A GUIDE TO YOUR PREMIER HEALTH PLAN

1 April 2017

Oman Insurance Company (P.S.C.) is the insurer and local administrator in the UAE. Plans are designed and internationally administered by Bupa Global.

شركة عمان للتأمين
Oman Insurance Company

Bupa

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HELLO

With a **health plan** from **Oman Insurance Company** (**OIC**), **you** benefit from the combined experience of **OIC**, the insurer for this plan, and **Bupa Global**, the international administrator of this plan, a partnership that's designed to fill **you** with confidence.

This **health plan** meets all of the requirements of the local health regulator, the Dubai Health Authority (DHA). With clearly segmented benefits designed to suit **our** global customers, **our** range brings simplicity and freedom to world class healthcare so that globally minded people can choose the plan that's right for them.

Within this **guide**, **you'll** find easy to understand information about **your Premier Health plan**. This includes:

- guidance on what to do when **you** need **treatment**
- simple steps to understanding the claims process
- a 'Table of benefits' and list of 'General exclusions' which outline what is and isn't covered along with any benefit limits that might apply
- a 'Glossary' to help understand the meaning of some of the terms used

To make the most of **your health plan**, please read the 'Table of benefits' and 'General exclusions' sections carefully to get a full understanding of **your** cover, along with **your** 'Terms and Conditions' also enclosed in **your** welcome pack.

BEFORE **WE** GET STARTED, THERE ARE A FEW THINGS **WE** WOULD LIKE TO BRING TO **YOUR** ATTENTION...

YOUR GEOGRAPHICAL AREA FOR COVERAGE IS WORLDWIDE EXCLUDING USA

As long as it is covered by **your health plan**, **you** can have **your treatment** at any **recognised medical practitioner, hospital or clinic** in the world, excluding the USA.

To view a summary of **hospitals** visit Facilities Finder at tameen.ae/facilitiesfinder.

BOLD WORDS

Any words written in bold are defined terms that are relevant to **your** cover. **You** can check their meaning in the 'Glossary'.

TREATMENT THAT **WE** COVER

Your Premier Health plan covers the **treatment** cost for a disease, illness or injury that leads to the conservation of **your** condition, **your** recovery or **you** getting back to **your** previous state of health.

Your treatment is covered if it is:

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

Your health plan also provides a range of preventive benefits to help keep **you** healthy. **You** can find these in the 'Table of benefits'.

ANY QUESTIONS? **WE'LL** BE HAPPY TO HELP.
GET IN TOUCH USING THE DETAILS PRINTED ON **YOUR** INSURANCE CARD.

WHEN YOU'RE AWAKE, WE'RE AWAKE

You can call **us** at any time of the day or night for healthcare advice, support and assistance by medically trained people who understand **your** situation.

You can ask **us** for help with*:

- general medical information
- finding local medical facilities
- arranging and booking appointments
- arranging medical second opinions
- travel information
- security information
- information on inoculation and visa requirements
- **emergency** message transmission
- interpreter and embassy referral

You can ask **us** to arrange evacuations, including:

- air ambulance transportation
- commercial flights, with or without medical escorts
- stretcher transportation
- transportation of mortal remains
- travel arrangements for relatives and escorts

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**. **Our** assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

Contact details: phone **us** on +971 (0) 4 2108039 or email **us** on **emergency**.uae@bupaglobal.com

* **We** obtain the above health, travel and security information from third parties. **You** should check this information as **we** do not verify it, and so cannot be held responsible for any errors or omissions, or any loss, damage, illness and/or injury that may occur as a result of this information.

NEED TREATMENT?

We want to make sure everything runs as smoothly as possible when **you** need **treatment** and help take care of the practicalities so **you** can focus on getting better.

If **you** contact **us** before going for **treatment**, **we** can explain **your** benefits and confirm that **your treatment** is covered by **your health plan**. If needed **we** can also help with suggesting **hospitals**, clinics and **doctors** and offer any help or advice **you** may need.

In cases where **you** need **hospital treatment**, contacting **us** also gives **us** an opportunity to contact **your hospital** or clinic and make sure they have everything they need to go ahead with **your treatment**. If possible **we** will arrange to pay them directly too.

We would like to make **you** aware that there are certain benefits which **you** must receive pre-authorisation for. These are detailed in **your** 'Table of benefits'. Benefit may not be paid unless pre-authorisation has been provided.

Of course **we** understand that there are times when **you** simply cannot get pre-authorisation, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** ask the **hospital** to contact **us** within 48 hours of **your** admission. This way **we** can ensure that the **hospital** has all relevant information and, if possible, **we** can arrange to pay them directly.

The pre-authorisation process

You can pre-authorise **your treatment** by phone or email. Inside the **UAE**, **OIC** will normally manage pre-authorisation and directly settles the payment with the provider if within the **network**. Outside the **UAE**, **Bupa Global** will send a pre-authorisation. To confirm if a provider is in **network** please visit Facilities Finder at tameen.ae/facilitiesfinder.

Inside the **UAE** inside the **network**, **OIC** will normally manage direct payments and pre-authorisation directly with the provider. Outside the **network**, or outside the **UAE**, **Bupa Global** will send a pre-authorisation statement to **your hospital** or clinic once they have all the necessary details. A pre-authorisation statement will also be sent to **you**. This can be used as a claim form to send back to **us Bupa Global** if **you** receive any invoices or are asked to pay for any aspect of **your treatment** yourself. Further information is provided on the claims process on the next page.

From time to time **you** may be asked for more detailed medical information, for example to determine whether a loading should be applied to **your policy** for a **pre-existing condition**.

Remember we can offer a second medical opinion service

The solution to health problems isn't always black and white. That's why **we** offer **you** the opportunity to get another opinion from an independent world-class **specialist**.

Our approach to costs

When **you** are in need of a **benefits provider**, **our dedicated team** can help **you** find a **Recognised medical practitioner, hospital or healthcare facility** within **network**. Alternatively, **you** can view a summary of **benefits providers** on Facilities Finder at tameen.ae/facilitiesfinder. Where **you** choose to have **your treatment** and services with a **benefits provider** in **network**, **we** will cover all eligible costs of any **covered benefits**, once any applicable **co-insurance** or deductible amount which **you** are responsible to pay has been deducted from the total claimed amount.

Should **you** choose to have **covered benefits** with a **benefits provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. This means that the costs charged by the **benefits provider** must be no more than they would normally charge, and be similar to other **benefits providers** providing comparable health outcomes in the same geographical region. These may be determined by **our** experience of usual, and most common, charges in that region. Government or official medical bodies will sometimes publish 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). In such cases, or where published insurance industry standards exist, **we** may refer to these global guidelines when assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** made by an 'out-of-**network**' **benefits provider** will not be paid.

This means that, should **you** choose to receive **covered benefits** from an 'out-of-**network**' **benefits provider**:

- **you** will be responsible for paying any amount over and above the amount which **we** reasonably determine to be **Reasonable and Customary** – this will be payable by **you** directly to **your** chosen 'out-of-**network**' **benefits provider**;
- **we** cannot control what amount **your** chosen 'out-of-**network**' **benefits provider** will seek to charge **you** directly.

There may be times when it is not possible for **you** to be treated at a **benefits provider** in **network**, for example, if **you** are taken to an 'out-of-**network**' **benefits provider** in an **emergency**. If this happens, **we** will cover eligible costs of any **covered benefits** (after any applicable **co-insurance** or deductible has been deducted).

If **you** are taken to an 'out-of-**network**' **benefits provider** in an **emergency**, it is important that **you**, or the **benefits provider**, contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. If it is the best thing for **you, we** may arrange for **you** to be moved to a **benefits provider** in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **benefits provider** in **network** only the **Reasonable and Customary** costs of any **covered benefits** received following the date of the transfer being offered will be paid (after any applicable **co-insurance** or deductible has been deducted).

Additional rules may apply in respect of **covered benefits** received from an 'out-of-**network**' **benefits provider** in certain countries.

These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by **our** experience of usual, and most common, charges in that region.

Pre-authorisation complete and now going for treatment?

Always remember to keep **your** insurance card on **you** and present it to **your benefits provider** when **you** arrive.

HOW TO CLAIM INSIDE THE UAE

Whether **you** choose direct payment or 'pay and claim' please follow the quick and easy claims process. Some benefits need to be pre-authorised by **us** so make sure to check **your** 'Table of benefits' and the 'Need **treatment**' section of this **guide**.

Sometimes **you** may be asked to provide further medical information to be able to process **your** claim.

This is a summary of the claiming process. Please refer to **your** 'Table of benefits', 'Terms and Conditions' and insurance certificate for full details on how claims will be paid. Claims for **treatments** received inside the **UAE** through the **OIC** direct billing arrangement will be directly settled by **OIC** with the provider. For claims for **treatment** received outside the **UAE**, members can either submit a reimbursement request on a 'pay and claim' basis or **Bupa Global** will arrange direct payment where possible.

If you need assistance with a claim call us on

+971 (0) 4 2108004

or go online at

tameen.ae/membersworld

These details can also be found on your insurance card.

DIRECT PAYMENT

When accessing **OIC**'s **network** of healthcare providers in the **UAE**, **we** will take care of the pre-authorisation and payment for **your treatment** directly with the **benefits provider**.

1

When **you** visit an **OIC network** provider, all **you** need to do is take **your** insurance card to **your benefits provider** and they will contact **OIC** to confirm if the **treatment** is covered. **You** can find a list of **OIC** providers here: tameen.ae/facilitiesfinder

2

When **your treatment** is approved, **OIC** will send **your benefits provider** a pre-authorisation statement.

3

If **you** have a **co-insurance** on **your** plan and if the **treatment** is for **out-patient** day to day care (see the 'Table of benefits') please pay **your co-insurance** to the provider.

The **benefits provider** will then send **your** claim to **us**.

4

OIC pay the **benefits provider** directly.

If **co-insurance** applies, **OIC** will reimburse the claim to the benefit provider minus the **co-insurance you** have already paid.

We send **your** claim payment statement to **you**.

When **we** settle **your** claim, **your** benefits are paid in line with the limits shown in **your** the 'Table of benefits', 'General Exclusions' and 'Terms and Conditions' of **your** plan.

