

DUBAI WORLDWIDE HEALTH PLAN

Enhanced benefits exceeding local
regulatory requirements

Insured and locally
administered by



Internationally
administered by



For employed residents of the Emirate of
Dubai, holding a Dubai Residency Visa.

Your Membership Pack

WELCOME TO YOUR DUBAI WORLDWIDE HEALTH PLAN

This **Plan** provides cover for **treatment** in the UAE and elsewhere in the world. **You** should be aware however, that cover for **treatment** in the USA is only included if **your sponsor** has purchased USA cover as an optional addition to **your** policy.

Your membership pack

Please keep the contents of **your** membership pack in a safe place. **We** may send **you** amended versions when **your Plan** renews if **we** make any changes. If **you** need another copy, **you** can call:

From inside UAE: **our** toll-free number 800 0444 0492 or

From outside UAE: +44 (0) 1273 323 563, or

You can also view and print it online at www.bupainternational.com/membersworld

Your membership pack includes important documents:

Member Guide

This guide includes **your** Table of benefits, with details of what's covered, what's not covered, and other useful information about how to use **your Plan**.

Terms and Conditions

This includes detailed information about **your Plan**, such as a definition of the terms used, pre-authorising **treatment** and making a claim both inside the UAE and elsewhere in the world.

Membership Certificate

This includes **your** personal details, level of cover and other specific information about **your** membership of the **Plan**.

Membership Card:

- **OIC** and **Bupa Insurance Card** which gives **you** access to our **network** of providers.

Bold words

The words in **bold** have particular meanings in this membership pack. As **you** read through the documents, please check their definitions which can be found in the 'Terms and Conditions'.

Oman Insurance Company (P.S.C.)
Paid up Capital AED 461,872,125.
C.R.No.41952, Insurance Authority No.9
dated 24/12/1984.

Head Office: P.O. Box 5209, Dubai,
United Arab Emirates.
Tel: +971 4 233 7777
Fax: +971 4 233 7775
tameen.ae

Bupa Global
Victory House
Trafalgar Place
Brighton
BN1 4FY
United Kingdom
Bupa-intl.com

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For employed residents of the Emirate of
Dubai, holding a Dubai Residency Visa.

Membership Guide - Company Gold Superior

This booklet explains **your** benefits,
limits and exclusions to **your**
cover. It also includes other useful
information about how to use them.

Valid from 31 October 2014

ABOUT OMAN INSURANCE COMPANY AND BUPA GLOBAL

Oman Insurance Company (OIC) is the **insurer** and the local administrator in the United Arab Emirates (UAE) for the Dubai Worldwide Health Plan. **Bupa Global** is the administrator of the **Plan** outside of the UAE.

OIC partnered with **Bupa Global** in 2003 and since then have built a strong working relationship. With **OIC's** tremendous local knowledge and financial strength, and **Bupa's** global expertise and service capabilities in the healthcare market, **you** can rest assured that wherever **you** are in the world, **you** are in expert hands.

If **you** have any questions about **your** cover, please see the 'Contact **Us**' section in this Member Guide for all contact details.

Bold words

The words in bold have particular meanings in this membership pack. As **you** read through the documents, please check their definitions which can be found in the 'Terms and Conditions' document.

CONTACT US

OPEN 24 HOURS A DAY, 365 DAYS A YEAR

GENERAL ENQUIRIES

From inside UAE:

Toll-free number: 800 0444 0492

From outside UAE: +44 (0) 1273 323 563

fax: +44 (0) 1273 820 517

email: info@bupa-intl.com*

Correspondence should be sent to:

Oman Insurance Company (P.S.C.)

Health Department

PO Box 5209

Dubai,

United Arab Emirates

Any correspondence, including your reimbursement claims for treatment inside the UAE and any claims** for treatment received outside of the UAE should be sent to:**

Bupa Global

Victory House

Trafalgar Place

Brighton

BN1 4FY

United Kingdom

bupa-intl.com

FURTHER HELP

We want to make sure that members with special needs are not excluded in any way. For hearing or speech impaired members, please call +44 (0) 1273 866 557. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

HEALTHLINE SERVICES: TELEPHONE ADVICE LINE

TEL: +44 (0) 1273 333 911

SOME OF THE SERVICES THAT MAY BE OFFERED BY OUR TELEPHONE ADVICE LINE

- Checking **your** cover
- General medical information and advice from a health professional
- Finding local medical facilities
- Medical referrals to a physician or **hospital**
- Medical service referral (i.e. locating a physician) and assistance arranging appointments
- Inoculation and visa requirements information
- **Emergency** message transmission
- Interpreter and embassy referral

Please check the 'Table of benefits' section of this 'Member Guide' for more details.

* Please note that **we** cannot guarantee the security of email as a method of communication. Some companies do monitor email traffic, so please bear this in mind when sending **us** confidential information.

** Please read this 'Member Guide' for information on how to use **your** Insurance Card in the UAE and elsewhere in the world.

HOW TO ACCESS TREATMENT USING YOUR INSURANCE CARD IN THE UAE

DIRECT BILLING	REIMBURSEMENT (PAY AND CLAIM)
Direct billing is available for most out-patient, in-patient and day-case services at a healthcare provider in the OIC Network .	Healthcare providers that are not in the OIC Network and some benefits are marked as 'reimbursement' (pay and claim).
You must present your Insurance Card to the OIC Network provider (e.g. hospital , clinic, doctor or consultant).	You should contact us to verify eligibility. Tel inside UAE: 800 0444 0492
The OIC Network provider will pre-authorise your treatment with OIC .	Claims can be submitted via our online portal MembersWorld www.bupainternational.com/membersworld or, a claim form can be obtained from our Customer Services Team.
OIC will settle the claim directly with the Network provider.	If submitting a claim form, the healthcare provider should complete the medical information section of the claim form. You should complete all other sections, attach invoices and send it all to us .
	Reimbursement of eligible expenses will be paid to you . You will receive your claim payment statement.
You must settle any shortfall for your treatment with the Network provider or other healthcare provider you received treatment from.	

HOW TO ACCESS TREATMENT USING YOUR INSURANCE CARD OUTSIDE OF THE UAE

DIRECT BILLING	REIMBURSEMENT (PAY AND CLAIM)
Direct billing is available for most in-patient and day-case services at our participating providers . For out-patient services, direct billing may be available on request, but is at the discretion of the healthcare provider concerned (e.g. hospital , clinic, doctor or consultant).	Some services may be on a 'reimbursement only' basis (pay and claim), dependant on the healthcare provider concerned.
You or your healthcare provider should obtain pre-authorisation for treatment . We will send a pre-authorisation statement which will also act as your claim form. Tel: +44 (0) 1273 323 563	You should contact Bupa Global to verify eligibility. Tel: +44 (0) 1273 323 563
You should present your Insurance Card to the healthcare provider.	Claims can be submitted via our online portal MembersWorld www.bupainternational.com/membersworld or, a claim form can be obtained from Bupa Global Customer Services.
You may be asked to complete and sign the blank sections of the pre-authorisation statement including the patient declaration. The healthcare provider will attach invoices for treatment and submit to Bupa Global .	If submitting a claim form, the healthcare provider should complete the medical information section of the claim form. You should complete all other sections, attach invoices and send it all to Bupa Global .
The claim will be settled directly with the healthcare provider.	Reimbursement of eligible expenses will be paid to you .
You will receive your claim payment statement.	
You settle any shortfall for your treatment with the healthcare provider.	

WHAT IS COVERED?

THE FOLLOWING INFORMATION IS IMPORTANT – PLEASE READ IT FULLY AND KEEP IT ACCESSIBLE.

Treatment that we cover

For **us** to cover any **treatment** that **you** receive, it must satisfy all of the following requirements

- it is at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received
- it is clinically appropriate in terms of type, duration, location and frequency, and
- it is covered under the terms and conditions of the **Plan**

We will not pay for **treatment** which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your treatment**, when it is reasonable for **us** to do so.

Active treatment

This **Plan** covers **you** for the costs of **active treatment**. By this we mean **treatment** of a disease, illness or **injury** that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.

Note: please see 'Preventive Services', 'Vaccinations', 'Wellness', 'Diabetes Screening' and 'Full Health Screening' in the 'Table of benefits' for information on preventive **treatment**.

Treatment for chronic conditions

This **Plan** also covers **you** for the **treatment** of **chronic conditions**. By this **we** mean a disease, illness or **injury** (including a mental condition) which has at least one of the following characteristics:

- has no known cure or recurs
- leads to permanent disability
- is caused by changes to **your** body which cannot be reversed
- requires **you** to be specially trained or rehabilitated
- needs prolonged supervision, monitoring or **treatment**

Reasonable and customary charges

We will pay for reasonable and customary costs. This means that the costs charged for **your treatment** by **your** healthcare provider should not be more than they would normally charge and be representative of charges for **treatment** by other healthcare providers in the same area*.

Table of benefits

The 'Table of benefits' below shows the benefit limits and the detailed rules that apply to **your Plan**. **You** also need to read the 'What is not covered?' section so that **you** understand the exclusions on **your Plan**.

Benefit limits

There are two kinds of benefit limits shown in the 'Table of benefits'. The 'overall annual maximum' is the maximum **we** will pay for all benefits in total for each person, each **insurance period**. Some benefits also have a limit applied to them separately for each **insurance period**; for example vaccinations from age 6 years.

All benefit limits apply per member. If a benefit limit also applies each **insurance period**, this means that once a benefit limit has been reached, that benefit will no longer be available until **your sponsor** renews **your Plan** and starts a new **insurance period**.

If a benefit limit applies for the entire period of **your** membership, once this benefit limit has been reached, no further payments will be made under that benefit, regardless of the renewal of **your Plan**.

Currencies

All the benefit limits in the 'Table of benefits' are set out in three currencies: GBP, USD and EUR. The currency in which **your sponsor** pays **us** subscriptions is the currency that applies to **your** membership for the purpose of the benefit limits. The currency applicable for **your** contract is as shown on **your membership certificate**.

For example, if **your sponsor** pays **us** subscriptions in GBP then the benefit limits given in GBP apply to **your** membership and USD and EUR limits do not apply to **you**.

If **you** are unsure which level of cover **you** have or the currency that applies to **your** membership, **you** can check on **your membership certificate**, visit www.bupainternational.com/membersworld or, contact **our** customer services helpline.

* Guidelines for fees and medical practice (including established **treatment Plans**, which outline the most appropriate course of care for a specific condition, operation or procedure) may be published by a government or official medical body. In such cases, or where published insurance industry standards exist, **we** will refer to these when assessing and paying claims. Charges in excess of published guidelines or reasonable and customary costs will not be paid.

YOUR PLAN SUMMARY

This is a summary of **your Plan**. Please read the 'Table of benefits' and exclusions on the following pages for detailed rules and benefit limits.

