



دبي للتأمين  
DUBAI INSURANCE



## ELITE INDIVIDUAL PLAN AGREEMENT

For all Global Health Elite plan clients whose  
period of cover starts on or after **1st January 2011**



**GLOBAL HEALTH**<sup>®</sup>  
Health Insurance for Expatriates

# YOUR INDIVIDUAL PLAN AGREEMENT

## THANK YOU FOR CHOOSING A GLOBAL HEALTH ELITE PLAN

---

We want to provide you with an insurance plan you can rely on, so it is important that you fully understand the scope of the cover we provide. In this plan agreement we explain what is - and what is not - covered by your Global Health Elite plan.

This agreement also contains important information about how to make a claim and what to do in an emergency.

**Please spend time looking through your agreement to ensure that the cover we are providing meets your requirements.**

## CONVENIENCE AT YOUR FINGER-TIPS

**This PDF agreement has been prepared to enable you to navigate directly to indexed content, without having to scroll through the whole document. Simply display the index by clicking the bookmark icon in the left-hand margin.**

You will also find everything you need on our web site:

Web site **[www.globalplans.ae](http://www.globalplans.ae)**

Form & literature downloads **[www.globalplans.ae/webworks](http://www.globalplans.ae/webworks)**

**All web addresses in this document are live. Simply click on a link, and you will be taken directly to the web.**

And of course, we are always on the end of the telephone to answer queries, or deal with your claim:

Customer Services + **971 4 2697706**

Claims Team + **971 4 2697708**

Emergency Medical Assistance + **44 1243 621155**



**PRE-AUTHORISATION OF IN-PATIENT AND DAY-PATIENT TREATMENT**

It is a condition of the Global Health Elite **plan agreement** that **we** only pay for **in-patient** and **day-patient treatment**, when it has been authorised by **us** in advance. By in advance, **we** mean BEFORE **you** have been admitted to **hospital**.

As soon as **you** know **you** need to be admitted to **hospital** **you** must contact **us** for pre-authorisation. If it is a medical emergency that occurs outside UK working hours, **you** must contact the **Assistance Service** on + 44 1243 621155. Full instructions about this procedure are stated on **your** Global Health Membership Card.

**If you do not contact us in advance, we reserve the right to decline your claim, or to pay only 80% of the cost of eligible benefits. In the case of an emergency, where it is not reasonably possible for you to contact us in advance, you must contact us within 72 hours to ensure that no payment penalty will apply to your claim.**

Upon receipt of **your** call **we**, or the **Assistance Service**, will, when appropriate, authorise the proposed **treatment** and issue any necessary guarantee to the **hospital** and make arrangements to settle **your hospital** bill direct.

**PRE-AUTHORISATION OF TREATMENT FOR CANCER, PSYCHIATRIC CONDITIONS AND HOME NURSING**

Pre-authorisation is required for all **treatment** of any kind for cancer, psychiatric conditions, and for the home nursing benefit. **We** will not pay for any **treatment** costs that have not been authorised in advance by **us**.

**PRE-AUTHORISATION OF TREATMENT RECEIVED IN LONDON AND THE USA**

Pre-authorisation is required for ALL **treatment** of any kind in the **London area**, and, (if **you** have Area Two or Area Three cover), in the USA. **We** will not pay for any **treatment** costs incurred in the **London area**, and in the USA that have not been authorised in advance by **us**.

**DUBAI INSURANCE COMPANY PSC**

Dubai Insurance Company psc is the **insurer** of **your** Global Health **plan**.

**30-DAY MONEY BACK GUARANTEE**

If **you** are not entirely satisfied with the terms of **your** cover and the extent of the benefits provided, **we** will refund the **premium** **you** have paid to **us** and cancel **your** cover from inception, provided that **you** confirm to **us** in writing **your** wish to cancel within the first 30 days of **your** cover, and subject to **your** having made no **claim**.

**CONTACT DETAILS**

Global Plans Team,  
Dubai Insurance Company,  
PO Box 3027,  
Dubai,  
United Arab Emirates.  
[www.globalplans.ae](http://www.globalplans.ae)

Tel: + 971 4 2697706  
Fax: + 971 4 2691304  
[enquiries@globalplans.ae](mailto:enquiries@globalplans.ae)

Fax: + 971 4 2691304  
[claimsdubai@globalplans.ae](mailto:claimsdubai@globalplans.ae)

The Assistance Service  
(medical emergencies only):  
24 hour emergency number:  
**+ 44 1243 621155**  
24 hour email:  
[ceagroup@globalplans.ae](mailto:ceagroup@globalplans.ae)

Claims:  
Tel: + 971 4 2697708

General Administration:

Customer Services + 971 4 2697706 Claims + 971 4 2697708

[www.globalplans.ae](http://www.globalplans.ae)

**INDEX**

**1. THE GLOBAL HEALTH ELITE PLAN AGREEMENT**

Bold words ..... 7  
The purpose of your plan ..... 7  
Your obligation to disclose all facts relating to your own, and to your dependants' medical history ..... 7  
Completing your Global Health Elite application form ..... 7  
Pre-existing conditions and related conditions ..... 8  
Age limits ..... 8  
Applying for cover for your dependants ..... 8  
Commencement of your cover ..... 8  
If the USA is or becomes your country of residence ..... 8  
If Canada is or becomes your country of residence ..... 8

**2. THE COVER PROVIDED BY YOUR GLOBAL HEALTH ELITE PLAN**

Cover for chronic conditions ..... 9  
Reasonable and customary charges ..... 9  
Medically necessary and medically supervised treatment ..... 9  
The benefits provided by each Global Health Elite plan ..... 9  
The benefits we provide if you have your treatment within the London area ..... 10  
Table of Benefits ..... 11  
Optional Maternity Plan ..... 22  
Plan limits ..... 23  
The excess ..... 23  
How excesses, co-insurance and limits work together ..... 23  
Post hospital treatment ..... 23

**3. YOUR AREA OF COVER**

Area One ..... 23  
Area One (Orchid) ..... 23  
Area Two ..... 24  
Area Three ..... 24  
Area Four (Africa and Indian Subcontinent) ..... 24  
Continuing your cover when you return to your home country ..... 25  
Returning home to the United States of America ..... 25  
Returning home to Canada (applicable only to persons whose date of entry is after 1<sup>st</sup> January 2010) ..... 25

**4. MAKING A CLAIM**

Obtaining pre-authorisation for all in-patient and day-patient treatment ..... 25

Obtaining pre-authorisation for all treatment for cancer, psychiatric treatment and the Home Nursing benefit	25
Obtaining pre-authorisation for all treatment received within the London Area or in the USA	25
How to obtain pre-authorisation	25
Making a claim for in-patient and day-patient treatment	26
Making a claim for out-patient treatment	26
Claiming your well-being benefit	27
Claiming your well-child benefit	27
Making a claim for compassionate home travel	27
Important points to remember when submitting your claim	27
Important requirement if you are admitted to hospital	28
Settling your claim	28
Exchange rates	28
If you are making a claim for an accident	29
Claims for an illness or injury caused by a third party	29
If you are covered by another insurance plan	29
Our right to cancel your plan if we have been misled	29

## 5. IF YOU NEED TO BE EVACUATED FOR EMERGENCY TREATMENT

Contacting the Assistance Service	29
-----------------------------------	----

## 6. COSTS WE DON'T COVER

Exclusions – A list of medical conditions and events we do not provide cover for	30
----------------------------------------------------------------------------------	----

## 7. POLICY ADMINISTRATION

Global Health Elite premiums	37
Paying your Global Health Elite premiums	37
Acceptable credit and debit cards	37
Paying by credit or debit card	37
Unpaid or late premiums	38
Dubai Insurance Premium Levy	38
Child premium discounts	38
Changing your plan currency	38
Changing your plan type, area of cover, and/or excess	38
Waiting periods that will apply when you change your plan type, area of cover, and/or excess	39
Optional Maternity Plans	39
Adding the Optional Maternity Plan	39
Changing the Optional Maternity Plan	39
Removing the Optional Maternity Plan	40

Adding a new dependant _____	39
Adding newborns _____	39
Renewing your Global Health Elite plan _____	40
Renewal premiums _____	40
No claim incentive (applicable only to persons whose date of entry is prior to 1st January 2007) _____	40
Your renewal premium invoice _____	40
Automatic renewal if you pay by credit or debit card _____	41
Paying your Global Health Elite premiums in UAE dirhams _____	41
Unpaid or late renewal premiums _____	41
Changing your address, country of residence or email address _____	41
In the event of the death of an insured person _____	42
Cancelling your Global Health Elite plan _____	41
Applicable law _____	42
Complaints procedure _____	42
<b>8. DEFINITIONS</b>	
A clear explanation of certain terms used within this agreement _____	42

## 1. THE GLOBAL HEALTH ELITE PLAN AGREEMENT

This **agreement** together with **your application form**, and **your certificate of insurance** make up the contract between **you** and **us**.

The terms of this **agreement** apply to **you** and to all of **your** dependants as stated in the **schedule of insured persons on your certificate of insurance**.

### **Bold words**

Words written in **bold type** have a specific meaning relevant to this **agreement**. Such words are defined within the definitions section of this **agreement**.

### **The purpose of your plan**

Insurance policies provide cover against an unexpected event happening after the start of **your** policy i.e. **your date of entry**. With health insurance this means cover for the cost of private medical **treatment** for unforeseen medical conditions first manifesting themselves after **your date of entry**.

**Your plan** is not intended to cover conditions which **you** already have before **your date of entry**, or which are related to conditions **you** have had before **your date of entry**. These are called **pre-existing conditions** and **related conditions**.

### **Your obligation to disclose all facts relating to your own, and to your dependants' medical history**

**We** rely on the information **you** supply to **us** in **your 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 on joining the Global Health **plan**, or on transfer to another Global Health **plan** or **area of cover**.

**We** may accept **your** application with or without **special terms**, or **we** may refuse to accept **your** application at **our** sole and complete discretion and without being required to give any reason for **our** decision.

If **you** submit a **claim** for the **treatment** of any **pre-existing condition** or **related medical condition** which **you** omitted to tell **us** about on **your application form**, or **you** omitted to tell **us** everything about, **we** will refuse to pay that **claim**.

If **your application form** omits facts or contains materially incorrect or incomplete facts, **we** have the right to declare **your** Global Health **plan** void. Alternatively **we** may impose **special terms** on **your** particular **plan** which will apply from **your date of entry**.

Please therefore take the greatest care to ensure that not only is **your application form** completed fully and accurately, but also that **you** have not withheld any facts which may have some effect on the terms upon which **we** accept **your** application for cover.

If after completing, signing and dating **your application form** any changes occur in the facts **you** have given **us**, such as a change in **your** state of health or in the state of health of any of **your** dependants, **you** must tell **us** in writing about the change, and **we** reserve the right to decline to accept **your** application or to accept **your** application with **special terms**.

### **Completing your Global Health Elite application form**

**Your** completed, signed and dated **application form** is an integral and crucial part of **your** Global Health **plan agreement** with **us** and the cover **we** provide.

When **you** apply for cover under the Global Health **plan** **you** must ensure that **your application form** has been fairly, fully, and accurately completed, and that **you** have made a full disclosure of all the facts relating to **your** health and to the health of all **your** dependants for whom cover is required.

**Your** Global Health **plan** will not cover medical conditions, or any **related conditions** for which symptoms have appeared prior to the commencement of cover, irrespective of whether any medical **treatment** or advice was sought.

If **you** or any of **your** dependants are suffering from any symptoms at the time of making **your** application **you** must

declare these.

**We** will not pay benefit for any medical **treatment** subsequently required to investigate or treat any condition relating to symptoms suffered prior to joining the Global Health **plan**.

Once **your** Global Health Elite application has been submitted to **us** it will become **our** property and cannot be returned.

---

#### **Pre-existing conditions and related conditions**

**Your** Global Health **plan** does not cover the **treatment** of **pre-existing conditions** and **related conditions**.

A **pre-existing condition** means any disease, illness or injury for which:

1. **You** have received medication, advice or **treatment**; or
  2. **You** have experienced symptoms;
- whether the condition has been diagnosed or not, at any time before **your date of entry** to the Global Health **plan**.

A **related condition** is any disease, illness or injury that is caused by a **pre-existing condition** or results from the same underlying cause as a **pre-existing condition**.

---

#### **Age limits**

If **you** have an underwritten **plan**, **you** must be under 65 years of age at the commencement date of **your** Global Health **plan**. If **you** have a moratorium **plan**, **you** must be under 55 years of age at the commencement date of **your** Global Health **plan**.

---

#### **Applying for cover for your dependants**

**You** may apply for cover on behalf of **your** spouse or partner, (provided they are under 65 years of age), and/or on behalf of **your** unmarried children provided they are aged less than 18 years old, or less than 25 years old if in continuous full-time education. **We** reserve the right to request and receive proof of a dependent child being in full-time education.

If **you** apply to add **your** spouse or partner and/or dependent children after **your date of entry**, **you** must complete a new **application form** on their behalf.

---

#### **Commencement of your cover**

**Your** Global Health **plan** cover will commence from the **date of entry** stated on **your certificate of insurance**. **We** will not commence **your** cover until **we** have accepted **your application** and until **we** have received payment of **your** full annual or monthly **premium**.

---

#### **If the USA is or becomes your country of residence**

Under the terms of this **agreement** cover is not available to **you** if the United States of America is or becomes **your country of residence**, irrespective of **your** nationality. If the USA becomes **your country of residence** during **your annual period of cover** **you** must tell **us**. **Your** cover will automatically terminate from the date on which **you** take up residence in the USA.

---

#### **If Canada is or becomes your country of residence**

If Canada becomes **your country of residence** during **your annual period of cover** **you** must tell **us**. **We** may offer **you** limited cover in Canada up until **your** next **renewal date** at **our** sole discretion. **We** will not be able to offer **you** renewal at **your** next **renewal date**.

## 2. THE COVER PROVIDED BY YOUR GLOBAL HEALTH ELITE PLAN

Your Global Health Elite plan insures you against the cost of the necessary, **recognised medical treatment of acute conditions** covered by your plan and received during your period of cover.

An **acute condition** means a disease, injury or illness 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.

### Cover for chronic conditions

Your Global Health Elite plan covers **treatment** of an **acute** exacerbation of a **chronic condition**. However, you are not covered for the cost of **treatment** that is aimed at maintaining or controlling a **chronic condition** except as stated in the **Table of Benefits** in respect of the Silver, Gold and Platinum plans.

