

Enhanced WorldCare plans



WorldCare – New Benefits and Enhancements to our Plans

The following summary provides an overview of the benefits that have been updated following our annual plan review.

The following summary in this document provides an overview of the New Benefits and Enhancements to our plan subsequent to our annual plan review. This document is to be read in conjunction with the Members' Handbook, effective 1 April 2022 and is intended to advise you of the changes to policies incepting from 1 April 2023. Effective 1 April 2023, our Members' Handbook will incorporate the changes mentioned in this document and will be available within your secure online portfolio.

Summary of revised Benefits:

- Enhanced Renal Failure and Renal Dialysis Benefit on Essential.
- Introduced a new Vitamins and Minerals Benefit.
- Renamed and enhanced Telemedicine to Teleconsultation.
- Introduced a new Out-Patient Psychiatric benefit for Essential when the optional Out-Patient charges or Out-Patient 2 charges are selected.
- Introduced a new Menopause Hormone Replacement Therapy benefit.
- Increased benefit limit for the optional Out-patient charges and Out-Patient 2 charges on Essential.
- Introduced a New optional Dental Benefit for Essential and Advance plans.
- Introduced a new Out-Patient charges Option 3 for the Essential Plan.
- Introduced Pre-Authorisation for MRI and CT scans under the Diagnostic Procedures benefit.

Summary of additional wording changes:

- Provided further clarification around which benefits are not available under Out-Patient Direct Billing.
- Updated Exclusion 5.13 Dietary Supplements, Vitamins and Minerals and Cosmetic Products to accommodate the new Vitamins and Minerals benefit
- Updated Exclusion 5.23 Hormone Replacement Therapy to accommodate the new Menopause Hormone Replacement Therapy benefit

Changes to Plan and Benefits

1. Renal Failure and Renal Dialysis

We now provide enhanced limits for the **Essential Plan** - Section (ii) USD 50,000/ EUR 40,000/ GBP 31,250 / SGD 65,000 / RMB 310,000 per **Period of Cover**

2. Vitamins and Mineral Benefit

We now provide this benefit for any plan that carries an **Out-Patient** cover section.

Vitamins and Minerals as prescribed by a **Medical Practitioner**. Vitamins prescribed for a diagnosed deficiency will be paid as per the **Out-Patient Benefit**.

The benefit limits are as follows:

Up to USD 150/EUR 120/GBP 95/SGD 195/RMB 940 per **Period of Cover**

3. Telemedicine has been renamed Teleconsultation

This consultation type has been renamed and re-worded as below:

Teleconsultation (Virtual Doctor appointments via electronic means).

Costs associated with **Eligible Treatment** will be paid in full where **Treatment** is received from **Medical Providers** listed in the **Now Health International Provider Network**.

Treatment that is not received in the **Now Health International Provider Network** will pay **Reasonable and Customary Charges**.

No **Out-Patient Co-Insurance** or **Out-Patient visit Excess** is applicable.

4. Out-Patient Psychiatric Illness

Out-Patient Psychiatric is now included in the **Out-Patient** Charges and **Out-Patient** Charges Option 2 benefit for **Essential Plans**.

Out-Patient Psychiatric Illness:

Out-Patient Treatment administered by a Registered Psychologist and/or a Registered Psychiatrist, subject to 10 sessions and the cost limit under this section.

For the first 5 sessions **You** may choose to visit a Registered Psychologist directly without the need for referral. However, any subsequent sessions with a Registered Psychologist will require referral and a **Treatment Plan** with a **Medical Practitioner** or **Specialist**.

The benefit limits are as follows:

Up to USD 500/ EUR 400/GBP 315/SGD 650/RMB 3,150 and a maximum of 10 sessions per **Period of Cover** in aggregate

5. Menopause Hormone Replacement Therapy

We now provide this benefit for any plan that carries an Out-Patient cover section.

The cost of Hormone Replacement Therapy when required to alleviate the symptoms of the early onset of menopause where onset and Treatment commence below the age of 40 years.

The benefit limits are as follows:

Essential - Up to USD 400/EUR 320/GBP 250/SGD 520/RMB 2,500 per **Period of Cover**

Advance - Up to USD 500/EUR 400/GBP 315/SGD 650/RMB 3,150 per **Period of Cover**

Excel - Up to USD 600/EUR 480/GBP 375/SGD 780/RMB 3,750 per **Period of Cover**

Apex - Up to USD 750/EUR 600/GBP 470/SGD 975/ RMB 4,700 per **Period of Cover**

6. Increased benefit limit for the Optional Out-patient charges and Out-Patient 2 charges on Essential

The new benefit limit is now:

Up to USD 5,000/EUR 4,000/GBP 3,125/SGD 6,500/RMB 31,500 per **Period of Cover** in aggregate

7. Dental Care Benefit Option

A new optional benefit is available for Essential and Advance plans.

