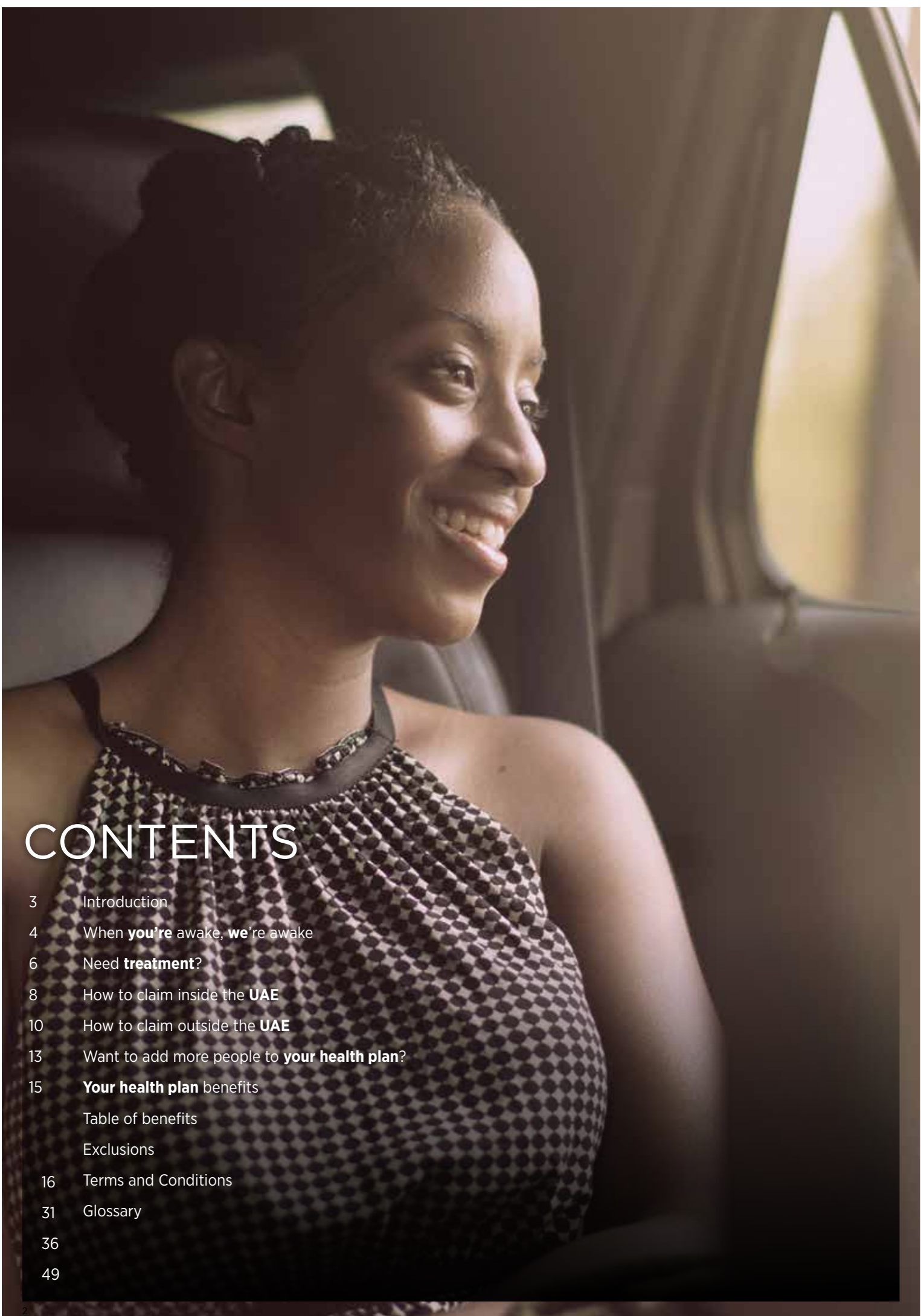


A GUIDE TO YOUR ELITE HEALTH PLAN



Bupa

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



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.

On behalf of **OIC** and **Bupa Global**, **we'd** like to wish **you** and **your** family the very best health for the future.

