



دبي للتأمين
DUBAI INSURANCE



ESSENTIAL EMPLOYEE PLAN AGREEMENT

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



GLOBAL HEALTH
Health Insurance for Expatriates

YOUR EMPLOYEE PLAN AGREEMENT

WELCOME

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 that your employer has provided for you. In this plan agreement we explain what is - and what is not - covered by your Global Health 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**

Form & literature downloads **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**

Neuron Network **800 4408 (UAE) + 971 4 3414770 (Within GCC)**



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

It is a condition of the Global Health plan agreement that we only pay for **in-patient** or **day-patient hospital treatment** costs that have 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 Dubai working hours, you must contact the **Assistance Service**. 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

Pre-authorisation is required for all **treatment** of any kind for cancer. We will not pay for any **treatment** costs 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.

CONTACT DETAILS

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Helpline UAE: 800 4408

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The Assistance Service

(medical emergencies only):

24 hour emergency number:

+ 44 1243 621155

24 hour email:

cepgroup@globalplans.ae

Medical Provider Network:

Customer Services + 971 4 2697706 Claims + 971 4 2697708

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1. THE GLOBAL HEALTH PLAN MEMBERSHIP AGREEMENT

The Global Health **plan agreement** is subject to the **agreement** between **us** and **your employer**.

Any cover **we** provide **you** with is subject to the terms, conditions and exclusions of the **Master Certificate of Insurance we** issue to **your employer**. A copy of the **Master Certificate of Insurance** is available from **your employer**.

Cover is also subject to the terms and conditions and exclusions contained within this **agreement**, and to any **special terms** stated on **your Certificate of Insurance**.

Eligibility to join your employer's Global Health plan

Eligibility to join **your employer's** Global Health **plan** is as stated on **your employer's application form**.

If **you** are eligible to join **your employer's** Global Health **plan**, **you** must join the **plan** at the first available opportunity.

By the **first available opportunity** **we** mean:

- At the commencement date of **your employer's plan** or on the date on which **you** commence employment with **your employer** if later, or,
- On the date on which **you** receive a promotion to a position within the company which entitles **you** to join **your employer's plan**.

Your eligible dependants must also join at the same time as **you** join.

If **you** or **your dependants** do not join **your employer's plan** at the first available opportunity **we** reserve the right to refuse cover or to only offer cover at **special terms**.

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 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 application has been submitted to **us** it will become **our** property and cannot be returned.

Pre-existing conditions and related conditions

Unless otherwise stated on **your Certificate of Insurance**, **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 eligible dependants

Provided **your** dependants are also eligible to join **your employer's plan**, **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** new spouse or partner and/or dependent children after **your date of entry**, **you** must complete a new **application form** on their behalf. The new **application form** must be submitted to **us** by **your employer** and received by **us** within 30 days of **your** spouse, partner or dependant child.

Commencement of your cover

Subject to **you** being eligible to join **your employer's plan**, **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 premium**, as invoiced by **us**, from **your employer**.

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 **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. **We** may offer **you** limited cover in the USA 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 PLAN

Your Global Health **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 **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**.

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 plan

The following **Table of Benefits** sets out the cover provided by each Global Health **plan**. Global Health offers two levels of cover – the Essential Care **plan** and the Essential Care Plus **plan**. The **plan your employer** has bought for **you** 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 **plan your employer** has bought. If **you** incur costs for benefits not covered by the Global Health **plan your employer** has 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 **plan your employer** has 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**. **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 **hospice** care and HIV/AIDS benefits. 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 **you** cover ceases for any reason, **your** entitlement to benefit ceases from the date on which **you** 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 United States dollars and UAE dirhams. The currency in which **your employer** pays **us your premiums** is the currency that applies to **your** cover. For example, if **your employer** pays **us your premiums** in US dollars, the US dollar benefit limits will apply.

Semi-private room restriction

If **you** are admitted to **hospital** for a condition that is covered by **your plan you** are entitled to receive **your treatment** in a semi-private room only.

If **you** are covered by the Essential Care **plan** and **you** have **your treatment** in a private room, **we** will pay up to a maximum of \$120 or AED 441 per day towards **your hospital** accommodation charges.

If **you** are covered by the Essential Care Plus **plan** and **you** have **your treatment** in a private room, **we** will pay up to a maximum of \$150 or AED 551 per day towards **your hospital** accommodation charges.