Please note it is only available on Essential if an **Out-Patient** charges or **Out-Patient** charges 2 option has been selected

Dental Care:

(i) Routine dental **Treatment**: Fees of a registered **Dental Practitioner** carrying out routine dental **Treatment** in a dental surgery. Routine dental **Treatment** means:

- Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including X-rays where necessary,
- Preventive scaling, polishing, and sealing (once per year),
- Fillings (standard amalgam or composite fillings) and extractions, and
- Root-canal **Treatment** (but not the fitting of a crown following root-canal **Treatment**).

No other **Treatment** is covered under the routine dental **Treatment** benefit.

Waiting Period: Costs incurred within nine months from the **Start Date** are excluded.

A **Co-Insurance** of 20% applies.

For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.

(ii) Complex Dental **Treatment**: Fees of a registered **Dental Practitioner** and associated costs for the following procedures: **Eligible** complex dental **Treatment**: including for example, **Apicoectomy** done to treat the following – Fractured tooth root; A severely curved tooth root; Teeth with caps or posts; Cyst or infection which is untreatable with root canal therapy; Root perforations; New or repair of crowns, dentures, inlays 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.

No other **Treatment** (including Orthodontics) is covered by this Benefit.

Waiting Period: Costs incurred within nine months from the **Start Date** are excluded.

Waiting Period for China: Costs incurred within 180 days from the **Start Date** are excluded.

A **Co-Insurance** of 20% applies.

For this **Benefit** the **Plan Deductible** or **Plan Out-Patient Per Visit Excess** does not apply.

The benefit limit is:

(i) Up to USD 250/ EUR 200/ GBP 155/ SGD 325/ RMB 1,575 per **Period of Cover**

(ii) Up to USD 1,000/ EUR 800/ GBP 625/ SGD 1,300/ RMB 6,300 per **Period of Cover**

8. Out-Patient Charges Option 3 for the Essential Plan

We have added a new Out-Patient charges option bundle. This provides the following benefits:

(i) Emergency Out-Patient Benefit

Charges for **Emergency Treatment** received as an **Out-Patient** in the Accident and Emergency department of a **Medical Provider** including:

Medical Practitioner fees including consultation; **Specialist** fees; **Diagnostic Tests**, prescribed **Drugs and Dressings**.

(ii) Pre and Post-Operative Out-Patient Charges

a. **Medical Practitioner** fees including consultations; **Specialist** fees; **Diagnostic Tests**; prescribed **Drugs and Dressings**.

b. Teleconsultation (Virtual Doctor appointments via electronic means).

Costs associated with **Eligible Treatment** will be paid in full where **Treatment** is received from **Medical Providers** listed in the **Now Health International Provider Network**.

Treatment that is not received in the **Now Health International Provider Network** will pay **Reasonable and Customary Charges**.

c. Physiotherapy by a Registered **Physiotherapist**.

For this **Benefit** the **Plan Out-Patient Co-Insurance** or **Out-Patient Per Visit Excess** does not apply.

Any pre-operative and post-hospitalisation consultations are payable under this **Benefit**.

Charges relating to pre-operative consultation within 60 days from the admission and post-hospitalisation consultation within 90 days following discharge from **Hospital**.

This **Benefit** replaces **Benefit 22- Out-Patient** Charges.

The benefit limit is:

- (i) Up to a maximum USD 300/ EUR 240/ GBP 190/ SGD 390/ RMB 1,850 per Period of Cover in aggregate and subject to USD 25/ SGD 30/ RMB 150 Out-Patient Per Visit Excess
- (ii) Up to a maximum USD 3,500/EUR 2,800/ GBP 2,190/ SGD 4,550/ RMB 22,000 per Medical Condition per Period of Cover in aggregate.

Physiotherapy is limited to 5 sessions

This **Benefit** replaces **Benefit 22- Out-Patient** Charges and **Benefit 26 – Out-Patient** Physiotherapy and **Alternative Therapies**.

9. Diagnostic Procedures

We have introduced **Pre-Authorisation** for Magnetic Resonance Imaging (MRI) and Computerised Tomography (CT) scans.

Medically Necessary diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an **In-Patient, Day-Patient** or **Out-Patient**.

Pre-Authorisation for PET, MRI, CT

Full Refund

Additional Wording Changes

1. Out-Patient Direct Billing

We have updated Important notes in 3.2 of the handbook to clarify that:

Out-Patient direct billing is not available for Psychiatry, Alternative Medicine, Hormone replacement therapy and Vitamins and Minerals in addition to dental, maternity and wellness optical and vaccinations benefits unless it is specified on your membership card.

2. 5.13 Dietary supplements, vitamins and minerals and cosmetic Products

This wording has been updated to allow for the new Vitamins and Minerals Benefit as follows:

Dietary supplements and Cosmetic Products

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

3. 5.23 Hormone Replacement Therapy

This wording has been updated to allow for the new Menopause Hormone Replacement Therapy benefit as follows:

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