### Reasonable and customary charges

We will only pay **reasonable and customary** charges. **Reasonable and customary** means the charge that would typically be made for your **treatment** by medical service providers in the country in which you receive your **treatment**. If the cost of your **treatment** is more than the charge that would typically be made by medical service providers, in the country in which you receive your **treatment**, we will only pay up to the amount which is typically charged in that country. In the event of a dispute, we will identify the amount typically charged for your **treatment** by medical service providers in the country in which you receive it, by obtaining three quotations and taking a mean average of these three quotations.

### Medically necessary and medically supervised treatment

We will only pay for **treatment** received during your period of cover that is **medically necessary** and supervised by a **medical doctor**. By **medically necessary** we mean **treatment** that is medically appropriate and necessary to treat a condition that is covered under the terms and conditions of this agreement, and which is consistent with UK medical practice and guidelines regarding its type, frequency and duration. The UK guidelines used for the purpose will be those published by the National Institute for Health and Clinical Excellence in the UK.

We will only pay for **treatment** carried out by a qualified **medical doctor** or qualified **medical practitioner** to whom you have been referred by a **medical doctor**.

### The benefits provided by each Global Health Elite plan

The following **Table of Benefits** sets out the cover provided by each Global Health Elite plan. Global Health Elite offers four levels of cover – the Platinum plan, the Gold plan, the Silver plan and the Bronze plan. The plan you have bought is as stated on your **certificate of insurance**. Please familiarise yourself with the benefits that apply to your plan.

We will pay only for the benefits stated in the **Table of Benefits** of the Global Health Elite plan you have bought. If you incur costs for benefits not covered by the Global Health Elite plan you have bought, you will have to pay these costs yourself. The maximum amount we will pay for certain benefits is limited. If you incur costs in excess of the limits stated in the **Table of Benefits** of the Global Health Elite plan you have bought you will have to pay the difference.

Where the term **full refund** appears, please note that this is subject to the charges being **reasonable and customary** which means that if the cost of your **treatment** is more than we would reasonably have expected to pay in the country where you are being treated, for the **treatment** you have received, we will only pay the amount which is customarily charged in that country and you will have to pay the rest. **Full refund** also means **full refund** subject to any annual and/or life-time limits and any applicable **excess** and/or **co-insurance**.

There are life-time limits on the amount you can **claim** in respect of the following benefits – psychiatric **treatment**, compassionate home travel, **hospice** care, HIV/AIDS and, if you have the Platinum plan, the well-child benefit. This means that the life-time limit is the maximum amount we will pay in respect of that particular benefit during your life-time. If your cover ceases for any reason, your entitlement to benefit ceases from the date on which your cover

ceases. **Claims you** make from any life-time limit are subject to the overall annual **plan** limit for the **plan you** are insured by.

**Your plan's** benefits and the explanatory notes show which **treatment** costs and benefits **you** are covered for, subject always to the terms, conditions, definitions and exclusions stated in this **agreement** and on **your certificate of insurance**.

All the benefit limits in the following **Table of Benefits** and the explanatory notes are set out in sterling, United States dollars, euros, and UAE dirhams. The currency in which **you pay us your premiums** is the currency that applies to **your** cover. For example, if **you pay us your premiums** in sterling, the sterling benefit limits will apply.

---

**The benefits we provide if you have your treatment within the London area**

If **you** have **your treatment within** the **London area** we will pay only 80% of **your** total eligible **treatment** costs. This means that **you** will have to pay 20% of **your** total eligible **treatment** costs **yourself**. Please note that this **co-insurance** applies in respect of all Global Health benefits.

However, the **co-insurance** will not apply if **you** are insured by the Platinum **plan**.

All **treatment you** receive within the **London area** must be authorised in advance by **us** or the **Assistance Service**. We will not pay for any **treatment you** have that has not been authorised by **us** or by the **Assistance Service**.

Steve 17/3/09 01:57

**Comment:** This hidden field code is used to mark the beginning of the Table of Benefits so that its position can be recognised in building the Table of Contents

	BRONZE	SILVER	GOLD	PLATINUM
<b>TOTAL ANNUAL BENEFIT LIMIT PER INSURED PERSON</b>				
This is the overall maximum limit to the amount that you can <b>claim</b> during any one <b>period of cover</b> .	£625,000 or \$1,000,000 or €940,000 or AED 3,670,000	£1,250,000 or \$2,000,000 or €1,875,000 or AED 7,340,000	£1,560,000 or \$2,500,000 or €2,340,000 or AED 9,175,000	£1,560,000 or \$2,500,000 or €2,340,000 or AED 9,175,000
<b>IN-PATIENT &amp; DAY-PATIENT BENEFITS</b>				
<b>In-patient and day-patient treatment</b> when it is <b>medically necessary</b> for you to occupy a <b>hospital</b> bed to receive <b>treatment</b> which is covered by <b>your plan</b> . We pay for <b>hospital</b> accommodation charges, surgeons', anaesthetists' and doctors' fees, nursing care, drugs and surgical dressings, theatre charges and intensive care, pathology, X-Rays, scans, oncology, <b>diagnostic tests</b> and physiotherapy. The <b>hospital</b> accommodation charges we pay are limited to the <b>hospital's</b> charge for a standard single room with an en-suite bathroom. We do not pay for personal items such as telephone calls, newspapers, and guest meals. We will only pay <b>hospital</b> charges for the period that it is <b>medically necessary</b> for you to stay in <b>hospital</b> .	<b>Full refund</b> of costs that have been authorised in advance by us or the <b>Assistance Service</b>	<b>Full refund</b> of costs that have been authorised in advance by us or the <b>Assistance Service</b>	<b>Full refund</b> of costs that have been authorised in advance by us or the <b>Assistance Service</b>	<b>Full refund</b> of costs that have been authorised in advance by us or the <b>Assistance Service</b>
<b>In-patient emergency dental treatment</b> This means emergency restorative dental treatment required to restore sound, natural teeth following an <b>accident</b> covered by <b>your plan</b> which necessitates <b>your</b> admission to <b>hospital</b> for at least one night. The dental treatment must be received within 15 days of the <b>accident</b> .	Up to £3,000 or \$4,800 or €4,500 or AED 17,616 per <b>period of cover</b>	Up to £5,000 or \$8,000 or €7,500 or AED 29,360 per <b>period of cover</b>	Up to £8,000 or \$12,800 or €12,000 or AED 46,976 per <b>period of cover</b>	<b>Full refund</b>
<b>Parent accommodation whilst a child is in hospital</b> When a child under 18 years of age receives <b>treatment</b> that is covered by their <b>plan</b> the <b>hospital</b> accommodation costs of one parent will also be covered provided the parent is also covered by a Global Health <b>plan</b> .	<b>Full refund</b>	<b>Full refund</b>	<b>Full refund</b>	<b>Full refund</b>

	BRONZE	SILVER	GOLD	PLATINUM
<b>IN-PATIENT &amp; DAY-PATIENT BENEFITS CONTINUED</b>				
<b>Hospital cash benefit</b> Payable for each night spent in a <b>hospital</b> where <b>you</b> receive <b>treatment</b> that would have been covered by <b>your plan</b> and where no charge is made by the <b>hospital</b> . Benefit is restricted to a maximum of 60 nights during any <b>period of cover</b> .	£25 or \$40 or €37.50 or AED 147 per night	£50 or \$80 or €75 or AED 294 per night	£100 or \$160 or €150 or AED 588 per night	£200 or \$320 or €300 or AED 1,175 per night
<b>ORGAN &amp; BONE MARROW TRANSPLANTS</b>				
<b>Heart, kidney, liver, lung, heart and lung, and bone marrow only</b> <b>We</b> will pay for the cost of a heart, kidney, liver, lung, heart and lung or bone marrow transplant including all costs incurred whilst hospitalised, and all related <b>out-patient treatment</b> required prior to and after the transplant. <b>We</b> do not cover any costs associated with the acquisition of the organ, or any of the donor's costs. <b>We</b> only pay for transplants carried out in internationally accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO guidelines.	<b>Full refund</b>	<b>Full refund</b>	<b>Full refund</b>	<b>Full refund</b>
<b>ONCOLOGY</b>				
<b>Oncology</b> <b>We</b> will pay for: - Oncology (i.e. any <b>treatment</b> for cancer) required on an <b>in-patient</b> or <b>day-patient</b> basis, - Radiotherapy, and - Chemotherapy.	<b>Full refund</b> in respect of all eligible costs that have been authorised in advance by <b>us</b>	<b>Full refund</b> in respect of all eligible costs that have been authorised in advance by <b>us</b>	<b>Full refund</b> in respect of all eligible costs that have been authorised in advance by <b>us</b>	<b>Full refund</b> in respect of all eligible costs that have been authorised in advance by <b>us</b>
<b>Out-patient follow up consultations and tests</b> <b>We</b> will pay for <b>medically necessary</b> follow up consultations and tests received for cancer within <b>your period of cover</b> for Silver, Gold and Platinum and within the maximum period specified for Bronze. All costs must be authorised in advance by <b>us</b> .	<b>Full refund</b> for a maximum period of one year from the later of the date of surgery, or the completion of chemotherapy or radiotherapy	<b>Full refund</b>	<b>Full refund</b>	<b>Full refund</b>
<b>PSYCHIATRIC TREATMENT</b>				
<b>Life-time limit for psychiatric treatment</b>	Up to	Up to	Up to	Up to

	BRONZE	SILVER	GOLD	PLATINUM
This limit applies in respect of <b>in-patient, day-patient</b> and <b>out-patient treatment</b> combined.	£25,000 or \$40,000 or €37,500 or AED 146,800	£30,000 or \$48,000 or €45,000 or AED 176,160	£40,000 or \$64,000 or €60,000 or AED 234,880	£50,000 or \$80,000 or €75,000 or AED 293,600
<b>In-patient psychiatric treatment</b> We pay for <b>in-patient</b> and <b>day-patient treatment</b> in a recognised psychiatric unit of a <b>Hospital</b> . Cover is limited to 30 days per <b>period of cover</b> . This benefit is available after <b>you</b> have been insured by the Global Health <b>plan</b> for a continuous period of 24 months. No benefit will be paid in respect of any psychiatric <b>treatment</b> that has not been pre-authorised by <b>us</b> . All <b>treatment</b> must be administered under the direct control of a registered psychiatrist.	Up to the life-time limit for psychiatric <b>treatment</b> in respect of eligible costs that have been authorised in advance by <b>us</b>	Up to the life-time limit for psychiatric <b>treatment</b> in respect of eligible costs that have been authorised in advance by <b>us</b>	Up to the life-time limit for psychiatric <b>treatment</b> in respect of eligible costs that have been authorised in advance by <b>us</b>	Up to the life-time limit for psychiatric <b>treatment</b> in respect of eligible costs that have been authorised in advance by <b>us</b>
<b>Out-patient psychiatric treatment</b> We pay for <b>specialist</b> psychiatric consultations with a registered psychiatrist when <b>you</b> have been referred by a <b>medical doctor</b> . Cover is limited to 10 consultations per <b>period of cover</b> . This benefit is available after <b>you</b> have been insured by the Global Health <b>plan</b> for a continuous period of 24 months. All <b>treatment</b> must be authorised in advance by <b>us</b> . NB: <b>We</b> do not pay for drugs prescribed for <b>out-patient</b> psychiatric <b>treatment</b> .	<b>Full refund</b> if <b>post-hospital treatment</b> within the life-time limit for psychiatric <b>treatment</b>	<b>Full refund</b> within the life-time limit for psychiatric <b>treatment</b>	<b>Full refund</b> within the life-time limit for psychiatric <b>treatment</b>	<b>Full refund</b> within the life-time limit for psychiatric <b>treatment</b>
<b>ROAD AMBULANCE CHARGES</b> We will pay for the cost of a private road ambulance if <b>you</b> need <b>in-patient</b> or <b>day-patient</b> treatment for which <b>you</b> are covered by <b>your plan</b> and it is <b>medically necessary</b> for <b>you</b> to travel to the <b>hospital</b> by local road ambulance.	<b>Full refund</b>	<b>Full refund</b>	<b>Full refund</b>	<b>Full refund</b>
<b>OUT-PATIENT TREATMENT</b> <b>Emergency ward treatment</b> <b>Emergency treatment</b> received at a <b>hospital</b> when it is not necessary for <b>you</b> to be admitted as an <b>in-patient</b> or <b>day-patient</b> .	Not covered	<b>Full refund</b>	<b>Full refund</b>	<b>Full refund</b>

	BRONZE	SILVER	GOLD	PLATINUM
<b>OUT-PATIENT TREATMENT CONTINUED</b>				
<b>Out-patient surgical procedure</b>	Full refund	Full refund	Full refund	Full refund
<b>GP and Specialist consultations,</b> prescribed drugs and dressings, pathology, scans, radiology and <b>diagnostic tests</b> received as an <b>out-patient.</b>	Full refund if <b>post-hospital treatment.</b>	Full refund	Full refund	Full refund
<b>Advanced diagnostic Tests</b> MRI, CAT and PET scans. NB. We will only pay for MRI and CAT scans performed on the advice of a <b>medical doctor.</b> We will only pay for PET scans performed on the advice of a <b>specialist.</b>		Full refund	Full refund	Full refund
<b>Treatment by a Chiropractor, Osteopath, Homeopath, or Acupuncturist</b> We will only pay for these <b>treatments</b> when <b>you</b> have been referred for <b>treatment</b> by a <b>medical doctor.</b> The <b>medical doctor's</b> referral letter will be required. The referral letter is only valid for the same or <b>related condition</b> for a period of three months from the date that the letter was issued.  Cover is limited to a maximum of TEN sessions per <b>period of cover</b> in respect of ALL <b>treatment</b> types. If <b>your</b> condition becomes <b>chronic</b> and on-going <b>treatment</b> is aimed at maintaining it rather than curing it, no further payments will be made.	Covered only if <b>post-hospital treatment</b> (maximum of 10 sessions)	Full refund (maximum of 10 sessions)	Full refund (maximum of 10 sessions)	Full refund (maximum of 10 sessions)
<b>Traditional Chinese medicine</b> Limited to traditional Chinese medicine practitioners registered to practice in China only.	Not covered	Up to £20 or \$32 or €30 or AED 118 per consultation, and a maximum of ten consultations per <b>period of cover.</b>	Up to £20 or \$32 or €30 or AED 118 per consultation, and a maximum of ten consultations per <b>period of cover.</b>	Up to £20 or \$32 or €30 or AED 118 per consultation, and a maximum of ten consultations per <b>period of cover.</b>