SUMMARY OF BENEFITS

Out-patient treatment

- **General practitioners/family doctor/consultants'** fees for consultations and **out-patient surgical operations**
- **Pathology** services
- Advanced imaging, X-rays and **diagnostic tests**
- Physiotherapy **treatment** services
- Prescribed medicines and dressings
- Costs for **treatment** by **therapists** and **complementary medicine practitioners**
- Preventive services, including vaccinations, wellness, diabetes screening and full health screening
- Young childcare

In-patient and Day-Case treatment

- **In-patient** and **day-case** healthcare services including
 - **Hospital** accommodation
 - **Surgical operations**
 - Nursing care, medicines and dressings
 - Physicians' fees
 - Theatre charges
 - Intensive care
 - Therapies
- Advanced imaging, tests, diagnosis and **treatments**
- **Emergency** medical services
- Transportation services for medical **emergency** conditions inside UAE
- Parent accommodation up to age 18 years
- Accompanying person accommodation in cases of critical conditions

Further Benefits

- **Emergency** dental, optical and hearing **treatment**
- Cancer **treatment**
- **Chronic conditions** requiring haemodialysis/peritoneal dialysis
- Congenital diseases, if **life threatening /emergency**
- **Emergency** USA cover
- Healthcare services for senile dementia and Alzheimer's disease
- Healthline services
- Hepatitis and its complications (only Hepatitis A in the UAE)
- HIV/AIDS drug therapy outside the UAE only
- Home nursing and after **in-patient treatment**
- Hospice and palliative care
- **In-patient** cash benefit
- Local road ambulance
- Local air ambulance
- Maternity services, including pregnancy, normal childbirth and maternity complications
- Neonatal / Newborn care
- **Mental health conditions (Out-patient and In-patient)**
 - **Consultants'** fees and **psychologists'** fees for **psychiatric treatment**
 - **Psychiatric treatment** for acute conditions
 - **Psychiatric treatment** for chronic/non-emergency
- **Pre-existing conditions**
- Prostheses and consumed medical equipments, including implants, **appliances** and devices
- **Rehabilitation (Out-patient and In-patient)**
- Transplant services (recipient only)

SUMMARY OF BENEFITS CONT'D

Optional Benefits (if purchased)

- Dental **treatment**
- Optical **treatment**
- USA cover
- Assistance Cover (Evacuation and Repatriation)

SUMMARY OF EXCLUSIONS

- Allergies and allergic disorders
- Artificial life maintenance
- Birth control
- Birth defects, congenital diseases and deformities
- Conflict and disaster
- Convalescence and admission for general care
- Cosmetic **treatment**
- Custodial care
- Deafness
- Dental **treatment**/gum disease
- Developmental problems
- Donor organs
- Experimental **treatment**
- Eyesight
- Footcare
- Genetic testing
- Growth hormone therapy
- Hair loss
- Harmful or hazardous use of alcohol, drugs and/or medicines
- Hazardous activities
- Healthcare services for adjustment of spinal subluxation
- Healthcare services which are not medically necessary
- Hereditary conditions
- Infertility **treatment**
- **In-patient treatment** received without **prior approval**
- Multiple consultations with **consultants**
- Non-medical **treatments** and supplies
- Obesity
- Patient **treatment** supplies
- **Persistent Vegetative State (PVS)** and neurological damage
- Personal comfort and convenience items and travel costs for **treatment**
- Personality disorders
- Physical aids and devices
- Preventive **treatment**
- Reconstructive or remedial surgery
- Self-inflicted **injuries**
- Sexual problems/gender issues
- Smoking cessation programmes
- Stem cells
- **Treatment** for sleep disorders
- Unrecognised **medical practitioner**, provider or facility
- USA **treatment** (unless purchased)
- **Excluded healthcare services specific to the UAE only**
 - All types of Hepatitis except Hepatitis A
 - Healthcare services for work-related illnesses and **injuries**
 - HIV/AIDS
 - **Injuries** resulting from road traffic accidents
 - Natural disasters
 - Pandemics and local epidemics

TABLE OF BENEFITS

DUBAI WORLDWIDE HEALTH PLAN - COMPANY GOLD SUPERIOR

This healthcare Plan is designed for employers that require local and international health insurance cover for their employees. This is an 'enhanced' Plan which is compliant with the 'Health Insurance Law for the Emirate of Dubai (No.11 of 2013)'.

The Plan provides health insurance cover in the United Arab Emirates (UAE) and the rest of the World* for employed residents of the Emirate of Dubai, holding a Dubai Residency Visa. Cover for the spouses and the dependants' of eligible employees' is an optional benefit.

31 October 2014

*You should be aware however, that full cover for **treatment** in the USA is only included if **your sponsor** has purchased USA cover as an optional addition to **your Plan**.

TABLE OF BENEFITS

DUBAI WORLDWIDE HEALTH PLAN - COMPANY GOLD SUPERIOR

TREATMENT SERVICES INSIDE THE UAE AND ELSEWHERE IN THE WORLD

Geographical coverage

The main 'Table of benefits' below shows all the benefits and limits that are applicable for **your treatment** inside the UAE and elsewhere in the world (USA cover is optional and can be purchased as an addition to **your** policy).

OUT-PATIENT TREATMENT

Important

This is **treatment** which does not normally require a patient to occupy a **hospital** bed. The list below details the benefits payable for **out-patient treatment** only. If **you** are having **treatment** and **you** are not sure which benefit applies, please call **us** and **we** will be happy to help.

Payment for treatment column

Where **direct billing** is referred to, this is only guaranteed for **treatment** by in-**network** providers in the **OIC Network** in the UAE. For **treatment** outside the UAE, it may be available at **participating providers** and at the discretion of the healthcare provider concerned.

OVERALL ANNUAL MAXIMUM – GBP 6,000,000 /

USD 10,200,000 / EUR 7,500,000

OUT-PATIENT TREATMENT

CHOICE OF CO-INSURANCE ON SELECTED OUT-PATIENT BENEFITS (SEE INDIVIDUAL BENEFITS BELOW WHERE APPLICABLE):

OPTIONAL 0%

OPTIONAL 10%

OPTIONAL 20% (10% ON MATERNITY SERVICES)

BENEFITS	LIMITS	PAYMENT FOR TREATMENT	EXPLANATION OF BENEFITS
Examination, diagnosis, surgical operations and treatment services in clinics and health centres by general practitioners/family doctor , and consultants	Paid in full - out-patient co-insurance options available	Direct Billing	We pay for out-patient consultation fees for a general practitioner , a family doctor and consultants to assess your condition. We also pay for surgical operations when carried out by a consultant or general practitioner/family doctor . This benefit includes diagnosis for sleep disorders but not treatment .
Pathology services	Paid in full - out-patient co-insurance options available	Direct Billing	We pay for pathology tests , for example: <ul style="list-style-type: none"> ○ Pathology, such as checking blood and urine samples for specific abnormalities.
Advanced imaging, X-ray and diagnostic tests	Paid in full - out-patient co-insurance options available	Direct Billing	We pay for: <ul style="list-style-type: none"> ○ radiology, such as X-rays, and magnetic resonance imaging (MRI), computed tomography (CT), positron emission tomography (PET) ○ diagnostic tests, such as electrocardiograms (ECGs) when recommended by your consultant or general practitioner/family doctor to help determine or assess your condition. <p>In cases of non-medical emergencies, you must receive our prior approval for the following treatment services:</p> <ul style="list-style-type: none"> ○ MRI ○ CAT scans ○ PET scans ○ Endoscopies

OUT-PATIENT TREATMENT

BENEFITS	LIMITS	PAYMENT FOR TREATMENT	EXPLANATION OF BENEFITS
Physiotherapy treatment services	We pay for up to 40 visits each insurance period	Direct Billing	We pay for the cost of both the consultation and treatment .
Prescribed medicines and dressings	Paid in full - out-patient co-insurance options available	Direct Billing	We pay for the cost of medicines and dressings prescribed for you by your medical practitioner for eligible treatment . We only pay for items which need a prescription. Note: This benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for treatment by therapists and complementary medicine practitioners' benefit.
Costs for treatment by therapists and complementary medicine practitioners (excluding physiotherapy)	We pay for up to 20 visits each insurance period	Direct Billing	The cost of both the consultation and treatment , including any complementary medicine prescribed or administered as part of your treatment . Example: should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit. Note: <ul style="list-style-type: none"> ○ we do not pay for any other complementary therapies, such as ayurvedic treatment, or aromatherapy which may be available ○ for dieticians, we pay for the initial consultation plus two follow-up visits when needed as a result of an eligible condition ○ obesity is not covered For physiotherapists , there is a separate benefit for physiotherapy treatment within out-patient treatment .
Preventive services:			
Vaccinations – from 6 years onwards	We pay up to GBP 600 / USD 1,000 / EUR 750 maximum benefit each insurance period - out-patient co-insurance options available	Direct Billing	We pay for vaccinations including vaccinations to aid the prevention of cancer, such as the human papillomavirus (HPV) vaccination, as and when such vaccines have completed medical trials and are approved for use in the country or Emirate of treatment .
Wellness - mammogram, cervical smear test, prostate cancer screening or colon cancer screening			We pay for these four preventive checks only.
Full Health Screening	We pay up to GBP 1,200 / USD 2,000 / EUR 1,500 maximum benefit each insurance period		We pay for the following tests only: <ul style="list-style-type: none"> ○ cholesterol ○ blood pressure ○ anaemia ○ lung function ○ liver and kidney function ○ cardiac risk assessment and ○ hearing tests
Diabetes Screening	Paid in full		We pay for one test each insurance period from the age of 18 years onwards.
Young childcare	Paid in full	Direct Billing	The cost of routine and preventive care, including check-ups, essential vaccinations and inoculations for newborns from age 31 days following birth and children up to and including age 5 years, as stipulated in the Dubai Health Authority's (DHA) policies and updates in the assigned facilities (currently the same as the Federal Ministry of Health (MOH)).



IN-PATIENT AND DAY-CASE TREATMENT

Important

- it must be medically essential for **you** to occupy a **hospital** bed to receive the **treatment**
- **your treatment** must be provided, or overseen, by a **consultant**
- **we** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom. This means that **we** will not pay the extra costs of a deluxe, executive or VIP suite etc.
- if the cost of **treatment** is linked to the type of room, **we** pay the cost of **treatment** at the rate which would be charged if **you** occupied a standard single room with a private bathroom
- the **hospital** where **you** have **your treatment** must be recognised

Long in-patient stays: 10 days or longer

In order for **us** to cover an **in-patient** stay lasting 10 days or more, **you** or **your** healthcare provider of **treatment** must send **us** a medical report from **your consultant** before the eighth night, confirming:

- **your** diagnosis
- **treatment** already given
- **treatment** planned
- **your** discharge date

Payment for treatment column

Where **direct billing** is referred to, this is only guaranteed for **treatment** by healthcare providers in the **OIC Network** in the UAE. For **treatment** outside the UAE, it may be available at **participating providers** and at the discretion of the healthcare provider concerned.

IN-PATIENT AND DAY-CASE TREATMENT

BENEFITS	LIMITS	PAYMENT FOR TREATMENT	EXPLANATION OF BENEFITS
<p>In-patient and day-case healthcare services</p>	<p>Paid in full</p>	<p>Direct Billing</p>	<p>You must receive our prior approval for any of the following services:</p> <p>Hospital accommodation: We pay charges for your hospital accommodation, including all your own meals and refreshments. We do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.</p> <p>We pay for the length of stay that is medically appropriate for the procedure that you are admitted for.</p> <p>Examples: unless medically essential, we do not pay for day-case accommodation for out-patient treatment (such as MRI scan), and we do not pay for in-patient accommodation for day-case treatment (such as a biopsy) under this benefit.</p> <p>Please also read convalescence and admission for general care in the ‘What is not covered?’ section.</p> <p>Surgical operations: We pay surgeons’ and anaesthetists’ fees for a surgical operation, including all pre- and post-operative care.</p> <p>Note: this benefit does not include follow-up consultations with your consultant as these are paid from the out-patient benefit entitled ‘Examination and treatment services in clinics and health centres by general practitioners/family doctor, and consultants’.</p> <p>Nursing care, medicines and dressings: We pay for nursing services, medicines and surgical dressings you need as part of your treatment in hospital.</p> <p>Note: We do not pay for nurses hired in addition to the hospital’s own staff. In the rare case where a hospital does not provide nursing staff we will pay for the reasonable cost of hiring a qualified nurse for your treatment.</p> <p>Physicians’ fees We pay physicians’ fees for treatment you receive in hospital if this does not include a surgical operation, for example if you are in hospital for treatment of a medical condition such as pneumonia.</p> <p>If your treatment includes a surgical operation we will only pay physicians’ fees if the attendance of a physician is medically necessary, for example, in the rare event of a heart attack following a surgical operation.</p> <p>Theatre charges: We pay for use of an operating theatre.</p> <p>Intensive care: We pay for intensive care in an intensive care unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> ○ it is an essential part of your treatment and is required routinely by patients undergoing the same type of treatment as yours, or ○ it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery <p>Therapies: We also pay for treatment provided by therapists (such as a physiotherapist) and complementary medicine practitioners (such as acupuncturists) if it is needed as part of your treatment in hospital.</p>
<p>Advanced imaging, tests, diagnosis and treatments</p>	<p>Paid in full</p>	<p>Direct Billing</p>	<p>You must receive our prior approval for any of these services.</p> <p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays), and magnetic resonance imaging (MRI), computed tomography (CT), positron emission tomography (PET) and ○ diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by your consultant to help determine or assess your condition when carried out in a hospital.</p>

IN-PATIENT AND DAY-CASE TREATMENT

BENEFITS	LIMITS	PAYMENT FOR TREATMENT	EXPLANATION OF BENEFITS
Emergency medical services	<p>Inside UAE: Paid in full</p> <p>Outside UAE: Paid the same as any general condition or sickness</p>	Direct Billing	When you need the treatment in a hospital as a result of an emergency medical condition.
Transportation services for medical emergency conditions inside the UAE by an authorised provider	Paid in full	Direct Billing	Transportation must be by an authorised party.
Accommodation for a parent accompanying an insured child up to 18 years of age	Paid in full	Direct Billing	<p>We pay for hospital accommodation for each night you need to stay with your child in the same hospital. This is limited to only one parent each night.</p> <p>Your child must be:</p> <ul style="list-style-type: none"> ○ Aged under 18, and ○ A member of a Plan that is administered by us receiving treatment for which he or she is covered under their Plan
Accommodation of an accompanying person in the same room in cases of critical conditions and at the recommendation of an attending physician	We pay up to GBP 80/ USD 136/ EUR 100 each night maximum benefit each insurance period	Direct Billing	You must receive our prior approval for this service.

