



WILLIAM RUSSELL
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DUBAI INSURANCE

IMPORTANT: PLEASE READ



2012 GLOBAL HEALTH ELITE PLAN CHANGES

Changes to the Global Health Elite plan agreement from your renewal



GLOBAL HEALTH[®]
Health Insurance for Expatriates

BENEFIT CHANGES

The following changes to your Global Health Elite plan agreement will take effect from your renewal date.

ROUTINE MATERNITY COVER AS STANDARD FOR GOLD AND PLATINUM POLICYHOLDERS

Routine maternity cover is now provided as standard under the Gold and Platinum plans at no additional charge. It is no longer necessary to purchase the Maternity benefit separately.

NEW BENEFIT FOR REHABILITATION

	BRONZE	SILVER	GOLD	PLATINUM
<p>We will pay for in-patient rehabilitation carried out under the control and supervision of a specialist in a recognised rehabilitation hospital or unit only when it immediately follows in-patient treatment covered by your plan. The rehabilitation benefit is payable only when the admission takes place on the written recommendation of your treating specialist and the admission must take place immediately following your discharge from hospital.</p> <p>All treatment must be pre-authorised in advance by us.</p>	<p>Up to £1,575 or \$2,500 or €2,350 or AED9,175 per period of cover</p>	<p>Up to £3,125 or \$5,000 or €4,750 or AED18,350 per period of cover</p>	<p>Up to £4,675 or \$7,500 or €7,000 or AED27,525 per period of cover</p>	<p>Up to £6,250 or \$10,000 or €9,375 or AED36,700 per period of cover</p>

NEW BENEFIT FOR MEDICAL AIDS AND DEVICES

	BRONZE	SILVER	GOLD	PLATINUM
<p>We will pay towards the cost of supplying, fitting or hiring instruments, apparatus or devices which are medically prescribed as an aid to your function or capacity, such as crutches, wheelchairs, orthopaedic supports/braces, stoma supplies and compression stockings, only when it immediately follows in-patient, day-patient or emergency ward treatment covered by your plan. Costs for medical aids that form part of the care of a chronic condition are not eligible for cover under this benefit.</p>	<p>Up to £95 or \$150 or €140 or AED550 per period of cover</p>	<p>Up to £160 or \$250 or €240 or AED920 per period of cover</p>	<p>Up to £325 or \$500 or €475 or AED1,835 per period of cover</p>	<p>Up to £625 or \$1,000 or €950 or AED3,700 per period of cover</p>

NEW BENEFIT FOR PROSTHETIC DEVICES

	BRONZE	SILVER	GOLD	PLATINUM
<p>We will pay for external prosthetic body parts, such as prosthetic limbs</p>	<p>Up to £325 or \$500 or €475 or AED1,835 per device</p>	<p>Up to £625 or \$1,000 or €950 or AED3,670 per device</p>	<p>Up to £940 or \$1,500 or €1,410 or AED5,505 per device</p>	<p>Up to £1,575 or \$2,500 or €2,350 or AED9,175 per device</p>

Changes to your Global Health Elite plan from renewal
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HIGHER BENEFIT LIMITS FOR HOSPICE AND PALLIATIVE CARE

	BRONZE	SILVER	GOLD	PLATINUM
Hospice and palliative care cover as defined in the plan agreement	Up to a life-time limit of £12,500 or \$20,000 or €18,750 or AED73,500	Up to a life-time limit of £15,625 or \$25,000 or €23,425 or AED91,875	Up to a life-time limit of £31,250 or \$50,000 or €46,850 or AED183,750	Up to a life-time limit of £46,875 or \$75,000 or €70,275 or AED275,160

HIGHER BENEFIT LIMITS FOR OUT PATIENT PHYSIOTHERAPY

	BRONZE	SILVER	GOLD	PLATINUM
Physiotherapy cover as defined in the plan agreement	Up to £625 or \$1,000 or €950 or AED3,700 per period of cover for post-hospital treatment only	Up to £1,575 or \$2,500 or €2,350 or AED9,175 per period of cover	Up to £3,125 or \$5,000 or €4,750 or AED18,350 per period of cover	Full refund

COVER FOR NEWBORNS

Cover for newborns now provided to Silver policyholders, with higher benefit limits for Gold and Platinum policyholders

	BRONZE	SILVER	GOLD	PLATINUM
We will pay the in-patient and day-patient accommodation and treatment charges for a child born to a mother who has been insured under the Elite plan for at least 12 consecutive months. We will also pay for the accommodation cost of one parent to stay in hospital with the newborn child. Cover will be restricted to the first 28 days of life. After that an application form and neonatal questionnaire must be completed and submitted to us in respect of the newborn child. During the first 28 days of life we will pay for any necessary in-patient and day-patient treatment 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.	Not covered	Up to £3,125 or \$5,000 or €4,750 or AED18,350 per pregnancy	Up to £46,875 or \$75,000 or €70,275 or AED275,625 per pregnancy	Up to £62,500 or \$100,000 or €93,750 or AED367,000 per pregnancy