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

	ESSENTIAL CARE	ESSENTIAL CARE PLUS
TOTAL ANNUAL BENEFIT LIMIT PER INSURED PERSON		
This is the overall maximum limit to the amount that you can claim during any one period of cover.	\$250,000 or AED 917,500	\$500,000 or AED 1,835,000
IN-PATIENT& DAY-PATIENT BENEFITS		
In-patient and day-patient treatment when it is medically necessary for you to occupy a hospital bed to receive treatment which is covered by your plan . We pay for hospital accommodation charges, surgeons', anaesthetists' and doctors' fees, nursing care, drugs and surgical dressings, theatre charges and intensive care, pathology, X-Rays, scans, oncology, diagnostic tests and physiotherapy. The hospital accommodation charges we pay are limited to the hospital's charge for a standard semi-private room. We do not pay for personal items such as telephone calls, newspapers, and guest meals. We will only pay hospital charges for the period that it is medically necessary for you to stay in hospital .	Full refund of cost that have been authorised in advance by us or the Assistance Service . When treatment is received in a private room, we will pay up to \$120 or AED 441 per day towards the cost of the daily accommodation charge. This limit does not apply if it is medically necessary for you to be admitted to the Intensive Care Unit.	Full refund of cost that have been authorised in advance by us or the Assistance Service . When treatment is received in a private room, we will pay up to \$150 or AED 551 per day towards the cost of the daily accommodation charge. This limit does not apply if it is medically necessary for you to be admitted to the Intensive Care Unit.
Emergency in-patient dental treatment This means emergency restorative dental treatment required to restore sound, natural teeth following an accident , covered by your plan , which necessitates your admission to hospital for at least one night. The dental treatment must be received within 15 days of the accident .	Up to \$2,500 or AED 9,175 per period of cover	Up to \$5,000 or AED 18,350 per period of cover
Parent accommodation whilst a child is in hospital When a child under 18 years of age receives treatment that is covered by their plan the hospital accommodation costs of one parent will also be covered provided the parent is also covered by a Global Health plan.	Full refund	Full refund
HOSPICE CARE		
We will pay towards the palliative care of a medical condition up to the following life-time limits:	Up to \$15,000 or AED 55,050 Life-time limit	Up to \$25,000 or AED 91,750 Life-time limit

	ESSENTIAL CARE	ESSENTIAL CARE PLUS
ORGAN AND BONE MARROW TRANSPLANTS		
Heart, Kidney, Liver, Lung, Heart and lung, and bone marrow only We 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 out-patient treatment required prior to and after the transplant. We do not cover any costs associated with the acquisition of the organ, or any of the donor's costs. We only pay for transplants carried out in internationally accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO guidelines.	Full refund	Full refund
PREGNANCY BENEFIT		
Complications of pregnancy After you have been covered by the Essential Care Plus plan for a continuous period of 12 months we will cover in-patient or day-patient treatment necessary as a direct result of a complication of pregnancy . There is no cover for treatment received within the first 12 months of your plan . NB: No cover is provided for an emergency caesarean section.	Not covered	Up to \$5,000 or AED 18,350 per period of cover
ONCOLOGY		
We will pay for: - Oncology (i.e. any treatment for cancer) required on an in-patient or day-patient basis, - Radiotherapy, and - Chemotherapy.	Full refund in respect of all eligible costs that have been authorised in advance by us	Full refund in respect of all eligible costs that have been authorised in advance by us
Out-patient follow up consultations and tests We will pay for medically necessary follow up consultations and tests received for cancer within your period of cover , and within the maximum period specified by your plan . All costs must be authorised in advance by us .	Full refund for a maximum period of one year from the later of: - the date of surgery, or - the completion of chemotherapy or radiotherapy	Full refund for a maximum period of two years from the later of: - the date of surgery, or - the completion of chemotherapy or radiotherapy
ROAD AMBULANCE CHARGES		
We will pay for the cost of a private road ambulance if you need in-patient or day-patient treatment for which you are covered by your plan and it is medically necessary for you to travel to the hospital by local road ambulance.	Up to \$1,200 or AED 4,404 per period of cover	Up to \$1,600 or AED 5,872 per period of cover