FURTHER BENEFITS

Important

These are the additional benefits provided by **your** membership of the Dubai Worldwide Health Plan. These benefits may be **in-patient**, **day-case** and/or **out-patient treatment**.

For **out-patient treatment** under 'Further Benefits', **out-patient co-insurance** options may apply – see section headed **Out-patient treatment**.

Payment for treatment column

Where **direct billing** is referred to, this is only guaranteed for **treatment** by healthcare providers in the **OIC Network** providers in the UAE. For **treatment** outside the UAE, it may be available at **participating providers** and at the discretion of the healthcare provider concerned.

FURTHER BENEFITS

BENEFITS	LIMITS	PAYMENT FOR TREATMENT	EXPLANATION OF BENEFITS
Diagnostic tests and treatment services for emergency dental and gum treatment only	Paid in full	Direct Billing	<p>This is for emergency dental treatment that you need from a dental practitioner.</p> <p>By emergency dental treatment we mean the treatment of any sound natural tooth due to dental trauma usually caused by an accident or injury.</p> <p>This cover will only apply if the dental practitioner confirms that the teeth treated were sound natural teeth, which were damaged as the result of a dental trauma usually caused by an accident or injury. This cover does not apply for the repair or provision of dental implants, crowns or dentures.</p>
Hearing aids, vision aids, and vision correction by surgeries and laser for emergency medical conditions only	Paid in full	Direct Billing	<p>This is treatment which you need as a result of an emergency medical condition.</p> <p>Example: Emergency treatment required as a result of a detached retina.</p>
Cancer treatment	Paid in full	Direct Billing	<p>Once cancer is diagnosed, we pay fees that are related specifically to planning and carrying out treatment for cancer. This includes tests, scans, consultations and drugs (such as cytotoxic drugs or chemotherapy).</p> <p>When the acute phase of cancer treatment (by which we mean surgery, radiotherapy or chemotherapy) has been completed, we will continue to pay this benefit for all cancer treatment specifically related to the original diagnosis for up to a further five years.</p> <p>The five years will begin on the first out-patient consultation following completion of the acute phase of treatment. Cover during this period includes any follow-up tests, scans and consultations you may require. It also includes any drugs that may be required to keep the cancer in remission or to prevent relapse, for up to five years.</p> <p>If your treatment needs to continue for more than five years, please contact us for pre-authorisation before proceeding. It may be necessary for us to seek a second opinion as part of our pre-authorisation process.</p>
Chronic conditions requiring haemodialysis or peritoneal dialysis, and related test/treatment or procedure	Paid in full	Direct Billing	You must receive our prior approval for these services.
Congenital diseases if life threatening / emergency	Paid in full	Direct billing	This covers treatment for a congenital disease, weakness or deformity that is life threatening / emergency only, and where you require treatment in accordance with a medical report issued by the health facility approved by the DHA or by any authorised party / facility elsewhere in the world.

FURTHER BENEFITS

BENEFITS	LIMITS	PAYMENT FOR TREATMENT	EXPLANATION OF BENEFITS
Emergency medical treatment (unplanned) in the USA	We pay up to GBP 118,000 / USD 200,000 / EUR 147,500 for up to a maximum of 30 days each insurance period	Direct Billing	<p>We pay for emergency unplanned and unforeseen treatment received within 30 days of your arrival in the USA, and up to the maximum limit of GBP 118,000 / USD 200,000 / EUR 147,500 each insurance period.</p> <p>You can claim only if:</p> <ul style="list-style-type: none"> you were unaware of the condition before your visit to the USA if arrangements were authorised by our dedicated team in the USA we receive evidence of your arrival date with your claim, for example a certified photocopy of your airline ticket or your visa stamp <p>See 'What is not covered' in this Member Guide</p>
Healthline Services	Included	Not applicable	<p>This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 333 911 at any time when you need to.</p> <p>The following are some of the services that may be offered by telephone:</p> <ul style="list-style-type: none"> general medical information from a health professional medical referrals to a physician or hospital medical service referral (i.e. locating a physician) and assistance arranging appointments inoculation and visa requirements information medical emergency message transmission interpreter and embassy referral
Hepatitis and associated complications	<p>Inside the UAE: Paid in full for Hepatitis A only</p> <p>Outside the UAE: Paid in full for all types of hepatitis</p>	Direct Billing	<p>We pay for any healthcare services, investigations and treatments related to hepatitis and associated complications.</p> <p>Note: Inside the UAE, we only pay for healthcare services related to Hepatitis A.</p>
Healthcare services for senile dementia and Alzheimer's disease	Paid the same as any general condition or sickness	Direct Billing	<p>Any treatments and associated expenses for the treatment of senile dementia and Alzheimer's disease, once diagnosed. For example, this may include:</p> <ul style="list-style-type: none"> consultations medication
HIV/AIDS drug therapy including ART	<p>Inside the UAE: Not covered</p> <p>Outside the UAE: We pay up to GBP 12,000 / USD 20,000 / EUR 15,000 each insurance period</p>	Reimbursement	We pay for HIV /AIDS drug therapy, including ART.
Home nursing after in-patient treatment	We pay up to GBP 120 / USD 200 / EUR 150 each day up to a maximum of 30 days each insurance period	Direct Billing	<p>We pay for home nursing after eligible in-patient treatment. We pay if the home nursing:</p> <ul style="list-style-type: none"> is needed to provide medical care, not personal assistance is necessary, meaning that without it you would have to stay in hospital starts immediately after you leave hospital is provided by a qualified nurse in your home; and is prescribed by your consultant

FURTHER BENEFITS

BENEFITS	LIMITS	PAYMENT FOR TREATMENT	EXPLANATION OF BENEFITS
Hospice and palliative care	We pay up to GBP 24,000 / USD 41,000 / EUR 30,000 maximum benefit for the entire insurance period , including the renewal period	Direct Billing	If you need in-patient, day-case or out-patient treatment following the diagnosis that your condition is terminal, when treatment can no longer be expected to cure your condition, we pay for your physical, psychological, social and spiritual care as well as hospital or hospice accommodation, nursing care and prescribed medicines. The amount shown here is the total amount we shall pay for these expenses during the entire insurance period , including the renewal period whether continuous or not.
In-patient cash benefit	We pay up to GBP 90 / USD 150 / EUR 110 each night up to 20 nights each insurance period	Reimbursement	This benefit is paid instead of any other benefit for each night you receive eligible in-patient treatment without charge. To claim this benefit, please ask the hospital to sign and stamp your claim form. Then send the completed claim form to us with a covering letter stating that you were treated with no charge. Please note that you need to ensure that the medical section of your claim form is completed by your consultant .
Local road ambulance	Paid in full	Direct Billing	We pay for medically necessary travel by road ambulance when related to eligible in-patient treatment or day-case treatment .
Local air ambulance	We pay up to GBP 5,900 / USD 10,000 / EUR 7,400 each insurance period	Direct Billing	We pay for medically necessary travel for you to be transported by air ambulance such as a helicopter, when related to eligible in-patient treatment or day-case treatment , either: <ul style="list-style-type: none"> ○ from the location of an accident to hospital, or ○ for a transfer from one hospital to another <p>when it is appropriate for this method of transfer to be used to transport you over short journeys of up to 100 miles/160 kilometres. This benefit does not include mountain rescue.</p> <p>Note: this benefit does not include evacuation if the treatment you need is not available locally.</p> <p>Please also see the 'Assistance Cover'.</p>
Maternity Services:			
Out-patient ante-natal services	We pay for up to 15 visits each insurance period , including a minimum of 3 ultrasound scans each insurance period Note: Gynaecology services will be paid the same as any general condition or sickness Out-patient co-insurance options available – see section headed Out-patient treatment	Direct Billing	We pay for out-patient examination, diagnostic tests and out-patient treatment services for pregnancy and gynaecology services, including consultation fees by general practitioners, a family doctor and/or consultants . Pregnancy benefits and services include for example: <ul style="list-style-type: none"> ○ Ante natal care such as ultrasound scans, including a minimum of 3 ultrasound scans ○ Hospital charges, obstetricians' and midwives' fees for pregnancy

FURTHER BENEFITS

BENEFITS	LIMITS	PAYMENT FOR TREATMENT	EXPLANATION OF BENEFITS
<p>In-patient and day-case – Normal maternity and Childbirth</p>	<p>We pay up to GBP 6,400 / USD 10,900 / EUR 8,000 each insurance period</p> <p>Childbirth at home or a birthing centre:</p> <p>We pay up to GBP 780 / USD 1,300 / EUR 975 each insurance period</p>	<p>Direct Billing</p>	<p>You must receive our prior approval for these services.</p> <p>Normal maternity and Childbirth as in-patient or day-case treatment.</p> <p>These benefits include for example:</p> <ul style="list-style-type: none"> ○ Ante natal care such as ultrasound scans ○ Hospital charges, obstetricians' and midwives' fees for pregnancy and childbirth ○ Post natal care required by the mother immediately following normal childbirth, such as stitches ○ Obstetricians' midwives' fees for delivering your baby <p>Childbirth at home or a birthing centre:</p> <ul style="list-style-type: none"> ○ obstetricians' and midwives' fees for delivering your baby at home or a birthing centre
<p>In-patient and day-case maternity complications</p>	<p>We pay up to GBP 16,800 / USD 28,500 / EUR 21,000 each insurance period</p>	<p>Direct Billing</p>	<p>Maternity complications as in-patient or day-case treatment:</p> <p>Pregnancy and childbirth complications, by which we mean those conditions which only ever arise as a direct result of pregnancy or childbirth. These include:</p> <ul style="list-style-type: none"> ○ legal termination, ○ pre-eclampsia, ○ miscarriage, ○ threatened miscarriage, ○ gestational diabetes, ○ when the foetus has died and remains with the placenta in the womb, ○ still birth, ○ heavy bleeding in the hours and days immediately after childbirth (post partum haemorrhage), ○ afterbirth left in the womb after delivery of the baby (retained placental membranes), and complications following any of the above conditions. <p>In addition, an emergency/medically essential caesarean section is included and by this we mean where a caesarean section becomes necessary after labour has started. For example, non-progression during labour (dystocia), foetal distress, haemorrhage.</p> <p>This benefit includes hospital, obstetricians' and other medical fees for the cost of the delivery of your baby by caesarean section.</p> <p>Treatment for:</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside the womb (ectopic pregnancy) <p>is not covered from this benefit but may be covered by your other in-patient benefits.</p> <p>Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other in-patient benefits.</p> <p>Non-medically Essential Caesarean Section:</p> <p>If we are unable to determine that your caesarean section was medically essential, we will pay up to the maximum limit specified under your 'Normal Maternity and Childbirth' benefit.</p> <p>Please also see the section 'Adding dependants' in your 'Terms and Conditions' for the Plan.</p> <p>Please see congenital or hereditary conditions in the 'What is not covered?' section.</p> <p>See Neonatal / Newborn Cover below for details of Newborn Care</p>

FURTHER BENEFITS

BENEFITS	LIMITS	PAYMENT FOR TREATMENT	EXPLANATION OF BENEFITS
Neonatal / Newborn Cover	Paid in full for up to 30 days from birth	Direct Billing	<p>This benefit is paid instead of any other benefit for all treatment required by a newborn child.</p> <p>We pay for any routine / non-routine care for your baby for up to and including 30 days following birth. This includes screening tests for congenital illness, for example BCG, Hepatitis B and other neo-natal screening tests.</p> <p>Children must be enrolled under this plan before you can claim for this benefit.</p>
Mental health conditions:			
Acute conditions - Out-patient and in-patient / day-case treatment	Paid in full	Direct Billing	<p>Consultants' fees and psychologists' fees for psychiatric treatment are included.</p>
Chronic conditions - Out-patient treatment	We pay for up to 30 visits each insurance period		<p>For psychiatric treatment of chronic mental health conditions</p>
Chronic conditions - In-patient and day-case treatment	Paid in full for up to 90 days for the entire insurance period , including the renewal period		<p>We pay for a total of 90 days' psychiatric treatment in hospital during your lifetime. This applies to all Plans you have been a member of in the past that are administered by us, or may be a member of in the future, whether your membership is continuous or not.</p> <p>Example: If we have paid for 45 days' psychiatric treatment in hospital under another Plan administered by us, we will only pay for another 45 days' psychiatric treatment in hospital under this Plan.</p>
Pre-existing conditions	Covered		<p>Any treatment for a pre-existing condition, related symptom, or any condition that results from or is related to a pre-existing condition is covered.</p>