PAY AND CLAIM

If **your treatment** is with a non-**network** provider, **you** will be asked to pay yourself and submit a claim for reimbursement.

When **you** visit **your benefits provider**, **you** should take a claim form with **you** so that the **medical practitioner** can fill in the medical information section.

A claim form can be found in **your** membership pack, or found online at tameen.ae/membersworld

Once **you** have received **treatment** and made a payment to **your benefits provider**, **you** should complete all other sections of the claim form, include the original invoices and send the claim to **us**.

You can submit **your** claim online via **our** website, tameen.ae/membersworld or by post to this address:

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

We pay **you**.

If **you** have chosen one of **our co-insurance** options, **we** will pay **you** the cost of the claim minus the percentage of the **co-insurance**.

HOW TO CLAIM OUTSIDE THE UAE

Whether **you** choose direct payment or 'pay and claim' please follow the quick and easy claims process. Some benefits need to be pre-authorised by **us** so make sure to check **your** 'Table of benefits' and the 'Need **treatment**' section of this **guide**.

Sometimes **you** may be asked to provide further medical information to be able to process **your** claim.

This is a summary of the claiming process. Please refer to **your** 'Table of benefits', 'Terms and Conditions' and insurance certificate for full details on how claims will be paid. Claims for **treatments** received inside the **UAE** through the **OIC** direct billing arrangement will be directly settled by **OIC** with the provider. For claims for **treatment** received outside the **UAE**, members can either submit a reimbursement request on a 'pay and claim' basis or **Bupa Global** will arrange direct payment where possible.

If you need assistance with a claim call us on

+971 (0) 4 2108004

or go online at

tameen.ae/membersworld

These details can also be found on your insurance card.

	1	2	3	4
DIRECT PAYMENT	**Bupa** pays **your** benefits provider directly **You** should present **your** insurance card when **you** receive **treatment**.	**We** send **your benefits provider** a pre-authorisation statement. **We** will also send a copy to **you** on request.	The **benefits provider** will ask **you** to sign the pre-authorisation statement when **you** arrive for **treatment**. If **you** have a **co-insurance** on **your** plan and if the **treatment** is for **out-patient** day to day care please pay **your co-insurance** to the provider The **benefits provider** will then send **your** claim to **us**.	**We** pay the benefits provider directly. If **co-insurance** applies, **we** will reimburse the claim to the benefit provider minus the **co-insurance you** have already paid.
PAY AND CLAIM	When **you** visit **your benefits provider**, **you** should take a claim form with **you** so that the **medical practitioner** can fill in the medical information section. A claim form can be found in **your** membership pack, or found online at tameen.ae/membersworld	Once **you** have received **treatment** and made a payment to **your benefits provider**, **you** should complete all other sections of the claim form, include the original invoices and send the claim to **us**.	**You** can submit **your** claim online via **our** website, tameen.ae/membersworld or by post to this address: **Bupa Global**, Victory House, Trafalgar Place, Brighton, BN1 4FY, **UK**	**We** pay **you**. If **you** have chosen one of **our co-insurance** options, **we** will pay **you** the cost of the claim minus the percentage of the **co-insurance**.

We send **your** claim payment statement to **you**.

When **we** settle **your** claim, **your** benefits are paid in line with the limits shown in **your** 'Table of benefits'.

WANT TO ADD MORE PEOPLE TO YOUR HEALTH PLAN?

You, the policyholder, can apply to include **dependants**, including newborn children, to this **health plan** by filling in an application form. **You** can download this easily from tameen.ae/membersworld. Or **you** can contact **us** and **we** will send one to **you**.

When **you** apply, the **dependant's** medical history will be reviewed by **our** medical team which may result in a loading for **pre-existing conditions**. These are personal to the person **you** add and will be shown on **your** insurance certificate.

Adding your newborn child?

Congratulations on **your** new arrival!

Neo-natal cover will be provided for 30 days on this **health plan** without underwriting. **We** will require the child's name and date of birth. **You** can apply to extend this cover from day 31. When **we** accept **your** newborn child's extension of cover, the cover will start from the date **we** receive a fully completed application form, along with a copy of the birth certificate, or a later date specified by **you**.

If there are any changes to the information **you** provided in the application form after **you** or **your dependants** sign it and before **we** accept the application, please let **us** know straight away.

YOUR HEALTH PLAN BENEFITS

The ‘Table of benefits’ provides an explanation of what is covered on **your health plan** and the associated limits.

Benefit limits

There are three kinds of benefit limits shown in this table:

1. The ‘overall annual maximum’ – the maximum amount **we** will pay in total for all benefits, for each person, in each **policy year**.

2. Annual limits for a group of benefits – the maximum amount **we** will pay in total for all of the benefits in that group, such as **out-patient** day to day care.

3. Individual benefit limits – the maximum amount **we** will pay for individual benefits such as **rehabilitation**.

All benefit limits apply per person. Some apply each **policy year**, which means that once a limit has been reached, the benefit will no longer be available until **you** renew **your health plan**. Others apply per lifetime, which means that once a limit has been reached, no further benefits will be paid, regardless of the **renewal** of **your health plan** or if **you** terminate **your policy** and rejoin.

Currencies

All the benefit limits and notes are set out in three currencies: GBP, EUR and USD. The currency in which **you** pay **your** premium is the currency that applies to **your health plan** for the purpose of the benefit limits. Should there be any material fluctuation in the rate of the currency in which **your** benefits are calculated, please note that **OIC** will honour any mandatory minimum or maximum benefit limits applicable under the Dubai Health Authority law within the Dubai Health Authority mandatory geographical area of coverage.

Waiting periods

You will notice that waiting periods apply to some of the benefits. This means that **you** cannot make a claim for that particular benefit until **you** have been covered continuously for the full duration of the waiting period stated.

How does the co-insurance work?

If **you** have chosen a **co-insurance**, this will be shown on **your** insurance certificate and **your** insurance card.

The **co-insurance** on this **health plan** is the percentage of all **out-patient** day to day care expenses that **you** share with **us** – please refer to **your** ‘Table of benefits’.

Please note that the benefit limits shown in the ‘Table of benefits’ is the maximum paid including, if chosen, **your** 20% **co-insurance**. This means that if **your** benefit limit is USD 5,100 (as for prescribed medicines) the maximum that **we** will reimburse is USD 4,080. Also, this means that **you** can claim up to the overall annual max for **out-patient** day to day care of USD 68,000 but **we** will only reimburse a maximum of USD 54,400 (80% of the annual max) in total for **out-patient** day to day care.

EXAMPLE	
If **you** have chosen a 20% **co-insurance** this means that **you** always pay 20% of **your out-patient** day to day care	
You have a consultation with **your doctor** which costs **$80**	20% **out-patient** day to day care **co-insurance** applied is **$16**
Amount paid by **us** is **$64**	

Later in the year **you** stay in **hospital** for 5 days which costs **$8,000**	As this is **in-patient** care the **co-insurance** applied is **$0**
Amount paid by **us** is **$8,000**	

TABLE OF BENEFITS - PREMIER HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
All benefits below, even those paid in full will contribute to the overall annual **policy** maximum limit	Overall annual **policy** maximum GBP 1,000,000 EUR 1,250,000 USD 1,700,000
MANDATORY PRE-AUTHORISATION REQUIRED FOR: o obesity surgery o **prophylactic surgery** o internal cardiac defibrillator o reconstructive surgery o **rehabilitation** o cancer **treatment** o transportation (evacuation) o all **in-patient** stays over 5 days o complications of maternity and childbirth o maternity **out-patient treatment** in Dubai Pre-authorisation is also required on **treatment** and services above AED 1,000 in Dubai.	
OUT-PATIENT DAY TO DAY CARE *paid in full up to the annual maximum of **out-patient** day to day care limit of GBP 40,000, EUR 50,000 or USD 68,000	Annual maximum GBP 40,000, EUR 50,000 or USD 68,000
Co-insurance Options: No **co-insurance** as standard Optional 20% Please see **your** insurance certificate for details of any **co-insurance** that applies to **your out-patient** day to day care benefits. Please note that **co-insurance** may not apply if a follow up consultation is made within 7 days, where the provider agreement allows for it. The follow up consultation must be for the same reason for visit, with the same consultant and applies from the date of first visit. Physiotherapy **treatment** is not a consultation.	
OUT-PATIENT SURGICAL OPERATIONS When carried out by a **specialist** or a **doctor**.	Paid in full*
PATHOLOGY, RADIOLOGY AND **DIAGNOSTIC TESTS** When recommended by **your specialist** or **doctor** to help diagnose or assess **your** condition: o pathology such as blood test(s) o radiology such as ultrasound or X-ray(s) o **diagnostic tests** such as electrocardiograms (ECGs)	
SPECIALIST CONSULTATIONS AND **DOCTOR'S** FEES Consultations with **your specialist** or **doctor**, for example to: o receive or arrange **treatment** o follow up on **treatment** already received o receive pre- and post-**hospital** consultations/**treatment** o receive prescriptions for medicines, or o diagnose **your** symptoms Such consultations may take place in the **specialist's** or **doctor's** office, by telephone or using the internet.	