	BRONZE	SILVER	GOLD	PLATINUM
<b>OUT-PATIENT TREATMENT CONTINUED</b>				
<p><b>Physiotherapy</b> We will pay for <b>treatment</b> by a fully qualified and registered physiotherapist only when <b>you</b> have been referred for <b>treatment</b> by a <b>medical doctor</b>. The <b>medical doctor's referral letter</b> will be required. The referral letter is only valid for the same or <b>related condition</b> for a period of three months from the date that the letter was issued.</p> <p>We will pay for a maximum of TEN standard sessions per <b>claim</b>. After ten standard sessions of physiotherapy <b>treatment</b> has been administered <b>we</b> will only pay for further sessions relating to the same condition if they have been authorised in advance by <b>us</b>. A further <b>doctor's report</b> will be required after each 10th session. <b>We</b> will not pay more than the benefit limit stated opposite, regardless of the number of physiotherapy sessions received, or the number of conditions treated.</p> <p>If <b>your</b> condition becomes <b>chronic</b> and ongoing physiotherapy is aimed at maintaining, rather than curing it, no further payments will be made.</p>	Up to £250 or \$400 or €375 or AED 1,468 per <b>period of cover</b> for <b>post-hospital treatment</b> only	Up to £500 or \$800 or €750 or AED 2,936 per <b>period of cover</b>	Up to £1,000 or \$1,600 or €1,500 or AED 5,872 per <b>period of cover</b>	Up to £2,500 or \$4,000 or €3,750 or AED 14,680 per <b>period of cover</b>
<p><b>Well-being benefit</b> Once <b>you</b> have been insured by the same <b>plan</b> type for a continuous period of twelve months <b>we</b> will pay towards the cost of the following preventive health checks:- a general annual medical check-up as per our <b>well-being medical examination report form</b>, an annual cervical smear test and mammogram for women, an annual prostate cancer test for men. The Well-being benefit is not available to children insured as dependants under <b>your</b> policy.</p>	Not covered	Up to £150 or \$240 or €225 or AED 881 per <b>period of cover</b>	Up to £250 or \$400 or €375 or AED 1,468 per <b>period of cover</b>	Up to £300 or \$480 or €450 or AED 1,762 per <b>period of cover</b>

	BRONZE	SILVER	GOLD	PLATINUM
<b>OUT-PATIENT TREATMENT CONTINUED</b>				
<p><b>Well-child benefit</b> Once a child insured as a dependant under <b>your</b> policy has been insured by the Platinum <b>plan</b> for a continuous period of 12 months ("the waiting period") <b>we</b> will pay towards the cost of routine vaccinations and developmental check-ups. <b>We</b> will pay towards the cost of routine vaccinations and developmental check-ups (without any waiting period) for a child added to the Platinum <b>plan</b> as an <b>insured person</b> within the first 28 days of life and born to a mother who has been insured on the Platinum <b>plan</b> for a continuous period of 12 months.</p>	Not covered	Not covered	Not covered	<b>Full refund</b> up to a lifetime limit of £310 or \$500 or €460 or AED 1,835
<p><b>Chronic conditions</b> <b>We</b> will pay for regular consultations, with a <b>medical doctor</b>, tests and prescribed medication required to monitor and maintain the stability of a <b>chronic condition</b> that is not a <b>pre-existing condition</b>, up to the annual benefit limit stated opposite. The <b>chronic conditions</b> benefit is limited to the above <b>treatments</b> and does not include other medical <b>treatments</b>, e.g., physiotherapy aimed at maintaining stability. <b>If you</b> have more than one <b>chronic condition</b>, the limit opposite applies to <b>all claims</b> for <b>chronic conditions</b>, and not to each <b>chronic condition</b>. For example, if <b>you</b> have a dollar Silver <b>plan</b> and <b>you</b> develop diabetes and asthma, the total <b>you</b> can <b>claim</b> in respect of both conditions during <b>your period of cover</b> is a maximum amount of \$5,000. The <b>treatment</b> of an <b>acute</b> exacerbation of a <b>chronic condition</b> that is not a <b>pre-existing condition</b> is not subject to this limit.</p>	Not covered	Up to £3,125 or \$5,000 or €4,650 or AED 18,350 per <b>period of cover</b>	Up to £6,250 or \$10,000 or €9,375 or AED 36,700 per <b>period of cover</b>	<b>Full refund</b>

	BRONZE	SILVER	GOLD	PLATINUM
<b>HIV &amp; AIDS</b> Once <b>you</b> have been insured by the same <b>plan</b> type for a continuous period of 24 months, <b>we</b> will pay towards the cost of <b>treatment</b> arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV-related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) up to the annual benefit limit stated opposite and for a maximum period of 5 years, provided the HIV virus was contracted after <b>your date of entry</b> .	Up to £3,125 or \$5,000 or €4,650 or AED 18,350 per <b>period of cover for in-patient or day-patient treatment only</b>	Up to £3,125 or \$5,000 or €4,650 or AED 18,350 per <b>period of cover</b>	Up to £3,125 or \$5,000 or €4,650 or AED 18,350 per <b>period of cover</b>	Up to £6,250 or \$10,000 or €9,375 or AED 36,700 per <b>period of cover</b>
<b>HOME NURSING</b> We will pay for the medical services of a qualified nurse to nurse <b>you in your own</b> home when it is <b>medically necessary</b> and relates directly to an illness or injury covered by <b>your plan</b> . Cover for nursing at home is restricted to a maximum of 12 weeks per year. <b>We</b> do not pay for nursing at home that is required for domestic reasons.	<b>Full refund</b> of costs that have been authorised in advance by <b>us</b> up to a maximum of 12 weeks per year	<b>Full refund</b> of costs that have been authorised in advance by <b>us</b> up to a maximum of 12 weeks per year	<b>Full refund</b> of costs that have been authorised in advance by <b>us</b> up to a maximum of 12 weeks per year	<b>Full refund</b> of costs that have been authorised in advance by <b>us</b> up to a maximum of 12 weeks per year
<b>HOSPICE &amp; PALLIATIVE CARE</b> We will pay towards the palliative care of a medical condition up to the following life-time limits:	Up to £10,000 or \$16,000 or €15,000 or AED 58,720	Up to £15,000 or \$24,000 or €22,500 or AED 88,080	Up to £20,000 or \$32,000 or €30,000 or AED 117,440	Up to £30,000 or \$48,000 or €45,000 or AED 176,160
<b>COMPLICATIONS OF PREGNANCY</b> After <b>you</b> have been covered by the same <b>plan</b> for a continuous period of 12 months <b>we</b> will cover <b>in-patient or day-patient treatment</b> necessary as a direct result of a <b>complication of pregnancy</b> . There is no cover for <b>treatment</b> received within the first 12 months of <b>your plan</b> . NB: No cover is provided for childbirth or emergency caesarean section.	Up to £3,000 or \$4,800 or €4,500 or AED 17,616 per <b>period of cover</b>	Up to £4,000 or \$6,400 or €6,000 or AED 23,488 per <b>period of cover</b>	Up to £6,000 or \$9,600 or €9,000 or AED 35,232 per <b>period of cover</b>	<b>Full refund</b>

	BRONZE	SILVER	GOLD	PLATINUM
<b>OUT-PATIENT DENTAL BENEFITS</b>				
<b>Emergency out-patient dental treatment</b> We will pay only for restorative dental treatment required to treat or replace sound, natural teeth lost or damaged following an accidental injury to the mouth. The dental treatment must be carried out by a <b>dentist</b> in a <b>hospital</b> emergency room or dental surgery, and it must be received within 72 hours of the <b>accident</b> . We do not pay for treatment that is required as a result of biting on food. We do not pay for damage sustained to crowns, dentures, bridge work or false teeth.	Not covered	Up to £250 or \$400 or €375 or AED 1,468 per <b>period of cover</b>	Up to £500 or \$800 or €750 or AED 2,936 per <b>period of cover</b>	Up to £750 or \$1,200 or €1,125 or AED 4,404 per <b>period of cover</b>
<b>Routine dental treatment</b> After <b>you</b> have been insured under the Elite Gold or Platinum plan for 6 months <b>you</b> are covered for <b>routine dental treatment</b> , as set out below, subject to the <b>excess</b> stated in <b>your certificate of insurance</b> and up to the limits specified opposite. There is no cover during the first six months of <b>your cover</b> . <b>Routine dental treatment</b> 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 <b>routine dental treatment</b> benefit. *NB: We do not pay for gold or ceramic fillings.	Not covered	Not covered	Up to £600 or \$1,000 or €900 or AED 3,670 per <b>period of cover</b>	Up to £1,200 or \$2,000 or €1,800 or AED 7,340 per <b>period of cover</b> in total for <b>routine dental treatment</b> and <b>complex dental treatment</b>

	BRONZE	SILVER	GOLD	PLATINUM
<b>OUT-PATIENT DENTAL BENEFITS CONTINUED</b>				
<p><b>Complex dental treatment</b>                      After <b>you</b> have been insured under the Platinum <b>plan</b> for a continuous period of 12 months <b>you</b> are covered for the following dental treatment. <b>Complex dental treatment</b> means crowns, in lays and bridges.</p> <p>No other treatment is covered by the <b>complex dental treatment</b> benefit.</p>	Not covered	Not covered	Not covered	Up to £1,200 or \$2,000 or €1,800 or AED 7,340 per <b>period of cover</b> in total for <b>routine dental treatment</b> and <b>complex dental treatment</b>
<b>EMERGENCY EVACUATION BENEFIT</b>				
<p><b>Emergency evacuation</b>                      If <b>you</b>, or any child covered by the Newborn benefit within the first 28 days of life, have a <b>life-threatening condition</b> covered by <b>your plan</b> which requires immediate <b>in-patient treatment</b> that cannot be adequately provided locally, the <b>Assistance Service</b> will arrange for <b>you</b> to be moved by air and/or by surface transportation, to the nearest <b>hospital</b> within <b>your area of cover</b> where appropriate medical <b>treatment</b> is available. The <b>Assistance Service</b> retains the absolute right to decide whether <b>your</b> medical condition is <b>life-threatening</b>, whether or not the <b>treatment</b> could be adequately provided locally, where <b>you</b> are evacuated to and the means and method of the evacuation. <b>We</b> will only pay for <b>your</b> evacuation if all the arrangements have been authorised and made by the <b>Assistance Service</b>.</p> <p><b>We</b> do not pay for any other costs related to <b>your</b> evacuation such as hotel accommodation charges. <b>We</b> do not pay for evacuations from offshore installations such as oil rigs, or from any type of sea going vessel such as a ship, ferry or yacht.</p>	Full refund	Full refund	Full refund	Full refund
<b>EMERGENCY EVACUATION BENEFIT CONTINUED</b>				
<p><b>Return airfare</b>  <b>We</b> will also pay for <b>your</b> economy return airfare for <b>you</b> to return to <b>your country</b></p>	Full refund	Full refund	Full refund	Full refund

x471x\_rt 17/11/09 15:15  
 Comment: 17/11 Need dividing keyline above

**of residence following an emergency evacuation covered by your plan.**

**Travelling expenses of a companion**  
We will also pay for the transportation costs of another person to accompany you on an emergency evacuation provided the Assistance Service has also authorised this in advance. We will also pay for their economy airfare back to your country of residence.

**Accommodation expenses of a companion**  
If your companion is required to stay with you whilst you receive in-patient treatment at a hospital we will pay towards their hotel accommodation. This benefit is limited to a maximum of 15 nights during your period of cover.

**Compassionate home travel**  
If a close family member dies during your period of cover and after you have been covered by your Global Health Elite plan for at least 12 months, we will pay for your return economy airfare to attend the funeral. Travel must take place within 28 days of the date of death.  
A close family member means your spouse, parent, brother, sister, child or grand-child. This benefit is limited to a life-time limit of one claim per insured person.

	BRONZE	SILVER	GOLD	PLATINUM
	Full refund	Full refund	Full refund	Full refund
	Up to £45 or \$72 or €67.50 or AED 265 per night	Up to £60 or \$96 or €90 or AED 353 per night	Up to £75 or \$120 or €112.50 or AED 441 per night	Up to £100 or \$160 or €150 or AED 588 per night
	Full refund	Full refund	Full refund	Full refund

	BRONZE	SILVER	GOLD	PLATINUM
<b>EMERGENCY EVACUATION BENEFIT CONTINUED</b>				
<p><b>Repatriation of mortal remains</b> If <b>you</b> die as the result of a condition that is covered by <b>your plan</b> whilst <b>you</b> are outside <b>your home country</b> (and no <b>claim</b> has been made under the Burial or Cremation benefit) <b>we</b> will pay for the <b>Assistance Service</b> to transport <b>your</b> body or ashes to <b>your home country</b> or <b>country of residence</b>. <b>We</b> will only pay for costs that have been authorised in advance by the <b>Assistance Service</b>.</p> <p>This benefit is not available if a <b>claim</b> is made for burial or cremation at the place where <b>you</b> died.</p>	Up to £5,000 or \$8,000 or €7,500 or AED 29,360	Up to £7,000 or \$11,200 or €10,500 or AED 41,104	Up to £10,000 or \$16,000 or €15,000 or AED 58,720	Up to £12,500 or \$20,000 or €18,750 or AED 73,400
<p><b>Burial or cremation</b> If <b>you</b> die as the result of a condition that is covered by <b>your plan</b> whilst <b>you</b> are outside <b>your home country</b> (and no <b>claim</b> has been made under the Repatriation of mortal remains benefit) <b>we</b> will pay for <b>you</b> to be buried or cremated at the place where <b>you</b> died. <b>We</b> will only pay for costs that have been authorised in advance by the <b>Assistance Service</b>.</p> <p><b>We</b> do not pay for the costs of a religious practitioner. There is no cover if <b>you</b> die in <b>your home country</b>.</p> <p>This benefit is not available if a <b>claim</b> is made for repatriation of mortal remains.</p>	Up to £1,000 or \$1,600 or €1,500 or AED 5,875	Up to £1,000 or \$1,600 or €1,500 or AED 5,875	Up to £1,000 or \$1,600 or €1,500 or AED 5,875	Up to £1,000 or \$1,600 or €1,500 or AED 5,875

**Optional Maternity Plans**

The following Maternity **Plans** are available as optional **plans** when **you** have an Elite Gold or an Elite Platinum **plan**, and provided **you** have paid the appropriate Maternity Care **premium**. If **you** have an Elite Gold **plan**, only the Gold Maternity **plan** is available to **you**. If **you** have an Elite Platinum **plan**, only the Platinum Maternity **plan** is available to **you**. Please note that no benefit is paid in respect of maternity expenses incurred during the first 12 months of **your** Maternity **plan**.

