



Global Choice

Benefit Schedule



This benefit schedule should be read in conjunction with the member guide and your certificate of insurance, which will highlight the plans purchased and any optional benefits provided. All defined terms are highlighted in bold type and are described in the member guide.

1. Core Plan

Territorial Limit Options	Worldwide Excl USA/Worldwide Incl USA			Definitions
Overall Annual Maximum	\$1,000,000	\$3,000,000	\$4,500,000	This is the overall maximum benefit limit of your policy and applies per insured person , per period of cover .
Reimbursement	100%	100%	100%	Unless specifically noted to the contrary, treatment is reimbursed 100% up to reasonable and customary charges . Where USA cover has been purchased, any treatment undertaken outside of the network will be subject to 20% co-insurance .
Core Plan	Select	Classic	Premier	We will pay for the cost of benefits allowable under the policy subject to the overall annual maximum and any specified sub limits.
Hospital charges	in full	in full	in full	Charges for in-patient or day-patient treatment made by a hospital including charges for room and board , intensive care unit (ICU) or high dependency unit (HDU) costs, diagnostic tests , operating theatre charges, surgeon and anaesthetist charges, medical practitioner/specialist fees , costs of a qualified nurse and drugs and dressings as prescribed by a medical practitioner or specialist , durable medical equipment .
Rehabilitation and therapies 📞	in full up to 60 days	in full up to 90 days	in full up to 180 days	Rehabilitation undertaken in a hospital as an in-patient or in a recognised rehabilitation unit and under the direction of a specialist , including room and board and therapies such as physical therapy, occupational therapy and speech therapy.
Organ transplant 📞	in full	in full	in full	Treatment for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the insured person as a recipient, carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with world health organisation (WHO) guidelines. Medical costs associated with the donor as an in-patient or day-patient but excluding the cost of donor search.
Acute chronic episodes	in full	in full	in full	Acute flair up of a chronic medical condition , providing active treatment as an in-patient or day-patient stay in order to stabilise the condition for the period of admission only.
Reconstructive surgery	in full	in full	in full	Surgery required as a result of an accident or illness which occurred during the period of cover and is undertaken within 12 months of the accident/illness occurring to restore natural function or appearance, subject to the cover being in force.
Parent accommodation	in full	in full	in full	The cost of one parent staying in hospital overnight with an insured person under 18 years old while the child is admitted and is receiving treatment as an in-patient .
Child accommodation	in full	in full	in full	Room and board costs relating to a new born baby (up to 16 weeks old) to accompany its mother (being an insured person) while she is receiving treatment as an in-patient in a hospital .
Ante-natal and post-natal care	in full, subject to the recommended treatment plan as set out by the Dubai Health Authority or Health Authority of Abu Dhabi)	in full, subject to the recommended treatment plan as set out by the Dubai Health Authority or Health Authority of Abu Dhabi)	in full	Ante-natal and post-natal check-ups and associated scans, for a mother, being an insured person , prior to and following childbirth.

