SUMMARY OF SIGNIFICANT AMENDMENTS TO POLICY WORDING*

1. EXECUTIVE SUMMARY

This comprehensive report details all substantive changes introduced to FLEX Policy Wording effective 1 July 2026. This analysis strictly excludes formatting and layout, focusing solely on material changes to benefits, limitations, exclusions, legal provisions, and definitions.

2. BENEFIT MODIFICATIONS & RESTRUCTURING

POLICY CLAUSE	PREVIOUS 2025/2026 VERSION	NEW 2026/2027 VERSION
Gene therapies	Displayed as a standalone row in the Table of Benefits with an explicit benefit cap. Included a dedicated benefit description section.	**Restructured**. Removed as a standalone table row from the Table of Benefits and moved under General Benefit section.
Emergency or urgent outpatient care	Did not exist – **new benefit in 2026**	**New benefit:** 100% UCR specifically for immediate stabilisation, pain management, wound suturing, fractures, dislocated joints, and emergency diagnostics, without requiring formal hospital admission.
Inpatient standard private room	Covered "Standard private room (room and board)"' at 100% UCR.	**Expanded** to "*Private hospital room (room and associated medical costs)*", covering the linked medical overhead.
Durable medical equipment (DME) & prostheses	DME displayed as 100% UCR. External prosthesis displayed as a capped limit depending on plan tier.	DME and external prosthesis are structurally consolidated under a single, shared annual maximum limit (depending on the plan tier) per policy year.
Maternity care	Covered natural deliveries, C-sections, prenatal and postnatal care.	**Expands** prenatal/postnatal inclusions to cover consultations, laboratory tests, ultrasounds, and genetic testing.

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POLICY CLAUSE	PREVIOUS 2025/2026 VERSION	NEW 2026/2027 VERSION
Highly specialised prescription drugs	Listed specific covered drug examples (e.g., Interferon beta-1a, rituximab) to outline this category.	The **list has been removed**. A new formal, comprehensive definition in section 8 now classifies these medications based on their clinical reality, specifically identifying drugs that require specialised handling, administration, monitoring, or clinical management due to their complexity or cost.
Newborn cover & congenital/hereditary conditions (birth to 30 days) *	Congenital and/or hereditary conditions manifesting within the first 30 days of birth were covered under the Newborn coverage benefit.	For clarity and transparency, these provisions were removed*, because the newborn benefit and the early congenital care inherently require a covered maternity to be activated. ***From Basic and Standard Individual plans only**
Wellness and optical	Covered routine health check-ups.	**Enhanced benefit** – Wellness now includes health check-ups and preventative vaccines*.

***In all plans except for Basic Individual**

3. EXCLUSIONS, LIMITATIONS & RESTRICTIONS

POLICY CLAUSE	PREVIOUS 2025/2026 VERSION	NEW 2026/2027 VERSION
Maternity & birth complications (scope & exclusions)	The benefit covered complications “up to the maximum benefit” and relied on a general definition of deviations from a normal pregnancy.	The benefit now explicitly guarantees **100% UCR** coverage and formally codifies protection for severe, high-acuity scenarios, including in utero surgical care, ICU admissions, and critical pregnancy terminations.

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Maternity & birth complications (scope & exclusions)	Definition of a "complication" was defined broadly as morbid conditions affecting the mother or baby during pregnancy, childbirth, or the postpartum period.	**Sharpened definition:** A "complication" is now strictly defined as an acute, unexpected event requiring medical care that explicitly exceeds the standard maternity coverage limits.
	Excluded traditional pregnancy symptoms and elective C-sections, or C-sections following a previous one	**Clarified exclusions:** Normal pregnancies requiring "special care" are not classified as complications. Additionally, elective or repeat C-sections, even with medical justification, are excluded from complication benefits if the resulting surgical and postoperative course requires only standard medical care.
Aesthetic / cosmetic treatments	Excluded standard elective cosmetic surgery, with exceptions for nasal/ septum deformities from accidents.	**Expanded** exclusions include hair transplants; alopecia treatment; any type of body piercing; breast reductions; and breast implants.
Administration / registration fees	Not explicitly addressed.	**New exclusion:** Administration and/or registration fees in relation to received medical treatments, unless agreed by the Company.
Wild animal encounters	Excluded injuries or expenses arising from encounters with wild animals.	Specifically excludes injuries or expenses if the insured voluntarily provoked/ disturbed wild animals, engaged in professional/recreational handling of dangerous animals, or acted negligently/recklessly.
Active duty / war exclusion	Excluded injuries from war/riots unless the insured was an innocent civilian spectator.	**Removes** civilian innocence protection if the insured entered/remained in a country/region against an official government travel advisory (all travel or all but essential travel).