	GOLD	PLATINUM
<b>PREGNANCY &amp; CHILDBIRTH BENEFITS</b>		
<p><b>Routine maternity care and childbirth</b></p> <p>After <b>you</b> have been covered by the Gold or Platinum Maternity <b>plan</b> for a continuous period of 12 months, <b>we</b> will pay towards the cost of routine pre-natal and post natal <b>treatments</b> and examinations, and towards the cost of natural childbirth or childbirth by elective or emergency caesarean section.</p> <p><b>We</b> will also pay for <b>out-patient treatment you</b> receive as a result of a <b>complication of pregnancy</b>.</p> <p>There is no cover for costs incurred within the first 12 months of <b>your</b> Maternity <b>plan</b>.</p> <p>Pre-natal tests are limited to blood tests, urine tests, Downs Syndrome Screening, Combined Test, Triple Test, Quadruple test, testing for gestational diabetes, foetal echocardiography recommended as part of a routine anomaly scan, blood pressure monitoring and foetal scans (up to a maximum of 3. There is no cover for 3-D or 4-D scans or for scan photographs).</p>	<p>80% of costs up to a maximum of £4,000 or \$6,400 or €6,000 or AED 23,488 per pregnancy</p>	<p><b>Full refund</b> up to £7,500 or \$12,000 or €11,250 or AED 44,040 per pregnancy</p>
<p><b>Cover for newborns</b></p> <p><b>We</b> will pay the <b>in-patient</b> and <b>day-patient</b> accommodation and <b>treatment</b> charges of a child born to a mother who has been insured by the Gold or Platinum Maternity <b>plan</b> for at least 12 consecutive months. Cover will be restricted to the first 28 days of life. After that an <b>application form</b> and neonatal questionnaire must be completed and submitted to <b>us</b> in respect of the newborn child. During the first 28 days of life <b>we</b> will pay for any necessary <b>in-patient</b> and <b>day-patient treatment</b> required relating to birth defects and congenital abnormalities. In the event of a multiple birth, the limit stated opposite is the maximum amount that can be claimed regardless of the number of children born.</p>	<p>Up to £25,000 or \$40,000 or €37,500 or AED 146,800</p>	<p>Up to £30,000 or \$48,000 or €45,000 or AED 176,160</p>

**Plan limits**

The limits shown above are the maximum amounts **we** will pay after the application of any **excess** and **co-insurance**.

**The excess**

The **excess** shown on **your certificate of insurance** is the amount **you** will have to pay towards the cost of **your treatment**.

**Your excess** is applied to each **claim you** submit. A **claim** is defined as a course of **treatment** for a specific illness, injury, medical condition, dental condition or pregnancy.

However, if **your claim** is in respect of the **chronic conditions** benefit or for **out-patient** follow up consultations and tests received for cancer, **your excess** will be applied once per condition per **period of cover**.

If **your claim** is in respect of the well-being benefit or the well-child benefit, **your excess** will be applied once per **period of cover**.

**How excesses, co-insurance and limits work together**

If **your policy** has an **excess** and the benefit **you** are claiming for has **co-insurance** and/or limits, **we** will apply the **co-insurance** first, then the **excess**, then the limit.

For example, if **you** have Elite Gold with the optional Gold Maternity Plan (which has 20% **co-insurance** and a limit of \$6,400) and **you** have a \$100 **excess**, **we** will calculate payment on the following basis:

- If **your** covered routine maternity care costs total \$8,500
- \$8,500 (medical costs) x 80% = \$6,800 - \$100 (**excess**) = \$6,700.
- Amount left exceeds \$6,400 (limit)
- Payment = \$6,400
- If **your** covered routine maternity costs are \$7,500
- \$7,500 (medical costs) x 80% = \$6,000 - \$100 (**excess**) = \$5,900
- Amount left is less than \$6,400 (limit)
- Payment = \$5,900

**Post-hospital treatment**

**Post-hospital treatment** is **medically necessary** follow-up consultations, tests and/or **treatment** required on an **out-patient** basis following **in-patient** or **day-patient treatment** covered by **your plan** and received within the 90 day period following the date **you** are discharged from **hospital**.

**3. YOUR AREA OF COVER**

**Your** cover is restricted to the **area of cover** stated on **your certificate of insurance**. The available **areas of cover** are as stated below.

**Area One**

Area One provides world-wide cover excluding the United States of America.

**Area One (Orchid)**

Area One (Orchid) provides world-wide cover excluding the United States of America.

If **you** live in Bali, China, Hong Kong, Macau, Taiwan, Singapore or Japan **you** must tell us and **you** must pay the Orchid rate.

---

#### Area Two

Area Two provides world-wide cover excluding the United States of America. However **we** will cover **you** in the United States during **temporary trips you** make to the USA during **your** annual **period of cover**.

A **temporary trip** means a trip **you** take to the United States of America for business or pleasure of not more than 45 days duration. Any trip of longer than 45 days is not a **temporary trip** and will not be covered by this insurance.

Cover is only provided in accordance with the benefits of the **plan** stated on **your certificate of insurance** and no cover will be provided for **treatment** relating to a **pre-existing condition**.

The maximum amount **we** will pay in respect of **treatment** received in the USA is US\$100,000 in any one **period of cover**.

**It is a condition of this agreement that all treatment costs incurred in the USA must be authorised in advance by us. We will not pay for any treatment costs that have not been authorised in advance by us.**

---

#### Area Three

Area Three provides world-wide cover excluding the United States of America. However **we** will cover **you** in the United States during **temporary trips you** make to the USA during **your** annual **period of cover**.

A **temporary trip** means a trip **you** take to the United States of America for business or pleasure of not more than 90 days duration. Any trip of longer than 90 days is not a **temporary trip** and will not be covered by this insurance.

Cover is only provided in accordance with the benefits of the **plan** stated on **your certificate of insurance** and no cover will be provided for **treatment** relating to a **pre-existing condition**.

The maximum amount **we** will pay in respect of **treatment** received in the USA is US\$250,000 in any one **period of cover**.

**It is a condition of this agreement that all treatment costs incurred in the USA must be authorised in advance by us. We will not pay for any treatment costs that have not been authorised in advance by us.**

---

#### Area Four (Africa and the Indian Subcontinent)

This **Area of Cover** is only available to residents of **Africa and the Indian Subcontinent**. Cover is provided in all countries within **Africa and the Indian Subcontinent** as defined in page 43 of this **agreement**.

Cover outside **Africa and the Indian Subcontinent** is restricted to **emergency treatment you** receive whilst on a **temporary trip** to a **restricted country**. No cover is provided during trips (temporary or otherwise) to an **excluded country or area**.

**Emergency treatment** means essential **treatment**, covered by **your plan**, and required if **you** suffer an **accident** or a sudden and unforeseen illness **you** have never suffered from before. Cover is only provided in accordance with the benefits of the **plan** stated on **your certificate of insurance** and no cover will be provided in respect of any **pre-existing condition** or **related condition**, or any condition specifically excluded on **your certificate of insurance**. **We** will not pay for **treatment** if **you** have travelled outside **Africa and the Indian Subcontinent** knowing that **you** would require **treatment**.

Cover will only be provided if, in **our** opinion, the **treatment** was essential and could not reasonably have been delayed until **your** return to **Africa and the Indian Subcontinent**.

A **temporary trip** is a trip **you** take, for business or pleasure, of not more than 90 days duration. Any trip of longer than 90 days is not a **temporary trip** and will not be covered by this insurance.

A **restricted country** means a country outside **Africa and the Indian Subcontinent** and outside the USA, Canada, the Caribbean, and outside the **London area**.

An **excluded country or area** means the USA, Canada, all Caribbean countries and islands, and the **London area**.

The maximum benefit **we** will pay in respect of all **emergency treatment you** receive in **restricted countries** is £62,500 or US\$100,000 or €93,750 per annual **period of cover**.

If **you** move outside **Africa and the Indian Subcontinent**, **you** will no longer be eligible for Area Four cover and **you** must apply to change **your area of cover** to Area One, Area Two or Area Three.

**Continuing your cover when you return to your home country**

If you return to **your home country** you may continue to renew **your** cover provided that the local laws in **your home country** permit **you** to do so, and provided that **we** agree to offer cover in that country. **We** reserve the right to refuse to offer cover in certain countries.

**Returning home to the United States of America**

If **your home country** is the USA, **your** cover will automatically terminate from the date on which **you** return to **your home country** on a permanent basis.

**Returning home to Canada (applicable only to persons whose date of entry is after 1<sup>st</sup> January 2010)**

If **your home country** is Canada, **your** cover will automatically terminate from the date on which **you** return to **your home country** on a permanent basis.

**4. MAKING A CLAIM****Obtaining pre-authorisation for all in-patient and day-patient treatment**

It is a condition of the Global Health Elite **plan agreement** that **we** will only pay for **in-patient** or **day-patient hospital treatment**, that has been authorised in advance by **us**, or, if it is an emergency, by the **Assistance Service**. By in advance **we** mean BEFORE **you** have been admitted to **hospital**. If **you** do not obtain pre-authorisation for **in-patient** or **day-patient hospital treatment**, **we** reserve the right to decline **your claim** or to pay only 80% of the eligible **in-patient** or **day-patient hospital treatment** costs. If it was not reasonably possible for **you** to contact **us** in advance of an **in-patient** or **day-patient** admission, provided **you** contact **us** within 72 hours of **your** admission, no **treatment** penalty will be applied.

**Obtaining pre-authorisation for all treatment for cancer, psychiatric treatment and the Home Nursing benefit**

**You** must contact **us** to pre-authorise all **treatment** for cancer, psychiatric conditions, and if **you** need to **claim** the home nursing benefit. **We** will not pay for any **treatment** **we** have not pre-authorised.

**Obtaining pre-authorisation for all treatment received within the London area or in the USA**

**You** must contact **us** to pre-authorise all **treatment** received within the **London area**, or in the United States of America if **you** have Area Two or Area Three cover. **We** will not pay for any **treatment** **you** receive within the **London area** or within the USA if **we** have not pre-authorised it.

**How to obtain pre-authorisation**

As soon as you know you require **treatment**, contact **us** on:

**+ 971 4 2697708 (Our lines are open between 8am and 5pm Dubai time on Dubai working days)**

**24-Hour Emergency number**

In a medical emergency contact the **Assistance Service** on + 44 1243 621155.

**IMPORTANT NOTE – If we or the Assistance Service authorise costs which subsequently turn out to have been related to a condition which is not covered by your Global Health plan such as treatment for a pre-existing condition, you will be responsible for all the costs incurred and if we have made any settlement on your behalf, you will be responsible for repaying to us the amount we have paid.**

#### **Making a claim for in-patient or day-patient treatment**

Upon receipt of **your call** we will immediately contact the **hospital** to obtain a 'Notification of Admission Form' which we require before we can confirm **your cover** and guarantee **your hospital treatment costs**. We will also ask **you** to complete a "Pre-Authorisation Claim Form" and to provide **your consent** for the release of medical information.

Upon receipt of a satisfactory "Notification of Admission" form from the **hospital**, a completed Pre-Authorisation Claim Form and any other information we may reasonably require, we can confirm whether or not the proposed **treatment** is covered by **your plan**, and if it is, we will confirm this to the **hospital** and authorise the **treatment costs**. We will then arrange for the authorised costs to be settled direct to the **hospital**, provided that **your treatment** takes place during **your current period of cover**. If **your treatment** is due to take place after **your current period of cover** expires, we cannot authorise **your treatment costs** until after you have paid **your renewal premium**. If the proposed **treatment** is not covered by **your plan** you will be responsible for paying the **treatment costs yourself**.

#### **Making a claim for out-patient treatment**

**Out-patient treatment** does not need to be pre-authorized by us in advance, however we strongly recommend that you contact us BEFORE you incur any costs to check that the course of **treatment your doctor or dentist** recommends is covered by **your plan**.

If you have a **claim** for **out-patient treatment**, please pay the medical bills and submit **your claim** to us in the following way:

- We will require a fully completed **claim** form. You must complete Sections A and B of our Global Health **claim** form, and **your doctor or dentist** must complete and sign Section C.
- We advise that you take a **claim** form with you when you visit **your doctor or dentist**. The **doctor or dentist** must fully complete all relevant parts of section C of the **claim** form and sign the declaration at the end.
- If the value of **your out-patient claim**, and by that we mean the cost of the completed course of **treatment**, is less than US\$500 or AED1,835, you can scan and email or fax **your claim** form, invoices AND receipts to us. Emailed and faxed **claims** are accepted at our absolute discretion and in certain circumstances it may not be possible for us to accept emailed or faxed **claim** forms, invoices and receipts.  
It is very important that you retain the original **claim** form and all of the original invoices and receipts for at least 24 months from the date of **treatment**. We always reserve the right to insist on receiving the originals before we assess **your claim**.
- If the value of **your out-patient claim**, and by that we mean the cost of the completed course of **treatment**, is more than US\$500 or AED1,835, the fully completed **claim** form must be sent to our Dubai office by post or courier together with the ORIGINAL itemised invoices AND receipts.  
We cannot settle **your claim** without having a fully completed **claim** form and the original invoices and receipts for the expenditure for which you are claiming.
- If you are claiming for physiotherapy, chiropractic **treatment**, acupuncture, homeopathy, osteopathy, **out-patient** psychiatric **treatment**, or an MRI or CAT scan you must also send us the written referral letter signed by **your medical doctor**.
- If you are claiming for a PET scan, you must also send us the written referral letter signed by **your specialist**.
- Upon receipt of **your claim** documents and any other information we may reasonably require, we will confirm whether or not **your claim** is covered by **your plan** and, if it is, we will arrange reimbursement of all eligible expenses in accordance with the instructions you give us in Section B of **your claim** form.

x471x\_rt 2/12/10 10:55

**Comment:** 17/11 Header above should be: Making a claim

**Claiming your well-being benefit**

**You** may make a **claim** for the well-being benefit once **you** have been insured by the Platinum **plan**, the Gold **plan** or the Silver **plan** for a continuous period of 12 months.

The well-being benefit may be claimed once during any annual **period of cover** towards the cost of an annual medical examination carried out in accordance with our **well-being medical examination report form**, and the following additional tests: an annual cervical smear test and mammogram for women, and an annual prostate cancer test for men.