Territorial Limit Options	Worldwide Excl USA/Worldwide Incl USA			Definitions
	Worldwide Excl USA	Worldwide Incl USA	Worldwide Excl USA/Worldwide Incl USA	
Overall Annual Maximum	\$1,000,000	\$3,000,000	\$4,500,000	This is the overall maximum benefit limit of your policy and applies per insured person , per period of cover .
Core Plan	Select	Classic	Premier	We will pay for the cost of benefits allowable under the policy subject to the overall annual maximum and any specified sub limits.
Maternity benefit	in full in Abu Dhabi and \$10,000 USD everywhere else	in full in Abu Dhabi and \$20,000 USD everywhere else	in full	<p>Medically necessary costs incurred during normal pregnancy and childbirth, including delivery costs for a natural birth, home birth or non-emergency caesarean section and medically necessary caesarean section costs due to previous elective caesarean section. Complications of pregnancy as a result of fertility treatment and artificial insemination (IVF) will be limited to this benefit. Well-baby examinations and paediatrician costs for the first examination/check-up of a new born baby, if the examination is made within 24 hours of delivery. This benefit is refunded in full up to the policy limit for policies sold and accessed in the emirate of Abu Dhabi only.</p> <p>The cost of an emergency caesarean section, where medically necessary, but where such medical necessity is due to a previous voluntary caesarean section.</p>
Pregnancy related medical conditions	in full	in full	in full	<p>In-patient treatment of a medical condition which arises during the antenatal stages of pregnancy, or during childbirth. We would consider treatment of the following: ectopic pregnancy, stillbirth, abnormal cell growth in the womb (hydatidiform mole), retained placenta or placenta praevia, pre-eclampsia or eclampsia and/or toxemia, pregnancy related diabetes, post partum haemorrhage, miscarriage requiring immediate surgical treatment, failure to progress in labour, pregnancy related vitamin and mineral deficiency.</p> <p>The cost of emergency caesarean section.</p> <p>This does not include medically necessary caesarean section costs due to a previously elective caesarean section.</p>
New born care 📞	in full	in full	in full	New born care for 30 days after birth. For full cover and benefits to apply to a new born from birth, they need to be enrolled into the policy as a dependant within 30 days from their date of birth. Enrolment after 30 days may be subject to eligibility restrictions as noted in the member guide.
Psychiatric treatment and psychotherapy	in full up to 30 days	in full up to 60 days	in full up to 90 days	Medically necessary in-patient treatment of a recognised mental health disorder in a recognised psychiatric unit of a hospital . All treatment must be administered under the direct supervision of a consultant psychiatrist.
Congenital disorders	no cover (coverage in the Emirates of Abu Dhabi and Dubai subject to DHA & HAAD directives)	\$100,000 (coverage in the Emirates of Abu Dhabi and Dubai subject to DHA & HAAD directives)	in full	In-patient treatment of a congenital disorder requiring acute care or surgical intervention to cure the medical condition .
Prosthesis	no cover	\$5,000	in full	We pay for the initial prosthesis needed as part of your treatment and which is required at the time of your surgical procedure. We do not pay for any replacement prosthesis including any replacement devices required in relation to a pre-existing condition .



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Core Plan	Select	Classic	Premier	We will pay for the cost of benefits allowable under the policy subject to the overall annual maximum and any specified sub limits.
Home nursing 📞	in full up to 30 days	in full up to 60 days	in full up to 180 days	We pay for home nursing following discharge from a hospital as consequence of eligible in-patient treatment . We pay if the home nursing : - is required only to provide medical care - is necessary, meaning that without it you would have to stay in hospital - starts immediately following discharge from hospital - is provided by a qualified nurse - is recommended or prescribed by your specialist
Hospice care	no cover	\$10,000	in full	Treatment following the diagnosis that your medical condition is terminal , we pay for your palliative treatment , social and spiritual care and hospital or hospice accommodation, nursing care and drugs and dressings .
In-patient emergency dental treatment	in full	in full	in full	This means emergency dental treatment required to sound, natural teeth following an accident which necessitates your admission to hospital for at least one night.
Hospital cash	\$200	\$250	\$300	The payment of a defined cash benefit for each night an insured person receives in-patient treatment and the treatment would ordinarily have been eligible treatment under this policy and was received free of charge.
Ambulatory services	in full	in full	in full	We will pay for in-country ambulatory transportation by road or, if medically necessary , air ambulance to the nearest suitable hospital where services are available to provide treatment for your eligible accident or medical condition , as well as a clinical escort where deemed medically necessary to accompany you .
Emergency assistance and evacuation and repatriation services 📞	in full	in full	in full	Costs of an insured person in the event of emergency treatment not being readily available in the country of incident to be transported by the most appropriate means to the nearest appropriate medical facility or to the country of your choice (if, in the opinion of the treating specialist and us that you are in the appropriate medical position to be able to undertake the journey), for the purpose of admission to hospital as an in-patient or day-patient . We will pay the reasonable expenses for: - the most medically appropriate air transportation costs including a locally-accompanying person who is required to travel as an escort where medically necessary . - local travel costs to and from medical appointments when treatment is being received as a day-patient . - travel costs to enable a locally-accompanying person to visit the insured person in hospital following admission as an in-patient . - standard hotel accommodation immediately pre and post- hospital admission periods provided that the insured person is under the care of a specialist for a period of up to seven days post discharge from hospital . - an economy class airfare ticket to return the insured person and a locally-accompanying person who has travelled as an escort to the site where the emergency initially arose or to the that person's country of residence . - the cost of incidental expenses related to the emergency including, companion/child transport and accommodation, child care and pet care. This benefit does not extend to include air/sea rescue or mountain rescue services.