BENEFIT AND EXPLANATION	LIMITS
MENTAL HEALTH Consultation fees with psychiatrists, **psychologists** and **psychotherapists** in the case of medical emergencies to: o receive or arrange **treatment** o receive pre- and post-**hospital treatment**, or o diagnose **your** illness Such consultations must take place in the psychiatrist's, **psychologist's** or **psychotherapist's** office. A medical **emergency** for the purposes of this benefit is a situation which calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of the danger threatening that person's life. This will be determined to be an **acute condition**.	Paid in full*
QUALIFIED NURSES Costs for nursing care, for example injections or wound dressings by a **qualified nurse**.	Paid in full* Up to 30 consultations each **policy year**
PHYSIOTHERAPISTS, **OSTEOPATHS** AND **CHIROPRACTORS** Consultations and **treatment** with **physiotherapists**, **osteopaths**, **chiropractors** for physical therapies aimed at restoring **your** normal physical function.	
FOOTCARE **Treatment** by a podiatrist, orthopaedic **specialist**, or chiropodist. **Treatment** for corns, calluses or thickened misshapen nails will only be covered if **you** have diabetes.	
MENTAL HEALTH – CHRONIC CONDITIONS Consultation fees with psychiatrists, **psychologists** and **psychotherapists** to: o receive or arrange **treatment** o receive pre- and post-**hospital treatment**, or o diagnose **your** illness Such consultations must take place in the psychiatrist's, **psychologist's** or **psychotherapist's** office.	Paid in full* Up to 30 consultations each **policy year**
DIETETIC GUIDANCE **We** pay for consultations with a **dietician**, required for dietary advice relating to a diagnosed disease or illness, such as diabetes. This benefit will be on a pay and claim basis only the **UAE**.	Paid in full* up to 4 visits each **policy year**
PRESCRIBED MEDICINES Medicines prescribed by **your medical practitioner** required to treat a disease, illness or injury.	
DURABLE MEDICAL EQUIPMENT Durable medical equipment that: o can be used more than once o is not disposable o is used to serve a medical purpose o is not used in the absence of a disease, illness or injury and o is fit for use in the home For example oxygen supplies or wheelchairs.	Up to GBP 3,000, EUR 3,750 or USD 5,100 each **policy year**

BENEFIT AND EXPLANATION	LIMITS
PREVENTIVE **TREATMENT**	
HEALTH SCREENING AND WELLNESS (WAITING PERIOD 10 MONTHS) Once **you** have been covered on this **health plan** for 10 months. A health screen generally includes various routine tests performed to assess **your** state of health and could include tests to check cholesterol and blood sugar (glucose) levels, liver and kidney function tests, a blood pressure check, and a cardiac risk assessment. **You** may also have the specific screening tests for breast, cervical, prostate, colorectal cancer or bone densitometry. The actual tests **you** have will depend on those supplied by the **benefits provider** where **you** have **your** screening. This benefit will be on a pay and claim basis only the **UAE**. Please contact **us** for a list of eligible screening tests.	Up to GBP 500, EUR 620 or USD 850 each **policy year**
DIABETES SCREENING Costs for one diabetes screening, each **policy year**, from age 18. This benefit will also cover additional regulated screening as part of the preventative services programme required by the Dubai Health Authority.	Paid in full each **policy year** from age 18
VACCINATIONS The following are covered: ○ Vaccinations which are recommended as part of the national childhood immunisation programme in the country of residency ○ Human papilloma virus (HPV) vaccination to protect against cervical cancer ○ Influenza (seasonal flu) vaccination Travel vaccinations are not covered under this benefit.	Paid in full for newborns from age 31 days following birth and children up to and including 6 years old Then up to GBP 500, EUR 620 or USD 850 each **policy year**
DENTAL **TREATMENT** AND HEARING AIDS/OPTICAL **paid in full up to the annual maximum of dental **treatment**/ hearings aids/ optical limit of GBP 1,000, EUR 1,250 or USD 1,700	Annual maximum GBP 1,000, EUR 1,250 or USD 1,700 each **policy year**
DENTAL **TREATMENT**	
ACCIDENT RELATED DENTAL **TREATMENT** **We** pay for accident-related dental **treatment** that **you** receive from a dental practitioner for **treatment** during an **emergency** visit following accidental damage to any tooth. **We** only pay any accident related dental **treatment** taking place within 3 days after the accident, where a medical **emergency** has arisen. A medical **emergency** for the purposes of this benefit is a situation which calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of the danger threatening that person's life. Please note that within the **UAE**, if the cost of **treatment** exceeds the benefit limit, the benefit will be paid in line with the overall annual **policy** maximum.	Paid in full**
PREVENTIVE DENTAL (WAITING PERIOD 6 MONTHS) Once **you** have been covered on this **health plan** for 6 months: ○ two check-ups/exams each **policy year** ○ X-rays/bitewing/single view/Orthopantomogram (OPG) ○ scale and polish ○ gum shield/mouth guard	Paid in full** 2 visits each **policy year**

BENEFIT AND EXPLANATION	LIMITS
ROUTINE DENTAL (WAITING PERIOD 6 MONTHS) Once **you** have been covered on this **health plan** for 6 months: ○ fillings ○ root canal **treatment** ○ x-ray ○ tooth extraction ○ tooth cleaning ○ anaesthesia	50% up to GBP 1,000, EUR 1,250 or USD 1,700 each **policy year**
MAJOR RESTORATIVE (WAITING PERIOD 6 MONTHS) Once **you** have been covered on this **health plan** for 6 months: ○ bridges ○ crowns ○ dental implants ○ dentures	
HEARING AIDS/OPTICAL	
HEARING AIDS Costs for prescribed hearing aids.	
SPECTACLE FRAMES AND LENSES AND CONTACT LENSES Spectacle and contact lenses which are prescribed by **your** eye **specialist**, and to correct a sight/vision problem such as short or long sight.	
EYE TEST One eye test each **policy year**, which includes the cost of **your** consultation and sight/vision testing. In the **UAE we** only offer this benefit by direct billing with a licensed ophthalmologist or ophthalmology clinic.	Paid in full** 1 test each **policy year**
HEARING AND VISION AIDS, AND VISION CORRECTION BY SURGERIES AND LASER **We** pay for hearing and vision aids, and vision correction by surgeries and laser in the case of medical emergencies, such as laser iridotomy, laser trabeculoplasty or detached retina. A medical **emergency** for the purposes of this benefit is a situation which calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of the danger threatening that person's life. Please note that within the **UAE**, if the cost of **treatment** exceeds the benefit limit, the benefit will be paid in line with the overall annual **policy** maximum.	Paid in full**
IN-PATIENT CARE: FOR ALL **IN-PATIENT** AND **DAY-PATIENT TREATMENT** COSTS	
HOSPITAL ACCOMMODATION, ROOM AND BOARD When: ○ there is a medical need to stay in **hospital** ○ the **treatment** is given or managed by a **specialist** ○ the length of **your** stay is medically appropriate **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 room type appropriate for this **health plan**. For **in-patient** stays of 5 nights or more, **you** or **your specialist** must send **us** a medical report before the fifth night, confirming **your** diagnosis, **treatment** already given, **treatment** planned and discharge date. **We** will also pay up to GBP 10 / EUR 13 / USD 17 each day for personal expenses such as newspapers, television rental and guest meals when **you** have had to stay overnight in **hospital**. These personal expenses will be on a pay and claim basis only in the **UAE**.	Paid in full Standard private room

BENEFIT AND EXPLANATION	LIMITS
PARENT ACCOMMODATION IN **HOSPITAL** Room and board costs for a parent staying in **hospital** with their child when the costs are for one parent only, **you** are staying with a child up to 18 years old and the child is insured and receiving **treatment** that is covered.	Paid in full
ROOM AND BOARD FOR ACCOMPANYING PERSON Room and board for one accompanying person, in the same room as the patient	Up to GBP 150, EUR 200 or USD 250 per night
OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS Costs of the: ○ operating room ○ recovery room ○ medicines and dressings used in the operating or recovery room ○ medicines and dressings used during **your hospital** stay	Paid in full
INTENSIVE CARE Costs for **treatment** in an **intensive care** unit when it is medically necessary or an essential part of **treatment**.	Paid in full
SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES Surgery, including surgeons' and anaesthetists' fees, as well as **treatment** needed immediately before and after the surgery on the same day.	Paid in full
PHYSICIANS CONSULTATION FEES When **you** require medical **treatment** during **your** stay in **hospital**.	Paid in full
PATHOLOGY, RADIOLOGY AND **DIAGNOSTIC TESTS** ○ pathology such as blood test(s) ○ radiology such as ultrasound or X-ray(s) ○ **diagnostic tests** such as electrocardiograms (ECGs) when recommended by **your specialist** to help diagnose or assess **your** condition when **you** are in **hospital**.	Paid in full
MENTAL HEALTH **Psychiatric treatment**, where it is medically necessary for **you** to be treated as a **day-patient** or **in-patient** to include room, board and all **treatment** costs related to the psychiatric condition. Any **psychiatric treatment** overnight in **hospital** and as a **day-patient** for 5 days or more will need pre-authorisation. Benefit will not be paid unless pre-authorisation has been provided. This benefit will be on a pay and claim basis only in the **UAE**.	Paid in full
PHYSIOTHERAPISTS, OCCUPATIONAL **THERAPISTS**, **SPEECH THERAPISTS** AND **DIETICIANS** **Treatment** provided by **therapists** (such as occupational **therapists**), physiotherapy and **dietician** or speech therapy if it is needed as part of **your treatment** in **hospital**, meaning this is not the sole reason for **your hospital** stay.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
OBESITY SURGERY (WAITING PERIOD OF 24 MONTHS) Once **you** have been covered on this **health plan** for 24 months, **we** may pay, subject to **our** medical **policy** criteria, for bariatric surgery, if **you**: ○ have a body mass index (BMI) of 40 or over and have been diagnosed as being morbidly obese ○ can provide documented evidence of other methods of weight loss which have been tried over the past 24 months and ○ have been through a psychological assessment which has confirmed that it is appropriate for **you** to undergo the procedure The bariatric surgery technique needs to be evaluated by **our** medical teams and is subject to **our** medical **policy** criteria. In some cases, **you** may qualify for weight-loss surgery if **your** BMI is between 35 and 40 and **you** have a serious weight-related health problem, such as type 2 diabetes. The decision for **us** to cover this will be entirely made by **our** medical teams. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit will not be paid unless pre-authorisation has been provided.	Paid in full
PROPHYLACTIC SURGERY **We** may pay subject to **our** medical **policy** criteria, for example, a mastectomy when there is a significant family history and/or **you** have a positive result from genetic testing. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit may not be paid unless pre-authorisation has been provided.	Paid in full
PROSTHETIC DEVICES 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 including any replacement devices required in relation to a **pre-existing condition**. **We** will pay for the initial and up to two replacements per device for children under the age of 18.	Per device up to GBP 2,500, EUR 3,100 or USD 4,200
PROSTHETIC IMPLANTS AND APPLIANCES Eligible prosthetic implants and appliances shown in the following lists. Prosthetic implants: ○ to replace a joint or ligament ○ to replace a heart valve ○ to replace an aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to control urinary incontinence or bladder control ○ to act as a heart pacemaker (internal cardiac defibrillator may be available subject to **our** medical **policy** criteria. Please contact **us** for pre-authorisation) ○ to remove excess fluid from the brain ○ cochlear implant – provided the initial implant was provided when **you** were under the age of five, **we** will pay ongoing maintenance and replacements ○ to restore vocal function following surgery for cancer Appliances: ○ a knee brace which is an essential part of a **surgical operation** for the repair to a cruciate (knee) ligament ○ a spinal support which is an essential part of a **surgical operation** to the spine ○ an external fixator such as for an open fracture or following surgery to the head or neck	Paid in full