	ESSENTIAL CARE	ESSENTIAL CARE PLUS
OUT-PATIENT TREATMENT		
Total annual benefit limit per insured person for all out-patient treatment	\$1,000 or AED 3,670	\$5,000 or AED 18,350
Emergency ward treatment Emergency treatment covered by your plan and received at a hospital when it is not necessary for you to be admitted as an in-patient or day-patient .	Not covered	Full refund within the annual limit for out-patient treatment
Out-patient surgical procedure	Full refund within the annual limit for out-patient treatment	Full refund within the annual limit for out-patient treatment
GP and specialist consultations , prescribed drugs and dressings, pathology, scans, radiology and diagnostic tests received as an out-patient .		
Advanced Diagnostic Tests MRI, CAT and PET scans. NB. We will only pay for MRI and CAT scans performed on the advice of a medical doctor and we will only pay for PET scans performed on the advice of a specialist .	Full refund for post hospital treatment* within the annual limit for out-patient treatment	Full refund within the annual limit for out-patient treatment
Physiotherapy We will pay for treatment by a fully qualified and registered physiotherapist only when you have been referred for treatment by a medical doctor . The medical doctor's referral letter will be required. The referral letter is only valid for the same or related condition for a period of three months from the date that the letter was issued. We will pay for a maximum of TEN sessions per claim . After ten sessions of physiotherapy treatment has been administered we will only pay for further sessions relating to the same condition if they have been authorised in advance by us . A further specialist's report will be required after each 10th session. We will not pay more than the benefit limit stated opposite, regardless of the number of physiotherapy sessions received, or the number of conditions treated. If your condition becomes chronic and ongoing physiotherapy is aimed at maintaining, rather than curing it, no further payments will be made.	Up to \$250 or AED 918 per period of cover for post-hospital treatment* only, within the annual limit for out-patient treatment	Up to \$250 or AED 918 per period of cover within the annual limit for out-patient treatment

***Post-hospital treatment** is medically necessary follow-up **specialist** consultations, **diagnostic tests** and/or **treatment** required on an **out-patient** basis on the advice of **your specialist**, 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**.

	ESSENTIAL CARE	ESSENTIAL CARE PLUS
HIV & AIDS BENEFIT		
Once you have been insured by the same plan type for a continuous period of 24 months, we will pay towards the cost of in-patient or day-patient treatment 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 your date of entry .	Up to \$1,000 or AED 3,670 per period of cover	Up to \$2,500 or AED 9,175 per period of cover
EMERGENCY EVACUATION BENEFIT		
Emergency evacuation If you have a life-threatening condition covered by your plan which requires immediate in-patient treatment that cannot be adequately provided locally, the Assistance Service will arrange for you to be moved by air and/or by surface transportation, to the nearest hospital within your area of cover where appropriate medical treatment is available. The Assistance Service retains the absolute right to decide whether your medical condition is life-threatening , whether or not the treatment could be adequately provided locally, where you are evacuated to and the means and method of the evacuation. We will only pay for your evacuation if all the arrangements have been authorised and made by the Assistance Service . We do not pay for any other costs related to your evacuation such as hotel accommodation charges. 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.	Full refund of costs that have been authorised in advance by the Assistance Service	Full refund of costs that have been authorised in advance by the Assistance Service
Return airfare We will also pay for your economy return airfare for you to return to your country of residence following an emergency evacuation covered by your plan .	Full refund	Full refund
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 .	Full refund	Full refund
	ESSENTIAL CARE	ESSENTIAL CARE PLUS
EMERGENCY EVACUATION BENEFIT CONTINUED		

Repatriation of mortal remains

If **you** die as the result of a condition that is covered by **your plan** whilst **you** are outside **your home country** (and no **claim** has been made under the Burial or Cremation benefit) **we** will pay for the **Assistance Service** to transport **your** body or ashes to **your home country** or **country of residence**. **We** will only pay for costs that have been authorised in advance by the **Assistance Service**.

This benefit is not available if a **claim** is made for burial or cremation at the place where **you** died.

Up to
\$5,000 or
AED 18,350

Up to
\$10,000 or
AED 36,700

Burial or cremation

If **you** die as the result of a condition that is covered by **your plan** whilst **you** are outside **your home country** (and no **claim** has been made under the Repatriation of mortal remains benefit) **we** will pay for **you** to be buried or cremated at the place where **you** died. **We** will only pay for costs that have been authorised in advance by the **Assistance Service**.

We do not pay for the costs of a religious practitioner. There is no cover if **you** die in **your home country**.

This benefit is not available if a **claim** is made for repatriation of mortal remains.

Up to
\$1,600 or
AED 5,875

Up to
\$1,600 or
AED 5,875

Plan limits

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

The excess

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

If **you** have been issued with a Neuron Global Health card, **your excess** will be applied to each consultation **you** have with a **medical doctor**. The **excess** will be applied to **your** initial consultation, and to each subsequent consultation for which a charge is made. **You** must pay the **excess** amount shown on **your** card to the provider at the time of **your** consultation.