Within this **guide**, **you'll** find easy to understand information about **your** Elite **Health plan**, including:

- o guidance on what to do when **you** need **treatment**
- o simple steps to understanding the claims process
- o 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
- o 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

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.

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 Elite Global 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. This includes treatment for chronic, congenital and hereditary conditions that may be covered, subject to underwriting.

Your treatment is covered if it is:

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

Your Elite Global Health Plan also provides 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 CARDS.

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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 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 and repatriations, 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**, so we 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 for which **you** must receive pre-authorization. These are detailed in **your** 'Table of benefits'. Benefit may not be paid unless pre-authorization has been provided.

Of course **we** understand that there are times when **you** simply cannot get pre-authorization, 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-authorization process

You can pre-authorise **your treatment** by phone or email. Inside the **UAE**, **OIC** will normally manage pre-authorization and directly settles the payment with the provider if within the **network**. Outside the **UAE**, **Bupa Global** will send a pre-authorization. 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-authorization directly with the provider. Outside the **network**, or outside the **UAE**, **Bupa Global** will send a pre-authorization statement to **your hospital** or clinic once they have all the necessary details. A pre-authorization 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.

Pre-authorization complete and now going for treatment?

Always remember to keep **your** insurance cards with **you** and present the appropriate card to **your benefits provider** when **you** arrive.



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.

HOW TO CLAIM INSIDE THE UAE

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

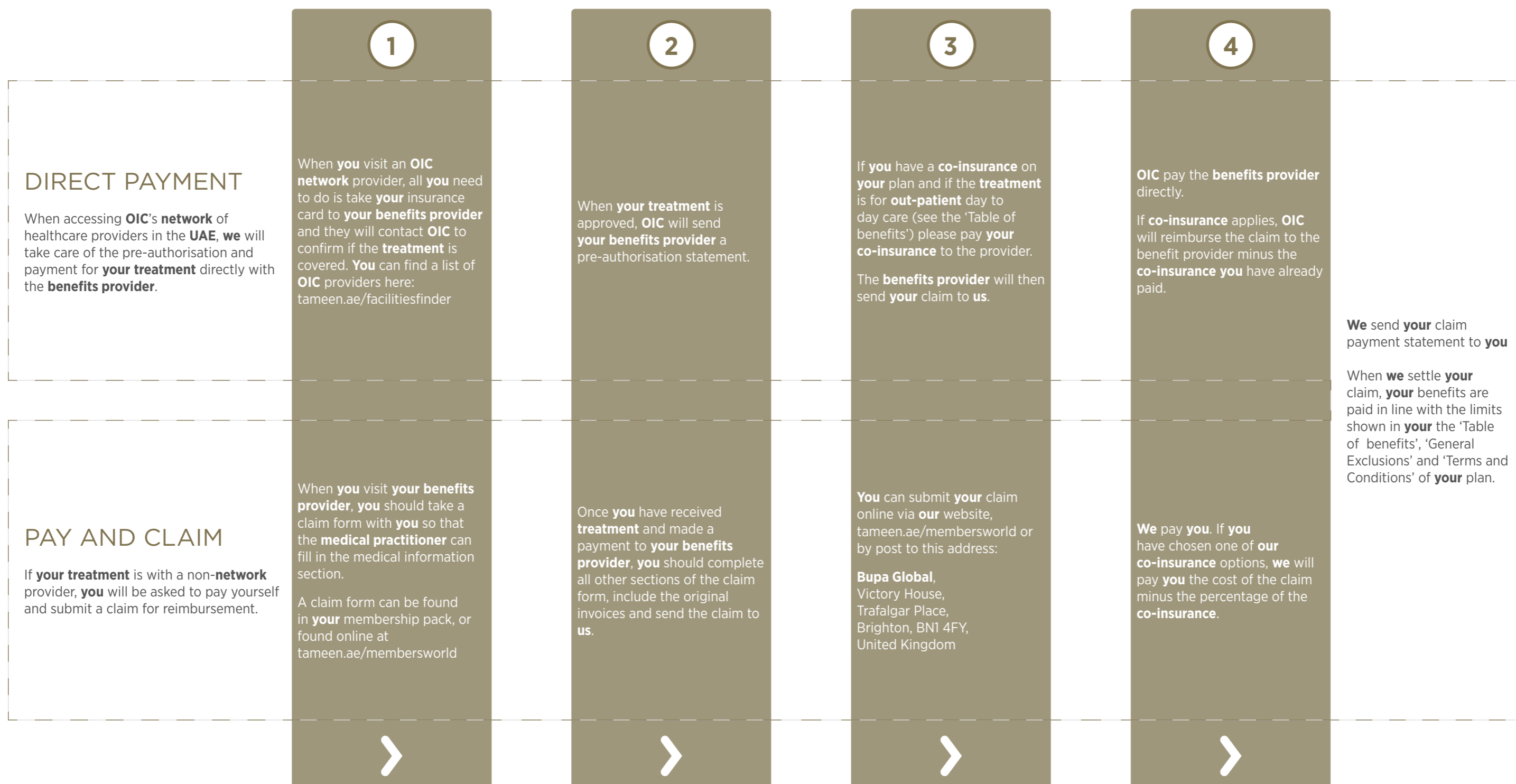
Sometimes **you** may be asked to provide further medical information to be able to process **your** claim.