To make a **claim**, **you** must first contact **us** for a copy of our **well-being medical examination report form**. **We** can mail this to **you**, or send it by fax or by e-mail. When **you** have received the form **you** must take it along to **your doctor**. The **doctor** who examines **you** must complete the **well-being medical examination report form** and return it to **us**.

**We** will only make reimbursement in respect of those examinations listed on our **well-being medical examination report form** and the additional tests stated above.

Upon receipt of the **well-being medical examination report form** and the original receipts for the medical examination and the additional test(s) performed or any clinical tests **we** require **we** will make reimbursement to **you** in the normal way.

The benefit **we** pay is limited to a maximum annual amount of £150, \$240, €225 or AED 881 under the Silver **plan** and £250, \$400, €375 or AED 1,468 under the Gold **plan** and £300, \$480, €450 or AED 1,762 under the Platinum **plan**.

**We** will total **your** eligible costs, deduct **your excess**, and make settlement to **you**.

The well-being benefit is not available to children insured as dependants under **your plan**.

For persons whose **date of entry** is prior to 1st January 2007, making a **claim** for the well-being benefit will not invalidate **your** entitlement to the no **claim** incentive set out on page 41 of this **agreement**.

**Claiming your well-child benefit**

**You** may make a **claim** for the well-child benefit once **your** child has been insured by the Platinum **plan** for a continuous period of 12 months.

To make a **claim**, **you** must first contact **us** for a copy of our well-child **claim** form. **We** can mail this to **you**, or send it by fax or by email.

Upon receipt of the completed well-child **claim** form and the original receipts for the medical examination and the vaccination(s) **we** will make reimbursement to **you** in the normal way.

The benefit **we** pay is subject to a lifetime limit of £310 or \$500 or €460 or AED 1,835 under the Platinum **plan**.

**We** will total **your** eligible costs, deduct **your excess**, and make settlement to **you**.

**Making a claim for compassionate home travel**

If **you** need to submit a **claim** for compassionate home travel **you** will need to complete our Compassionate Home Travel **claim** form and submit this to **us** with the following documents:

- A certified true copy of **your** relative's death certificate,
- **Your** travel documents which must bear the costs of the tickets.

**Important points to remember when submitting your claim**

**Your claim** form must be fully and accurately completed and signed. **We** will not settle **your claim** if Section C has not been fully completed and signed by **your medical doctor** (or **dentist**).

**We** will not settle **your claim** unless **we** have the original invoices for the **treatment you** have received.

**We** will not pay **claims** which are received by **us** more than six months after the date of **treatment**, unless it was not reasonably possible for **you** to submit the **claim** within six months.

**You** must provide any information or proof **we** may reasonably require to support **your claim**. For example **we** may

ask **you** for a medical report. If **we** do, **you** will have to provide the medical report at **your** own expense. **You** must, if requested to do so by **us**, provide **your** consent for **us** to obtain medical reports and medical records from any **medical doctor** or **medical practitioner** who has ever treated **you** or any **hospital** or clinic that **you** have ever been treated in.

If **you** do not provide **your** consent, or any other information or proof **we** may reasonably require to support **your claim**, **we** will not pay **your claim**. **We** do not pay **doctor's** fees for completing **your claim** form.

If after **you** have sent **us your claim** form **you** incur more invoices relating to the same illness or injury, send these to **us** quoting **your** certificate number and advising **us** that they relate to an on-going **claim**.

If **your treatment** continues for more than six months **we** reserve the right to ask **you** to submit a new **claim** form or an up-to-date medical report at **your** own expense.

When **we** are assessing the amount of benefit to which **you** are entitled, the amount **we** pay will not exceed the cover provided by the **plan you** have bought as stated on **your certificate of insurance**.

**We** have the right to appoint and pay for an independent **medical doctor** or **medical practitioner** to medically examine **you** and/or perform clinical tests and advise **us** on the medical issues relating to any **claim**. If **you** do not agree to have an independent examination or any clinical tests **we** request **we** will not pay **your claim**.

---

#### Important requirement if you are admitted to hospital

If **you** are admitted to **hospital** **we** will require a fully completed Notification of Admission form before or as soon as reasonably possible after **you** are admitted to **hospital**. The Notification of Admission form must be completed by the **medical doctor** in charge of **your treatment** and must contain an exact diagnosis, details about the **treatment you** have received so far, what **treatment you** are going to have in the future and the date **you** are expected to leave **hospital**.

---

#### Settling your claim

After **you** have received **your treatment**, and upon receipt of **your claim**, **we** will send **you** an acknowledgement by e-mail. Provided **we** have a fully completed **claim** form with all the information **we** require, and the original bills for the **treatment you** have received, **we** will settle **your claim** without any unnecessary delay.

All documents submitted in relation to **your claim** will become **our** property immediately upon settlement of **your claim** and the original documents cannot be returned.

**Our** preferred method of settlement is by bank transfer direct to **your** bank account, or, if **we** are paying the **hospital** direct, direct to the **hospital's** bank account. Alternatively **we** can issue a foreign currency draft, (provided **our** bankers are able to issue a draft in the currency **you** require), or a sterling, US dollar or euro cheque. **We** can also make payment in **your plan** currency to **your** visa card.

If **you** have an **excess** or **co-insurance** and **you** ask **us** to settle the **hospital's** or **doctor's** bills directly, **we** will deduct the **excess** or **co-insurance** amount and **you** will be responsible for paying the **excess** or **co-insurance** amount to the **hospital** or **doctor** yourself.

---

#### Exchange rates

**We** will settle **your claim** in the currency of **your plan** unless **we** are specifically requested to do otherwise. If **we** have to make a conversion from one currency to another **we** will use the exchange rate on the date **you** have **your treatment**. If **your** bill relates to **treatment** that lasts more than one day, **we** will calculate the average exchange rate between the first and the last dates of **treatment**. However, when **we** have placed a Guarantee of Payment, the exchange rate will be the date applicable on the date **we**, or the **Assistance Service**, issue the guarantee. **We** will use oanda.com to calculate exchange rates.

**We** are not responsible for any loss **you** may incur due to fluctuations in exchange rates, or for any bank charges **you** may suffer when **you** cash a foreign currency draft, a cheque or when **you** receive a bank transfer from **us**. **We** are not responsible for any loss incurred due to fluctuations in exchange rates, or for any bank charges incurred by a **hospital**, **medical doctor**, **medical practitioner** or any other medical service provider when they cash a foreign currency draft, a cheque or receive a bank transfer from **us**.

x471x\_rt 17/11/09 15:25

Comment: 17/11 Header here should be Making a claim

**If you are making a claim for an accident**

If **you** are making a **claim** for injuries incurred as the result of an **accident you** must submit to **us** all relevant documentation including the police report, the ambulance report and any other report or documentation that would have been completed at the time, before **we** will settle **your claim**.

**Claims for an illness or injury caused by a third party**

If **you** are claiming for an illness or injury that was caused by some other person or organisation (a third party) **you** must let **us** know in writing straight away, or tell **us** on **your claim** form. **We** will then pay benefit in accordance with the terms of this **agreement** provided that **you** take all necessary steps **we** ask **you** to take to assist **us** in recovering our outlay from the person or organisation at fault (such as through their insurance company) the cost of the **treatment** paid for by **us**, plus interest, at **your** own expense. If **you** are able to recover the cost of any **treatment** for which **we** have paid, **you** must repay that amount (plus any interest) to **us**. If such repayment is not made **we** have the right to recover the expenses from **you**.

**If you are covered by another insurance plan**

If **you** have any other insurance cover for the cost of the **treatment** or benefit **you** have claimed from **us** **you** must tell **us** in writing as soon as possible or tell **us** on **your claim** form. If **you** do have other insurance cover, **we** will only pay **our** share of the cost of the **treatment**.

**Our right to cancel your plan if we have been misled**

**We** can cancel **your** Global Health **plan** if **you** have misled **us** or been in breach of this **agreement**, given **us** incorrect, incomplete or misleading information, withheld any information, failed to provide any reasonable information which **we** have asked for, conspired with a third party to obtain benefit from this **plan**, or if **you** submit a **claim** which is in any respect fraudulent or unfounded. In any of these circumstances **we** have the right to cancel **your** cover from **your date of entry** and recover from **any** benefit **we** have paid in relation to any **claim**. **We** also have the right to retain any **premium you** have paid to **us**.

**5. IF YOU NEED TO BE EVACUATED FOR EMERGENCY TREATMENT**

**We** will only pay for **your** evacuation costs if **you** have a **life-threatening condition** that is covered by **your plan** which requires immediate **in-patient treatment** that is not adequately available locally. The **Assistance Service** retains the right to decide whether **your** medical condition is **life-threatening**, whether the **treatment** available locally is adequate, where **you** are evacuated to, and the means and method of the evacuation.

**Contacting the Assistance Service**

It is a condition of this **agreement** that **you** contact the **Assistance Service** in a medical emergency.

If the **Assistance Service** agrees that **your** medical condition is **life-threatening**, is covered by **your plan**, cannot be treated adequately locally, and requires immediate **in-patient treatment**, the **Assistance Service** 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.

**We** will only pay for evacuation costs that have been authorised and arranged by the **Assistance Service**.

**We** will not pay for **your** evacuation costs if the reason for the evacuation is a medical condition that relates directly or indirectly to a **pre-existing condition**, a **related condition**, a condition which has been specifically excluded on **your certificate of insurance**, or any other medical condition or event specifically excluded in this **agreement**.

**6. COSTS WE DON'T COVER**

There are some costs and expenses **your** Global Health Elite **plan** does not cover. **You** should also check **your certificate**

**of insurance** for any **special terms** applying to **your** cover. Please read this section carefully as **we** will not pay for any expenses arising from:

---

**Addictive conditions/disorders and alcohol, drug and solvent abuse**

**We** do not pay for any **treatment** for, or arising from, or caused by any addictive condition or disorder, or misuse and/or abuse of drugs and/or alcohol, or substance or solvent abuse, even if it is related to prescribed drugs. **We** do not pay for any **treatment** that is necessary as the direct or indirect result of **you** being under the influence of alcohol or drugs. **We** do not pay for **treatment** of disease, illness or injuries sustained whilst **you** are under the influence of alcohol and/or drugs.

---

**Allergy desensitisation**

**We** do not pay for allergy desensitisation or food neutralising injections.

---

**Alternative treatments and therapies**

**We** do not pay for any alternative **treatments** and therapies such as pilates, yoga, bone-setting, hydrotherapy of any kind, aqua physiotherapy of any kind, kinesiology, colonic irrigation, IDD (Intervertebral Differential Dynamics), Integrated Manual Therapy, myotherapy, cranioelectrical stimulation, chelation therapy, naturotherapy, AIS Stretch Therapy, mesotherapy, craniosacral therapy, Ayurvedic medicine, biokinetik exercise technique (BET), Body Talk, Tecar therapy, Acupressure or magnet therapy.

---

**Autopsies**

**We** do not pay for autopsies.

---

**Bank charges and administration fees**

**We** do not pay for any bank charges **you** incur as a result of **us** transferring money to **your** account. **We** do not pay administration fees charged by **hospitals, doctors,** or other providers of medical services.

---

**Birth control, sexual problems and sex changes**

**We** do not pay for any **treatment** directly or indirectly arising from or connected with male and female contraception, sterilisation, sex changes, and the **treatment** of sexual problems (including impotence and decreased libido)

---

**Birth defects, congenital conditions and hereditary conditions**

**We** do not pay for any **treatment** for, or arising from birth defects, **congenital conditions** or hereditary conditions.

**Congenital conditions** are any abnormality, deformity, disease, illness or injury present at birth whether diagnosed or not, or any deformity arising during the antenatal stages of pregnancy, or caused during child birth. However, **we** will pay for necessary **treatment** of birth defects or **congenital conditions** received by a newborn child or children born to a mother who has been insured by the Platinum maternity **plan**, or the Gold maternity **plan** for a continuous period of 12 months at the time of the birth. Cover is restricted to **treatment** received during the first 28 days of life and is limited to £25,000 or \$40,000 or €37,500 or AED 146,800, under the Gold maternity **plan** and to £30,000 or \$48,000 or €45,000 or AED 176,160, under the Platinum maternity **plan** regardless of the number of children born.

---

**Chronic conditions**

If **you** are insured under the Bronze **plan** **you** do not have cover for **chronic conditions**.

If **you** are insured under the Silver **plan**, **we** will pay for consultations, tests and prescribed medication required to monitor and maintain the stability of a **chronic condition** up to £3,125 or \$5,000 or €4,650 or AED 18,350 per annual **period of cover**.

If **you** are insured under the Gold **plan**, **we** will pay for consultations, tests and prescribed medication required to maintain the stability of a **chronic condition** up to £6,250 or \$10,000 or €9,375 or AED 36,700 per annual **period of cover**.

If you have more than one **chronic condition**, the annual limit per **period of cover** applies to all **claims for chronic conditions**, and not to each **chronic condition**. For example, if you have a dollar Silver **plan** and you develop diabetes and asthma, the total you can **claim** in respect of both conditions during **your period of cover** is a maximum amount of \$5,000.

---

#### Circumcision

We do not pay for elective circumcision.

---

#### 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, including expenses in any way caused by or contributed to by an act of war or terrorism.

---

#### Convalescence, rehabilitation and health spas

We do not pay for **hospital** accommodation if the reason you are hospitalised is for the purpose of convalescence, rehabilitation or supervision. We do not pay for relaxation or rest **treatments**, or **treatments** in nature clinics, health spas and nursing homes.

---

#### Cosmetic surgery and treatment

We do not pay for any **treatment** arising from or related to cosmetic, reconstructive or remedial surgery, the removal of fat or surplus tissue from any part of the body, breast enlargement or reduction, or any other **treatment** or procedure to change the shape or appearance of any part of **your** body whether or not it is needed for psychological or medical reasons.

However we will pay for a surgical operation to restore **your** appearance after an **accident**, or after surgery for breast cancer, provided the **accident** and/or breast cancer surgery occurred after **your date of entry** and provided the original **treatment** for the **accident** or breast cancer surgery was paid for by **us**, and provided the surgery takes place within two years of the **accident** or the original breast cancer surgery.

We do not pay for sclerotherapy for spider veins, surgical and non-surgical **treatment** of superficial varicose veins.

We do not pay for botulinum toxin, dermal fillers, or the **treatment** of vitiligo or any skin pigmentation disorder.

---

#### Criminal activity

We do not pay for any **treatment** arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act.

---

#### Dental treatment

We do not pay for dental, gum or oral consultations or treatment of any kind other than those treatments specified in the **Table of Benefits** relating to **your plan**.