BENEFIT AND EXPLANATION	LIMITS
RECONSTRUCTIVE SURGERY **Treatment** to restore **your** appearance after an illness, injury or surgery. **We** may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during **your** current continuous cover. Please contact **us** for pre-authorisation before proceeding with any reconstructive surgery. Benefit will not be paid unless pre-authorisation has been provided.	Paid in full
ACCIDENT RELATED DENTAL **TREATMENT** **We** pay for dental **treatment** that is required in **hospital** after a serious accident.	Paid in full
HEARING AND VISION AIDS, AND VISION CORRECTION BY SURGERIES AND LASER **We** pay for hearing and vision aids, and vision correction by surgeries and laser in the case of medical emergencies, such as laser iridotomy, laser trabeculoplasty or detached retina. A medical **emergency** for the purposes of this benefit is a situation which calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of the danger threatening that person's life.	Paid in full
HOSPICE AND REHABILITATION	
HOSPICE AND PALLIATIVE CARE Hospice and palliative care services if **you** have received a terminal diagnosis and can no longer have **treatment** which will lead to **your** recovery: ○ **hospital** or hospice accommodation ○ nursing care ○ prescribed medicines ○ physical, psychological, social and spiritual care	Up to GBP 25,000, EUR 31,000 or USD 42,000 per lifetime
REHABILITATION (MULTIDISCIPLINARY REHABILITATION) **We** pay for **rehabilitation**, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. **We** do not pay for room and board for **rehabilitation** when the **treatment** being given is solely physiotherapy. **We** pay for **rehabilitation** only when **you** have received **our** pre-authorisation before the **treatment** starts, for up to 30 days **treatment** per **policy year**. For **treatment** in **hospital** one day is each overnight stay and for **day-patient** and **out-patient treatment**, one day is counted as any day on which **you** have one or more appointments for **rehabilitation treatment**. **We** only pay for **multidisciplinary rehabilitation** where it: ○ starts within 30 days after the end of **your treatment** in **hospital** for a condition which is covered by **your health plan** (such as trauma or stroke), and ○ arises as a result of the condition which required the hospitalisation or is needed as a result of such **treatment** given for that condition Note: in order to give pre-authorisation, **we** must receive full clinical details from **your specialist**; including **your** diagnosis, **treatment** given and planned and proposed discharge date if **you** stayed in **hospital** to receive **rehabilitation**.	Paid in full Up to 30 days each **policy year**
IN-PATIENT AND/OR **OUT-PATIENT** CARE	
ADVANCED IMAGING Such as: ○ magnetic resonance imaging (MRI) ○ computed tomography (CT) ○ positron emission tomography (PET) when recommended by **your specialist** to help diagnose or assess **your** condition.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
CANCER **TREATMENT** Once it has been diagnosed, including fees that are related specifically to planning and carrying out **treatment** for cancer. This includes tests, diagnostic imaging, consultations and prescribed medicines. Please contact **us** for pre-authorisation before proceeding with **treatment**. Benefit will not be paid unless pre-authorisation has been provided.	Paid in full
TRANSPLANT SERVICES All medical expenses, including consultations with a **doctor** or **specialist** and medical **treatments** whether staying in **hospital** overnight, as a **day-patient** or an **out-patient** for the following transplants, if the organ has come from a relative or a certified and verified source of donation: ○ cornea ○ small bowel ○ kidney ○ kidney/pancreas ○ liver ○ heart ○ lung, or ○ heart/lung transplant Costs for anti-rejection medicines and medical expenses for bone marrow transplants and peripheral stem cell transplants, with or without high dose chemotherapy when treating cancer, are covered under the cancer **treatment** benefit. Donor expenses, for each condition needing a transplant whether the donor is insured or not, including: ○ the harvesting of the organ, whether from a live or deceased donor ○ all tissue matching fees ○ **hospital**/operation costs of the donor, and ○ any donor complications, but to a maximum of 30 days post-operatively only	Each condition up to GBP 400,000, EUR 500,000 or USD 680,000
KIDNEY DIALYSIS Provided as an **in-patient**, **day-patient** or as an **out-patient**.	Paid in full
MATERNITY / CHILDBIRTH	
MATERNITY/CHILDBIRTH (10 MONTH WAITING PERIOD FOR **TREATMENT** OUTSIDE **UAE**): Pregnancy and childbirth including pregnancy and childbirth complications. No waiting period applies to these maternity benefits for **treatment** inside the **UAE**. For **treatment** outside of the **UAE**, these benefits can only be used after the mother has been covered on this **health plan** for 10 months. **Treatment** for conditions such as hydatiform mole and ectopic pregnancy and other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered from the maternity/childbirth benefit but will be covered under **your** other benefits, for example, **out-patient** day to day care or **in-patient** care.	
NORMAL DELIVERY/**BIRTHING CENTRE**/HOME DELIVERY (10 MONTH WAITING PERIOD FOR **TREATMENT** OUTSIDE **UAE**): Once **you** have been covered on this **health plan** for 10 months for **treatment** outside of **UAE**. Maternity **treatment** and childbirth, including: ○ **hospital** charges, obstetricians and midwives fees for normal childbirth ○ post-natal care required by the mother immediately following normal childbirth, such as stitches	Up to GBP 1,200, EUR 1,500 or USD 2,040 per delivery

BENEFIT AND EXPLANATION	LIMITS
CAESAREAN SECTION (10 MONTH WAITING PERIOD FOR **TREATMENT** OUTSIDE **UAE**) Once **you** have been covered on this **health plan** for 10 months for **treatment** outside of **UAE**: **Hospital**, obstetricians' and other medical fees for the cost of the delivery of **your** baby by Caesarean section, when it is medically essential for a Caesarean section for example as a result of non-progression during labour (for example dystocia, foetal distress, Haemorrhage). Note: if **we** are unable to determine that **your** Caesarean section was medically essential, it will be paid from **your** normal delivery benefit limit.	Up to GBP 1,700, EUR 2,125 or USD 2,890 per delivery if medically necessary
MATERNITY **OUT-PATIENT TREATMENT** (10 MONTH WAITING PERIOD FOR **TREATMENT** OUTSIDE **UAE**) Once **you** have been covered on this **health plan** for 10 months for **treatment** outside of **UAE** Maternity care and **treatment** before and after the birth, including 3 antenatal ultrasound scans Note. **Co-insurance** does not apply to this maternity **out-patient** benefit. Pre-authorisation is required in Dubai.	Paid in full
COMPLICATIONS OF MATERNITY AND CHILDBIRTH Once **you** have been covered on this **health plan** for 10 months for **treatment** outside of **UAE**. **Treatment** which is medically necessary as a direct result of pregnancy and childbirth complications. By complications **we** mean those conditions which only ever arise as a direct result of pregnancy or childbirth for example pre-eclampsia, threatened miscarriage, gestational diabetes, still birth. This benefit is subject to **our** medical **policy** criteria. Please contact **us** for pre-authorisation where possible. If **you** require an **emergency** admission as a direct result of pregnancy and childbirth complications, please contact **us** within 48 hours of **your** admission.	Paid in full
NEONATAL / NEWBORN COVER This benefit is paid instead of any other benefit for all **treatment** required for a newborn child. **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. New born child is covered for 30 days on mother's card from date of birth. For a claim to be paid the invoice must state the mother's name, **policy** number and child's date of birth. Children older than 30 days must be enrolled as a new member on the **policy** and will not be able to claim under this benefit.	Paid in full for up to 30 days from birth

BENEFIT AND EXPLANATION	LIMITS
TRANSPORTATION/TRAVEL Evacuation covers **you** for reasonable transport costs to the nearest appropriate place of **treatment**, when the **treatment** **you** need is not available nearby. For all medical transfers: ○ **you** must contact **us** for pre-authorisation before **you** travel ○ the **treatment** must be recommended by **your specialist** or **doctor** ○ the **treatment** is not available locally ○ the **treatment** must be covered under **your health plan** ○ **we** must agree the arrangements with **you**, and ○ benefit is applicable for **hospital treatment**, either overnight or as a **day-patient**, not **out-patient treatment** Evacuation may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy. **We** will only pay if all arrangements are agreed and approved in advance by **us**. Should **you** arrange transportation covered under the **health plan** yourself **we** shall only compensate **your** expenses to the equivalent cost if **we** had arranged **your** transportation. Note: ○ **we** do not pay for extra nights in **hospital** when **you** are no longer receiving **active treatment** which requires **you** to be hospitalised, for example when **you** are awaiting **your** return flight. ○ **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 will not be authorised if it is against the advice of the **our** medical team. ○ **we** will not arrange evacuation or repatriation of mortal remains in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon and is subject to local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of the reasonable control or influence of **OIC**, **Bupa Global** or **our service partners**. ○ **we** cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond **our** control. ○ **we** are not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on **your** behalf. In some countries **we** may use **service partners** to arrange these services locally, but **we** will always be here to support **you**.	
EVACUATION Transport costs for an evacuation: ○ to the nearest appropriate place where the required **treatment** is available. (This could be to another part of the country that **you** are in or to another country), and ○ for the return journey to the place **you** were transferred from when this is authorised in advance by **us**. The costs **we** pay for the return journey will be either: ○ the reasonable cost of the return journey by land or sea, or ○ the cost of an economy class air ticket whichever is the lesser amount **We** do not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for **you** to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, **we** will pay for taxi fares.	Paid in full