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.



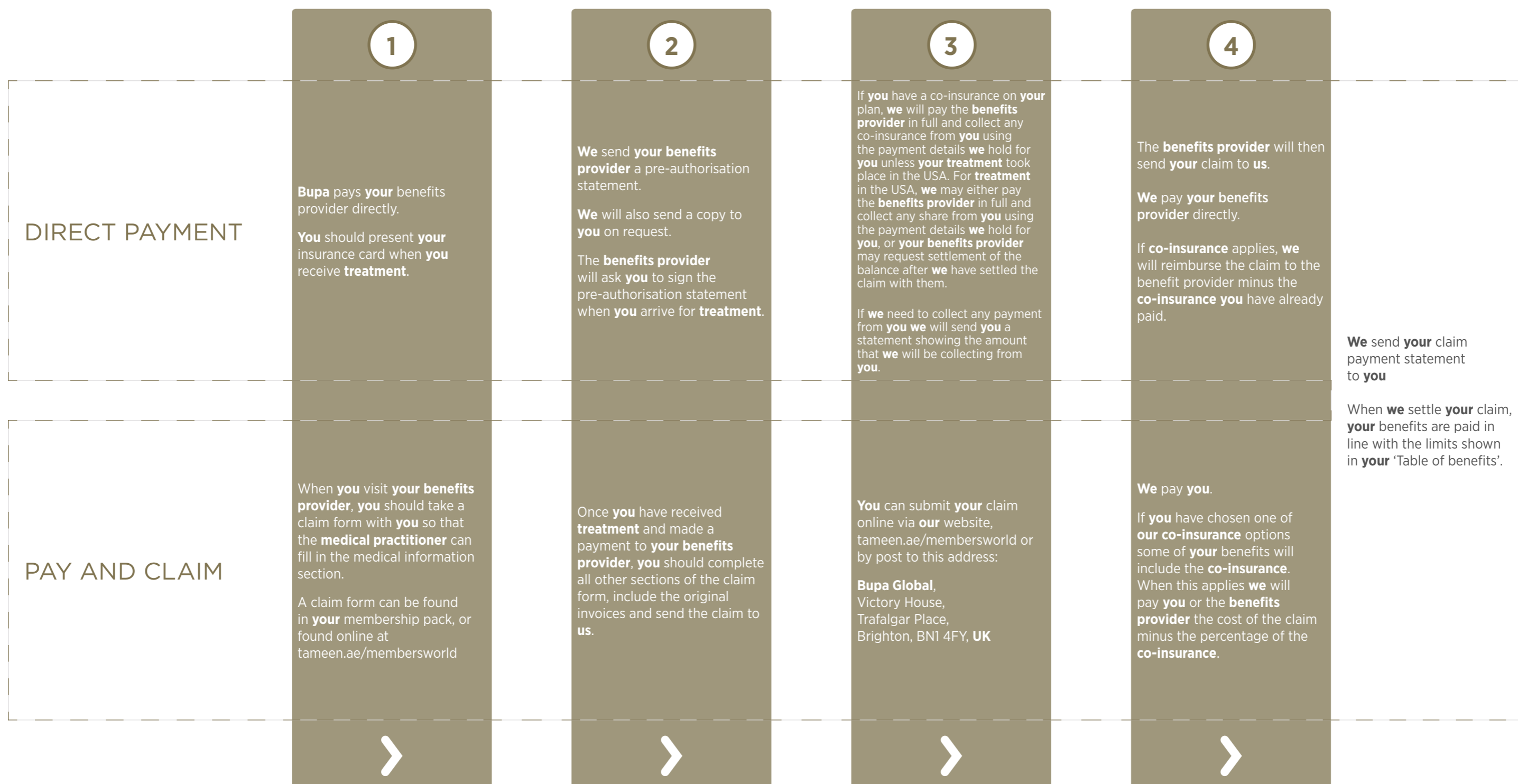
HOW TO CLAIM OUTSIDE THE UAE

Whether **you** choose direct payment or 'pay and claim' **we** provide a quick and easy claims process. Some benefits need to be pre-authorized 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.

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 or go online at
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 These details can also be found on your insurance card.



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 without completing an application form and will be covered regardless of any health conditions when:

- at least one parent has been covered on this **health plan** for 10 months or more prior to the child's birth, and
- a copy of the birth certificate is submitted within 30 days of the birth

We will request a fully completed application form on day 31 if:

- the birth certificate is not submitted within 30 days as indicated above
- neither parent has been covered on this **health plan** for 10 months or more prior to the child's birth
- none of the adults on this **health plan** are the child's parents
- the child is born as a result of **Assisted Reproduction Technologies, ovulation induction treatment**, adopted or born to a surrogate

In these cases where **you** have to submit an application form for the newborn child, the process described for adding a **dependant** will be followed.

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.

Children covered at no additional cost

With **your Elite Health plan** up to two children, per insured parent or insured legal guardian, who are under 10 years of age, can be insured at no additional cost subject to underwriting. The child being added must reside at the same address as the parent or guardian who is insured and who has legal custody of the child.

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 by **us**.*

