



HEALTH PLANS COMPARISON TABLE

BENEFIT	PREMIER	ELITE	ULTIMATE
Overall annual maximum	GBP 1,000,000/EUR 1,250,000/USD 1,700,000	GBP 3,000,000/EUR 3,750,000/USD 5,100,000	Unlimited
Geographical area of cover	Worldwide, excluding USA	Worldwide	Worldwide
Mandatory pre-authorisation	Mandatory pre-authorisation for:	Mandatory pre-authorisation for:	Mandatory pre-authorisation for:
	o obesity surgery prophylactic surgery internal cardiac defibrillator reconstructive surgery rehabilitation cancer treatment transportation (evacuation) all in-patient stays over 5 days complications of maternity and childbirth	o obesity surgery o prophylactic surgery o internal cardiac defibrillator o reconstructive surgery o rehabilitation o cancer treatment o transportation (evacuation and repatriation) o all in-patient stays over 5 days o complications of maternity and childbirth o home nursing	o obesity surgery o prophylactic surgery o internal cardiac defibrillator o reconstructive surgery o rehabilitation o cancer treatment o transportation (evacuation and repatriation) o all in-patient stays over 5 days o complications of maternity and childbirth o home nursing o genetic cancer screening o refractive eye surgery o rehabilitation at health resorts
General benefits and rules			
Cover for pre-existing conditions, subject to underwriting	Yes	Yes	Yes
Covered for chronic conditions if diagnosed after enrollment	Yes	Yes	Yes
Cover for congenital & hereditary conditions if diagnosed after enrollment	Yes	Yes	Yes
No cancellation of policy based on claims pattern/history	Yes	Yes	Yes
Automatic renewal	Yes	Yes	Yes
General waiting period from start of cover	No general waiting period. Please note waiting periods can apply to specific benefits as detailed in this document.		
Age limit for joining	No upper age limit		
Child only policies	Not permitted		
Co-insurance	Co-insurance Applies to out-patient care only	Co-insurance Applies to out-patient care only	No co-insurance
	Optional 0%	Optional 0%	
	Optional 20%	Optional 20%	

BENEFIT	PREMIER	ELITE	ULTIMATE
Out-patient day to day care	GBP 40,000, EUR 50,000 or USD 68,000 per policy year	GBP 60,000, EUR 75,000 or USD 102,000 per policy year	Unlimited
*paid in full up to the annual maximum of out-patient day to day care limit			
Out-patient surgical operations	Paid in full*	Paid in full*	Paid in full
Pathology, scans, X-ray and diagnostic tests	Paid in full*	Paid in full*	Paid in full
Specialist consultations and doctor's fees	Paid in full*	Paid in full*	Paid in full
Mental health (in medical emergencies)	Paid in full*	Paid in full*	Paid in full
Qualified nurse	Paid in full* 30 visits per policy year	Paid in full* 60 visits per policy year	Paid in full
Physiotherapists, osteopaths and chiropractor			Paid in full
Footcare			Paid in full
Occupational and orthoptic therapy	Not covered		Paid in full
Acupuncture and reflexology			Paid in full
Homeopathy, naturopathy and Chinese medicine		20 visits	Paid in full
Prescribed drugs	Up to GBP 3,000/EUR 3,750/USD 5,100 each	GBP 4,000/EUR 5,000/USD 6,800	Paid in full
Durable medical equipment - rental/purchase	policy year	per policy year	
Dietetic guidance	Paid in full* 4 visits	Paid in full* 4 visits	Paid in full
Preventive treatment			
Health screening (10 months waiting period)	GBP 500/EUR 620/USD 850 per policy year	GBP 1,000/EUR 1,250/USD 1,700 per policy year	GBP 5,000/EUR 6,250/USD 8,500 per policy year
Diabetes screening	1 test per year from age 18	1 test per year from age 18	1 test per year from age 18
Children's/influenza/HPV vaccinations	GBP 500/EUR 620/USD 850 per policy year. Paid in full up to and including 6 years old.	GBP 1,000/EUR 1,250/USD 1,700 per policy year. Paid in full up to and including 6 years old.	Paid in full
Travel/pneumococal vaccinations / anti-malarial medicines	Not covered		Paid in full
Genetic cancer screening	Not covered	Not covered	Paid in full
Dental treatment, Hearing aids and optical	GBP 1,000/EUR 1,250/USD 1,700 per policy year	GBP 2,500/EUR 3,100/USD 4,200 per policy year	GBP 10,000/EUR 12,500/USD 17,000 per policy year
**paid in full up to the annual maximum of dental treatment/ hearings aids/ optical limit			
Out-patient accident related dental treatment during dental waiting period (in medical emergencies)	Paid in full** Up to 3 days after the accident	Paid in full** Up to 3 days after the accident	Paid in full** Up to 3 days after the accident
Preventive dental (6 months waiting period) and dental checks	2 visits per year**	2 visits per year**	Paid in full**
Routine dental (6 month waiting period). Including; filling, root treatment, x-ray, tooth extraction, tooth cleaning, anaesthesia	Covered 50%**	Paid in full**	Paid in full**