BENEFIT AND EXPLANATION	LIMITS
TRAVEL COST FOR AN ACCOMPANYING PERSON Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany **you** if there is a reasonable need for **you** to be accompanied. By 'reasonable need' **we** mean that **you** need someone to accompany **you** for one of the following reasons: ○ **you** need assistance to board or disembark from transport ○ **you** need to be transferred over a long distance (over at least 1000 miles or 1600 KM) ○ there is no medical escort ○ in the case of **serious acute illness** The accompanying person may travel in a different class from the person receiving **treatment** depending on medical requirements. Reasonable travel costs for the return journey to the place **you** were transferred from when this is authorised in advance by **us**. The costs **we** pay for the return journey will be either: ○ the reasonable cost of the return journey by land or sea, or ○ the cost of an economy air ticket whichever is the lesser amount	Paid in full
TRAVEL COST FOR THE TRANSFER OF CHILDREN Reasonable travel costs for children to be transferred with **you** in the event of an evacuation, provided they are under the age of 18 when: ○ it is medically necessary for **you** as their parent or guardian to be evacuated ○ **your** spouse, partner, or other joint guardian is accompanying **you**, and ○ they would otherwise be left without a parent or guardian	Paid in full
LIVING ALLOWANCE Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with **you**: ○ following an authorised evacuation, and ○ for up to 10 days, or **your** date of discharge whichever is the earlier, whilst away from their usual **specified country of residence**	10 days each **policy year** up to GBP 100, EUR 120 or USD 170 per day

BENEFIT AND EXPLANATION	LIMITS
LOCAL AIR AMBULANCE: ○ from the location of an accident to a **hospital**, or ○ for a transfer from one **hospital** to another When a local air ambulance is: ○ medically necessary ○ used for short distances of up to 100 miles/160 kilometres, and ○ related to **treatment** that is covered that **you** need to receive in **hospital** A local air ambulance may not always be available 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. **We** do not pay for mountain rescue.	Paid in full
LOCAL ROAD AMBULANCE: ○ from the location of an accident to a **hospital** ○ for a transfer from one **hospital** to another, or ○ from **your** home to the **hospital** When a local road ambulance is: ○ medically necessary, and ○ related to **treatment** that is covered that **you** need to receive in **hospital**	Paid in full
REPATRIATION OF MORTAL REMAINS Reasonable costs for the transportation of **your** body or cremated mortal remains to **your** home country or to **your specified country of residence**: ○ in the event of **your** death while **you** are away from home, and ○ subject to airline requirements and restrictions **We** will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is required by the airline authorities to carry out the transportation. **We** do not pay for any other costs related to the burial or cremation, the cost of burial caskets, etc, or the transport costs for someone to collect or accompany **your** mortal remains.	Paid in full

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YOUR EXCLUSIONS

In the 'General exclusions' section below, **we** list specific **treatments**, conditions and situations that **we** do not cover as part of **your health plan**.

Do you have cover for pre-existing conditions?
When **you** applied for **your health plan you** were asked to provide all information about any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms before **you** became a customer – **we** call these **pre-existing conditions**.

Our medical team reviewed **your** medical history to decide the terms on which **we** offered **you** this **health plan**. **We** may have offered to cover any **pre-existing conditions**, possibly for an extra premium. **We** will not cover any **pre-existing conditions** that **you** did not disclose in **your** application.

If **we** have not applied a personal exclusion or restriction to **your** insurance certificate, this means that any **pre-existing conditions** that **you** told **us** about in **your** application are covered under **your health plan**.

General exclusions
The exclusions in this section apply in addition to and alongside any personal exclusions and restrictions explained above.

For all exclusions in this section, and for any personal exclusions or restrictions shown on **your** insurance certificate, **we** do not pay for conditions which are directly related to:

- excluded conditions or **treatments**
- additional or increased costs arising from excluded conditions or **treatments**
- complications arising from excluded conditions or **treatments**

Important note: **our** global **health plans** are non-US insurance products and accordingly are not designed to meet the requirements of the US Patient Protection and Affordable Care Act (the Affordable Care Act). **Our** plans may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and **we** are unable to provide tax reporting on behalf of those US taxpayers and other persons who may be subject to it. The provisions of the Affordable Care Act are complex and whether or not **you** or **your dependants** are subject to its requirements will depend on a number of factors. **You** should consult an independent professional financial or tax advisor for guidance. For customers whose coverage is provided under a group **health plan**, **you** should speak to **your health plan** administrator for more information.

Please note that, should **you** choose to have **treatment** or services with a **benefits provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Additional rules may apply in respect of **covered benefits** received from an 'out-of-**network**' **benefits provider** in certain specific countries.

GENERAL EXCLUSIONS	
Birth control	Contraception, sterilisation, vasectomy or other attempt to correct a state of sterility, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting **your doctor** to discuss becoming pregnant or contraception.
Complementary therapists	**Treatment** and medicine by **Complementary therapists** including any Chinese medicine practitioner.
Conflict and disaster	**We** shall not be liable for any claims which concern, are due to or are incurred as a result of **treatment** for sickness or injuries directly or indirectly caused by **you** putting yourself in danger by entering a known area of conflict (as listed below) and/or if **you** were an active participant or **you** have displayed a blatant disregard for **your** personal safety in a known area of conflict: ○ nuclear or chemical contamination ○ war, invasion, acts of a foreign enemy ○ civil war, rebellion, revolution, insurrection ○ terrorist acts ○ military or usurped power ○ martial law ○ civil commotion, riots, or the acts of any lawfully constituted authority ○ hostilities, army, naval or air services operations whether war has been declared or not
Convalescence and admission for **treatment** that could take place as a day-case or **out-patient**, general care, or staying in **hospital** for	○ convalescence, pain management, supervision, or ○ receiving only general nursing care, or ○ **therapist** or **complementary therapist** services, or ○ domestic/living assistance such as bathing and dressing
Cosmetic **treatment**	Non-medically essential surgery and **treatment** to alter **your** appearance including abdominoplasty or **treatment** related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. For example: All cosmetic healthcare services and services associated with replacement of an existing breast implant will be excluded. Cosmetic operations which are related to an injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body and breast reconstruction following a mastectomy for cancer are covered. Note: if **your doctor** recommends cosmetic **treatment** to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, please contact **us** for pre-authorisation as **your** case will be assessed according to **our** medical **policy** criteria. If approved, benefits will be paid in line with the rules and benefits of **your health plan**.
Developmental problems	Learning difficulties, such as dyslexia, problems relating to physical development such as short height, or developmental problems treated in an educational environment or to support educational development.
Epidemics and **pandemics**	**We** do not pay for **treatment** for or arising from any **epidemic** disease and/or **pandemic** disease and **we** do not pay for vaccinations, medicines or preventive **treatment** for or related to any **epidemic** disease and/or **pandemic** disease.
Eyesight	**Treatment**, equipment or surgery for correction of vision, such as laser **treatment**, refractive keratotomy (RK) and photorefractive keratotomy (PRK). Note: **we** may cover costs associated with eyesight as detailed in the 'Table of benefits', subject to **our** medical **policy** criteria.
Experimental **treatment**	○ **We** do not pay for any **treatment** or medicine which in **our** reasonable opinion is experimental based on **acceptable current clinical evidence** and practice. ○ **We** do not pay for any **treatment** or medicine which in **our** reasonable opinion is not effective based on **acceptable current clinical evidence** and practice. ○ **We** do not pay for medicines and equipment used for purposes other than those defined under their licence unless this has been pre-authorised.
Genetic testing	Genetic tests which are not medically necessary, when such tests are performed to determine whether or not **you** may be genetically likely to develop a medical condition. Example: **We** do not pay for tests used to determine whether **you** may develop Alzheimer's disease, when that disease is not present.
Gender issues	Sex changes or gender reassignments.
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.
Health hydros, nature cure clinics etc	**Treatment** or services which does not seek to improve or which do not result in a change in the medical condition of the patient received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a **hospital**.
Health related services which do not seek to improve or which do not result in a change in the medical condition of the patient	**We** will not pay for **artificial life maintenance** – including 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 except in the cases of cancer. **We** will not pay for **treatment** while staying in **hospital** for permanent neurological damage or if **you** are in a **persistent vegetative state**.
Infertility **treatment**	**Treatment** to assist reproduction, or to correct a state of infertility such as: ○ in-vitro fertilisation (IVF) ○ gamete intrafallopian transfer (GIFT) ○ zygote intrafallopian transfer (ZIFT) ○ artificial insemination (AI) ○ prescribed drug **treatment** ○ embryo transport (from one physical location to another), or ○ donor ovum and/or semen and related costs

Mechanical or animal donor organs	Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease. Note: **we** may cover costs associated with transplant services as detailed in the 'Table of benefits', subject to **our** medical **policy** criteria.
Obesity	**Treatment** for or as a result of obesity (including morbid obesity) such as: slimming aids or drugs, weight control programs or slimming classes. Note: **we** may cover costs associated with obesity surgery as detailed in the 'Table of benefits', subject to **our** medical **policy** criteria.
Sexual problems	Sexual dysfunction, such as impotence, whatever the cause.
Sleep disorders	**Treatment**, for sleep related disorders, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Stem cells	Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage. Note: **we** pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the **treatment** for cancer. This is covered under the cancer **treatment** benefit.
Surrogacy	**Treatment** directly related to surrogacy. This applies to **you** if **you** act as a surrogate, or to anyone else acting as a surrogate for **you**.
Temporomandibular joint (TMJ) disorders, outside the UAE	This exclusion is specific to **treatment** outside the UAE only Disorders of the Temporomandibular joint (TMJ) and related complications. This is defined as any medically necessary operative procedure or portion of a procedure performed to treat diseases, injuries and defects in the head, neck, face, jaws and the hard and soft tissues of the oral (mouth) and Maxillofacial (jaws and face). Such costs will be covered in the UAE for TMJ medical conditions and it's management by **medical practitioners**. This may include TMJ disorders and neoplasm of the salivary glands.
Treatment outside the area of cover	**Treatment** in the USA.
Unrecognised medical practitioner, hospital or healthcare facility	○ **Treatment** provided by a **medical practitioner**, **hospital** or **healthcare facility** which are not recognised by the relevant authorities in the country where the **treatment** takes place as having **specialist** knowledge, or expertise in, the **treatment** of the disease, illness or injury being treated. ○ Self **treatment** or **treatment** provided by anyone with the same residence, **Family members** (persons of a family, related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ **Treatment** provided by a **medical practitioner, hospital** or **healthcare facility** which are to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our health plans**. **You** can contact **us** by telephone for details of **treatment** providers **we** have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder.