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Substance abuse & related conditions	The policy excluded treatments and injuries resulting from alcohol or drug use, but did not specify the evidentiary standard to be used to determine impairment.	A formal "Available Evidence test" has been introduced. The exclusion applies whenever the evidence reasonably demonstrates that substance misuse or impairment was a direct cause or material contributing factor to the injury or illness.

4. OPTIONAL ADDITIONAL GROUP COVERAGE CHANGES

POLICY CLAUSE	PREVIOUS 2025/2026 VERSION	NEW 2026/2027 VERSION
***Semi-private hospital room restriction** (subject to underwriting)	Offered as "Semi-private room" coverage. Covered a private room if shared rooms were completely unavailable during emergencies.	**Replaced** by "Semi-private hospital room restriction". Introduces a strict policy premium-reduction rider option that explicitly restricts private rooms, VIP rooms, suites, or deluxe accommodations.
FLEX BASIC GROUP PLAN ONLY		
****Maternity care benefit** (when optional outpatient option 2 is selected)	Not offered - **new benefit in 2026**	Now offered for compulsory group policies of 5 employees or more: • Option I - Up to US$5,000 • Option II - Up to US$7,500 With and without 20% coinsurance
****Routine and major dental treatment** (when optional outpatient option 2 is selected)	Not offered - **new benefit in 2026**	Now offered for compulsory group policies of 5 employees or more: • Option I - Up to US$500 for routine and up to US$1,000 for major • Option II - Up to US$750 for routine and up to US$1,500 for major With or without a 20% coinsurance, and a 50% coinsurance on orthodontic treatments.

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POLICY CLAUSE	PREVIOUS 2025/2026 VERSION	NEW 2026/2027 VERSION
** **Wellness and optical** (when optional outpatient option 2 is selected)	Not offered - **new benefit in 2026**	Now offered and includes health check-ups and preventative vaccines: Wellness: • Option I - US$500 • Option II - US$1,000 Optical: • Option I - US$300 • Option II - US$600

*In group plans only

**FLEX Basic Group Plan only

5. LEGAL, ADMINISTRATIVE & UNDERWRITING FRAMEWORK

POLICY CLAUSE	PREVIOUS 2025/2026 VERSION	NEW 2026/2027 VERSION
Clerical errors & administrative oversights	Addressed general administrative errors made by the Company or during claims processing, noting the Company would amend the error and could request reimbursement.	**Updated** scope to provide clearer guidelines when mistakes occur during enrollment, eligibility verification, or prior coordination: errors made by the Company, its authorised representatives, or network providers do not validate non-covered benefits. The Company retains the explicit right to retroactively adjust premiums, cancel unauthorised benefits, and recover overpayments directly from the Contracting Party or the provider.

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POLICY CLAUSE	PREVIOUS 2025/2026 VERSION	NEW 2026/2027 VERSION
Dispute resolution & jurisdiction	Mandated that all contractual disputes be resolved through final and binding arbitration under the JAMS International Arbitration Rules.	The arbitration requirement has been completely removed. To encourage cooperative solutions, a mandatory 30-day informal settlement period is introduced as a condition precedent before any legal action can be taken. Should a resolution not be reached, disputes will now proceed exclusively through formal litigation in the state or federal courts of Miami-Dade County, Florida.
Midterm premium adjustments*	Not explicitly addressed.	**New provision:** The Company reserves the right to reassess the underwriting basis and adjust premium rates midterm if the corporate group census decreases by 25% or more from the number of Eligible Employees declared at inception or renewal.
Underwriting terminology*	Briefly mentioned "Medical history disregarded" as an optional group benefit without deep structural definitions.	Adds formal detailed frameworks for Full Medical Underwriting (FMU), Medical History Disregarded (MHD), and Continuous Transfer Terms (CTT).

***Group plans only**

6. TERMINOLOGY & DEFINITIONS

POLICY CLAUSE	PREVIOUS 2025/2026 VERSION	NEW 2026/2027 VERSION
Emergency or Urgent Outpatient Care	No definition	**New definition:** Prompt medical treatment for acute illnesses or injuries that require immediate attention but do not necessitate a formal hospital admission. These services are provided in emergency departments, urgent care centres, or equivalent facilities, where patients are evaluated and treated without requiring formal hospital admission.

