USD 500 per Period of Cover</p> <p>(ii) ▶</p> <p style="text-align: center;">Up to USD 1,500 per Period of Cover</p>

Geographical Area Option	Remote Health
<p>23. Area of Cover: Worldwide</p> <p>By selecting this option, Your area of cover will become Worldwide including elective Treatment in the USA, Singapore and Hong Kong</p> <p>You will also be able to access to the SimpleCare Comprehensive Network. USA, Singapore and Hong Kong Elective Treatment:</p> <ul style="list-style-type: none"> (i) Costs associated with Eligible In-Patient and Day-Patient Treatment in the USA, Singapore and Hong Kong will be paid in full where Treatment is received in a Hospital listed in the Now Health International Provider Network. (ii) Costs associated with Eligible Out-Patient Treatment in the USA, Singapore and Hong Kong will be paid in full where Treatment is received in the Now Health International Provider Network. <p>Treatment that is not received in the Now Health International Provider Network will be subject to a 50% Co-Insurance</p>	 Optional

Deductible Options	Remote Health
Standard Deductible	USD 250
Optional Deductible	Nil USD 5,000

Out-Patient Option	Remote Health
<p>24. Co-Insurance Out-Patient Treatment:</p> <ul style="list-style-type: none"> (i) A Nil Co-Insurance will apply to all Eligible Out-Patient Treatment, or (ii) 20% Co-Insurance will apply to all Eligible Out-Patient Treatment. <p>Please note that the Co-Insurance will not apply to Treatment relating to Renal dialysis/ Renal failure, Cancer or Organ Transplants.</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 **Out-Patient** charges **Benefits** are shown on **Your Certificate of Insurance**. **We** will pay such **Eligible** costs under **Benefit 19 - 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 or Co-Insurance

You are not covered for the amount of the **Deductible** 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** 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, vitamins or minerals and Cosmetic Products

We do not pay for products classified as vitamins or minerals (except during **Pregnancy** or to treat diagnosed, clinically significant vitamin deficiency syndromes), 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 except as part of the maternity **Benefits** detailed in **Your Certificate of Insurance**.

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**.

5.20 Hazardous sports and pursuits

We do not cover **Treatment** of injuries sustained from base jumping, cliff diving, 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 10 metres, trekking to a height of over 2,500 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.

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 unless maternity **Benefits** are shown on **Your Certificate of Insurance**. This includes but not limited to costs arising from:

- normal **Pregnancy** or childbirth
- **Emergency** or voluntary caesarean section
- **Pregnancy** or childbirth **Medical Conditions**. This includes **Medical Conditions** that arises during the antenatal stage, childbirth, or postpartum period

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.

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.

However, **We** will pay for wellness and **Vaccination** costs according to the **Benefit Schedule** if these **Benefits** are shown on **Your Certificate of Insurance**.

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 +971 (0) 4450 1510.

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 Remote Health 100 **Plan** option; they can decide to cover their **Dependant** under the same **Plan** option but not Remote Health CORE or Remote Health 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 +971 (0) 4450 1510.

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 Not happy with our service?

We hope **You** never need to raise concerns about **Our** service or any aspect of **Your Plan**. However, if **You** do, please contact **Us** and **We** will do **Our** best to resolve things for **You**. **Your** complaint will be acknowledged on receipt. If having contacted **Us** **You** feel **We** have not put things right, please contact:

The Managing Director
 Now Health International Limited
 PO Box 482055, Dubai, UAE
 Tel: +971 (0) 4450 1510
 Fax: +971 (0) 4450 1530
 Email: CustomerService@now-health.com

The Managing Director is responsible for Now Health's Complaint Handling Policy and he will ensure that **Your** complaint is acknowledged promptly (within 7 days), investigated thoroughly by an appropriate member of staff and a full response is sent to **You** as soon as possible, which unless stated otherwise will be in less than 30 days from the date of **Your** complaint. Should **You** remain dissatisfied with the outcome of **Our** investigation **You** may be able to consider other avenues for resolution of **Your** Complaint including referral to the DIFC Small Claims Tribunal. Details can be obtained at their website at: <http://difccourts.ae/small-claims-tribunal/>

Complaints can also be referred to the Dubai Financial Services Authority. Further details are available at: <https://www.dfsa.ae/en/Consumer/Consumer#Complaints>

Should **Your** complaint be about **Your Plan** **You** may refer **Your** complaint directly to **Underwriters** for investigation and resolution. Please contact:

The Managing Director
 Best Doctors Insurance Limited
 5201 Blue Lagoon Drive Suite 300
 Miami, FL 33126
 Telephone: 1 305 269.2521
 Email: info@bestdoctorsinsurance.com

To allow Best Doctors Insurance Limited to investigate **Your** complaint fully they may require up to eight weeks to get back to **You**, from the date **You** first raised **Your** complaint with **Us**. However, they will respond sooner than this if able.

7.2 What regulatory protection do I have?

The Dubai Financial Services Authority (DFSA) and Bermuda Monetary Authority (BMA)

Now Health International Limited is regulated by the DFSA.

The DFSA is the sole independent financial regulator for the Dubai International Financial Centre (DIFC). For more information about the Dubai Financial Services Authority, please visit <http://www.dfsa.ae/>.

Best Doctors Insurance Limited is authorised and regulated by the Bermuda Monetary Authority.

The BMA was established by the Bermudian government to regulate financial services. The DFSA has set out rules to regulate the sale and administration of general insurance, which **We** must follow when dealing with **You**.

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 DIFC Law No.1 of 2007 (Data Protection Law). Personal and sensitive personal information may be sent in confidence for processing by other companies and intermediaries, including to countries where the laws protecting personal information may not be as strong as in the DIFC. Steps are taken to ensure that any sub-contractors give at least the same protection as **We** do.

Information about **You** and any family members covered by **Your Plan** will be held by **Us** and **Our** subcontractors. This includes information supplied by **You**, those family members, medical providers or **Your** employer (if applicable). This information will be used to provide the services set out under the terms of this **Plan**, to administer **Your Plan** and to develop customer relationships and services. In certain circumstances medical service providers (or others) may be asked to supply further 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 insurance **Plan** all correspondence about the **Plan**, including claims correspondence, will be sent to the **Insured Person**. If any person that **You** intend to insure under the **Plan** does not want this to happen, **You** should not include them as a family member under **Your Plan**.

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

With **Your** agreement, Now Health International, and any Now Health International Group companies in operation at that time, may use the information **You** have provided to inform **You** by letter, telephone, email or mobile message of products and services such as special offers and healthcare information.

Some of **Your** details may also be shared with other Now Health International Group companies and other carefully selected companies to enable them to contact **You** about their products and services.

If **You** change **Your** mind about this permission, please contact **Our** Customer Services team or write to **Us** at the address on the back of this handbook. Unless **You** inform **Us** otherwise **We** will assume that, for the time being, **You** are happy to be contacted in this way.

Your health claims information may be shared by Now Health International Group companies to other Insurance Companies or Reinsurance Companies in the objective 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 Bermuda and the parties agree to submit to the jurisdiction of the Dubai International Financial Centre courts.

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 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.