BENEFIT	PREMIER	ELITE	ULTIMATE
Major restorative (6 month waiting period). Including; bridges, crowns, dental implants, dentures	Covered 50%**	Paid in full**	Paid in full**
Orthodontics (waiting period 12 months, up to 19 years old)	Not covered	Paid in full**	Paid in full**
Hearing aids	Covered 50%**	Paid in full**	Paid in full**
Spectacle lenses and contact lenses	Covered 50%**	Paid in full**	Paid in full**
Eye test	1 visit per year**	1 visit per year**	Paid in full**
Hearing and vision aids, and vision correction by surgeries and laser (in medical emergencies)	Paid in full**	Paid in full**	Paid in full**
Refractive eye surgery	Not covered	Not covered	Paid in full** (1 per eye per lifetime)
In-patient and Day-patient benefits			
Hospital accommodation, room and board	Paid in full Standard private room	Paid in full Standard private room	Paid in full Suite
Personal expenses	GBP 10/EUR 13/USD 17 per night	GBP 10/EUR 13/USD 17 per night	GBP 10/EUR 13/USD 17 per night
Parent accommodation in hospital for children under the age of 18	Paid in full	Paid in full	Paid in full
Room and board for accompanying people	Room and board for one person accompanying the insured, in the same hospital room as patient. Up to GBP 150, EUR 200 or USD 250 per night	Room and board for one person accompanying the insured, in the same hospital room as patient. Up to GBP 150, EUR 200 or USD 250 per night	Room and board at the hospital or nearby hotel for three people accompanying the insured. Local transport for same 3 people. Up to GBP 10,000/EUR 12,500/USD 17,000 per policy year
Operating room, medicines and surgical dressings	Paid in full	Paid in full	Paid in full
Intensive care	Paid in full	Paid in full	Paid in full
Surgery, including surgeons' and anaesthetists' fees	Paid in full	Paid in full	Paid in full
Physicians' consultation fees	Paid in full	Paid in full	Paid in full
Pathology, radiology and diagnostic tests	Paid in full	Paid in full	Paid in full
Mental health	Paid in full	Paid in full	Paid in full
Physiotherapists, occupational therapists, speech therapists and dieticians	Paid in full	Paid in full	Paid in full
Obesity surgery (24 months waiting period)	Paid in full	Paid in full	Paid in full
Prophylactic surgery	Paid in full	Paid in full	Paid in full
Prosthetic devices	GBP 2,500/EUR 3,100/USD 4,200	GBP 4,000/EUR 5,000/USD 6,800	Paid in full