GLOSSARY

A	**Acceptable current clinical evidence**	International medical and scientific evidence of effectiveness and safety of the **treatment**, 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.
	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.
	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.
	Artificial life maintenance	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
	Assisted Reproduction Technologies	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
B	**Benefits provider**	The **recognised medical practitioner, hospital or clinic**, or any other service provider, which provides **you** with any **covered benefits**.
	Bupa Global	**Bupa** Insurance Services Limited (a company incorporated in England with registered number 03829851 whose registered office is at 15-19 Bloomsbury Way, London WC1A 2BA), who provides international administration services in relation to this **policy**.
	Bupa group of companies and administrators	**Bupa Global**, **Bupa** Insurance Limited and all other companies in the **Bupa** Group, and those companies which provide any administration of this **policy** on behalf of **Bupa Global**.
C	**Co-insurance**	The percentage **you** have to pay towards those **covered benefits** to which **co-insurance** applies, as indicated in **your Guide to your health plan**.
	Complementary therapist	Such as an acupuncturist, homeopath, reflexologist, naturopath or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the **treatment** is received.
	Covered benefits	The **treatment** and benefits shown as covered in the **Guide to your health plan**.
D	**Day-patient**	**Treatment** which for medical reasons requires **you** to stay in a bed in **hospital** during the day only. **We** do not require **you** to occupy a bed for **day-patient psychiatric treatment**.
	Dependants	Any other people covered by this **policy**, as named on the insurance certificate.
	Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of **your** symptoms.
	Dietician	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the **treatment** is received.

	Doctor	A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical **treatment**, does not need a **specialist's** training, and is licensed to practise medicine in the country 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.
E	**Emergency**	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgement of a **medical practitioner**, requires immediate **treatment**, and which would otherwise put **your** health at risk.
	Epidemic	An outbreak of a contagious and infective disease that spreads quickly, affecting more persons than expected in a given time period, in a locality where the disease is not permanently prevalent or its normal prevalence have been exceeded.
F	**Family members:**	Persons of a family relationship (related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
G	**Guide/ Guide to your health plan**	The booklet entitled "**Guide to your health plan**" for the **health plan** which is stated to apply to **you** on **your** insurance certificate. This sets out which **treatments** and benefits are included under and any exclusions that apply to this **policy**. Where **you the policyholder** have a different **health plan** to the **dependants**, a different "**Guide to your health plan**" will apply to each of **you**.
H	**Health plan**	Any insurance plans made available by **OIC** from time to time.
	Hospital	A centre of **treatment** which is registered, or recognised under the local country's laws, as existing primarily for carrying out major **surgical operations**, or providing **treatment** which only **specialists** can provide.
I	**In-patient**	**Treatment** which for medical reasons normally means that **you** have to stay in **hospital** bed overnight or longer.
	Intensive care	**Intensive care** 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. Special care baby unit: a unit that provides the highest level of care for babies.
M	**Medical practitioner**	A **specialist**, **doctor**, **psychologist**, **psychotherapist**, **physiotherapist**, **osteopath**, **chiropractor**, **dietician**, **speech therapist**, **complementary therapist** or **therapist** who provides **active treatment** of a known condition.
N	**Network**	**Hospitals** or similar facilities, or **Medical practitioner's** that have an agreement in effect with **OIC**, **Bupa Global** or a **service partner** to provide **you** with eligible **treatment**. To confirm if a provider is in **network** please visit Facilities Finder at tameen.ae/facilitiesfinder.

O	**Oman Insurance Company/ OIC**	**Oman Insurance Company**, **your** insurer. **Oman Insurance Company** PO Box 5209 Dubai **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, U.A.E. Tel: 800 4746, Fax: +971 4 233 7775 www.tameen.ae
	Out-patient	**Treatment** given at a **hospital**, consulting room, **doctor's** office or **out-patient** clinic where **you** do not stay overnight or as a **day-patient** to receive **treatment**.
	Ovulation induction treatment	**Treatment** including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
P	**Pandemic**	An **epidemic** occurring over a widespread area (multiple countries or continents) and usually affecting a substantial proportion of the population.
	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.
	Physiotherapists, **osteopaths** and **chiropractors**	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the **treatment** is received.
	Policy	**Your** contract of insurance with **OIC** as described in Clause 1 of the Terms and Conditions.
	Policyholder	The main applicant set out in the application form and who will be the first person named on the insurance certificate.
	Policy year	The 12 month period for which this **policy** is effective, as first shown on **your** insurance certificate and, if this **policy** is renewed, each 12 month period which follows the **renewal** date.
	Pre-existing condition	o Any medical condition declared in **your** application for cover which has been noted as a 'personal exclusion' under **your** membership certificate; or o any disease, illness or injury for which **you** received medication, advice or **treatment**, or **you** had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under **your** application for cover. Where **we** have accepted **your** transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall be deemed to mean **your** original application for cover under that previous insurance product.
	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 conditions, including eating disorders.
	Psychologist and **psychotherapist**	A person who is legally qualified and is permitted to practise as such in the country where the **treatment** is received.
Q	**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** is received.

R	**Reasonable and Customary**	The 'usual', or 'accepted standard' amount payable for a specific healthcare **treatment**, procedure or service in a particular geographical region, and provided by **benefits providers** of comparable quality and experience.
	Recognised medical practitioner, hospital or healthcare facility:	Any provider who is not an **Unrecognised medical practitioner, hospital or healthcare facility**.
	Registered clinical trial	An ethically approved and clinically controlled trial that is registered on a national or international database of clinical trials (for example www.clinicaltrials.gov, www.ISRCTN.ORG or http://public.ukcrn.org.uk).
	Rehabilitation (Multidisciplinary 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	Each anniversary of the date **you** joined the **health plan**.
S	**Serious acute illness**	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending physician and **our** medical consultants, requires immediate **treatment**, generally within 24 hours of onset, and which would otherwise put **your** health at serious risk.
	Service partner	A company or organisation that provides services on behalf of **OIC** or **Bupa Global**. These services may include pre-authorisation of cover and location of local medical facilities.
	Specialist	A surgeon, anaesthetist or physician who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the **treatment** is received 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.
	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 country of residence	The country of residence specified by **you** in **your** application and shown in **your** insurance certificate, or as advised to **us** in writing, whichever is the later. The country **you** specify must be the country in which the relevant authorities (such as tax authorities) consider **you** to be resident for the duration of the **policy**.
	Speech therapist	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the **treatment** is received.
	Surgical operation	A medical procedure that involves the use of instruments or equipment.
T	**Therapists**	An occupational **therapist** or orthoptist, who is legally qualified and is permitted to practise as such in the country where the **treatment** is received.
	Treatment	Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure disease, illness or injury.

U	**UAE**	United Arab Emirates
	UK	Great Britain and Northern Ireland.
	Unrecognised medical practitioner, hospital or healthcare facility:	○ **Treatment** provided by a **medical practitioner, hospital** or **healthcare facility** which are not recognised by the relevant authorities in the country where the **treatment** takes place as having **specialist** knowledge, or expertise in, the **treatment** of the disease, illness or injury being treated. ○ Self **treatment** or **treatment** provided by anyone with the same residence, **Family members** (persons of a family, related to **you** by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ○ **Treatment** provided by a **medical practitioner, hospital** or **healthcare facility** which are to whom **we** have sent a written notice that **we** no longer recognise them for the purposes of **our health plans. You** can contact **us** by telephone for details of **treatment** providers **we** have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder
W	**We/us/our**	**OIC** and/ or **Bupa Global**, on behalf of **OIC**.
Y	**You/your**	The **policyholder** and/or any **dependants**.
	You the policyholder	Just the **policyholder**.

HEALTH PLAN TERMS AND CONDITIONS

Oman Insurance Company (P.S.C.) is the local insurer and administrator in the UAE. Plans are designed and developed by Bupa Global.

1 April 2017

HEALTH PLAN
TERMS AND CONDITIONS

NO.	CLAUSE
1.	**Your policy**
1.1	The definitions set out in the "Glossary" in the **Guide to your health plan** apply to these Terms and Conditions and are marked in bold.
1.2	This **policy** is an insurance contract between **you the policyholder** and **OIC** for each **policy year**. If the **policy** is renewed a new insurance contract is formed on the same terms as the previous **policy year** but with a new premium and any amendments **we** have notified **you the policyholder** of at the time of **renewal**.
1.3	No other persons, including any **dependants**, may enforce any legal rights under this insurance contract. **Dependants** may use **our** complaints process set out in clause 15 below.
1.4	This insurance contract is set out in: ○ these Terms and Conditions; ○ the **Guide to your health plan** ; ○ the information and declarations in **your** application form; and ○ the insurance certificate.
1.5	If **you the policyholder** add **dependants** to this **policy**, those **dependants** will be covered by this **policy** from the date shown on the updated insurance certificate sent to **you the policyholder**.
2	**Your** cover
2.1	**OIC** will pay for the cost of any **covered benefits** in accordance with the terms of, and up to the limits as stated in, this **policy**.
2.2	**Your health plan** may include a mandatory annual deductible, which will be shown in the **Guide to your health plan** . **You** may also have an optional annual deductible, if available and selected by **you the policyholder** in **your** application form. **Your** deductibles will be shown on **your** insurance certificate and **your** insurance card. All annual deductibles apply to **you the policyholder** and each of the **dependants** separately. **You the policyholder** and each **dependant** may have different annual deductible amounts. **You** will have a new annual deductible if this **policy** renews. If an annual deductible applies, **you** must pay the cost of any **covered benefits** received directly to the provider until **you** have reached the level of **your** annual deductible. Costs in excess of the maximums shown in the **Guide to your health plan** will not count towards **your** annual deductible. The cost of any **covered benefits you** receive which are covered by **your** annual deductible (excluding costs in excess of the maximums shown in the **Guide to your health plan**), count towards the maximum cover limits shown in the **Guide to your health plan** . Even if the amount **you** are claiming is less than the amount of **your** annual deductible, **you** should still submit a claim to **us** so **we** know when **you** have reached the level of **your** annual deductible. As this is an annual deductible, if **your** first claim is towards the end of the **policy year** and **your covered benefits** continue over **your renewal** date, the annual deductible is payable separately for the **covered benefits** received in each **policy year**.
2.3	**Your health plan** may include a mandatory **co-insurance**, which will be shown in the **Guide to your health plan** . **You** may also have an optional **co-insurance**, if available and selected by **you the policyholder** in **your** application form. **Your co-insurance** will be shown on **your** insurance certificate and **your** insurance card. **You** must pay for the **co-insurance** proportion of the cost of any **covered benefits** to which the **co-insurance** applies directly to the **benefits provider**.