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NEW BENEFIT FOR CHILDBIRTH THAT NECESSITATES A SURGICAL PROCEDURE FOR GOLD AND PLATINUM POLICYHOLDERS

	BRONZE	SILVER	GOLD	PLATINUM
<p>Childbirth necessitating an emergency surgical procedure After you have been insured under the Gold or Platinum plan for a continuous period of 12 months we will pay for the cost of the surgeons', anaesthetists' and theatre fees for childbirth which necessitates an emergency surgical procedure and for any additional accommodation charges incurred as the result of the surgical procedure. Note: any charges incurred as the result of normal childbirth will be paid from the routine maternity benefit</p>	Not covered	Not covered	Up to £9,375 or \$15,000 or €14,065 or AED55,050 per pregnancy in total for Complications of Pregnancy and Childbirth necessitating an emergency surgical procedure	Full refund

NB: the Gold plan limit specified above is a combined overall limit in respect of the Complications of Pregnancy benefit and Childbirth necessitating an emergency surgical procedure

NEW BENEFIT FOR INFERTILITY INVESTIGATIONS FOR PLATINUM POLICYHOLDERS

	BRONZE	SILVER	GOLD	PLATINUM
<p>After you have been covered by the Platinum plan for a continuous period of 24 months we will pay for medically necessary investigations to establish the cause of infertility when they have been recommended by a specialist. This benefit does not include investigations for your spouse or partner unless they have also been insured under the Platinum plan for a continuous period of 24 months. In the event that both you and your spouse or partner require infertility investigations, the total amount payable in respect of both persons will not exceed the amount stated opposite. Note: This benefit does not include treatment for infertility such as assisted reproduction or IVF.</p>	Not covered	Not covered	Not covered	80% of costs up to a lifetime limit of £1,575 or \$2,500 or €2,350 or AED9,175

HIGHER BENEFIT LIMITS FOR EMERGENCY OUT-PATIENT DENTAL TREATMENT FOR SILVER, GOLD AND PLATINUM POLICYHOLDERS

	BRONZE	SILVER	GOLD	PLATINUM
<p>Emergency Out-patient Dental Treatment cover as defined in the plan agreement</p>	Not covered	Up to £310 or \$500 or €475 or AED1,835 per period of cover	Up to £625 or \$1,000 or €950 or AED3,700 per period of cover	Up to £940 or \$1,500 or €1,410 or AED5,505 per period of cover

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HIGHER BENEFIT LIMIT FOR ROUTINE AND COMPLEX DENTAL TREATMENT FOR PLATINUM POLICYHOLDERS

	BRONZE	SILVER	GOLD	PLATINUM
Routine Dental Treatment cover as defined in the plan agreement	Not covered	Not covered	Up to £600 or \$1,000 or €900 or AED3,670 per period of cover	Up to £1,575 or \$2,500 or €2,350 or AED9,175 per period of cover in total for routine dental treatment and complex dental treatment
Complex Dental Treatment cover as defined in the plan agreement	Not covered	Not covered	Not covered	

HIGHER BENEFIT LIMITS FOR CHRONIC CONDITIONS FOR SILVER AND GOLD POLICYHOLDERS

	BRONZE	SILVER	GOLD	PLATINUM
Chronic Conditions cover as defined in the plan agreement	Not covered	Up to £6,250 or \$10,000 or €9,375 or AED36,700 per period of cover	Up to £9,375 or \$15,000 or €14,075 or AED55,050 per period of cover	Full refund

OUT-PATIENT FOLLOW-UP TREATMENTS AND TESTS FOR CANCER COVERED IN FULL FOR BRONZE POLICYHOLDERS

There is no longer a time limit of one year from completion of surgery, chemotherapy or radiotherapy applicable to this benefit.

HIGHER BENEFIT LIMIT FOR HOSPITAL CASH BENEFIT FOR PLATINUM POLICYHOLDERS

	BRONZE	SILVER	GOLD	PLATINUM
Hospital cash benefit as defined in the plan agreement	£25 or \$40 or €37.50 or AED147 per night	£50 or \$80 or €75 or AED294 per night	£100 or \$160 or €150 or AED588 per night	£220 or \$350 or €330 or AED1,300 per night

CHANGES TO THE WELL-BEING SECTION OF YOUR PLAN

Cover for an annual colon cancer test and bone densitometry is now included within the Well-being section, with higher benefit limits for Silver and Platinum policyholders

	BRONZE	SILVER	GOLD	PLATINUM
Once you have been insured by the same plan type for a continuous period of twelve months we will pay towards the cost of the following preventive health checks: a general annual medical check-up as per our well-being medical examination report form, an annual colon cancer test, bone densitometry, 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 your policy.	Not covered	Up to £160 or \$250 or €235 or AED920 per period of cover	Up to £250 or \$400 or €375 or AED1,468 per period of cover	Up to £345 or \$550 or €520 or AED2,020 per period of cover

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NEW VACCINATIONS BENEFIT WITHIN THE WELL-BEING SECTION OF THE GOLD AND PLATINUM PLANS