FURTHER BENEFITS

BENEFITS	LIMITS	PAYMENT FOR TREATMENT	EXPLANATION OF BENEFITS
Prostheses and consumed medical equipments			
Prosthetic implants and appliances	Paid in full	Direct Billing	<p>We pay for prosthetic implants and certain appliances which may be needed as part of your treatment. By this, we mean an artificial body part or appliance which is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> ○ to replace a joint or ligament ○ to replace one or more heart valves ○ to replace the aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ to control urinary incontinence (bladder control) ○ to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the treatment ○ to restore vocal function following surgery for cancer <p>We also pay for the following appliances:</p> <ul style="list-style-type: none"> ○ a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament, or ○ a spinal support which is an essential part of a surgical operation to the spine
Prosthetic devices	We pay up to GBP 2,400 / USD 4,000 / EUR 3,000 maximum benefit for each device each insurance period		<p>We pay for the initial prosthetic device needed as part of your treatment. By this we mean an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of your surgical procedure. We do not pay for any replacement prosthetic devices for adults. We will pay for the initial, and up to two replacements per device, for children under the age of 16 years.</p>
Rehabilitation (out-patient and in-patient / day-case treatment)	We pay up to 30 days each insurance period	Direct Billing	<p>We pay for rehabilitation, only when you have received our written agreement before the treatment starts, for up to 30 days' treatment in each insurance period. For in-patient treatment one day is each overnight stay and for day-case treatment and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for rehabilitation where it:</p> <ul style="list-style-type: none"> ○ starts within 30 days of in-patient treatment which is covered by your membership (such as trauma or stroke), and ○ arises as a result of the condition which required the in-patient treatment or is needed as a result of such treatment given for that condition <p>Note: In order to give written agreement, we must receive full clinical details from your consultant; including your diagnosis, treatment given and planned, and the proposed discharge date if you receive rehabilitation on an in-patient basis</p>
Transplant services Health services and associated expenses for organ and tissue transplants where you are a recipient only	Paid in full	Direct Billing	<p>We pay for transplant services that you need as a result of an eligible condition. We pay medical expenses if you need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. We also pay for bone marrow transplants (either using your own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy.</p> <p>We do not pay for costs associated with the donor or the donor organ. Please see donor organs in the 'What is not covered?' section.</p> <p>Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from your prescribed drugs and dressings benefit.</p>

OPTIONAL BENEFITS, IF PURCHASED

OPTIONAL BENEFITS, IF PURCHASED

BENEFITS	LIMITS	EXPLANATION OF BENEFITS
Dental treatment	We pay up to GBP 2,400 / USD 4,100/ EUR 3,000 each insurance period	<p>We pay:</p> <ul style="list-style-type: none"> 100% of preventive treatment (such as check-ups, X-rays, scale and polishing) 100% of routine treatment (such as fillings, extractions and root canal therapy) 50% of major restorative or orthodontic treatment (such as crowns, bridges or implants or dentures) or orthodontic treatment for overbite or under bite etc. <p>This benefit is available only in conjunction with the optical treatment benefit.</p>
Optical treatment (Dental treatment and optical treatment benefit must be purchased together)	We pay up to GBP 250/ USD 425/ EUR 315 each insurance period	<p>Elective diagnostic tests and medical treatment for correction of vision.</p> <p>We pay:</p> <ul style="list-style-type: none"> maximum of one eye test each insurance period, which includes the cost of your consultation and sight/vision testing 75% of eligible costs for spectacle and contact lenses which are prescribed to correct a sight/vision problem, such as short or long sight 75% of eligible costs of spectacle frames only if you have been prescribed spectacle lenses, your spectacle lens prescription or invoice will be required in support of your claim for spectacle frame <p>This benefit is available only in conjunction with the dental treatment benefit.</p>

OPTIONAL BENEFITS, IF PURCHASED

BENEFITS	EXPLANATION OF BENEFITS
<p>USA Cover</p>	<p>Pre-authorisation and the USA provider Network</p> <p>If you have USA cover, then before any in-patient treatment or day-case treatment in the USA, you must contact our USA dedicated team for pre-authorisation.</p> <p>Please contact them by calling 844 369 3797 (from inside the USA), or +1 844 369 3797 (from outside the USA).</p> <p>In-patient treatment or day-case treatment received in the USA without pre-authorisation may be in-eligible. Any pre-authorised treatment costs are covered according to this 'Table of benefits'.</p> <p>Our USA Service Partner uses a national Network of healthcare providers e.g. hospitals, clinics and medical practitioners. This is the USA provider Network. Our dedicated team can help you to find a hospital or clinic in the USA provider Network, when you contact them for pre-authorisation. When eligible treatment takes place in the USA using the USA provider Network, benefit is paid at 100%. When eligible treatment takes place in the USA but outside the USA provider Network, benefit is paid at 80%.</p> <p>Emergency admissions</p> <p>If you are admitted for emergency medical treatment you must contact our USA dedicated team within 48 hours of admission, or as soon as reasonably possible.</p> <p>If your admission for emergency medical treatment is to a healthcare provider that is not in a Network hospital, our dedicated team may arrange to transfer you to an Network hospital as soon as it is medically appropriate to do so.</p> <p>If the transfer to a Network hospital is carried out, benefit for all eligible treatment received at both facilities will be payable at 100%.</p> <p>If you choose to stay in a hospital that is not in the Network after the date our USA dedicated team decides a transfer is medically appropriate, benefit for all eligible treatment received both before and after that date will be payable at 80%.</p> <p>Please also see USA treatment in the 'What is not covered?' section.</p>
<p>Assistance Cover (Evacuation and Repatriation)</p>	<p>Your Membership Certificate will show if you have purchased this cover.</p> <p>Please see 'Assistance Cover' section in the 'Terms and Conditions'.</p> <p>The overall annual maximum benefit limit does not apply.</p>

WHAT IS NOT COVERED?

There are certain conditions and **treatments** that **we** do not cover. If **you** are unsure about anything in this section, please contact **us** for more information before **you** go for **your treatment**.

General note for all exclusions

Important - Please read

For all exclusions in this section please note that:

- **we** do not pay for conditions which are directly related to excluded conditions or **treatments**
- **we** do not pay for any additional or increased costs arising from excluded conditions or **treatments**; and
- **we** do not pay for complications arising from excluded conditions or **treatments**

Exceptions

This section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, the benefits payable are up to the limits set out in the 'Table of benefits'.

WHAT IS NOT COVERED?

EXCLUDED HEALTHCARE SERVICES	NOTES	RULES
Allergies and allergic disorders		Treatment to de-sensitise or neutralise any allergic condition or disorder, including immunomodulators and immunotherapy.
Artificial life maintenance		This includes mechanical ventilation where such treatment will not, or is not expected to result in your recovery or restore you to your previous state of health. Example: We will not pay for artificial life maintenance when you are unable to feed, or breathe independently, and require percutaneous endoscopic gastrostomy (PEG), or nasal feeding for a period of more than 90 continuous days.
Birth control		Treatment and services for contraception. Example: Any type of contraception, sterilisation, termination of a pregnancy or family planning.

WHAT IS NOT COVERED?

EXCLUDED HEALTHCARE SERVICES	NOTES	RULES
Birth defects, congenital diseases and deformities	Please see the 'Table of benefits' for details of your Congenital illness benefit	Non- emergency or non- life threatening treatment received after the first 30 days following birth for any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, except cancer.
Conflict and disaster		<p>Treatment for any disease, illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event, if one or more of the following apply:</p> <ul style="list-style-type: none"> ○ you have put yourself in danger by entering a known area of conflict where active fighting or insurrections are taking place ○ you were an active participant ○ you have displayed a blatant disregard for personal safety
Convalescence and admission for general care		<p>Hospital accommodation when it is used solely or primarily for any of the following purposes:</p> <ul style="list-style-type: none"> ○ convalescence, supervision, pain management or any other purpose other than for receiving eligible treatment, of a type which normally requires you to stay in hospital ○ receiving general nursing care or any other services, other than for receiving eligible treatment, which do not require you to be in hospital, and could be provided in a nursing home or other establishment that is not a hospital ○ receiving services from a therapist, physiotherapist or complementary medicine practitioner ○ receiving services, which would not normally require trained medical professionals such as help in walking, bathing or preparing meals
Cosmetic treatment		<p>Treatment undergone for cosmetic or psychological reasons to improve your physical appearance, such as a re-modelled nose, facelift or cosmetic dentistry.</p> <p>This includes:</p> <ul style="list-style-type: none"> ○ dental implants to replace a sound natural tooth ○ hair transplants for any reason ○ treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons ○ any treatment for a procedure to change the shape or appearance of your breast(s) whether or not it is needed for medical or psychological reasons: unless for reconstruction carried out as part of the original treatment for the cancer, when you have obtained our written consent before receiving the treatment (see 'Reconstructive or remedial surgery' in 'What is not covered') <p>Examples: We do not pay for breast reduction for backache or gynaecomastia (the enlargement of breasts in men).</p> <p>Note: If your doctor recommends cosmetic treatment to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, your case will be assessed by our clinical teams on an individual basis. If approved, benefits will be paid in line with the rules and benefits of your Plan.</p>

WHAT IS NOT COVERED?

EXCLUDED HEALTHCARE SERVICES	NOTES	RULES
Custodial care		<p>This includes:</p> <ul style="list-style-type: none"> ○ non-medical treatment services, or ○ health-related services which do not seek to improve or which do not result in a change in your medical condition
Deafness		<p>Treatment for or arising from deafness or partial hearing loss caused by a congenital abnormality or ageing.</p>
Dental treatment / gum disease	See 'Table of benefits' for dental cover.	<p>This includes surgical operations for the treatment of bone disease when related to gum disease or damage, or treatment for, or arising from disorders of the temporomandibular joint.</p> <p>Examples: We do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc.</p> <p>Exception:</p> <p>We pay for a surgical operation carried out by a consultant to:</p> <ul style="list-style-type: none"> ○ put a natural tooth back into a jaw bone after it is knocked out or dislodged in an accident ○ treat irreversible bone disease involving the jaw(s) which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage ○ surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth
Developmental problems		<p>Treatment for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> ○ learning difficulties, such as dyslexia ○ behavioural problems, such as attention deficit hyperactivity disorder (ADHD) ○ problems relating to physical development, such as short height, or ○ developmental problems treated in an educational environment or to support educational development
Donor organs		<p>Treatment costs for, or as a result of the following:</p> <ul style="list-style-type: none"> ○ transplants involving mechanical or animal organs ○ the removal of a donor organ from a donor ○ the removal of an organ from you for purposes of transplantation into another person ○ the harvesting and storage of stem cells, when this is carried out as a preventive measure, against future possible diseases or illness ○ the purchase of a donor organ

WHAT IS NOT COVERED?

EXCLUDED HEALTHCARE SERVICES	NOTES	RULES
Experimental treatment		<p>We do not pay for:</p> <ul style="list-style-type: none"> ○ any treatment or medicine which in our reasonable opinion is experimental based on acceptable evidence ○ any treatment or medicine which in our reasonable opinion is not effective based on acceptable evidence ○ medicines and equipment used for purposes other than those defined under their licence <p>Notes: We will fund the costs of an experimental treatment or medicine if it is being undertaken as part of a registered clinical trial.</p> <p>If you are unsure whether your treatment may be experimental, please contact us. We reserve the right to ask for full clinical details from your consultant before authorising any treatment, in which case you must receive our written agreement before the treatment takes place.</p>
Eyesight	Please see the 'Table of benefits' for optical cover	<p>Treatment, equipment or surgery to correct eyesight other than for receiving eligible treatment, such as laser treatment (except in an emergency), refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Examples: we will not pay for routine eye examinations, contact lenses or spectacles. We will pay for eligible treatment or surgery of a detached retina, glaucoma, cataracts or keratoconus, and for treatment that is part of a medical emergency condition.</p>
Footcare		Treatment for corns, calluses, or thickened or misshapen nails.
Genetic testing		<p>Genetic tests, when such tests are solely performed to determine whether or not you may be genetically likely to develop a medical condition.</p> <p>Example: we do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.</p>
Growth Hormone Therapy		Treatment that uses growth hormones to stimulate growth and cell reproduction, often given as prescribed medication.
Hair Loss		Treatments and associated expenses for alopecia, baldness, hair falling, dandruff or wigs, unless required as a result of treatment for cancer.
Harmful or hazardous use of alcohol, drugs and/or medicines		Treatment for or arising from the harmful, hazardous or addictive use of any substance including alcohol, drugs and/or medicines.
Hazardous activities		Any treatments and healthcare services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing and wrestling, bungee jumping and any professional sports activities.