NO.	CLAUSE
2.4	Should **we** be required for any reason to pay a **benefits provider** an amount which is covered by any annual deductible or **co-insurance we** will then collect payment from **you** for that amount. **You** authorise **us** to take this payment from **you** under the direct debit agreement or credit card authority **you** have given to **us** in **your** application form or as updated. If this **policy** has an annual deductible or **co-insurance you** must ensure that **we** always have a valid direct debit agreement or credit card authority that enables **us** to take payment of any annual deductible or **co-insurance we** have paid. **You** must update the direct debit agreement or credit card authority **you** have given to **us** when necessary or when requested by **us**. Otherwise it may cause delays in **our** paying claims. **We** will not pay claims until **we** have received any outstanding annual deductible or **co-insurance** payments.
2.5	**You** must obtain pre-authorisation for any **covered benefits** where it is stated that this is required in the **Guide to your health plan** . Subsequent pre-authorisation should be obtained if **you** do not start receiving those **covered benefits** within 31 days of the original pre-authorisation. Details of how to pre-authorise **covered benefits** are available in the **Guide to your health plan** .
2.6	Before **we** pre-authorise any **covered benefits** or pay any claim, **we** are entitled to request additional information, such as medical reports, and **we** may require that **you** have a medical examination by an independent **medical practitioner** appointed by **us** (at **our** cost) who will then provide **us** with a medical report. If this information is not provided in a timely manner once requested this may result in a delay in pre-authorisation and to **your** claims being paid. If this information is not provided to **us** at all this may result in **your** claims not being paid.
2.7	In certain situations **OIC** may pay for medical services or benefits which are not covered by this **policy**. This is called a discretionary or ex gratia payment and may include, should **we** determine not to seek to recover it, a payment made at **our** error. Any payment that **OIC** may make on this basis will still count towards the overall annual maximum limit that applies to this **policy**. If **OIC** makes a payment like this it does not mean that **OIC** is required to pay identical or similar costs in the future.
3	Premium & Payment
3.1	**You** should pay **your** premiums direct to **us**. If **you** pay **your** premiums to anyone else, such as an intermediary or insurance broker, **OIC** is not responsible for ensuring those persons pass the premium on to **OIC**.
3.2	If **we** do not receive **your** premium (or any instalment) or any other payment **you** owe **us** under this **policy** by the due date, **we** will write to **you the policyholder** requesting payment by a specific date, which will be not less than 30 days after the date **we** issue **our** letter or email to **you**. If **we** do not receive payment by that date, this **policy** will be cancelled and all rights under this **policy** will cease from the original date on which **your** premium (or the first missed instalment) or other payment should have been received. **We** will not pay any claims until all overdue payments have been paid, unless the reason for non-payment is an error outside of **your** control, such as a bank error.
3.3	If **we** incorrectly make any payment to either a **benefits provider** for **treatment** or benefits received by **you** but not covered by this **policy**, or to **you**, **we** reserve the right to deduct the amount **we** incorrectly paid from **your** future claims or seek repayment from **you**.
4	Where another person has caused **your** condition or **you** hold other insurance cover
4.1	If any person is to blame for any injury, disease, illness, condition or other event in relation to which **you** receive any **covered benefits**, **we** may make a claim in **your** name. **You** must provide **us** with any assistance **we** reasonably require to help make such a claim, for example: ○ providing **us** with any documents or witness statements; ○ signing court documents; and ○ submitting to a medical examination. **We** may exercise **our** rights to bring a claim in **your** name before or after **we** have made any payment under the **policy**. **You** must not take any action, settle any claim or otherwise do anything which adversely affects **our** rights to bring a claim in **your** name.

NO.	CLAUSE
4.2	If **you** have other insurance which also covers **your covered benefits you** must let **us** know and provide details of the other insurance company, including on pre-authorisation and when making a claim. **We** will only pay for **our** share of the cost of any **covered benefits**.
5	Making a claim
5.1	**We** aim to pay the **benefits provider** directly for any **covered benefits** covered by this **policy** whenever possible. Otherwise **you** must pay the **benefits provider** and then send a completed claim form to **us**, with copies of all valid invoices, relevant letters and other documents relating to the **covered benefits you** are claiming for. Where requested, original invoices must be provided to **us**. **We** are not obliged to pay for any **covered benefits** if the claim form is received by **us** more than 3 years after the **covered benefits** were provided to **you**, unless there is a good reason why it was not possible for **you** to make the claim earlier. **We** cannot return any original documents, but **we** can send **you** copies if **you** request.
5.2	Where **you** have paid the **benefits provider** and **you** have made a valid claim, **we** will pay **you the policyholder**. **We** may pay a **dependant** only where the **dependant** received the **covered benefits**, they are over 18 and **we** have their current bank details. **We** only pay by electronic transfer direct to **your** bank account or by cheque payable to **you**. **We** pay the administration costs for making electronic transfers. If **your** local bank charges **you** an administration fee, **we** will refund **you** on receipt of proof **you** have paid such fees. All other bank charges or fees, such as currency exchange, are **your** responsibility, unless **you** are charged because **we** made a mistake.
5.3	For claims relating to **covered benefits** received in any country as may be covered under **your health plan**, **we** will only pay **you** in the currency in which **you** pay **your** premium, the currency of the invoices **you** send **us** or the currency of **your** bank account. Sometimes, international banking regulations do not allow **us** to make a payment in the currency **you** have asked for. If this is the case **we** will send a payment in the currency of **your** premium. Where payment to **you** in the usual currency may expose **us** (or our Bupa group of companies and administrators) to any sanction, prohibition or restriction under the laws of any relevant jurisdiction and/or United Nations resolution, **we** reserve discretion to pay **you** in such other currency as **we** are permitted and able to make payment in, if any such payment is permitted to be made. If **we** convert one currency to another, the exchange rate used by **Bupa Global** (international administrator of the **policy**) will be Reuters closing spot rate set at 16.00 **UK** time on the **UK** working day preceding the invoice date. If there is no invoice date, we will use the date of **your treatment**.
5.4	**We** will not provide cover nor pay claims under this **policy** if **our** obligations (or the obligations of the **Bupa group of companies and administrators**, as act as international administrator of the **policy**), under the laws of any relevant jurisdiction, including the **UAE**, United Kingdom, European Union, the United States of America, or international law, prevent **us** from doing so. **We** will normally tell **you** if this is the case unless this would be unlawful or would compromise **our** reasonable security measures.
6	**Renewal**
6.1	**We** will write to let **you** know if this **policy** will renew for the next year in advance of the **renewal** date. Each **policy year we** may change how **we** calculate **your** premiums, how **we** determine premiums, what **you** have to pay and the method of payment. **We** may also change the **Guide to your health plan** (including which **covered benefits** are covered and the limits for **covered benefits**) and the terms this **policy**. **We** will issue **you** a notice at least 30 days in advance of the **renewal** date, with details of the new premium, any changes to the renewed **policy** and the reasons for those changes. If **you** do not want to renew this **policy you** must contact **us** within 30 days following the start of the renewed **policy**. Unless **you** contact **us** to tell **us** not to, **we** will continue to take payment of the new premium using the payment details **you** have given **us**.
6.2	**We** reserve the right not to renew this **policy** at **our** discretion for any reason. If so, **we** will issue **you** a notice at least 30 days before the end of the **policy year**.
6.3	If **we** decide to renew this **policy**, **we** won't add any new personal restrictions (those that appear on **your** insurance certificate) to **your** renewed **policy**. However, should **you** move to a different **health plan**, **we** may add new personal restrictions.
7	Changes to **your policy**
7.1	Except where expressly stated in this clause 7, only **we** and **you the policyholder** can agree to make changes to this **policy**. No changes will be valid unless they are confirmed in writing by **us**.