---

#### Developmental problems, learning difficulties, speech disorders and behavioural problems

We do not pay for the **treatment** of or related to developmental delay, learning difficulties, dyslexia, speech disorders, behavioural problems, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, and physical development problems of any kind. We do not pay for any consultations or tests required to diagnose any of these conditions.

---

#### Dietician

We do not pay for **treatment** and advice by a dietician.

---

#### Eating disorders

We do not pay for **treatment** of or related to or caused by eating disorders of any kind. This includes the **treatment** of conditions such as anorexia nervosa, bulimia, bariatrics, and any **treatment** required for any condition caused as a result

of these conditions.

---

**Excluded conditions and complications from excluded conditions**

**We do not pay for the treatment of any condition that is specifically excluded on your certificate of insurance.**

**We do not pay for any increased treatment costs you incur because of complications directly caused by a condition which is specifically excluded under the terms of this agreement, or which has been specifically excluded on your certificate of insurance.**

**We do not pay for the treatment of any condition arising as a consequence of any treatment you receive for a condition which is specifically excluded under the terms of this agreement or which has been specifically excluded on your certificate of insurance.**

---

**Experimental drugs and treatments**

**We do not pay for experimental treatments and/or drugs. By experimental treatment we mean treatment which is not consistent with UK medical practice and guidelines regarding its type, frequency and duration. The UK guidelines used will be those published by the National Institute for Health and Clinical Excellence in the UK.**

---

**Eyesight**

**We do not pay for treatment to correct your eyesight. We do not pay for sight tests, spectacles, and other visual aids. We do not pay for treatment of strabismus (squint).**

---

**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.**

---

**Foetal surgery**

**We do not pay for surgery undertaken on a child whilst it is in its mother's womb.**

---

**Foot care**

**We do not pay for podiatry, chiropody, orthotics and gait scans.**

---

**Genetic testing and/or genetic engineering**

**We do not pay for genetic testing and/or genetic engineering.**

---

**Health hydros and nature cure clinics**

**We do not pay for treatment received in health hydros, nature cure clinics or similar establishments or private beds registered as nursing homes attached to such establishments or a hospital where the hospital has effectively become your home or permanent abode.**

---

**Hearing**

**We do not pay for treatment for or arising from deafness caused by a congenital abnormality, maturing or ageing. We do not pay for hearing tests and hearing aids.**

---

**HIV/AIDS**

**We do not pay for treatment or testing for, or arising from, or related to Human Immunodeficiency Virus (HIV), or Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (ARC), and/or similar infections or illnesses and injuries, including any condition which is related to, or results from HIV or AIDS, no matter how caused.**

However, once you have been insured by the same plan type for a continuous period of 24 months, we will pay for

**treatment** arising from or related to HIV/AIDS/ARC up to the annual benefit limit specified in the **Table of Benefits** relating to **your plan** for a maximum period of 5 years, provided the HIV was first contracted after **your date of entry** to the **plan**. **We** do not pay for routine HIV testing.

---

#### **Hospital treatment costs that have not been authorised**

**We** do not pay for **in-patient** or **day-patient hospital treatment** costs which have not been authorised in advance by **us** or by the **Assistance Service**.

---

#### **Hyperbaric oxygen therapy**

**We** do not pay for hyperbaric oxygen therapy, unless it is used as **treatment** for decompression sickness.

---

#### **Infertility, IVF and assisted reproduction**

**We** do not pay for testing, diagnosis and/or **treatment** related to infertility, assisted reproduction (e.g. **IVF treatment**), including establishing pregnancy. There is no cover for **complications of pregnancy** arising from a pregnancy established through assisted reproduction until after the 12-week scan, irrespective of how long **you** have been covered by the **plan**.

There is no cover in respect of **treatment** of any newborn child (within the first 28 days of life), born following assisted reproduction **treatment** (e.g., **IVF**), in the event of any multiple birth and/or in the event of any birth occurring within 36 weeks of conception.

---

#### **Kidney dialysis**

**We** do not pay for regular or long-term kidney dialysis in the case of chronic kidney failure, although **we** will pay for short-term kidney dialysis if **you** need this immediately before or after a kidney transplant operation covered by **your plan**. **We** will also pay for dialysis if this is needed temporarily for sudden kidney failure resulting from a disease or injury affecting another part of **your** body which is covered by **your plan**.

---

#### **Menopause, peri-menopause, andropause, ageing, puberty, pre-menstrual tension syndrome, HRT & bone densitometry**

**We** do not pay for **treatment** to relieve symptoms associated with any bodily change such as the menopause, peri-menopause, andropause, puberty, teething, growing, ageing and pre-menstrual tension syndrome which is not due to any underlying disease, illness or injury. **We** do not pay for hormone replacement therapy (**HRT**) or bone densitometry.

---

#### **Nasal septum deviation**

**We** do not pay for the **treatment** of nasal septum deviation.

---

#### **Organ transplant, stem cell harvesting or tissue transplants**

**We** do not pay for any:

- Organ transplant, (other than for kidney, liver, heart, lung, or heart and lung transplants up to the life-time limit specified for **your plan** in the **Table of Benefits**),
  - Stem cell harvesting,
  - Tissue transplants including those from the patient's own body (other than bone marrow transplants),
- or any **treatment** undertaken in anticipation of, prior to or following such transplants.

---

#### **Palliative care**

Other than any benefit payable under the **Hospice** care benefit specified in the **Table of Benefits** relating to **your plan** **we** do not pay for palliative **treatment** of a medical condition.

**Pre-existing conditions**

We do not pay for the **treatment** of any medical condition or **related medical condition** which existed, or which ever required **treatment**, medication or advice from a **medical doctor** or **medical practitioner** or **specialist**, or which was diagnosed, or for which the symptoms first appeared, prior to **your date of entry** to the Global Health **plan**, or any medical condition that **you** knew about, or would reasonably have known existed, whether or not **you** had consulted a **medical doctor**, or **medical practitioner** at **your date of entry** to the Global Health **plan**.

However, if **you** have given us full and accurate details of a **pre-existing condition** on **your application form** and we have not specifically excluded that condition on **your certificate of insurance** we will pay for the **treatment** of that **pre-existing condition** if it recurs.

**Pregnancy, childbirth and termination of pregnancy**

We do not pay for **treatment** relating to pregnancy and childbirth or any condition arising from pregnancy and childbirth, including termination of pregnancy for whatever reason. We do not pay for routine pregnancy testing.

However, we will pay for **in-patient** or **day-patient hospital treatment** received for **complications of pregnancy** (as defined in this **agreement**) after **you** have been insured by the Global Health Elite **plan** for a continuous period of 12 months. Cover for **complications of pregnancy** is restricted to **in-patient** and **day-patient treatment** received for a medical condition which arises during the antenatal or postnatal stages of pregnancy. The amount we pay is limited to the amount shown in the **Table of Benefits** of your Global Health Elite **plan**. There is no cover for **treatment** received due to **complications of pregnancy** arising during **your** first twelve months of cover. There is no cover for **treatment** received due to **complications of pregnancy** if **you** act as a surrogate or have anyone else acting as a surrogate for **you**.

No cover is provided for childbirth including an emergency caesarean section. There is no cover for **complications of pregnancy** arising from a pregnancy established through assisted reproduction until after the 12-week scan, irrespective of how long **you** have been covered by the **plan**.

If **you** are insured by the Gold **plan** and have purchased the optional Gold maternity **plan** we will pay 80% of the cost of routine maternity care and **out-patient complications of pregnancy** once **you** have been insured by the optional Gold maternity **plan** for a continuous period of 12 months. Routine maternity care means pre-natal and post-natal **treatments** and examinations and natural childbirth or childbirth by elective or emergency caesarean section, subject to the benefit limits stated in the **Table of Benefits** relating to the Gold maternity **plan**.

If **you** are insured by the Platinum **plan** and have purchased the optional Platinum maternity **plan** we will pay the cost of routine maternity care and **out-patient complications of pregnancy** once **you** have been insured by the optional Platinum maternity **plan** for a continuous period of 12 months. Routine maternity care means pre-natal and post-natal **treatments** and examinations and natural childbirth or childbirth by elective or emergency caesarean section, subject to the benefit limits stated in the **Table of Benefits** relating to the Platinum maternity **plan**.

There is no cover for routine maternity care and childbirth expenses if **you** act as a surrogate or have anyone else acting as a surrogate for **you**. There is no cover for ante-natal classes or doulas.

**Professional sports and motorised racing as an amateur or a professional**

We do not pay for injury or illness arising from participation in any kind of professional sport or professional racing of any kind. By professional we mean sport where **you** are being paid to participate. We do not pay for injury or illness arising from participation in any kind of racing, (whether amateur or professional), which involves the use of a motorised vehicle.

**Psychiatric conditions**

There is no cover for **treatment** of any psychiatric condition, or **treatment** of any condition caused by or relating to any psychiatric condition until **you** have been insured by the Global Health Elite **plan** for a continuous period of 24 months.

Once **you** have been insured by the Global Health Elite **plan** for a continuous period of 24 months, we will pay for **treatment** of psychiatric conditions and **treatment** of conditions caused by or relating to any psychiatric conditions,

subject to the life-time limit applicable to **your plan**. However, the following exclusions apply to **your** cover permanently, and not just during the first 24 months:

- **We** do not pay for **treatment** of any **pre-existing condition** or **related condition**.
- **We** do not pay for **treatment** of any psychiatric condition or **treatment** of any condition caused by or relating to any psychiatric condition that has not been pre-authorised by **us**.
- **We** do not pay for any **treatment** required as a result of or in connection with addiction to or abuse of alcohol, drugs solvents or tobacco.
- **We** do not pay for any **treatment** required as a result of or in connection with addiction to gambling.
- **We** do not pay for any **treatment** required as a result of or in connection with eating disorders of any kind, including but not limited to anorexia nervosa, bulimia, bariatrics and morbid obesity, and the **treatment** of any resulting physical conditions.
- **We** do not pay for **treatment** of any psycho-geriatric conditions or for any type of dementia.
- **We** do not pay for any **treatment** required as a result of or in connection with sexual dysfunction.
- **We** do not pay for drugs prescribed for **out-patient** psychiatric **treatment**.
- **We** do not pay for hypnotherapy.
- **We** do not pay for marriage counselling.

#### **Routine and periodic health checks, vaccinations and mole mapping**

Apart from any cover available to **you** under the well-being benefit, the well-child benefit and the **chronic conditions** benefit **we** do not pay for health screening such as routine health checks, child development and growth checks, periodic health checks required following **treatment** for a specific illness or injury, routine gynaecological tests, paediatric vaccinations, vaccinations or preventive **treatment** of any kind including mole mapping.

However, if **you** have received **treatment** for an injury or illness (other than cancer) which has been covered by **your plan** and for which it is **medically necessary** that **you** have periodic health checks, **we** will pay for these periodic health checks provided they occur within one year from the end of **your original treatment** (or within 90 days from the date on which **you** were discharged from **hospital** if **you** are covered by the Elite Bronze **plan**).

#### **Scalp and/or hair treatments, wigs and alopecia**

**We** do not pay for any **treatment** of the scalp and/or hair or for wigs, or for the **treatment** of alopecia.

#### **Search and/or rescue**

**We** do not pay for search and/or rescue operations. **We** do not pay for evacuations from offshore installations such as oil rigs, or from any type of sea going vessel such as a ship, ferry or yacht.

#### **Second opinions**

**We** do not pay for second or subsequent medical opinions from a **medical doctor**, **medical practitioner** or **specialist** for the same condition unless it has been authorised by **us** in advance. **We** do not pay for any duplication of tests.

#### **Self-inflicted injuries and/or suicide**

**We** do not pay for **treatment** of self-inflicted injuries or **treatment** of any injury or illness directly or indirectly caused by self-inflicted injuries.

**We** do not pay for repatriation, burial or cremation of mortal remains if **you** commit suicide.

---

**Sexually transmitted diseases**

We do not pay for the testing or **treatment** of sexually transmitted diseases such as but not limited to genital warts, syphilis, gonorrhoea, genital herpes, chlamydia, pubic lice or trichomoniasis.

---

**Sleep disorders**

We do not pay for **diagnostic tests** for, or **treatment** of, insomnia, sleep apnoea, snoring, or any other sleep-related problem. We do not cover diagnosis and **treatment** for obstructive sleep apnoea due to morbid obesity and obesity-hypoventilation syndrome.

---

**Surgical or medical appliances or equipment**

We do not pay for supplying, fitting or hiring physical aids and devices (for example crutches, splints, walking sticks and wheelchairs). We do not pay for any prostheses, or the preparation for, or the fitting of artificial limbs. However we do pay for surgically implanted artificial body parts necessary to replace a joint or ligament, a heart valve, the aorta or an arterial blood vessel, a sphincter muscle, the lens or cornea of the eye, or to control urinary incontinence, or to act as a heart pacemaker, or to remove excess fluid from the brain. We will also pay for a knee brace if it is an essential part of a surgical operation for the repair to a knee ligament, and for a spinal support if it is an essential part of a surgical operation to the spine. We do not pay for hot and cold packs and support bandages.

---

**Tourette's Syndrome**

We do not pay for the testing or **treatment** of Tourette's Syndrome.

---

**Travel costs**

We do not pay for any travel costs including airfares and hotel accommodation except as specified in the Emergency evacuation benefit in the **Table of Benefits** relating to **your plan**.

---

**Treatment by a family member**

We do not pay for **treatment** provided by and/or under the control of and/or on referral from any family member such as, but not limited to, a spouse, partner, parent, brother, sister, child, grand-parent, grand-child, uncle or aunt.

---

**Vitamins, dietary supplements and natural substances**

We do not pay for vitamins, dietary supplements and substances which are available naturally and that can be purchased without prescription including, but not limited to, vitamins, minerals and organic substances.

---

**War and terrorism**

We do not pay for **treatment** of any condition or **claim** arising directly or indirectly from or as a consequence of war, acts of foreign enemy 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. However, no cover for war and terrorism will be provided if **you** remain in, or travel to, a country that the British Foreign and Commonwealth Office has advised its citizens to leave, and/or **you** travel to an **excluded country**, (stated on **your certificate of insurance**).

Notwithstanding the above we do not pay for the **treatment** of any condition or **claim** arising directly or indirectly from chemical or biological or nuclear contamination, however caused, including expense in any way caused by or contributed to by acts of war and/or terrorism even if **you** are an innocent bystander.