BENEFIT	PREMIER	ELITE	ULTIMATE
Prosthetic implants	Paid in full	Paid in full	Paid in full
Reconstructive / remedial surgery	Paid in full	Paid in full	Paid in full
Accident related dental treatment	Paid in full	Paid in full	Paid in full
Hearing and vision aids, and vision correction by surgeries and laser (in medical emergencies)	Paid in full	Paid in full	Paid in full
Pre- and Post-hospitalisation			
Home nursing	Not covered	Paid in full 30 days Pre-authorisation required. Should start immediately after in-patient stay and be medically prescribed.	Paid in full 30 days Pre-authorisation required. Should start immediately after in-patient stay and be medically prescribed.
Hospice and palliative care	GBP 25,000/EUR 31,000/USD 42,000 per lifetime	GBP 25,000/EUR 31,000/USD 42,000 per lifetime	Paid in full
Rehabilitation (multidisciplinary rehabilitation)	Paid in full 30 days per policy year	Paid in full 60 days per policy year	Paid in full 90 days per policy year
Rehabilitation at health resorts	Not covered	Not covered	Paid in full. 30 days per policy year.
In-patient and/or out-patient care			
Advanced imaging	Paid in full	Paid in full	Paid in full
Cancer treatment	Paid in full	Paid in full	Paid in full
Transplant services - per condition	GBP 400,000/EUR 500,000/USD 680,000	GBP 600,000/EUR 750,000/USD 1,020,000	Paid in full
Kidney dialysis	Paid in full	Paid in full	Paid in full
Maternity/childbirth (after 10 months outside the	UAE)		
Normal delivery/Birthing centre/Home delivery	Up to GBP 1,200 or EUR 1,500 or USD 2,040 per delivery	GBP 10,000/EUR 12,500/USD 17,000 per delivery	Paid in full
Medically essential caesarean	Up to GBP 1,700 or EUR 2,125 or USD 2,890 per delivery	GBP 20,000/EUR 25,000/USD 34,000 per delivery	Paid in full
Out-patient maternity	8 visits paid in full	8 visits paid in full	Paid in full
Maternity complications	Paid in full	Paid in full	Paid in full
Children born into policy without underwriting	No	Yes	Yes
Transportation/travel			
Medical evacuation	Paid in full	Paid in full	Paid in full
Medical repatriation	Not covered	Paid in full	Paid in full
Travel cost for an accompanying person	Paid in full	Paid in full	Paid in full
Travel cost for the transfer of children	Paid in full	Paid in full	Paid in full

BENEFIT	PREMIER	ELITE	ULTIMATE
Compassionate visit and return	Not covered	5 trips per lifetime, GBP 1,000/EUR 1,250/USD 1,700 per trip	Paid in full (no limit on number of trips)
Compassionate visit living allowance	Not covered	10 days, GBP 100/EUR 120/USD 170 per day	Paid in full
Compassionate emergency repatriation	Not covered	Not covered	Paid in full
Living allowance	1 relative 10 days, GBP 100/EUR 120/USD 170 per day	1 relative 10 days, GBP 100/EUR 120/USD 170 per day	3 relatives Up to GBP 10,000/EUR 12,500/USD 17,000 per policy year
Local air ambulance	Paid in full	Paid in full	Paid in full
Local road ambulance	Paid in full	Paid in full	Paid in full
Non-medical evacuation	Not covered	Not covered	Paid in full
Repatriation of mortal remains	Paid in full	Paid in full	Paid in full
Price			
Size of policy discount	10% for 2 people, 15% for 3+ people	None	None
Children at no extra cost	No	Yes - under the age of 10 Two per paying insured parent on this plan Subject to underwriting	Yes - under the age of 16 Two per paying insured parent on this plan Subject to underwriting

GLOBAL HEALTH PLAN EXCLUSIONS

Applies across all: Birth control; Conflict and disaster; Convalescence, nursing home and admission for general care, or staying in hospital or other establishment; Cosmetic treatment; Developmental problems; Epidemics and pandemics; Experimental treatment; Genetic testing; Gender issues; Harmful or hazardous use of alcohol, drugs and/or medicines; Health hydros, nature cure clinics etc; Health related services which do not seek to improve or which do not result in a change in the medical condition of the patient; Infertility treatment; Mechanical or animal donor organs; Obesity; Sexual problems; Sleep disorders; Stem cells; Surrogacy; Temporomandibular joint (TMJ) disorders in Dubai; Unrecognised medical practitioner, provider and facility.

Additional exclusions for Premier Health Plan: Complementary therapists; Treatment equipment or surgery to correct eyesight; Treatment in USA.

Additional exclusions for Elite Health Plan: Certain types of Chinese medicines; Treatment equipment or surgery to correct eyesight.

Additional exclusions for Ultimate Health Plan: Certain types of Chinese medicines.

Oman Insurance Company (P.S.C.)

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