The **excess** will also be applied to **your claim** in respect of each visit **you** make to a **dentist**, if **you** are eligible for cover for dental treatment under **your plan**.

If **you** have not been issued with a Neuron Global Health card, **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 for **out-patient** follow up consultations and tests received for cancer, **your excess** will be applied once per condition per **period of cover**.

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

Cover is provided world-wide with the following exceptions and restrictions:

Excluded countries

No cover at all is provided in any of the following countries and regions:

The United States of America, Canada, all Caribbean countries and islands, and the London area.

Restricted countries and regions

Cover is **restricted** in the following countries and regions:

All countries within the European Union, Andorra, Channel Islands, Cyprus, Gibraltar, Greenland, Iceland, Liechtenstein, Monaco, Norway, San Marino, Switzerland.

Australia, Bali, China, Hong Kong, Japan, Macau, New Zealand, Singapore, Taiwan.

By **restricted** we mean that the cover **we** provide is **restricted** to **emergency treatment you** receive whilst on a **temporary trip** to one of the **restricted countries or regions** stated above.

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 a **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 to a **restricted country or region** knowing that **you** would require **treatment**. **We** will only pay for **treatment** that in **our** opinion was essential and could not reasonably have been delayed until **your** return to a country within **your area of cover**.

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.

The maximum benefit **we** will pay in respect of all **emergency treatment you** receive in **restricted countries or regions** during an annual **period of cover** is US \$50,000.

Continuing your cover if you move to an excluded or restricted country and/or region

If **you** take up residence in an **excluded** or **restricted country and/or region** **your** cover under the Global Health Essential **plan** will automatically terminate.

4. MAKING A CLAIM THROUGH THE NEURON NETWORK

Making a claim through the Neuron Network with a Neuron Global Health card

If **you** have a Neuron card, **you** are entitled to use the direct billing facility **we** have with Neuron. When **you** use a medical provider within the Neuron Network, **you** simply present **your** Neuron Global Health card to the provider. If **your plan** has an **excess**, **you** must pay the **excess** amount to the provider in respect of each **doctor's** consultation. The provider will submit the bills for **your** consultation and **treatment** (less the **excess** amount **you** have paid) to Neuron for settlement.

Please note that **you** can only **claim** for **treatment** that is covered under the terms of **your plan**, so before **you** embark on a course of **treatment** with a Neuron network provider, **we** strongly recommend that **you** call **us** or Neuron who can advise **you** whether the proposed **treatment** will be covered by **your plan**. Please note that if **your claim** is for **treatment** that is not covered by **your plan** **we** will recover the ineligible costs from **you** or from **your employer**.

Full details of all the medical providers that form part of the Neuron Network can be found at www.globalplans.ae

Certain procedures and tests require authorisation by Neuron before the clinic or **hospital** can proceed with them. All clinics and **hospitals** within the Neuron Network are aware of these requirements and will contact Neuron directly for the necessary pre-authorisation.

Obtaining pre-authorisation for in-patient and day-patient treatment, and for all treatment for cancer

Pre-authorisation is also required for all **in-patient** and **day-patient treatment**, and for all **treatment** for cancer. Please contact **us** or Neuron as soon as **you** become aware that **you** need such **treatment**. **We** will not pay for **treatment** that has not been pre-authorised by **us** or by Neuron.

Ineligible claims

Please note that if **your treatment** turns out not to be eligible under the terms of **your** cover, **you** must repay to **us** the amount **you** have claimed. If **you** do not repay the amount of the ineligible **claim**, **we** have the right to reclaim the amount from **you** or from **your employer**. If **you** are in any doubt as to whether the **treatment** is eligible, please call the helpline before **you** incur any costs.

Contacting Neuron

Neuron LLC, PO Box 72071, Dubai, United Arab Emirates.

Helpline within UAE: 800 4408 Helpline outside UAE (within GCC): + 971 4 3414770

Fax: + 971 4 3414914 Email: info@neuron.nu Web: www.neuron.nu

Making a claim outside the Neuron Network

If **you** use a **hospital** medical provider who is not part of the Neuron Network, **you** must follow the procedures in chapter 5 of this booklet.

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

It is a condition of the Global Health **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

You must contact **us** to pre-authorise all **treatment** for cancer. **We** will not pay for any **treatment** **we** have not pre-authorised.

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 your company's plan has been renewed and after your employer has 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-authorised 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 Remitted invoices AND receipts.