WHAT IS NOT COVERED?

EXCLUDED HEALTHCARE SERVICES	NOTES	RULES
Healthcare services for adjustment of spinal subluxation		<p>Treatment or services received for spinal subluxation.</p> <p>Example: Chiropractic treatment</p>
Healthcare services which are not medically necessary		<p>Treatment or services received that are not medically necessary.</p> <p>Examples: Treatment or services by acupuncture; acupressure; hypnotism; massage therapy; aromatherapy; homeopathic treatments; ozone therapy; and all forms of treatment by alternative medicine.</p>
Hereditary conditions		<p>Treatment of abnormalities, diseases or illnesses which are only present because they have been passed down through the generations of your family, cancer and for life threatening / emergency conditions.</p>
Infertility treatment		<p>Treatment and services to assist reproduction, including but not limited to in-vitro fertilization (IVF) treatment, embryo transfer, ovum and sperm transfer.</p> <p>Note: We pay for reasonable investigations into the cause of infertility if neither you nor your partner had been aware of any problems before becoming a member.</p> <p>Once the cause is confirmed, we will not pay for any additional investigations in the future.</p>
In-patient treatment received without prior approval		<p>This includes medical emergency cases which were not notified within 24 hours from the date of admission.</p>
Multiple consultations with consultants		<p>More than one consultation or follow up with a consultant in a single day unless referred by a physician.</p>
Non-medical treatments and supplies		<p>All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions) and all equipment not primarily intended to improve a medical condition or injury, including but not limited to air conditioners or air purifying systems, arch supports, convenience items/options, exercise equipment and sanitary supplies.</p>
Obesity		<p>Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programmes, services, or supplies, excluding treatment from a dietician.</p>
Patient treatment supplies		<p>These include: Elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments, excluding such supplies required as a result of treatment rendered during a medical emergency.</p>
Persistent Vegetative State (PVS) and neurological damage		<p>We will not pay for in-patient treatment for more than 90 continuous days for permanent neurological damage or if you are in a persistent vegetative state (PVS).</p>

WHAT IS NOT COVERED?

EXCLUDED HEALTHCARE SERVICES	NOTES	RULES
Personal comfort and convenience items, and travel costs for treatment		<p>These include television, barber, or beauty services, guest service and similar incidental services and supplies.</p> <p>This also includes any travel costs related to receiving treatment, unless otherwise covered by:</p> <ul style="list-style-type: none"> ○ local air ambulance benefit ○ local road ambulance benefit, or ○ Assistance Cover <p>Examples:</p> <ul style="list-style-type: none"> ○ we do not pay for taxis or other travel expenses for you to visit a medical practitioner ○ we do not pay for travel time or the cost of any transport expenses charged by a medical practitioner to visit you
Personality disorders		<p>Treatment of personality disorders, including but not limited to:</p> <ul style="list-style-type: none"> ○ affective personality disorder ○ schizoid personality (not schizophrenia) ○ histrionic personality disorder
Physical aids and devices	See 'Table of benefits' for medical emergency conditions	<p>Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance.</p> <p>Examples: We will not pay for hearing aids, spectacles, contact lenses, crutches or walking sticks.</p>
Preventive treatment	See 'Table of benefits' for preventive services that are covered	<p>Health screening, including routine health checks, or any preventive treatment, other than the eligible treatments and services described in the 'Table of benefits'.</p> <p>Exception: We may pay for prophylactic surgery when:</p> <ul style="list-style-type: none"> ○ there is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome, and /or ○ you have positive results from genetic testing (please note that we will not pay for the genetic testing) <p>Please contact us for pre-authorisation before proceeding with treatment. It may be necessary for us to seek a second opinion as part of our pre-authorisation process.</p>
Reconstructive or remedial surgery		<p>Treatment required to restore your appearance after an illness, injury or previous surgery, unless:</p> <ul style="list-style-type: none"> ○ the treatment is a surgical operation to restore your appearance after an accident, or as the result of surgery for cancer, if either of these takes place during your current continuous membership of the Plan ○ the treatment is carried out as part of the original treatment for the accident or cancer ○ you have obtained our written consent before the treatment takes place

WHAT IS NOT COVERED?

EXCLUDED HEALTHCARE SERVICES	NOTES	RULES
Self-inflicted injuries		Treatment for, or arising from, an injury that you have intentionally inflicted on yourself , for example during a suicide attempt.
Sexual problems and gender issues		Treatment of any sexual problem including impotence (whatever the cause) and sex changes or gender reassignments.
Smoking cessation programmes		Supplies, treatment and services for smoking cessation programmes and the treatment of nicotine addiction.
Stem cells		We do not pay for the harvesting or storage of stem cells. For example: Ovum, cord blood or sperm storage.
Treatment for sleep disorders		Treatment for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Unrecognised medical practitioner , provider or facility		<ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, provider or facility who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated ○ Treatment provided by anyone with the same residence as you or who is a member of your immediate family ○ Treatment provided by a medical practitioner, provider or facility to whom we have sent written notice that we no longer recognise them for the purposes of our Plans. Details of treatment providers we have sent written notice to, are available on www.bupaintl.com/membersworld or, by telephoning us. Please see 'Contact us' in this 'Member Guide' for details

WHAT IS NOT COVERED?

EXCLUDED HEALTHCARE SERVICES	NOTES	RULES
<p>USA Treatment (Optional benefit that must be purchased)</p>		<p>If USA cover has not been purchased, then any treatment received in the USA is in-eligible:</p> <ul style="list-style-type: none"> ○ after the 30th day of your visit to the USA ○ if exceeds the maximum benefit limit each insurance period ○ for any condition of which you were aware before your visit to the USA ○ when arrangements were not authorised by our dedicated team in the USA; and ○ when we know or suspect that you travelled to the USA for the purpose of receiving treatment for a condition, when the symptoms of the condition were apparent to you before travelling. This applies whether or not your treatment was the main or sole purpose of your visit. <p>Note: you can claim for unforeseen treatment received within 30 days of your arrival in the USA; you must send evidence of your arrival date with your claim. Examples include: a certified photocopy of your airline ticket or your visa stamp.</p> <p>Our Service Partner in the USA operates a national Network of healthcare providers e.g. hospitals, clinics and medical practitioners. This is the USA provider Network. You must contact our dedicated team before you have treatment, and they can help to find a suitable Network provider for you.</p> <p>For eligible treatment that takes place in the USA using the USA provider Network, benefit is paid at 100%. When eligible treatment takes place in the USA but outside the provider Network, benefit is paid at 80%.</p> <p>If USA cover has been purchased, then treatment received in the USA is ineligible when:</p> <ul style="list-style-type: none"> ○ arrangements for the treatment were not authorised by our dedicated team in the USA; and ○ we know or suspect that you purchased cover for, and travelled to the USA, for the purpose of receiving treatment for a condition, when the symptoms of the condition were apparent to you before buying the cover. This applies whether or not your treatment was the main or sole purpose of your visit

EXCLUDED HEALTHCARE SERVICES SPECIFIC TO TREATMENT IN THE UAE ONLY

EXCLUDED HEALTHCARE SERVICES	NOTES	RULES
Healthcare services for work-related illnesses and injuries		Treatment in the UAE for illnesses and injuries resulting from work-related activities.
HIV/AIDS, including ART and all types of Hepatitis, except Hepatitis A		Treatment for, or arising from, HIV or Acquired Immune Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS and all types of Hepatitis except Hepatitis A.
Injuries resulting from road traffic accidents		Treatment in the UAE for injuries resulting from road traffic accidents.
Natural disasters		Treatment in the UAE for injuries resulting from natural disasters (including but not limited to) earthquakes, tornados and any other type of natural disaster.
Pandemics and local epidemics		We will not pay for treatment in the UAE for internationally and locally recognised epidemics.

DUBAI WORLDWIDE HEALTH PLAN

Available for employed residents of the Emirate of Dubai, holding a Dubai Residency Visa. This plan provides health insurance cover in the United Arab Emirates (UAE) and the rest of the World*. Cover for the spouses and the dependants' of eligible employees' is an optional benefit.

USING YOUR DUBAI WORLDWIDE HEALTH PLAN

Oman Insurance Company (OIC) has a large Network of providers in the UAE, and Bupa Global has expertise in health insurance administration all around the world. This working relationship between the two companies ensures that **you** get full access to eligible medical **treatment** wherever **you** are in the world.

How to access treatment in the UAE

This Dubai Worldwide Health Plan and **your** Insurance Card, included in **your** membership pack, gives **you** access to **OIC's Network** of providers in the UAE, including **hospitals**, clinics, laboratories and pharmacies. This is the **OIC Network** of providers, which is continually being developed to offer **you** access to appropriate healthcare.

Your Insurance Card includes **your** name and membership number, and **you** should present the card whenever **you** receive **treatment**. This card will enable **you** to have access to **direct billing** for eligible **in-patient**, **day-case** and **out-patient treatment** in the **OIC Network** of providers in the UAE. Claims for **treatment** received within the **OIC Network** of providers will be managed by **OIC**.

How does it work?

- Make sure **you** have **your** Insurance Card with **you** when **you** go for **treatment**, otherwise **you** may have to pay **yourself** and submit a claim for reimbursement.
- Give **your** Insurance Card to **your** healthcare provider in the **OIC Network** when **you** arrive.
- The information needed is on the Insurance Card. When necessary they will contact **OIC** directly for pre-authorisation.
- **OIC** will confirm whether the **treatment you** are having is covered and that **your** membership is in order, issue a pre-authorisation and arrange for **direct billing** wherever possible.
- If **your** cover does not include **direct billing** for the **treatment you** need, or **your treatment** is with a healthcare provider that is not in the **OIC Network** of providers, **you** will be asked to pay **yourself** and submit a claim for reimbursement. Please see below for details as to how to do this.

Treatment on a reimbursement basis means **you** must pay for the eligible **treatment** and then submit a claim for reimbursement. Please see 'Making a claim for reimbursement of **treatment** costs' below for further details.

Benefits which are available on a reimbursement basis

- **Treatment** received at a healthcare provider that is not in the **OIC Network** of providers
- HIV/AIDS drug therapy outside the UAE
- **In-patient** cash benefit
- **Emergency** USA treatment

Making a claim for reimbursement of treatment costs

If **you** have received any **treatment** marked on a reimbursement basis, **you** will need to make a claim. Reimbursement claim forms are available on request from **us**. Or, **you** can download a claim form from www.bupa-intl.com/membersworld

We must receive a fully completed claim form and the invoices for **your treatment**, within six months of the **treatment** date. If this is not possible, please write to **us** with the details and **we** will see if an exception can be made.

You must ensure that **your** claim form is fully completed by **you** and by **your medical practitioner**. The claim form is important because it gives **us** all the information that **we** need. Contacting **you** or **your medical practitioner** for more information can take time, and an incomplete claim form is the most common reason for delayed payments.

Claims forms should be submitted to the following address:

Bupa Global Claims Administration

Victory House
Trafalgar Place,
Brighton,
BNI 4FY
United Kingdom

Remember, if **your treatment** is pre-authorised, **your** pre-authorisation statement will act as **your** claim form.

If **you** lose **your** Insurance Card or **you** forget to bring it with **you** when **you** receive **treatment** in the UAE, then the **treatment** provider may not agree to **direct billing** of **your** claim. However, provided **your treatment** is covered, **you** can still pay the healthcare provider for **your treatment** and then claim for reimbursement of the costs, where eligible.

If **you** lose **your** Insurance Card, please contact **us** immediately on toll-free number 800 0444 0492..

*You should be aware however, that full cover for **treatment** in the USA is only included if **your sponsor** has purchased USA cover as an optional addition to **your Plan**.

How to access treatment outside the UAE

The Dubai **Worldwide Health Plan** and **your** Insurance Card, included in **your** membership pack, gives **you** access to over 10,800 medical facilities, and over 785,500 medical providers around the world.

You should present **your** Insurance Card whenever **you** receive **treatment**. This card includes **your** name and membership number. As long as it is covered by **your Plan**, **you** can have **your treatment** at any recognised **hospital** or clinic. To help **you** find a facility, **our** list of **participating providers** is updated regularly, so please visit www.bupa-intl.com for the latest information.

We can arrange **direct billing** with these facilities for **in-patient** and **day-case treatment**.

Direct billing is where the provider of **your treatment** claims directly from **us**, making things easier for **you**. **Direct billing** is easier for **us** to arrange if **you** or **your** provider pre-authorise **your treatment** first. **We** try to arrange **direct billing** wherever possible, but it has to be with the **agreement** of whoever is providing the **treatment**.