Territorial Limit Options	Worldwide Excl USA/Worldwide Incl USA			Definitions
Overall Annual Maximum	\$1,000,000	\$3,000,000	\$4,500,000	This is the overall maximum benefit limit of your policy and applies per insured person , per period of cover .
Core Plan	Select	Classic	Premier	We will pay for the cost of benefits allowable under the policy subject to the overall annual maximum and any specified sub limits.
Compassionate travel 📞	no cover	1 economy class ticket	2 economy class tickets	We will pay for an economy return flight for a you , together with any minors (under the age of 16), to travel from your country of residence to visit an immediate family member that has been placed on the critical list.
Repatriation of mortal remains 📞	\$13,000	\$13,000	\$13,000	Transportation of mortal remains following death of an insured person whilst outside of their country of nationality. The costs of a local burial in the country where the death occurred, other than the insured person's home country, cremation costs in the country where the death occurred and transportation of the urn to the deceased's country of residence or home country.
Emergency cover outside area of coverage	\$30,000 (in full for accidents only)	\$45,000 (in full for accidents only)	\$60,000 (in full for accidents only)	Emergency care for any accident or medical condition which has developed whilst travelling and are not pre-existing conditions outside of your geographical area until you are stable for transfer, or up to the benefit limit specified, whichever is the lesser amount.
Emergency out-patient care	no cover	\$1,000	\$1,000	We will pay for minor emergency treatment at an accident and emergency unit or emergency room of a hospital .
Out-patient surgery	in full	in full	in full	Treatment costs for a surgical procedure performed in an out-patient surgery, hospital out-patient department or clinic.
CT/MRI/PET Scans	in full	in full	in full	The costs of radiology including CT, MRI or PET scan (or combination of these scans) when recommended by your specialist and undertaken as an in-patient , day-patient or out-patient .
Cancer care 📞	in full	in full	in full	Treatment given for diagnosed cancer received as an in-patient , day-patient or out-patient . Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination.
Renal dialysis 📞	in full	in full	in full	Treatment of renal failure, including renal dialysis as an in-patient , day-patient or out-patient . This includes pre and post-operative renal dialysis and as part of intensive care and for on-going maintenance while waiting for a kidney transplant for a limit of up to two years.



2. Out-Patient Benefits

Out-Patient Benefits	Excel	Prestige	Definitions
We will pay for the cost of out-patient benefits allowable, subject to the overall annual maximum of the core cover option (policy) and any specified sub limits detailed below.			
Out-patient consultations	in full	in full	Medical practitioner and specialist fees including consultations to assess the symptoms of your medical condition .
Diagnostic tests	in full	in full	The costs of diagnostic tests used to diagnose or assess the symptoms of your medical condition .
Chronic condition management	in full	in full	Management of chronic medical conditions requiring on-going or long-term monitoring through consultations with a medical practitioner or specialist including examinations, check-ups and the prescribing of drugs and dressings .
Physiotherapy	10 sessions	30 sessions	We will pay for physiotherapy costs under the direction of a registered physiotherapist , following referral by a medical practitioner or specialist , and where the treatment is of short duration to relieve pain or restore function.
Drugs and dressings	in full	in full	The cost of drugs and dressings prescribed by your medical practitioner or specialist that will only be used for the treatment of a medical condition or injury.
Diabetic screening	in full	in full	One diabetes screening per period of cover , limited to fasting blood sugar and HBA1C tests.
Vaccinations	in full (ages 0-6 only)	in full	Vaccinations including vaccinations to aid the prevention of cancer , such as the human papilloma virus (HPV) vaccination and where such vaccines have completed clinical trials and are approved for use in the country where treatment is taking place.
Durable medical equipment	no cover	\$5,000	We will pay towards the costs of any durable medical equipment used in the course of treatment of an accident or medical condition or while undertaking nursing at home where medically necessary and where recommended by a medical practitioner or specialist .
Complementary treatment	no cover	\$5,000	Complementary treatment provided as an out-patient in respect of an eligible medical condition .
Dietician/Nutritionist	no cover	\$500	The cost of a dietician or nutritionist consultation for the purpose of undertaking a dietary control regime related to the control of weight or the management and control of an eligible medical condition when referred by a medical practitioner or specialist .
Speech therapy	no cover	in full	Speech therapy as part of a treatment programme for a medical condition and when referred by a medical practitioner or specialist .
Hearing aids	no cover	1 per lifetime (50% co-insurance)	The costs of one set of hearing aids as a consequence of a diagnosed medical condition significantly impairing the insured person's ability to hear.
HRT (early onset)	no cover	in full	Treatment of the menopause as a consequence of a hysterectomy or due to early onset. For the purposes of this benefit , early onset shall mean where initial onset, by whatever cause, takes place in a women under the age of 40.
Psychiatric treatment and psychotherapy	no cover	\$5,000	Consultation and associated costs for psychiatry, psychology or psychotherapy as a consequence of a defined mental health disorder , provided the overall treatment is under the referral of a practicing registered psychiatrist licensed to practice as such in the country where the treatment is taking place.