---

**Weight-related conditions**

We do not cover weight monitoring or weight disorders. We do not cover **treatment** by or consultations with dieticians. We do not cover the diagnosis and **treatment** of morbid obesity. We do not cover procedures such as bariatric surgery, gastric bypass, sleeve gastrectomy, lap-banding and Roux-en-Y gastric bypass, or any pre-emptive cholecystectomy

[gall bladder removal], and **we** do not cover **treatment** required as the consequence of any such procedure having been carried out. **We** do not cover contouring surgery and/or removal of excess skin after excessive weight loss or the consequences of any such **treatment**. **We** do not cover weight loss programmes, or **treatment** at a weight loss spa.

---

#### **Willful exposure to needless danger**

**We** do not pay for **treatment** of any conditions arising directly or indirectly from **your** gross negligence and/or **your** willful exposure to needless danger except in an attempt to save a human life.

## 7. POLICY ADMINISTRATION

---

### **Global Health Elite premiums**

The Global Health Elite **premiums** are age-related and will increase as **you** get older. The Global Health Elite **premiums** are not guaranteed for the duration of **your plan** and are subject to annual review.

---

#### **Paying your Global Health Elite premiums**

**You** may pay **your premiums** annually, or monthly or quarterly with a 5% surcharge, or semi-annually with a 3% surcharge. If **you** choose to pay an annual **premium you** must pay the full amount due to **us** by cheque drawn on a UAE bank account, by bank transfer, or with an acceptable credit or debit card, before **we** will commence **your** cover.

If **you** choose to pay monthly, quarterly or semi-annual **premiums you** must pay by an acceptable credit or debit card. No other method of payment can be accepted by **us**. **We** must be in receipt of **your** first instalment **premium** before **we** will commence **your** cover.

If **you** pay **your premium** by bank transfer **you** will be responsible for ensuring that the full annual **premium** reaches **our** account, i.e. **you** will be accountable for any **premium** shortfall due to the application of bank charges.

**We** must receive **your premiums** (and the Dubai Insurance Premium Levy if applicable) on or before their **due dates** and in the currency of **your plan**.

---

#### **Acceptable credit and debit cards**

**We** accept only VISA, MasterCard, or American Express. **We** can only accept payment by credit card if **you** have a sterling, euro or dollar **plan**.

---

#### **Paying by credit or debit card**

When **you** complete **your** credit card details on **your application form**, or on a credit card authorisation form, **you** are authorising **us** to debit **your** account with the appropriate annual, semi-annual, quarterly or monthly **premiums** due, and all subsequent renewal **premiums** due as invoiced by **us**, until **we** receive **your** written instruction that **you** wish to alter **your** method of payment, or terminate the **agreement**. It is **your** responsibility to keep **us** informed about **your** current credit or debit card details. If **we** are unable to collect **your premium** on or before the **premium due date** – for whatever reason – **we** will terminate **your** cover in accordance with the terms of this **agreement**.

---

#### **Unpaid or late premiums**

**We** will automatically cancel **your** cover if **you** fail to pay an annual, semi-annual, quarterly or monthly **premium** on or before the date it is due, or if **we** are unable to collect **your premium** from **your** credit or debit card. However, **we** may allow **your** cover to continue without **you** having to complete a new **application form** and health declaration if **you** pay the outstanding **premium** within 30 days of its **due date**.

If **you** incur medical expenses during this 30 day period, **we** will not settle **your claim** until **we** have received **your** outstanding **premium**.

If a **premium** is outstanding for more than 30 days **you** can apply to have **your** cover reinstated but **you** will have to complete and send **us** a Health Declaration together with payment of all outstanding **premiums**. If **your** state of health

has changed **we** reserve the right to decline to reinstate **your** cover, or to continue to insure **you** at **special terms**.

Cover can only be reinstated once **we** have received a satisfactory Health Declaration and payment of all outstanding **premiums**. If a **premium** is outstanding for more than 60 days, **you** will have to apply for a new Global Health **plan** and the **pre-existing condition** exclusion will apply from **your date of entry to your new plan** and **you** will be charged at the **premium** rates prevailing when **we** decide to commence **your new plan**. If **you** were eligible for the no **claim** incentive, **you** will not be eligible for this benefit under **your new plan**.

---

#### Dubai Insurance Premium Levy

**You** must pay to **us** the Dubai Insurance Premium Levy with **your Global Health plan premium**.

---

#### Child premium discounts

The first child on **your Global Health plan** will be charged at 100% of the first child **premium** rate. The second child **we** cover will be charged at 75% of the first child **premium** rate and the third child onwards will be charged at 50% of the first child **premium** rate.

If the number of children **you** insure decreases, the discounts applied to each remaining child will be adjusted so that the first remaining child is charged at 100%, the second remaining child at 75% and so on.

When a child leaves **your plan** during **your period of cover**, the adjustment will be made from **your next renewal date**.

---

#### Changing your plan currency

Once cover under **your plan** has commenced, **you** cannot change **your plan** currency. If **you** wish to change **your plan** currency, **you** may only do so at **your renewal date** and **you** will have to apply for a new Global Health **plan** and **you** will be given a new **date of entry**.

The **pre-existing condition** exclusion will apply from **your date of entry to your new plan**, and any waiting periods will start from **your new date of entry**.

---

#### Changing your plan type, area of cover, and/or excess

If **you** wish to transfer into a Global Health **plan** with fewer benefits, increase **your excess**, and/or reduce **your area of cover**, **you** must tell **us** in writing and **we** will make the change from **your next renewal date**, (not before). **You** cannot reduce **your cover** during **your period of cover**.

If **you** wish to apply for a Global Health **plan** with a wider range of benefits, and/or reduce **your excess** and/or increase **your area of cover** **you** must complete a new **application form** and make a full declaration of any change in **your state of health** since **your date of entry**. **We** may apply **special terms** if **your state of health** has changed since **your date of entry** or **we** may refuse to increase **your cover** at **our sole discretion**. In any event, cover for any medical condition or related **medical condition** manifesting itself prior to the date on which **we** accept **your application** for more cover of any kind will be restricted to the cover that would have been provided by **your previous Global Health plan**. For example, if **you** have an **excess** of £1,000 and **you claim** for a back injury, then apply to reduce **your excess** to £250, **we** will continue to apply the £1,000 **excess** to any future **claims** related to the back injury.

---

#### Waiting periods that will apply when you change your plan type, area of cover, and/or excess,

If **you** upgrade **your plan** type, any benefit **we** pay in respect of the **well-being benefit, complications of pregnancy**, and **complex dental treatment** will be limited to the cover and limit that would have applied in respect of **your previous plan** for a waiting period of 12 months. If **you** upgrade **your plan** type when **you** are already pregnant, or if **you** become pregnant during the twelve month period after upgrading **your plan** type, any benefit **we** will pay in respect of **complications of pregnancy** for that pregnancy will be restricted to the benefit that **we** would have paid under **your previous plan**.

#### Example: Up-grading from Silver to Gold

**You** join the Silver **plan** on 1<sup>st</sup> January 2008. **You** upgrade from a Silver **plan** to a Gold **plan** on 1<sup>st</sup> January 2010. Any benefit

**we** pay for **complications of pregnancy** will be restricted to the benefit that would have been paid by **your Silver plan** in respect of any pregnancy established before or during the first 12 months of **your Gold plan**. So, if **you** became pregnant in December 2010, cover for any **in-patient treatment** necessary as a direct result of a **complication of pregnancy** would be restricted to **your former Silver plan** limit of £4000 or \$6,400 or €6,000 or AED 23,488. **You** will only be eligible for the **Gold plan** benefit in respect of pregnancies established a full 12 months after **you** have upgraded to Gold.

If **you** upgrade **your plan** type, any benefit **we** pay in respect of the routine dental **treatment** benefit will be limited to the cover and limit that would have applied in respect of **your previous plan** for a period of 6 months. Any benefit **we** pay in respect of the psychiatric **treatment** benefit will be limited to the cover and limit that would have applied in respect of **your previous plan** for a period of 24 months.

If **you** apply to decrease **your excess**, **your previous excess** will continue to apply for a period of 12 months in respect of **claims** for well-being benefit, **complications of pregnancy**, and **complex dental treatment**. **Your previous excess** will continue to apply for 6 months in respect of **claims** for **routine dental treatment**. **Your previous excess** will continue to apply for 24 months in respect of **claims** for psychiatric **treatment**.

Any increase in cover will be subject to **us** accepting **your** application to increase cover, and to **us** having received payment of the appropriate additional **premium**.

---

#### Optional Maternity Plans

The following Maternity **plans** are available as optional **plans** when **you** have an Elite Gold or an Elite Platinum **plan**, and provided **you** have paid the appropriate Maternity Care **premium**. If **you** have an Elite Gold **plan**, only the Gold Maternity **plan** is available to **you**. If **you** have an Elite Platinum **plan**, only the Platinum Maternity **plan** is available to **you**. Please note that no benefit is paid in respect of maternity expenses incurred during the first 12 months of **your Maternity plan**.

---

#### Adding the optional Maternity Plan

**You** may apply to add the optional Maternity **plan** at any time, provided **you** are insured by the Gold or the Platinum **Plan**.

No cover is provided in respect of routine maternity care, childbirth, newborn expenses or **out-patient complications of pregnancy** incurred within the first 12 months of adding this benefit.

---

#### Changing your optional Maternity Plan

If **you** are insured by the Gold Maternity **plan**, and **you** apply to change **your plan** type from Gold to Platinum, **you** must also change **your Maternity plan** to Platinum. However the benefit limit and **co-insurance** applicable to the Gold Maternity **plan** will apply in respect of any pregnancy established within a 12 month period of the date of the change.

For example if **you** have been covered by the Gold Maternity **plan** since 1<sup>st</sup> January 2010, and **you** apply to upgrade **your** cover to Platinum from 1<sup>st</sup> July 2010, and **you** become pregnant at any time before 1<sup>st</sup> July 2011, the benefit **we** pay in respect of this pregnancy will be restricted to the benefit that would have been provided by **your Gold Maternity plan**, i.e. 80% of eligible expenses up to £4,000 or \$6,400 or €6,000 or AED 23,488, and any benefit **we** pay in respect of newborn care will be limited to £25,000 or \$40,000 or €37,500 or AED146,800.

---

#### Removing the optional Maternity Plan

**You** can only remove the optional Maternity **Plan** from **your renewal date**.

---

#### Adding a new dependant

If **you** wish to add **your** spouse or partner or child to **your plan**, **you** must complete a new **application form**. **We** will not commence cover for a new dependant until **we** have accepted **your** application for that new dependant, and until **we** have received payment of their **premium**. **We** will calculate their **premium** based on their age at their **date of entry**.

---

#### Adding newborns

There is no automatic cover for newborn children. (However there is up to a maximum of 28 days cover for a child born to a mother who has been insured by the Platinum Maternity **plan** or the Gold Maternity **plan** for a minimum period of 12

months).

**You** must complete a new **application form** and neonatal questionnaire in respect of all newborn children, and submit these to **us** along with the newborn's discharge summary. **We** may accept this new application with or without **special terms**, or **we** may refuse to accept this application at **our** sole and complete discretion and without being required to give any reason for **our** decision.

---

#### Renewing your Global Health Elite plan

Once **you** have joined the Global Health **plan you** may continue to renew **your** cover each year, subject to **our** agreement and subject to the **agreement** and the **Table of Benefits** in force at the time of each subsequent **renewal date**, and subject to payment of **your** renewal **premium** on or before the **renewal date**.

**Your** children can continue to be covered under **your plan** at the appropriate child rate for as long as they are unmarried and less than 18 years old at each subsequent **renewal date**, or less than 25 years old if they are in continuous full-time education.

When **your** child marries, or reaches the age of 18 years at **your renewal date** or when they cease being in full-time education, or, if they are in continuous full-time education but have reached the age of 25 at **your renewal date**, they are no longer eligible to be covered under **your plan**. They can, however complete and sign a Global Health **application form** and apply to have their own **plan**. The appropriate adult rate at that time will apply. Provided there is no break in their insurance cover their **date of entry** will be the same as the date on which they joined **your plan**.

---

#### Renewal premiums

**Your premium** for each new **period of cover** will depend on **your** age at the start of the new **period of cover**, (and the ages of **your** dependants at the start of their new **period of cover**), the number of dependent children **you** insure, **your plan** type, **your area of cover**, and **your excess** amount. Future renewal **premiums** are subject to change. Each year on **your renewal date** **we** may change how **we** calculate **your** Global Health **premium**, the loadings and discounts for lower and higher **excess** options, the child **premium** discounts, the surcharge for instalment **premiums**, and the methods of payment. Please also note that **our premiums** are age banded and will get more expensive as **you** get older.

---

#### No claim incentive (applicable only to persons whose date of entry is prior to 1st January 2007)

For as long as **you** do not have a **claim** on **your plan**, **we** will use **your** age at **your date of entry** (or if **your date of entry** is before 1999 **your** age at **your renewal date** in 1999), when calculating **your** renewal **premium**. This does not mean that **your premium** will remain the same each year. All **our premiums** are subject to an annual increase due to inflation that affects the medical insurance industry as a whole.

If **you** make a **claim** under any benefit specified in the **Table of Benefits** (other than the Well-being benefit), **your** entitlement to the no claim incentive will cease immediately and **you** will have to pay the correct renewal **premium** applicable to **your** actual age, from the **renewal date** following the date on which **you** first suffered the symptoms which gave rise to **your claim** (or, if **your claim** is not in respect of a medical condition, the date of **your treatment**).

If **we** are not notified of **your claim** until after **we** have issued **your** renewal **premium** invoice or until after **you** have paid **your** renewal **premium**, **you** must pay to **us** the difference between the **premium** **we** invoiced before **we** knew about **your claim**, and the **premium** based on **your** actual age at the **renewal date**. If **you** pay **your premiums** annually, **we** will issue an invoice for the difference in **premium**. If **you** pay **your premiums** monthly **we** will debit **your** card for the difference in **premium** and adjust **your** future monthly **premium** payments. If **you** do not pay **us** the difference in **premium** **we** reserve the right to deduct the amount owing to **us** from **your claim** settlement.

Please note that the incentive does not apply in respect of dependent children. This means that if a child reaches the age where they are no longer eligible to be covered by **your plan**, and they decide to take out their own Global Health **plan**, they will have to pay the appropriate adult rate, even if they have never made a **claim** under **your plan**.

---

#### Your renewal premium invoice

**We** will email **you** with **our** renewal terms and a renewal **premium** invoice prior to **your renewal date**. It is therefore

very important that **you** update **us** if **you** change **your** email address.