Pre-authorising in-patient treatment and day-case treatment

If **you** know that **you** may need **treatment**, please contact **us** first for pre-authorisation.

Pre-authorisation puts **us** directly in touch with **your** healthcare provider, so that **we** can look after the details while **you** concentrate on getting well. It also gives **us** the chance to check **your** cover, help **you** find a suitable medical provider and give **you** the support of **our** knowledge and **our** experience. For **in-patient treatment** or **day-case treatment**, this means that **we** can also confirm to **you** and to **your hospital** that **your treatment** will be covered under **your Plan**.

When **you** contact **us**, please have **your** membership number ready. **We** will ask some or all of the following questions:

- What condition are **you** suffering from?
- When did **your** symptoms first begin?
- When did **you** first see **your general practitioner/family doctor** about them?
- What **treatment** has been recommended?
- On what date will **you** receive the **treatment**?
- What is the name of **your consultant**?
- Where will **your** proposed **treatment** take place?
- How long will **you** need to stay in **hospital**?

If **we** can pre-authorise **your treatment**, **we** will send a pre-authorisation statement to **you** and/or **your** healthcare provider. This statement will also act as **your** claim form.

Getting treatment in the USA

You must call **our** dedicated team on 844 369 3797 (from inside the USA), or +1 844 369 3797 (from outside the USA) to arrange any **treatment** in the USA.

If **you** do not use a **participating provider**, the alternative is for **you** to pay for **your treatment** and claim back the costs from **us** (reimbursement). For **treatment** received outside of the **Network** in the USA, please refer to the 'USA Cover' section in the 'Optional Benefits' table.

Making a claim for reimbursement of treatment costs

If **you** have received any **treatment** marked on a reimbursement basis, **you** will need to make a claim. Reimbursement claim forms are available on request from **us**. Or, **you** can download a claim form from www.bupa-intl.com/membersworld

We must receive a fully completed claim form and the copies of the invoices for **your treatment**, within six months of the **treatment** date. If this is not possible, please write to **us** with the details and **we** will see if an exception can be made.

You must ensure that **your** claim form is fully completed by **you** and by **your medical practitioner**. The claim form is important because it gives **us** all the information that **we** need. Contacting **you** or **your medical practitioner** for more information can take time, and an incomplete claim form is the most common reason for delayed payments.

Claims for **treatment** outside the UAE should be submitted to the following address:

Bupa Global Claims Administration
Victory House
Trafalgar Place,
Brighton, BN1 4FY
United Kingdom

Remember, if **your treatment** is pre-authorised, **your** pre-authorisation statement will act as **your** claim form.

How we make payments

Wherever possible, **we** will follow the instructions given to **us** in the payment section of the claim form:

- **we** can pay **you** or the **hospital**
- **we** can pay by cheque or by electronic transfer
- **we** can pay in over 80 currencies

To carry out electronic transfers, **we** need to know the full bank name, address, SWIFT code and (in Europe only) the IBAN number of **your** bank account. **You** must provide **us** with this information on the claim form.

Tracking a claim

We will process **your** claim as quickly as reasonably possible. **You** can easily check the progress of a claim **you** have made by logging on to www.bupa-intl.com/membersworld**

Claim payment statement-MyClaim

When **your** claim has been assessed and paid, **we** will send a statement to **you** to confirm when and how it was paid, and who received the payment. Again, please contact **us** if **you** have any questions about this information.

**MembersWorld may not track claims in the USA or UAE.

Oman Insurance Company (P.S.C.)
Paid up Capital AED 461,872,125.
C.R.No.41952, Insurance Authority No.9
dated 24/12/1984.

Head Office: P.O. Box 5209, Dubai,
United Arab Emirates.
Tel: +971 4 233 7777
Fax: +971 4 233 7775
tameen.ae

Bupa Global
Victory House
Trafalgar Place
Brighton
BN1 4FY
United Kingdom
Bupa-intl.com

DUBAI WORLDWIDE HEALTH PLAN

Enhanced benefits exceeding local
regulatory requirements

Insured and locally
administered by



Internationally
administered by



For employed residents of the Emirate of
Dubai, holding a Dubai Residency Visa.

Terms and Conditions

This booklet explains important
details about **your** membership,
including a definition of certain
words and phrases used.

Valid from 31 October 2014

DUBAI WORLDWIDE HEALTH PLAN

This healthcare **Plan** is designed for employers that require local and international health insurance cover for their employees. This is an 'enhanced' **Plan** which is compliant with the 'Health Insurance Law for the Emirate of Dubai (No.11 of 2013)'.

The **Plan** provides health insurance cover in the United Arab Emirates (UAE) and the rest of the world for employed residents of the Emirate of Dubai, holding a Dubai Residency Visa. Cover for the spouses and the **dependants**' of eligible employees' is an optional benefit.

Oman Insurance Company (P.S.C.) (OIC) is the **insurer** and the local administrator in the United Arab Emirates (UAE) for the Dubai Worldwide Health Plan. **Bupa Global** is the administrator of the **Plan** outside of the UAE.

This **Plan** provides cover for **treatment** in the UAE and elsewhere in the world. **You** should be aware however, that cover for **treatment** in the USA is only included if **your sponsor** has purchased USA cover as an optional addition to **your** policy.

TERMS/DEFINITIONS

This section explains what **we** mean by various words and phrases in **your** membership pack. Words written in bold are particularly important as they have specific meanings.

Acceptable evidence: International medical and scientific evidence which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people, or clinical trials which are not registered.

Active treatment: **Treatment** from a **medical practitioner** of a disease, illness or **injury** that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health as quickly as possible.

Acute condition(s): A disease, illness or **injury** that is likely to respond 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: The **agreement** between **us** and **your sponsor** under which **we** have accepted **you** into membership of the **Plan**.

Appliance: This means a knee brace which is an essential part of a repair to a cruciate (knee) ligament, or a spinal support which is an essential part of surgery to the spine.

Authorised party/facility: Healthcare facility in Dubai which is licensed by the **Dubai Health Authority (DHA)** to provide healthcare services in the Emirate of Dubai.

Birthing centre: A medical facility often associated with a **hospital** that is designed to provide a homelike setting during childbirth.

Bupa Global: Bupa Insurance Services Limited or any other insurance subsidiary or insurance partner of the British United Provident Association Limited, is the administrator of the **Plan** outside of the UAE.

Chronic condition(s): A disease, illness or **injury** which has at least one or more of the following characteristics:

- has no known or generally recognised cure, or recurs
- requires **treatment** that extends for more than two years, or leads to permanent disability
- is caused by changes to **your** body which cannot be reversed
- requires **you** to be specially trained or rehabilitated
- needs prolonged supervision, monitoring and **treatment**

Co-insurance: A percentage sum required to be paid by **you**, the **principal member** at the time of requesting a test or **treatment** which is covered under **your** policy, or at the time of receiving medicine or undergoing medical tests. The **co-insurance** applies separately to each person covered under **your** membership.

Complementary medicine practitioner: An acupuncturist, chiropractor, homeopath, osteopath or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country or Emirate in which the **treatment** is received.

Consultant: A specialist surgeon, anaesthetist or physician who:

- is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and
- is recognised by the relevant authorities in the country or Emirate in which the **treatment** takes place as having 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.

Co-payment: An amount required to be paid by **you**, the **principal member** at the time of requesting a test or **treatment** which is covered under **your Plan**, or at the time of receiving medicine or undergoing medical tests. The **co-payment** applies separately to each person covered under **your** membership.

Day-case: **You** are required to stay in a bed in **hospital** during the day only for **your treatment**. **We** do not require **you** to occupy a bed for **day-case psychiatric treatment**.

Dental practitioner: A person who:

- is legally qualified to practice dentistry, and
- is permitted to practice dentistry by the relevant authorities in the country or Emirate where the dental **treatment** takes place

Dependants: The other people named on **your membership certificate** as being members of the **Plan** and who are eligible to be members, including newborn children.

Diagnostic tests: Investigations to find the cause of **your** symptoms.

Direct billing: Your **insurer** will pay **your** healthcare provider directly for the healthcare services **you** receive (less any **co-insurance** applicable).

Dubai Health Authority (DHA): The regulatory body for the healthcare sector in the Emirate of Dubai.

Emergency: An acute, unbearable health condition sustained as a result of sudden non-excluded **sickness** or **injury** raising a legitimate professional concern that there may be a significant medical problem necessitating **treatment** (medical or surgical) to be performed exclusively within the Territory of occurrence which cannot be delayed and which required immediate confinement to a healthcare facility followed by hospitalisation or not.

General Practitioner/Family doctor: A person who:

- is legally qualified in medical practice following attendance at a recognised medical school to provide medical **treatment** which does not need a **consultant's** training, and
- is licensed to practice medicine in the country or Emirate where the **treatment** is received

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.

Home country: **Your** country of residency that **you** advised upon enrolment.

Hospital: A centre of **treatment** which is registered, or recognised under the local country's or Emirate's laws, as existing primarily for:

- carrying out major **surgical operations**, and
- providing **treatment** which only **consultants** can provide

Injury: Damage inflicted to the body.

In-patient: **You** have to stay in a **hospital** bed overnight or longer to receive **your treatment**.

Insurance period: The period beginning on **your** start date or **renewal date** and ending on the day before **your** next **renewal date**. By start date **we** mean the 'effective from' date on **your** first **membership certificate** for **your** current continuous period of membership.

Insurer: Oman Insurance Company (P.S.C.), or OIC.

Intensive care: This includes:

- High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure
- Intensive Therapy Unit/Intensive Care Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation
- Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring

Life threatening: Diseases or conditions where the likelihood of death or permanent disability of one or more body organ(s) or extremities is high unless the course of the disease or condition is interrupted with immediate medical care.

Medical practitioner: A **complementary medicine practitioner, consultant, dental practitioner, family doctor, general practitioner, psychologist, physiotherapist** or **therapist** who provides **active treatment** of a known condition.

Membership Certificate: This is the schedule of benefits which includes the certificate number, membership number, group number, name(s) of the individuals covered, and the start date and **renewal date** of cover.

Mental health condition(s): Treatment of mental health conditions, including eating disorders. Please note that some mental health conditions are excluded (see ‘What is not covered’ in your ‘Member Guide’).

Network: A hospital, or similar facility, or medical practitioner which has an agreement in effect with us to provide you with eligible treatment.

Oman Insurance Company/OIC: Oman Insurance Company (P.S.C.), your insurer.

Out-patient: You receive treatment at a hospital, consulting room, doctors’ office or out-patient clinic where you do not go in for in-patient treatment or day-case treatment.

Participating providers: A hospital or clinic, outside the USA, designated by us which has agreed to accept direct billing for the settlement of specific claims.

Persistent vegetative state:

- a state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and
- the person does not respond to stimuli such as calling their name, or touching

The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.

Physiotherapist: a physiotherapist who is fully trained and is legally qualified and permitted to practice as such in the country or Emirate where the treatment is received.

Plan: Dubai Worldwide Health Plan.

Prior approval: Treatment that we have authorised prior to you receiving it by your medical provider.

Pre-existing conditions: Any disease, illness or injury for which:

- you have received medication, advice or treatment, or
- you have experienced symptoms whether the condition was diagnosed or not in the four years before the start of your current continuous period of cover.

Principal member: The first person named on the membership certificate. Please refer to ‘you/your/yourself’.

Prophylactic surgery: Surgery to remove an organ or gland that shows no signs of disease, in an attempt to prevent development of disease of that organ or gland.

Psychiatric treatment: Treatment of mental health conditions, including eating disorders.

Psychologist: A person who is legally qualified and is permitted to practise as such in the country or Emirate where the treatment is received.

Qualified nurse: A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment takes place.

Registered clinical trial: An ethically approved and clinically controlled trial that is registered on an international database of clinical trials e.g. www.isrctn.org

Rehabilitation: Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.

Renewal date: Each anniversary of the date the group, of which you are a member, joined the Plan.

Service Partner: A company or organisation that provides services on behalf of us. These services may include approval of cover and location of local medical facilities.

Sickness: Physical illness or disease.

Sound natural tooth/teeth: A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.

Specified country of nationality: The country of nationality specified by you in your application form or as advised to us in writing, whichever is the later.

Specified Emirate of residence: This means Dubai, as specified by you in your application or as advised to us in writing, whichever is the later. Your specified Emirate of residence is shown in your membership certificate. Dubai is the Emirate which the relevant authorities (such as tax authorities) consider you to be resident in for the duration of the Plan.

Sponsor: The company, firm or individual with whom we have entered into an agreement to provide you with cover under the Plan.