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POLICY CLAUSE	PREVIOUS 2025/2026 VERSION	NEW 2026/2027 VERSION
Highly Specialised Prescription Drugs	No definition	**New definition:** Prescription Drugs that require specialised handling, administration, monitoring, storage, or clinical management due to their complexity, cost, limited distribution, or the nature of the medical condition being treated. These drugs are typically prescribed for chronic, rare, or complex medical conditions and may require ongoing supervision by a healthcare professional.
Maternity and Birth Complications	Morbid conditions that occur during pregnancy, childbirth, or the postpartum period (after delivery), which may affect the mother, the baby, or both, resulting from the abnormal course of pregnancy and/or delivery. Some examples of complications include*, but are not limited to toxaemia; gestational hypertension; eclampsia; ectopic pregnancy; hydatidiform mole; ante- and post-partum haemorrhage; retained placenta membrane; stillbirths; miscarriage; placental abruption; placenta previa; failure of foetal descent; amniotic fluid embolism; prematurity; tight cord injury; foetal distress; perinatal asphyxia; umbilical cord problems; shoulder dystocia; and premature delivery.	**Modified wording: Morbid conditions, acute and unexpected events that occur during pregnancy, childbirth, or the postpartum period (after delivery), for which care exceeds the maternity care coverage, and** which may affect the mother, the baby, or both, resulting from the abnormal course of pregnancy and/or delivery. Some examples of complications include*, but are not limited to toxaemia; ~~gestational hypertension~~; eclampsia; ectopic pregnancy; hydatidiform mole; ante- and post-partum haemorrhage; retained placenta membrane; stillbirths; miscarriage; placental abruption; placenta previa; failure of foetal descent; amniotic fluid embolism; prematurity; tight cord injury; foetal distress; perinatal asphyxia; umbilical cord problems; **or** shoulder dystocia; ~~and premature delivery.~~

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POLICY CLAUSE	PREVIOUS 2025/2026 VERSION	NEW 2026/2027 VERSION
Policy	Document where the general and particular conditions agreed by the Company and the Insured are described and which governs the insurance contract.	**New definition:** The set of documents describing the general and specific conditions agreed upon between the Company and the Contracting Party, and which govern the insurance contract. For the purposes of this Group Policy, the terms “Agreement” and “Contract” shall have the same meaning and may be used interchangeably.
Policyholder	Individual who signs the insurance Application, is the main Insured under the Policy, has the authority to request changes in the Policy, and receives the reimbursements for payments of medical services covered under this Policy, as well as any reimbursement of the unearned premium.	**New definition:** An Eligible Employee who is the main Insured under the Group Policy and who receives the reimbursements for payments of medical services covered under this Group Policy.
Clinically Significant	No definition	**New definition:** Practical, real-world impact of a medical treatment, intervention, or research finding on a patient's daily life, health, or prognosis. It measures whether a change is meaningful, rather than just statistically possible, focusing on whether a treatment genuinely improves health outcomes.
Eligible Employee	No definition	**New definition:** An employee of the Contracting Party who is enrolled under the Group Policy in accordance with its terms, and whose eligibility forms the basis for cover under the Group Policy.

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POLICY CLAUSE	PREVIOUS 2025/2026 VERSION	NEW 2026/2027 VERSION
Physician and Physician Assistant	No definition	**New definition:** **Physician** is a licensed healthcare professional who has earned a medical degree (M.D. or D.O.) and is qualified to practice medicine in a specific territory. They diagnose illnesses, treat injuries, and prescribe medications. **Physician Assistant**, also known as a physician associate, is a licensed medical professional who practices medicine in collaboration or consultation with a Physician.
Psychiatric illness	No definition	**New definition:** A mental or nervous disorder that is associated with present distress, or substantial impairment of the Insured person's ability to function in a major life activity. The condition must be Clinically Significant and diagnosed and not merely an expected response to a particular event such as bereavement, relationship, or academic problems.
Available Evidence	No definition	**New definition:** This new definition outlines the broad list of materials the Company will rely on to evaluate the totality of an incident. It explicitly includes items such as toxicology results, clinical notes, ambulance reports, witness/insured statements, and digital records, ensuring claims decisions are thoroughly supported by all reasonably obtainable information.

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VUMI® GROUP

Administration services provided by VUMI® Global Services FZ-LLC

Office 103, Building 7. Dubai Outsource City. Dubai. United Arab Emirates. PO Box. 345807

Phone number: + 971 4 5732900 · **Fax number:** + 971 4 5141689

infoglobal@vumigroup.com · www.vumiglobal.com