	BRONZE	SILVER	GOLD	PLATINUM
Once you have been insured by the Gold or Platinum plan for a continuous period of twelve months we will pay for immunisations, booster injections and travel vaccinations recommended by a medical doctor, nurse or by the recognized Health Authority in your country of residence or any country that you plan to visit. The cost of the consultation with the medical professional who is required to administer the vaccination is included within this benefit. The vaccinations benefit is not available to children insured as dependants under your policy.	Not covered	Not covered	Up to £32 or \$50 or €47 or AED185 per period of cover	Up to £65 or \$100 or €95 or AED370 per period of cover

NEW ANNUAL OPTICAL EXAMINATION BENEFIT WITHIN THE WELL-BEING SECTION OF THE PLATINUM PLAN

	BRONZE	SILVER	GOLD	PLATINUM
Annual optical examination Once you have been insured by the Platinum plan for a continuous period of twelve months we will pay towards the cost of an annual optical examination up to the annual benefit stated. The annual optical examination benefit is not available to children insured as dependants under your policy.	Not covered	Not covered	Not covered	Up to £32 or \$50 or €47 or AED185 per period of cover

WELL-CHILD BENEFIT

Cover under the Well-child benefit is now provided to Gold policyholders.

	BRONZE	SILVER	GOLD	PLATINUM
Well-child benefit as defined in the plan agreement	Not covered	Not covered	Up to a lifetime limit of £160 or \$250 or €240 or AED920	Up to a lifetime limit of £310 or \$500 or €460 or AED1,835

HOW WE APPLY THE EXCESS TO THE WELL-BEING BENEFIT SECTION OF YOUR PLAN

Your policy excess is applied once per period of cover in respect of all claims under the Well-being section of your plan. For example, if you are a Gold plan holder with an excess of \$100 and in one policy year you incur bills of \$350 in respect of a well-being examination and \$50 in respect of vaccinations, the total amount claimed in respect of the Well-being benefit section will be \$400. We will then deduct your excess of \$100 and reimburse you with \$300.

LONDON CO-INSURANCE REMOVED

It is no longer necessary to pay a 20% co-insurance in respect of treatment received in the London area.

EMERGENCY EVACUATION COVER

In respect of Area 2 and Area 3 policyholders, we have clarified that an Emergency Evacuation is not a temporary trip that is taken for business or pleasure and that, in the event that you suffer a life-threatening condition that cannot adequately be treated locally, you will be evacuated to the nearest hospital, in a country other than the United States of America, capable of treating your condition.

We have also made it clear that we do not pay for mountain rescue or rescue from ski slopes.

ADMINISTRATIVE CHANGES

UNPAID OR LATE PREMIUMS

If a premium is outstanding for more than 30 days you will now have to apply for a new Global Health plan and, if you are accepted for cover, 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.

EXCHANGE RATES

We have now clarified the basis on which exchange rate calculations will be made.

If you submit a bill for treatment received over a period of more than one day, to calculate the exchange rate we apply to that bill we will calculate the average exchange rate from the historical exchange rates applying on each day from the start of the treatment until the last date of treatment.

For example, you submit a bill which is for treatment which starts on 1st March and continues until 5th March. We will take the historical exchange rates on 1st March, 2nd March, 3rd March, 4th March and 5th March, and work out the average rate for that treatment period.

The exchange rate will be calculated in this way in respect of each separate bill you submit.

However, when we have placed a Guarantee of Payment, the exchange rate we use will be the one applicable on the date we, or the Assistance Service, issue the guarantee.

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 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. 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.

The wording has been amended to make it clear that if you contact us less than 48 hours in advance of your admission we may be unable to authorise your treatment in time and you may be required to pay for the treatment yourself and then submit a claim to us for reimbursement.

ADDITIONAL EXCLUSIONS

ALTERNATIVE TREATMENTS AND THERAPIES

The exclusion has been amended to make it clear that we do not pay for microcurrent therapy.

KIDNEY DIALYSIS

The exclusion has been amended to make it clear that 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 of up to 4 weeks if you need this immediately before or after a kidney transplant operation covered by your plan. We will also pay for dialysis for up to 4 weeks if this is needed temporarily for sudden kidney failure resulting from a disease or injury, covered by your plan, which affects another part of your body.

NASAL SEPTUM DEVIATION

The exclusion has been amended to make it clear that, in the event that treatment of nasal septum deviation takes place concurrently with treatment of other conditions, we will only pay for a proportion of the treatment on a pro-rata basis, e.g. if you receive treatment for nasal septum deviation, plus one covered condition, we will pay half of the reasonable and customary cost of the treatment. If you receive treatment for nasal septum deviation, plus two covered conditions, we will pay two thirds of the reasonable and customary cost of the treatment.

SEARCH AND/OR RESCUE

The exclusion has been amended to make it clear that we do not pay for search and/or rescue operations including, but not limited to, mountain rescue or rescue from ski slopes or pistes.

WAR AND TERRORISM

The exclusion has been amended to make it clear that no cover for war and terrorism will be provided if you remain in, or travel to, a country, or a region within a country, that the British Foreign and Commonwealth Office has advised its citizens to leave, and that it is your responsibility to keep abreast of the British Foreign and Commonwealth Office advice.