Subrogated: The assumption of the member’s right by us to recover from an at fault party the costs of any claims paid by us for treatment to the member.

Surgical operation: A medical procedure that involves the use of instruments, or equipment.

Therapists: An occupational therapist, orthoptist, dietician or speech therapist who is legally qualified and is permitted to practice as such in the country or Emirate where the treatment is received.

Treatment: Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.

UK: Great Britain and Northern Ireland.

We/Us/Our: Oman Insurance Company (OIC) acting as insurer and local administrator in the UAE, or Bupa

CONDITIONS OF YOUR MEMBERSHIP

Global acting as the administrator elsewhere in the world on behalf of **Oman Insurance Company (OIC)**.

Worldwide: All territories outside the UAE. This will normally exclude USA, unless USA cover has been purchased as an optional benefit.

You/Your/Yourself: **You**, the **principal member** and **your dependants** unless **we** have expressly stated otherwise that the provisions only refer to the **principal member**.

About Oman Insurance Company and Bupa Global

Oman Insurance Company (P.S.C) (OIC) is the **insurer** and the local administrator in the UAE for the Dubai Worldwide Health Plan. **Bupa Global** is the administrator of the **Plan** outside of the UAE.

OIC partnered with Bupa Global in 2003 and since then have built a strong working relationship. With **OIC's** tremendous local knowledge and financial strength and Bupa's global expertise and service capabilities in the healthcare market, **you** can rest assured that wherever **you** are in the world, **you** are in expert hands.

This Dubai Worldwide Health Plan is a group insurance **Plan**. **You** are therefore one of a group of members, which has a **sponsor** (normally **your** employer).

The **Plan** is governed by an **agreement** between **your sponsor** and **Oman Insurance Company (P.S.C.)**, which covers the terms and conditions of **your** membership. This means that there is no legal contract between **you** and **Oman Insurance Company (P.S.C.)**. Only the **sponsor** and **Oman Insurance Company (P.S.C.)** have legal rights under the **agreement** relating to **your** cover, and only they can enforce the **agreement**.

The following must be read together as they set out the terms and conditions of **your** membership:

- **you**, the **principal member's** application for cover: this includes any quote request from **your** employer, applications for cover for **you** and **your dependants** (if any) and any declarations

that **you**, the **principal member** made during the application process

- **your** membership pack which includes: **your** 'Member Guide' booklet that sets out the table of benefits for **your Plan**; this 'Terms and Conditions' document that lists the definitions of the terms used and the rules for **your Plan**; **your membership certificate** which includes the full name of **your insurer**; and **your** membership cards.

When your cover starts

The start date of **your** membership is the 'effective from' date shown on **your membership certificate**.

Paying subscriptions and other charges

Your sponsor has to pay any and all subscriptions due to **OIC** under the **agreement**, together with any other applicable charges, levies, or taxes that may be payable.

Starting your membership

Your membership starts on the 'effective date' shown on the first **membership certificate** that **we** sent **you**, the **principal member**, for **your** current continuous period of Dubai Worldwide Health Plan membership.

Renewing your membership

The renewal of **your** membership is subject to **your sponsor** renewing **your** membership under the **agreement**.

Ending your membership

Your sponsor can end **you**, the **principal member's** membership, or that of any of **your dependants** (if applicable), from the first day of a month by writing to **us**. **We** cannot backdate the cancellation of **your** membership.

Your membership will automatically end:

- if the **agreement** between **OIC** and **your sponsor** is terminated
- if **your sponsor** does not renew **your** membership
- if **your sponsor** does not pay subscriptions or any other payment due under the **agreement** for **you**, or for any other person
- if the membership of the **principal member** ends
- upon the death of the **principal member**

If you move to a new Emirate or country, or change your specified country of nationality

You, the **principal member** must tell **your sponsor** straight away if **your specified Emirate of residence** changes, or **your specified country of nationality** changes. **Your** new Emirate, or country may have different regulations about health insurance, and **we** may need to end **your** membership if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens. **You**, the **principal member** need to tell **your sponsor** of any change so that **we** can make sure that **you** have the right cover and that all local regulations are being met.

The details of regulations vary from Emirate to Emirate and country to country and may change at any time.

If **you** change **your specified Emirate of residence** to another Emirate, or to another country, **you** may be able to transfer to another international medical insurance policy. This may be subject to medical underwriting. **You** may also be entitled to retain any of **your** benefits which aren't covered until **you** have been a member for a certain period, and the time **you** were a member with **us** will count towards that. Please note that if **you** request a transfer to a different **insurer**, **we** will have to share **your** personal information and any medical history **we** hold with that **insurer**.

If **you** change **your specified Emirate of residence** or **your specified country of nationality**, please call **our** customer services helpline so **we** can confirm if **your** membership is affected, and, if so, whether **we** can offer **you** a transfer service.

Important – please read

OIC can end a person's membership and that of all the other people listed on the **membership certificate** if there is reasonable evidence that any person concerned has misled, or attempted to mislead **us**. By this, **we** mean giving false information or keeping necessary information from **us**, or working with another party to give **us** false information, either intentionally or carelessly, which may influence **us** when deciding:

- whether **you** (or they) can join the **Plan**
- what subscriptions **your sponsor** has to pay

- whether **we** have to pay any claim

After your Company membership ends

You, the **principal member** (and **your dependants** if applicable) can apply to transfer to an individual **Plan** administered by **us** if **your** membership of **your** group **Plan** ends, and **you** are no longer living and/or working in Dubai. Please contact **our** customer services helpline for more information.

Making changes to your cover

The terms and conditions of **your** membership may be changed from time to time by **agreement** between **your sponsor** and **OIC**.

Amending your membership certificate

We will send **you**, the **principal member** a new **membership certificate** if:

- with the **sponsor's** approval, **you**, the **principal member** add a new **dependant** to **your** membership
- **we** need to record any other changes requested by **your sponsor**, or that **we** are entitled to make

Your new membership certificate will replace any earlier version **you** possess as from the issue date shown on the new **membership certificate**.

Other parties

No other person is allowed to make or confirm any changes to **your** membership on **our** behalf, or decide not to enforce any of **our** rights.

No change to **your** membership will be valid unless it is confirmed in writing. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **OIC**.

If **you**, the **principal member** change **your** correspondence address, please contact **us** as soon as reasonably possible, as **we** will send any correspondence to the address **you** last gave **us**.

Correspondence

Letters between **us** must be sent by post and with the postage paid. **We** do not return original documents, with the exception of official documents such as birth or death certificates. However, if **you** ask **us** at the time **you** send any original documents to **us**, such as invoices, **we** can provide certified copies.

ADDING DEPENDANTS

If **your sponsor** agrees, **you**, the **principal member** may apply to include any of **your** family members under **your** membership as one of **your dependants**. To apply **you**, the **principal member** will need to contact **your sponsor**.

If any other person is included as a **dependant** under **your**, the **principal member's** membership, their membership will start on the 'effective date' on the first **membership certificate** we sent **you** for **your** current continuous period of Dubai Worldwide Health Plan membership which lists them as a **dependant**. Their membership can continue for as long as **you**, the **principal member** remain a member of the **Plan**.

If **you**, the **principal member's** membership ceases, **your dependants** can then, of course, apply for membership in their own right.

PRE-AUTHORISATION

This section contains rules and information about pre-authorisation.

If **we** pre-authorise **your treatment**, this means that **we** will pay **your** healthcare provider directly (**direct billing**) up to the limits of **your Plan**, provided that all of the following requirements are met:

- the **treatment** is eligible **treatment** that is covered by **your Plan**
- **you** have an active membership at the time that **treatment** takes place
- **your sponsor's** subscriptions are paid up to date
- the **treatment** carried out matches the **treatment** authorised
- **you** have provided a full disclosure of the condition and **treatment** required
- **you** have enough benefit entitlement to cover the cost of the **treatment**
- the **treatment** is medically necessary
- the **treatment** takes place within 31 days after pre-authorisation is given

We can pre-authorise the following **treatment**:

- most **out-patient, in-patient** and **day-case treatment** at a provider in the **Network** in the UAE
- most **in-patient** and **day-case treatment** at **participating providers** outside of the UAE.
- **out-patient treatment** at the discretion of the healthcare provider outside of the UAE.

See the 'Table of benefits' in **your** 'Member Guide' for a full list of the **treatment** services that can be pre-authorised.

Length of stay (in-patient treatment)

Your pre-authorisation will specify an approved length of stay for **in-patient treatment**. This is the number of nights in **hospital** that **we** will cover **you** for. If **your treatment** will take longer than this approved length of stay, then **you** or **your consultant** must contact **us** for an extension to the pre-authorisation.

Treatment in the USA (if purchased)

All **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the USA must be pre-authorised. If **you** are going to receive any of these **treatments**, ask **your** healthcare provider to contact **Bupa Global** for pre-authorisation. All the information they need is on **your** membership card.

We have made special arrangements if **you** need to be hospitalised in the USA. These include access to a select **Network** of quality healthcare providers and **direct billing** of all covered expenses when **you** receive **treatment** in a **Network hospital**.

Treatment which has not been pre-authorised

If **you** choose not to get **your treatment** in the USA pre-authorised, **we** will only pay 50 percent towards the cost of covered **treatment**.

Of course **we** understand that there are times when **you** cannot get **your treatment** pre-authorised, such as for an **emergency** medical condition. If **you** are taken to **hospital** for an **emergency** medical condition, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission. **We** can then make sure **you** are getting the appropriate care,

MAKING A CLAIM INSIDE THE UAE

and in an appropriate place. If **you** have been taken to a **hospital** which is not part of the **Network**, and if it would not be detrimental to **your** care, **we** will arrange for **you** to be moved to a **Network hospital** to continue **your treatment** once **you** are stable.

If **we** have been notified within 48 hours of admission to a **hospital** for an **emergency** medical condition, **we** will not ask **you** to share the cost of **your treatment**.

Non-network treatment

If **your treatment** in the USA has been pre-authorized, but **you** choose not to go to a **Network hospital**, **we** will only pay 80 percent towards the cost of covered **treatment**.

There may be times when it is not possible for **you** to be treated at a **Network hospital**. These include:

- where there is no **Network hospital** within 30 miles of **your** address, and
- when the **treatment you** need is not available in the **Network hospital**

In these cases, **we** will not ask **you** to share the cost of **your treatment**.

Important rules

Please note that pre-authorization is only valid if all the details of the authorised **treatment**, including dates and locations, match those of the **treatment** received. If there is a change in the **treatment** required, if **you** need to have further **treatment**, or if any other details change, then **you** or **your consultant** must contact **us** to pre-authorise this separately. **We** make **our** decision to approve **your treatment** based on the information given to **us**. **We** reserve the right to withdraw **our** decision if additional information is withheld or not given to **us** at the time the decision is being made.

Direct billing

If **your treatment** in the UAE is eligible for **direct billing you** will not need to submit a claim. Instead, **your** healthcare provider will submit the claim and **we** will settle the bills directly with them on **your** behalf.

If you need to make a claim for treatment

If **you** have received any **treatment** in the UAE which is marked 'reimbursement', **you** will need to pay for the **treatment yourself** and make a claim for reimbursement of the costs. Reimbursement claim forms are available on request from **us**. Or, **you** can download a claim form from www.bupainternational.com/membersworld

We must receive a fully completed claim form and copies of the original invoices for **your treatment**, within six months of the **treatment** date. If this is not possible, please write to **us** with the details and **we** will see if an exception can be made.

You must ensure that **your** claim form is fully completed by **you** and by **your medical practitioner**. The claim form is important because it gives **us** all the information that **we** need. Contacting **you** or **your medical practitioner** for more information can take time, and an incomplete claim form is the most common reason for delayed payments.

If you need to submit a claim, this should be sent to the following address:

Bupa Global Claims Administration

Victory House
Trafalgar Place,
Brighton,
BN1 4FY
United Kingdom

Remember, if **your treatment** is pre-authorized, **your** pre-authorization statement will act as **your** claim form.

Benefits available on a 'reimbursement' basis:

- **treatment** at a healthcare provider that is not in the **OIC Network**
- **In-patient** cash benefit
- **emergency** medical **treatment** in the USA
- HIV / AIDS drug therapy (outside the UAE)

MAKING A CLAIM FOR TREATMENT OUTSIDE OF THE UAE

If **your treatment** outside the UAE is not eligible for **direct billing**, **you** will need to pay for **your treatment** and claim the cost back from **us**. This section tells **you** how to make a claim.