NO.	CLAUSE
7.2	If **you** ask to add a new **dependant** to this **policy**, **we** will review that person's medical history. **We** may not agree to add the person to this **policy**, or **we** may add special restrictions to the cover for that new **dependant**. **We** may, at **our** discretion, agree to provide cover for certain **pre-existing conditions** of the new **dependant**. **You** must pay any additional premium. Children may be added without medical history or additional premium being required where this is provided for (and is in accordance with any relevant requirements) in **your Guide to your health plan**.
7.3	As this is an annual **policy**, **you** may only change **your health plan** on **renewal**. If **you** do change **your health plan** on **renewal**, any existing waiting periods (which will be shown in the **Guide to your health plan**) would not re-start.
7.4	**We** may make changes to the **policy** part way through the **policy year**, but only if there is a legal or regulatory requirement to do so or where changes are made for all **our** customers with the same **health plan** to improve the cover they receive from **us**. If **we** do, **we** will write to tell **you** about the changes, in advance where possible.
7.5	**We** may terminate this **policy** immediately, if **we** reasonably consider that by continuing this **policy we** or **you** may break any law, regulation, code or court order. This **policy** does not provide cover to the extent that such cover would expose **us** (or the **Bupa group of companies and administrators**, who act as the international administrator of the **policy**) to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the **UAE**, European Union, United Kingdom or United States of America.
8	**Your** country of residence
8.1	**You** must tell **us** straight away if **you** move to a different country, Emirate or State, or **your specified country of residence** or **specified country of nationality** changes. This **policy** will terminate if the law of the country (or Emirate or State, as the case may be) in which **you** are located, or **your** country of residence or nationality, or any other law which applies to **us** or this **policy**, prohibits the provision of healthcare cover by **us** to local nationals, residents or citizens.
8.2	**You** must tell **us** straight away if **you** change **your** correspondence address or other contact details as **we** will use the last address and contact details **you** gave **us** until **you** tell **us** otherwise.
9	Ending this **policy**
9.1	**You the policyholder** may cancel this **policy** for any reason by contacting **us** within 30 days of the date **you the policyholder** receive **your** first insurance certificate or of any **renewal** date of this **policy**, provided that **you** have not made a valid claim or received any **covered benefits** under this **policy** during the current **policy year**. If **you** cancel within this 30 day window, and no valid claims have been made or **covered benefits** received under this **policy**, **we** will pay **you the policyholder** a full refund of the premium **you** paid for that **policy year**.
9.2	If **you** add a **dependant**, then **you** may also cancel that addition by contacting **us** within 30 days of **your** receiving the new insurance certificate naming the new **dependant**. Provided the **dependant** to be cancelled has not made a valid claim or received any **covered benefits** under this **policy** within this 30 day window, **we** will pay **you** a full refund for the additional premium **you** paid.
9.3	If the **policyholder** or a **dependant** dies **we** should be notified in writing within 30 days. Upon the death of the **policyholder** any adult **dependant** may apply to **OIC** to become the **policyholder** of the **policy** in his or her own right and include the other **dependants** under their **policy**. If the **policyholder** dies, and no adult **dependant** has taken over the **policy**, this **policy** will end and if no valid claims have been made or **covered benefits** received under this **policy**, **we** will refund that part of the premium which relates to the period after the **policy** ended. If a **dependant** dies then his/her cover under this **policy** will end and, provided that no valid claims have been made or **covered benefits** received under this **policy** by or on behalf of that **dependant**, **we** will refund that part of the premium which relates to the **dependant** for the period after his/her cover ended.
10	**Our** role under this **policy** and appointment as **your** agent
10.1	**Our** role under this **policy** is to provide **you** with insurance cover and sometimes to make arrangements (on **your** behalf) for **you** to receive any **covered benefits**. It is not **our** role to provide **you** with the actual **covered benefits**.
10.2	**You the policyholder**, on behalf of yourself and the **dependants**, appoint **us** to act as agent for **you**, to make appointments or arrangements for **you** to receive **covered benefits** which **you** request. **We** will use reasonable care when acting as **your** agent.

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10.3	**You the policyholder**, on behalf of yourself and the **dependants**, authorise **us** as **your** agent, if for any reason **you** are not available to give **us** instructions with regard to any **covered benefits** (for example if **you** are incapacitated), to: ○ take such action as **we** reasonably consider to be in **your** best interests (in accordance with the cover **you** have under this **policy**); ○ provide any information about **you** to **your benefits provider** as **we** reasonably consider to be appropriate in the circumstances; and/or ○ take instructions from the person **we** reasonably consider to be the most appropriate person (for example a family member, **your** treating **doctor** or **your** employer).
10.4	When acting as **your** agent **we** may act via the **Bupa group of companies and administrators**, who may act as the international administrator of the **policy**).
11	**Our** liability to **you**
11.1	**We** (and the **Bupa group of companies and administrators** who may act as the international administrator of the **policy**) shall not be liable to **you** or anyone else for any loss, damage, illness and/or injury that may occur as a result of **your** receiving any **covered benefits**, nor for any action or failure to act of any **benefits provider** or other person providing **you** with any **covered benefits**. **You** should be able to bring a claim directly against such **benefits provider** or other person.
11.2	**Your** statutory rights are not affected.
12	Fraudulent Claims
12.1	In this clause 12, where **we** refer to '**you**' or '**you the policyholder**' this includes anyone acting on **your** behalf, where **we** refer to '**dependant**' this includes anyone acting on behalf of any **dependant**.
12.2	**You the policyholder** and any **dependant** must: ○ not make a fraudulent or exaggerated or falsely stated claim under this **policy**; ○ not send **us** fake or forged documents or other false evidence, or make a false statement in support of a claim; and/or ○ provide **us** with information which **you the policyholder** or any **dependant** knows would otherwise enable **us** to refuse to pay a claim under this **policy**.
12.3	In the event of failure to comply with clause 12.2 above, **we** reserve the right to: ○ refuse to pay the whole of the claim; and/or ○ recover any payments **we** have already made in respect of the claim. In addition, if **you the policyholder** breach clause 12.2 then **we** reserve the right to notify **you the policyholder** that this **policy** has terminated from the date of the breach of clause 12.2, and not refund any premium for the **policy**. If only a particular **dependant** has breached clause 12.2 then **we** reserve the right to notify **you the policyholder** that the cover under this **policy** for that particular **dependant** has terminated from the date of the breach of clause 12.2 above, and not refund any premium for that cover under the **policy**.
13	Misrepresentation
13.1	In this clause 13, where **we** refer to '**you**' or '**you the policyholder**' this includes anyone acting on **your** behalf, where **we** refer to any '**dependant**' this includes anyone acting on behalf of any **dependant**.
13.2	**You the policyholder** and any **dependant** must take reasonable care to make sure that all facts and information that **you** provide to **us** are accurate and complete at the time **you** take out this **policy** and at each **renewal**, extension and variation of this **policy**. **You** must tell **us** if any of the answers to the questions in the application form change prior to this **policy** starting. Please note that **you the policyholder** must exercise reasonable care when **you** (or anyone acting on **your** behalf) provide **us** with information about the **dependants**.
13.3	If **you the policyholder** or any **dependant**: ○ deliberately or recklessly give **us** inaccurate or incomplete information; and/or ○ do not take reasonable care to give **us** accurate and complete information (for example if **you** inadvertently or carelessly answer a question incorrectly) in circumstances where **we** would not have renewed, extended, varied or issued this **policy** to **you** at all, had **we** known about such information, **we** reserve the right to exercise **our** rights set out in clause 13.4 below.
13.4	Where clause 13.3 above applies: ○ where it is **you the policyholder** who has failed to comply with clause 13.3 above, **we** reserve the right to avoid this **policy**. This means that **we** will treat it as if it had not existed from the start date, **renewal** date or the date that any changes were made to the **policy**, as the case may be; or ○ where it is only a **dependant** who has failed to comply with clause 13.3 above, **we** reserve the right to avoid that part of this **policy** which applies to the **dependant**. This means that **we** will treat it as if the **dependant** was not covered by this **policy** from the start date, **renewal** date or the date that any changes were made to the **policy**, as the case may be.

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13.5	Where **you the policyholder** has failed to exercise reasonable care in providing **us** with information, but clause 13.3 does not apply, and **we** would have provided insurance cover on different terms had **you** provided **us** with accurate and complete information, then: ○ **we** reserve the right to treat this **policy** as if it had contained such terms (other than terms relating to **your** premium). In those circumstances, **we** will only pay a claim if the claim would have been covered by a **policy** containing the different terms that **we** would have applied; and ○ **we** reserve the right to reduce the amount payable on any claim if **we** would have charged **you** a higher premium. In those circumstances the claim will be reduced proportionally, based on the amount of premium that **we** would have charged. For example, **we** will only pay half of the claim, if **we** would have charged double the premium.
13.6	Where only a **dependant** has failed to exercise reasonable care in providing **us** with information, but clause 13.3 does not apply, and **we** would have provided insurance cover on different terms had the **dependant** provided **us** with accurate and complete information, then: ○ **we** reserve the right to treat this **policy** as if it had contained such terms (other than terms relating to **your** premium). In such circumstances, **we** will only pay a claim if the claim would have been covered by a **policy** containing the different terms that **we** would have applied; and ○ **we** reserve the right to reduce the amount payable on any claim for **covered benefits** received by that **dependant** if **we** would have charged a higher premium for cover for that **dependant**. In those circumstances, the claim will be reduced proportionally, based on the amount of premium that **we** would have charged. For example, **we** will only pay half of the claim, if **we** would have charged double the premium.
14	Data Processing Notice
	OIC and **Bupa Global** take the confidentiality of **your** personal health information seriously. **We** sometimes use third parties to process data on **our** behalf. Such processing, which may be undertaken outside **your** jurisdiction in countries which do not provide the same protection as **your** own, will always be subject to contractual restrictions with regard to confidentiality and security obligations. If **you** transfer to another **OIC** plan or a plan offered by one of **our** partners, **we** may share **your** medical, claims and **policy** history with the new insurer. **We** may share the **dependant's** information with the **policyholder** including **covered benefits** received, claims paid, amount of deductible used and, if relevant, any medical history which impacts on the provision of **covered benefits**. For further information on how **Bupa Global** (the global administrator of the **policy**) collects and handles **your** data outside of the **UAE**, please see the **Bupa Global** privacy **policy** at bupaglobal.com/privacypolicy.
15	Complaints
15.1	If **you** have a concern or complaint about this **policy you** can call the **Bupa Global** service team on +971 (0) 4 2108004. Alternatively, **you** can email or write to the team via Service.**UAE**@bupaglobal.com; or **Bupa Global**, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom. **You** can also use these contact details to request a full copy of **our** complaints procedure.
15.2	If **we** have not been able to resolve the problem and **you** wish to take **your** complaint further, please write to the Complaint Manager, Health at: **Oman Insurance Company** PO Box 5209 Dubai United Arab Emirates Or: Telephone toll free# 8004746 Email: complaints@tameen.ae
16	The law of this **policy** and where **you** can bring court action
16.1	This **policy** is governed by and construed under the laws of the Emirate of Dubai or, where applicable, by the laws of the United Arab Emirates. Any dispute that cannot otherwise be resolved may be dealt with by courts in the United Arab Emirates.
16.2	If any dispute arises as to the interpretation of this **policy** as between different language versions, then the Arabic version shall be deemed to be conclusive and take precedence over any other versions. This can be obtained at all times by contacting the customer services helpline. Please note that future correspondence relating to this **policy** may be provided in English.