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Making a claim

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, 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.

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 email. 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** and **you** ask **us** to settle the **hospital's** or **doctor's** bills directly, **we** will deduct the **excess** amount and **you** will be responsible for paying the **excess** 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**.

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 **you** any benefit **we** have paid in relation to any **claim**. **We** also have the right to retain any premium **your employer** has paid to **us**.

6. 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**.

7. COSTS WE DON'T COVER

There are some costs and expenses **your** Global Health **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 osteopathy, homeopathy, acupuncture, chiropractic **treatment**, 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, biokinetic 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.

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Birth control, sexual problems and sex changes

We don't 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.

Chronic conditions

You do not have cover for **chronic conditions**.

Circumcision

We do not pay for elective circumcision.

Complementary medicine

We do not pay for consultations or **treatment** performed by a chiropractor, osteopath, homeopath, acupuncturist or traditional Chinese medicine practitioners.

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 for **in-patient** emergency dental

treatment as 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 **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**.

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 hospital treatment** received for **complications of pregnancy** after **you** have been insured by the Global Health Essential Care Plus **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 Essential Care Plus **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**. 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**.

No cover is provided for childbirth, including an emergency caesarean section.

Professional sports and motorised racing

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

We do not pay for **treatment** of any psychiatric condition or **treatment** of any condition caused by or relating to any psychiatric condition.

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 Essential Care **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 dietitians. **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 a 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.

8. POLICY ADMINISTRATION

Global Health premiums

Your employer is responsible for paying to **us** **your** Global Health **premiums**, and **premiums** for **your** dependants.

We must be in receipt of **your premium** before **we** will commence **your** cover.

Your Global Health cover will only remain in force whilst **you** are employed by **your employer** and during the period for which **we** have received payment of the appropriate **premium** from **your employer**. **We** will not pay for any **treatment** expenses incurred after **your** cover has ended.

Unpaid or late premiums

We will automatically cancel **your** cover if **your employer** fails to pay **your premium** on or before the date it is due. However, **we** may allow **your** cover to continue without **you** having to complete a new **application form** and health declaration if **your employer** pays 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, **your** cover can only be reinstated if **you** send **us** a satisfactory health declaration and **your employer** pays **us** 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**. **We** may accept **your** new 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.

Adding a new eligible dependant

If **you** wish to add a new 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** from **your employer**. **We** will calculate their **premium** based on their age at their **date of entry**.

Adding newborns

There is no automatic cover for newborn children.

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.

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. **Your country of residence** is the country in which **you** are habitually resident.

You must tell **us** if **you** change **your** email address.

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**.

When your employment terminates

Your cover, and cover for **your** dependants, will cease automatically from the date on which **your** employment with **your employer** is terminated.

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, email 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.

9. 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.

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 your employer** has 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.

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

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 Essential Care Plus **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**.

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, or caused during childbirth.

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 need 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 **you** spouse or partner with whom **you** live, (provided the spouse or partner is under 65 years of age), and **you** 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 and unforeseen illness **you** have never suffered from before.

Employer means the **policyholder** specified as **your employer** on **your certificate of insurance**.

Excess means the amount stated as the **excess** on **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 **your certificate of insurance** as the **insured person**.

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

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.

Master Certificate of Insurance is the Certificate of Insurance issued to **your employer** which together with this membership **agreement** and **your certificate of insurance** contains the terms, conditions and exclusions that apply to **your** membership and to cover **we** provide to **you** and **your eligible dependants**.

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 or physiotherapy, 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)** from **your employer** 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 Essential Care **plan**, or the Global Health Essential Care Plus **plan**.

Policyholder means **your employer**, i.e. the company **you** are employed by and on whose payroll **you** appear.

Post-hospital treatment is **medically necessary** follow-up **specialist** consultations, physiotherapy, **diagnostic 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 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) **your employer** is 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**.

Restricted means that the cover **we** provide is **restricted** to **emergency treatment you** receive whilst on a **temporary trip** to one of the **restricted countries and/or regions**.

Restricted countries and/or regions means all countries within the European Union, Andorra, Channel Islands, Cyprus, Gibraltar, Greenland, Iceland, Liechtenstein, Monaco, Norway, San Marino, Switzerland, Australia, Bali, China, Hong Kong, Japan, Macau, New Zealand, Singapore, Taiwan.

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 10-14 of this booklet.

Temporary trip means a trip **you** take to a **restricted country** for business or pleasure of not more than 90 days duration.

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.

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



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