3. Optional Modular Benefits

Optional Modular Benefits				Definitions
Wellness	Option 1	Option 2	Option 3	
Routine check-ups	\$500	\$1,000	\$1,500	Full health screenings including cholesterol, blood pressure, diabetes, anaemia, lung function, liver and kidney function, cardiac risk assessment and hearing tests.
Wellness/screening tests				Cancer screenings including mammogram, pap test, prostate cancer screening or colon cancer screening at intervals recommended in the country where the treatment is undertaken.
Well-baby checks				Well-baby checks, effective from 24 hours after birth and up until the child's second birthday and as recommended by a medical practitioner or specialist , including physical examinations, measurements, screenings, evaluations and blood tests as is recommended in the country where the treatment is undertaken.
Fertility				Definitions
Fertility treatment	\$25,000 per lifetime			<p>Diagnostic tests for the diagnosis and treatment of infertility including approved surgeries, other therapeutic procedures and any ovulation induction induced via certain oral or injectable infertility medication, artificial insemination including advanced reproductive technology (ART) procedures and in vitro fertilisation (IVF) with embryo transfer. You must be an insured person for at least 12 months prior to incurring costs, with fertility treatment being undertaken directly to you.</p> <p>We will not pay for the cost of:</p> <ul style="list-style-type: none"> - any treatment for complications of birth (for both mother and child) from in vitro fertilisation (IVF) or any other form of assisted reproduction - any infertility services when the infertility is caused or related to voluntary sterilisation - any donor charges and services - any cryopreservation of donor eggs and sperm - any experimental, investigational or unproven infertility procedures or therapies
Vision	Option 1	Option 2	Option 3	Definitions
Annual eye test	in full	in full	in full	One eye test each period of cover , which includes the cost of your consultation and sight/vision testing.
Glasses and contact lenses	no cover	\$250	\$500	The costs of spectacle lenses and non-disposable contact lenses which are prescribed by an ophthalmologist or optician to correct a sight/vision problem, such as short or long sight to a maximum of one pair per insured person per period of cover . The cost of frames only if you have been prescribed spectacle lenses, and where confirmation of the prescription/purchase of lenses is provided to a maximum of one pair per insured person for every two periods of cover . The cost of disposable contact lenses where submissions are for no more than 90 days' supply at any one time.

Dental	Option 1	Option 2	Definitions	
Routine	\$500	\$1,000	Routine dental treatment which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative treatment including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal treatment . A co-insurance of 20% applies to this benefit .	
	Option 3	Option 4	Option 5	
Routine and restorative	\$1,000	\$2,500	\$5,000	Routine dental treatment which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative treatment including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal treatment . Major restorative treatment defined as the removal of impacted, buried or unerrupted teeth, removal of roots, removal of solid odontomes, apicectomy bridges and crowns (new or repair), provision of dentures, removal of wisdom teeth and dental implants where medically necessary rather than for cosmetic purposes compared with other treatment options available. A co-insurance of 20% applies to this benefit .
	Option 6	Option 7		
Routine, restorative and orthodontic	\$2,500	\$5,000	Routine dental treatment which includes preventative care exams every six months (oral check, hygienist visit and oral x-ray) and basic restorative treatment including tooth fillings, basic non-surgical extractions (other than wisdom teeth) and root canal treatment . Major restorative treatment defined as the removal of impacted, buried or unerrupted teeth, removal of roots, removal of solid odontomes, apicectomy bridges and crowns (new or repair), provision of dentures, removal of wisdom teeth and dental implants where medically necessary rather than for cosmetic purposes compared with other treatment options available. Orthodontic treatment covering the fees and associated costs of a dental practitioner carrying out orthodontic treatment on any insured person up to and including 18 years of age. A co-insurance of 20% applies to routine dental and major restorative dental benefits . A 50% co-insurance applies to orthodontic treatment .	

☎ Requires pre-authorisation



Global Choice

International health protection that flexes around you.

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