Claim forms

You can obtain a claim form from **Bupa Global** customer services or visit **our** online portal MembersWorld www.bupainternational.com/membersworld

Your claim form is important as it gives **us** the information that **we** need to process **your** claim. If it is not fully completed **we** may have to ask for more information. This can delay payment of **your** claim.

Where **you** need to complete a claim form, **you** must complete one for:

- for each member
- for each condition and
- for each currency of claim

If a condition continues over six months, **we** will ask for a further claim form to be completed.

What to send us

You need to return the completed form to **us** by post, or via www.bupainternational.com/membersworld with the original invoices, as soon as possible. This must be within six months of receiving the **treatment** for which **you** are claiming. Invoices sent to **us** after six months will not normally be paid.

Requests for further information

We may need to ask **you** for further information to support **your** claim. If **we** do, **you** must provide this.

Examples of things **we** might ask for include:

- medical reports and other information about the **treatment** for which **you** are claiming
- the results of any medical examination performed at **our** expense by an independent **medical practitioner** appointed by **us**
- written confirmation from **you** as to whether **you** think **you** can recover the costs **you** are claiming from another person or insurance company

If **you** do not provide the information that **we** ask for, **we** may not pay **your** claim in full.

Important rules

When making a claim please note:

- **you** must have received the **treatment** while covered under **your** membership
- payment of **your** claim will be under the terms of **your** membership and up to the benefit levels shown, that apply to **you** at the time **you** receive the **treatment**
- **we** will only pay for **treatment** costs actually incurred by **you**, not deposits or advance invoices or registration/administration fees charged by the provider of **treatment**
- **we** will only pay for **treatment** costs that are reasonable and customary; and
- **we** do not return original documents such as invoices or letters. However, **we** will be pleased to return certified copies if **you** ask **us** when **you** submit **your** claim

Confirmation of your claim

We will always send confirmation of how **we** have dealt with a claim. If applicable, for child **dependants** (those aged under 18 years), **we** will write to the **principal member**. If the claim is for **treatment** received by the **principal member**, or an adult **dependant** (those aged 18 years or over), **we** will write directly to the individual concerned.

How your claim will be paid

Wherever possible, **we** will follow the instructions given to **us** in the 'Payment details' section of the claim form.

Who we will pay

We will only make payments to the member who received the **treatment**, the provider of the **treatment**, the **principal member** of the membership or the executor or administrator of the member's estate. **We** will not make payments to anyone else.

Payment method and bank charges

We will make payment where possible by electronic transfer or by cheque. Payments made by electronic transfer are quick, secure and convenient. To receive payment by electronic transfer, **we** need the full bank account, SWIFT code, bank address details and (in Europe only) IBAN number to be provided on the claim form.

We will instruct **our** bank to recharge the administration fee relating to the cost of making the electronic transfer to **us** but **we** cannot guarantee that these charges will always be passed back for **us** to pay. In the event that **your** local bank makes a charge for a wire transfer **we** will aim to refund this as well.

Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **our** error.

Cheques are no longer valid if they are not cashed within 12 months. If **you** have an out-of-date cheque, please contact **our** customer services helpline, who will be happy to arrange a replacement.

Payment currency and conversions

We can pay in the currency in which **your sponsor** pays **your** subscriptions, the currency of the invoices **you** send **us**, or the currency of **your** bank account.

We cannot pay **you** in any other currency.

Sometimes, the international banking regulations do not allow **us** to make a payment in the currency **you** have asked for. If so, **we** will send a payment in the currency of **your sponsor's** subscriptions.

If **we** have to make a conversion from one currency to another **we** will use the exchange rate that applies on either the date on which the invoices were issued or the last date of the **treatment**, whichever is later.

The exchange rate used will be the average of the buying and selling rates across a wide range of quoted rates by the banks in London on the date in question. If the date is not a working day **we** will use the exchange rate that applies on the last working day before that date.

ASSISTANCE COVER

Other claims information

Discretionary payments

We may, in certain situations, make discretionary or 'ex gratia' payments towards **your treatment**. If **we** make any payment on this basis, this will still count towards the overall maximum amount **we** will pay under **your** membership. Making these payments does not oblige **us** to pay them in the future.

We do not have to pay for **treatment** that is not covered by **your Plan**, even if **we** have paid an earlier claim for a similar or identical **treatment**.

Overpayment of claims

If **we** overpay **you** for **your** claim, **we** reserve the right to deduct the overpaid amount from future claims or seek repayment from **you**.

Claiming for treatment when others are responsible

You must complete the appropriate section of the claim form if **you** are claiming for **treatment** that is needed when someone else is at fault, for example in a road accident in which **you** are a victim. If so, **you** will need to take any reasonable steps **we** ask of **you** to assist **us** to:

- recover from the person at fault (such as through their insurance company) the cost of the **treatment** paid for by **OIC**, and
- claim interest if **you** are entitled to do so

Note: Subrogation

In certain circumstances, for example, if **you** are the victim of an accident, **we** (or any person or company **we** nominate) will have the full 'right of subrogation'.

This means that **we** can assume **your** right to recoup the cost of **treatment(s)** that **we** have paid from the person at fault (or their insurance company). In the event of any payment of any claim under **your** membership, **we** or any person or company that **we** nominate may therefore be **subrogated** to all **your** rights of recovery and any person entitled to the benefits of **your** coverage. **You** will need to sign and deliver all documents or papers, and anything else that is required to secure these **subrogated** rights. **You** must not take any action which could damage or affect these.

Claiming with joint or double insurance

You must complete the appropriate section on the claim form, if **you** have any other insurance cover for the cost of the **treatment** or benefits **you** have claimed from **us**. If **you** do have other insurance cover, this must be disclosed to **us** when claiming, and **we** will only pay **our** share of the cost of the **treatment** or benefits claimed.

This section contains the rules and information for Assistance Cover, which is an optional benefit. It helps **you** if **you** need to travel to get the **treatment** that **you** need.

There are two levels of Assistance Cover:

- Evacuation; and
- Repatriation

Your membership certificate will show if **you** have Evacuation or Repatriation but **you** can visit www.bupainternational.com/membersworld, or contact **our** customer services helpline if **you** are unsure.

What is Assistance Cover?

The Evacuation and Repatriation options both cover **you** for reasonable transport costs to the nearest medical facility where the **treatment** that **you** need is available, if it is not available locally. Repatriation also gives **you** the option of returning to **your specified country of nationality** or **your specified Emirate of residence**.

We may not be able to arrange Evacuation or Repatriation in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area; for example from an oil rig or within a war zone.

General rules

The following rules apply to both the Evacuation and Repatriation levels of cover:

- **you** must contact **our** appointed representatives for confirmation before **you** travel, on +44 (0) 1273 333 911 if **you** are outside the UAE, or toll-free number 800 0444 0492 if **you** are inside the UAE
- **our** appointed representatives must agree the arrangements with **you**
- Assistance Cover is applicable for **in-patient treatment** and **day-case treatment** only
- the **treatment** must be recommended by **your consultant** or **medical practitioner** or **family doctor** and, for medical reasons, not available locally
- the **treatment** must be eligible under **your Plan**
- **you** must have cover for the country **you** are being treated in, for example the USA
- **you** must have the appropriate level of Assistance Cover in place before **you** need the **treatment**

You must provide **us** with any information or proof that **we** may reasonably ask **you** for to support **your** request. **We** will only pay if all arrangements are agreed in advance by **our** appointed representatives.

Evacuation or Repatriation will not be eligible if **you** were aware of the symptoms of **your** condition before applying for Assistance Cover.

We will not approve a transfer which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your** case, when it is reasonable for **us** to do so. Evacuation or Repatriation will not be authorised if this would be against medical advice.

Evacuation cover

If **you** have Evacuation cover it will be shown on **your membership certificate**. If **you** are still unsure **you** can visit www.bupainternational.com/membersworld or, contact **our** customer services helpline.

What we will pay for:

- **we** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**. It may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy
- **we** will only pay for evacuation to the nearest place where the required **treatment** is available. This could be to another part of the country that **you** are in, and may not be **your home country**
- **we** will pay for the reasonable travel costs for another member of an international medical insurance policy administered by **Bupa Global** to accompany **you**, but only if it is medically necessary
- **we** will also pay for the reasonable costs of **your**, and the accompanying member's, return journey to the place **you** were evacuated from. All arrangements for **your** return should be approved in advance by **our** appointed representatives and the journey must be made within 14 days of the end of the **treatment**

We will pay for either:

- the reasonable cost of the return journey by the most direct route available by land or sea; or
- the cost of an economy class air ticket by the most direct route available whichever is the lesser amount.

In the event of your death

We will pay reasonable costs for the transportation only of **your** body, subject to airline requirements and restrictions, to **your home country** or other specified destination, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets etc, or the transport costs for someone to collect or accompany **your** remains.

Note: **We** do not pay for any other costs related to the evacuation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under Evacuation cover, but are payable from **your** medical cover as described in the 'What is covered?' section of **your** 'Table of benefits' that can be found in **your** 'Member Guide'.

Please also note that for medical reasons **you**, the member receiving **treatment**, may travel in a different class from **your** companion.

Repatriation cover

If **you** have Repatriation cover it will be shown on **your membership certificate**. If **you** are still unsure **you** can visit www.bupainternational.com/membersworld or, contact **our** customer services helpline.

What we will pay for:

- **we** will pay in full for **your** reasonable transport costs for **in-patient treatment** or **day-case treatment**
- **we** will pay for repatriation to **your specified country of nationality** or **your specified Emirate of residence**
- **we** will pay for one repatriation for each illness or **injury** per lifetime
- **we** will pay the reasonable costs for a relative or **your** partner to accompany **you** to **your specified country of nationality** or **your specified Emirate of residence** if **we** have authorised this in advance of the repatriation
- **we** will also pay an allowance of up to GBP 31, USD 63, or EUR 46 per day for up to 10 days to cover the living expenses of the person accompanying **you**
- **we** will pay for **you** and the person accompanying **you** to return to where **you** were repatriated from. All arrangements for **your** return must be approved in advance by **us** or **our** appointed representatives and **you** must make the return journey within 14 days of the end of the **treatment you** were repatriated for

We will pay for either:

- the reasonable cost of the return journey by the most direct route available by land or sea; or
- the cost of a scheduled return economy class air ticket by the most direct route available; whichever is the lesser amount.

In the event of your death

We will pay reasonable costs for the transportation only of **your** body, subject to airline requirements and restrictions, to **your home country** or other specified destination, in the event of **your** death while **you** are away from home. **We** do not pay for burial or cremation, the cost of burial caskets etc, or the transport costs for someone to collect or accompany **your** remains.

Note: **We** do not pay for any other costs related to the repatriation such as hotel accommodation or taxis. Costs of any **treatment you** receive are not payable under Repatriation cover, but are payable from **your** medical cover as described in the 'What is covered?' section of **your** 'Table of benefits' that can be found in **your** 'Member Guide'.

Please also note that for medical reasons **you**, the member receiving **treatment**, may travel in a different class from **your** companion.

GENERAL INFORMATION

Applicable law

Your membership is governed by the laws of the United Arab Emirates (UAE). Any dispute that cannot otherwise be resolved will be dealt with by courts in the UAE.

If any dispute arises as to interpretation of this document then the Arabic version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. The Arabic version of this document can be obtained at any time by contacting **our** customer services helpline.

Liability

Neither **OIC** nor **Bupa Global** shall be responsible for any loss, damage, illness and/or **injury** whatsoever, that may occur as a result of any action carried out directly or through a third party, to assist in the provision of services covered by these rules.

Sanction Clause

Neither **OIC** or **Bupa Global** shall provide cover or be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **OIC** and/or **Bupa Global** to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, United Arab Emirates and/or all other jurisdictions where **OIC** and/or **Bupa Global** transacts its business.

MAKING A COMPLAINT

We are always pleased to hear about aspects of **your** membership that **you** have particularly appreciated, or that **you** have had problems with.

If something does go wrong, **we** have a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible.

If **you** have any comments or complaints, **you** can call **us** on:

Inside the UAE: toll-free number 800 0444 0492 or
Outside the UAE: +44 (0) 1273 323 563
24 hours a day, 365 days a year

Further help

We want to make sure that members with special needs are not excluded in any way. For hearing or speech impaired members with a textphone, please call +44 (0) 1273 866 557. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Taking it further

If we have not been able to resolve the problem and **you** wish to take **your** complaint further, please write to **us** at:

Oman Insurance Company (P.S.C.)

Health department
PO Box 5209
Dubai
United Arab Emirates

Confidentiality

The confidentiality of personal health information is of paramount concern to both **OIC** and **Bupa Global**. To this end, **OIC** and **Bupa Global** fully comply with applicable data protection legislation and medical confidentiality guidelines.