---

#### Automatic renewal if you pay by credit or debit card

If **you** pay **your** premiums by credit or debit card, provided the card details **we** hold for **you** are still valid, **we** will automatically debit **your** card with **your** renewal premium on or before **your** renewal date.

If **you** do not wish to renew **your** plan **you** must inform **us** in writing as soon as **you** receive **your** renewal premium invoice and prior to **your** renewal date.

---

#### Paying your Global Health Elite premiums in UAE dirhams

If **you** have a dirham policy **you** must pay an annual premium by bank transfer or bank draft. **We** cannot accept credit card payments for a dirham policy and **we** cannot accept instalment premiums.

---

#### Unpaid or late renewal premiums

**We** will automatically cancel **your** cover if **you** fail to pay **your** premium on or before the date it is due, or if **we** are unable to collect **your** premium from **your** credit or debit card. However **we** may allow **your** cover to continue without **you** having to complete a new application form and health declaration if **you** pay the outstanding premium within 30 days of its due date. If **you** incur medical expenses during this 30 day period, **we** will not settle **your** claim until **we** have received the full annual premium.

If **your** premium is outstanding for more than 30 days **you** can apply to have **your** cover reinstated but **you** will have to complete and send **us** a Health Declaration together with payment of all outstanding premiums. If **your** state of health has changed **we** reserve the right to decline to renew **your** cover, or to continue to insure **you** at special terms. Cover can only be renewed once **we** have received a satisfactory Health Declaration and payment of all outstanding premiums.

If a renewal premium is outstanding for more than 60 days, **you** will have to apply for a new Global Health plan and the pre-existing condition exclusion will apply from **your** date of entry to **your** new plan. Any rights to the no claim incentive accrued under **your** previous plan will no longer apply.

---

#### Changing your address, country of residence or email address

**You** must tell **us** if **you** change **your** address and if **you** change **your** country of residence. A change of address form is provided on **our** website at [www.globalplans.ae/webworks](http://www.globalplans.ae/webworks). **Your** country of residence is the country in which **you** are habitually resident.

**You** must tell **us** if **you** change **your** email address as **we** will email **you** with **our** renewal terms and a renewal premium invoice prior to **your** renewal date.

---

#### In the event of the death of an insured person

Please inform **us** as soon as possible in the event of the death of an insured person. If no claim has been made on the insured person's plan, any unused premium from the date of death will be refunded.

However, if the deceased member has made a claim on his or her plan, no premium refund will be made, and, if premiums are paid monthly, quarterly or semi-annually, **we** will deduct any unpaid future instalment premiums from any claim payment **we** make.

---

#### Cancelling your Global Health Elite plan

If **you** decide to cancel **your** Global Health plan **you** must tell **us** in writing and **we** will cancel **your** cover from the date on which **we** receive **your** instruction to cancel **your** cover, (not before - **you** cannot backdate the cancellation of **your** membership), or from a date in the future advised by **you**. Provided **you** have not submitted a claim for any benefit specified in the Table of Benefits (other than the Well-being benefit) in respect of **your** current period of cover, **we** will refund the unused portion of **your** premium. If any person named in the schedule of insured persons on the certificate of insurance has made a claim, no premium refund is due.

---

#### Applicable law

The law of Dubai shall apply.

---

#### Complaints procedure

We want to provide **you** with a first class standard of service at all times. If **you** feel that **our** service has been poor or **you** feel that any decision **we** make about a **claim** is unfair and not in accordance with the terms of this **agreement**, please let **us** know by contacting:

The Executive Manager (Middle East), Global Plans Team, Dubai Insurance Company psc, PO Box 3027, Dubai, UAE.

**Tel: + 971 4 2697706 Fax: + 971 4 2691304**

All complaints will be acknowledged by telephone, e-mail or letter by the end of the following working day.

All complaints will receive a full and detailed written response within two weeks of issuing **our** acknowledgement.

## 8. DEFINITIONS

---

#### A clear explanation of certain terms used within this agreement

This section explains what **we** mean by certain words and phrases in this **agreement**. Words written in bold both here and in this **agreement** are particularly important as they have a specific meaning.

**Accident** means a sudden, unexpected, specific event which occurs at an identifiable time and place.

**Acute condition** means a disease, injury or illness 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.

**Africa and the Indian Subcontinent** means Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo (Brazzaville), Djibouti, Egypt, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mayotte, Morocco, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & Principe, Senegal, Sierra Leone, Somalia, South Africa, Sozand, Swaziland, Tanzania, Togo, Tunisia, Uganda, West Sahara, Zaire (Democratic Republic of Congo), Zambia, Zimbabwe, Ascension Island, St Helena, Equatorial Guinea and the Indian subcontinent countries of Afghanistan, Bangladesh, Bhutan, Myanmar, British Indian Ocean, Comoros, Heard Island, India, Maldives, Mauritius, Nepal, Pakistan, Seychelles and Sri Lanka.

**Agreement** means the contents of this booklet read in conjunction with **your** completed and signed **application form** and **your certificate of insurance**. Together these items make up **your** Global Health **plan** contract with **us**.

**Application form** means the **application form you** have completed and signed on behalf of **yourself** and on behalf of any of **your** dependants for whom cover is requested.

**Area of cover** means the territorial limits of **your plan**.

**Assistance Service** means the emergency assistance company contracted by **us** to provide assistance services to Global Health **plan** members at the time of **your claim**.

**Certificate of insurance** means the confirmation of insurance cover issued by **us**. **Your certificate of insurance** confirms the **plan you** have bought, its currency, **your area of cover**, **your period of cover**, **your date of entry**, **your renewal date**, the **excess** amount, any **special terms** relating to **your cover**, **your country of residence**, **your home country**, and a **schedule of insured persons**. The **schedule of insured persons** lists the persons insured by **us** under **your agreement** with **us**. If there are any changes to the details on **your certificate of insurance** we will issue **you** with a new **certificate of insurance** confirming the changes.

**Chronic Condition** means a disease, illness or injury which has at least one of the following characteristics;

**1** It continues indefinitely and has no known cure, **2** It comes back or is likely to come back, **3** It is permanent, **4** **You** need to be rehabilitated or specially trained to cope with it, **5** It needs long-term monitoring, consultations, check ups, examinations or tests.

**Claim** means a course of **treatment** for a specific illness, injury, medical condition, dental condition or pregnancy.

**Complications of pregnancy** means **in-patient** and **day-patient treatment** received for a medical condition which arises during the antenatal or postnatal stages of pregnancy after **you** have been covered by the Global Health Elite **plan** for a continuous period of 12 months.

There is no cover for **complications of pregnancy** received within the first 12 months of **your plan**. There is no cover for **complications of pregnancy** arising from a pregnancy established through assisted reproduction until after the 12-week scan, irrespective of how long **you** have been covered by the **plan**.

**Co-insurance** means the contribution that **you** must make towards the eligible costs of **your claim**.

**Congenital conditions** means any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, or any deformity arising during the antenatal stages of pregnancy.

**Country of residence** means the country in which **you** are habitually resident.

**Date of entry** means the date on which cover for **you** and each of **your** dependants first commenced.

**Day-patient**. **You** are a **day-patient** when, for medical reasons, **you** have to go into a **hospital** or **day-patient unit** because **you** need a period of clinically-supervised recovery but do not have to stay overnight.

**Dentist** means a person legally carrying out this profession in the country in which he or she is located.

**Diagnostic tests** means investigations, such as x-rays or blood tests, to find or to help find the cause of **your** symptoms.

**Eligible dependants** are **your** spouse or partner with whom **you** live, (provided the spouse or partner is under 65 years of age), and **your** unmarried children (provided the unmarried children are aged less than 18 years old, or less than 25 years old if in continuous full-time education). **We** reserve the right to request and receive proof of a dependant child being in full-time education.

**Emergency treatment** means essential **treatment**, covered by **your plan**, and required if **you** suffer an **accident** or a sudden unforeseen illness **you** have never suffered from before.

**Excess** means the amount stated as the **excess** in **your certificate of insurance**, being the amount **you** must contribute towards each **claim**.

**Excluded country or area** means the USA, Canada, the Caribbean countries and islands, and the **London area**.

**Full refund** means we will pay all **reasonable and customary treatment** charges subject to any annual and/or life-time limits that may apply, and subject to any **co-insurance** and/or **excess** that may apply.

**Global Personal Accident plan** is a separate insurance **plan**, the terms and conditions of which are explained in the **Global Personal Accident plan** rules.

**Global Travel plan** is a separate insurance **plan**, the terms and conditions of which are explained in the **Global Travel plan** rules.

**Home country** means **your** country of origin for which **you** hold a passport. If **you** hold more than one passport **your home country** will be the country **you** have declared on **your application form**. For the purposes of this **agreement you** spouse or partner and dependent children will be regarded as having the same **home country** as **you**.

**Hospice** means an **in-patient** facility that provides palliative care and attends to the needs of terminally ill patients.

**Hospital** means an establishment which is legally licensed as a medical or surgical **hospital** under the laws of the country in which it is situated.

**In-patient**. **You** are an **in-patient** if **you** receive **treatment** which, for medical reasons, means that **you** have to stay in **hospital** overnight.

**Insured person** means any person specified in the **certificate of insurance** as the **insured person**.

**Insurer** is the insurance company that provides the insurance cover for **your plan** and is Hauteville Insurance Company Limited.

**Life-threatening condition** means a critical medical condition covered by **your plan**, which in the opinion of the **Assistance Service** constitutes a **life-threatening** situation which requires immediate **in-patient treatment**.

**London area** means any address in the United Kingdom with a London postcode.

**Medical doctor** means a person who has the primary degrees in the practice of medicine and surgery following attendance at a recognised medical school and who is licensed to practise medicine by the relevant licensing authority 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 World Health Organisation.

**Medically necessary** means **treatment** that is medically appropriate and necessary to treat a condition that is covered under the terms and conditions of this **agreement**, and which is consistent with UK medical practice and guidelines regarding its type, frequency and duration. The UK guidelines used for the purpose will be those published by the National Institute for Health and Clinical Excellence in the UK.

**Medical practitioner** means a person who has full registration under the Medical Acts of the country where they practice and who specialises in nursing, homeopathy, acupuncture, orthopaedic medicine, physiotherapy, osteopathy, or chiropractic **treatment**, and to whom **you** have been referred by a **medical doctor**.

**Out-patient.** You are an **out-patient** when **you** receive **treatment** at a **hospital** consulting room, emergency room or **out-patient** clinic where **you** do not go in for **day-patient** or **in-patient treatment**.

**Period of cover** is as stated on **your certificate of insurance** and cover will remain in force during this period subject to the terms and conditions of this **agreement**, and provided **we** receive **your premium(s)** on or before their **due date(s)**. If a **premium** is not received by **us** on or before its **due date**, **your period of cover** will end from the day before the unpaid **premium's due date**.

**Plan** means the Global Health Elite Bronze **plan**, Silver **plan**, Gold **plan**, Platinum **plan**, Gold Maternity **plan**, or the Platinum Maternity **plan**.

**Post-hospital treatment** is **medically necessary** follow-up consultations, physiotherapy, tests and/or **treatment** required on an **out-patient** basis following **in-patient** or **day-patient treatment** covered by **your plan** and received within the 90 day period following the date **you** are discharged from **hospital**.

**Pre-existing conditions and related conditions** means any disease, illness or injury for which:

1. **You** have received medication, advice or **treatment**; or
2. **You** have experienced symptoms;

whether the condition has been diagnosed or not at any time before the start of **your cover**.

**Premium** means the amount(s) **you** are required to pay to **us** either annually, semi-annually, quarterly or monthly for this insurance cover.

**Premium due date**, or **due date** means the date on which **your premium** falls due.

**Reasonable and customary** means the charge that would typically be made for **your treatment** by medical service providers in the country in which **you** receive **your treatment**. If the cost of **your treatment** is more than the charge that would typically be made by medical service providers, in the country in which **you** receive **your treatment**, **we** will only pay up to the amount which is typically charged in that country. In the event of a dispute, **we** will identify the amount typically charged for **your treatment** by medical service providers in the country in which **you** receive it, by obtaining three quotations and taking a mean average of these three quotations.

**Recognised medical treatment** means **treatment** that is medically appropriate and necessary to treat a condition that is covered under the terms and conditions of this **agreement**, and which is consistent with UK medical practice and guidelines regarding its type, frequency and duration. The UK guidelines used for the purpose will be those published by the National Institute for Health and Clinical Excellence in the UK.

**Related condition** means any disease, illness or injury that is caused by a **pre-existing condition** or results from the same underlying cause as a **pre-existing condition**.

**Renewal date** is shown on **your certificate of insurance** and will normally be the anniversary of **your original date of entry** to the Global Health **plan**.

**Restricted country or restricted countries** means a country outside **Africa and the Indian Subcontinent**, and outside the USA, Canada, the Caribbean, and outside the **London area**.

**Specialist** means a surgeon, anaesthetist or physician who is legally qualified to practice medicine or surgery following attendance at a recognised medical school, and who is recognised by the relevant authorities in the country in which the **treatment** takes place 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 World Directory of Medical Schools as published from time to time by the World Health Organisation.

**Special terms** mean any exclusions or conditions which **we** may apply to **your plan**. Any **special terms** relating to **your plan** will appear on **your certificate of insurance**.

**Table of Benefits** means the benefits set out in pages 11-22 of this booklet.

**Temporary trip** means a trip **you** take to the United States of America for business or pleasure of not more than 45 days duration if **you** have Area Two cover, or 90 days duration if **you** have Area Three cover. If **you** have Area Four cover, **temporary trip** means a trip **you** take outside **Africa and the Indian Subcontinent** for business or pleasure of not more than 90 days.

**Treatment** means surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

**Us, we, our** means Dubai Insurance Company psc.

**Well-being benefit medical report form** is the medical examination report form which specifies the medical tests eligible for cover under the well-being benefit. This report form must be obtained from **us** before **you** have a medical examination for which **you** intend to **claim** under the well-being benefit.

**You, your, yourself** means any and all persons named in the **schedule of Insured Persons on your certificate of insurance**.

Steve 2/11/09 11:11

**Comment:** The textbox below contains a reference for the document; it is made up of the filename, the ref field which is part of the Document Properties and the date. These fields should be updated when a new version of the document is created.

RT: Finish page 43 on back inside cover



دبـي للتـأمين  
DUBAI INSURANCE

**Global Plans Team**  
**Dubai Insurance Company psc**  
PO Box 3027, Dubai, UAE.  
T +971 4 2697706  
F +971 4 2693727  
enquiries@globalplans.ae  
**www.globalplans.ae**