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 ELITE HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL POLICY MAXIMUM LIMIT	
ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL POLICY MAXIMUM LIMIT	Overall annual policy maximum GBP 3,000,000, EUR 3,750,000, USD 5,100,000
<p>Mandatory pre-authorization required for:</p> <ul style="list-style-type: none"> obesity surgery prophylactic surgery internal cardiac defibrillator reconstructive surgery rehabilitation cancer treatment transportation (evacuation and repatriation) all in-patient stays over 5 days complications of maternity and childbirth home nursing maternity out-patient treatment in Dubai <p>Pre-authorization is also required on treatment and services above AED 1,000 in Dubai.</p>	
OUT-PATIENT DAY TO DAY CARE	
*PAID IN FULL UP TO THE ANNUAL MAXIMUM OF OUT-PATIENT DAY TO DAY CARE LIMIT OF GBP 60,000, EUR 75,000 OR USD 102,000	Annual maximum GBP 60,000, EUR 75,000 or USD 102,000
<p>Co-insurance Options: No co-insurance as standard Optional 20%</p> <p>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.</p>	
<p>OUT-PATIENT SURGICAL OPERATIONS</p> <p>When carried out by a specialist or a doctor.</p>	
<p>PATHOLOGY, SCANS, X-RAY AND DIAGNOSTIC TESTS</p> <p>When recommended by your specialist or doctor to help diagnose or assess your condition:</p> <ul style="list-style-type: none"> pathology such as blood test(s) radiology such as ultrasound or X-ray(s) diagnostic tests such as electrocardiograms (ECGs) 	

BENEFIT AND EXPLANATION	LIMITS
<p>SPECIALIST CONSULTATIONS AND DOCTOR'S FEES</p> <p>Consultations with your specialist or doctor, for example to:</p> <ul style="list-style-type: none"> receive or arrange treatment follow up on treatment already received receive pre- and post-hospital consultations/treatment receive prescriptions for medicines, or diagnose your symptoms <p>Such consultations may take place in the specialist's or doctor's office, by telephone or using the internet.</p>	
<p>MENTAL HEALTH</p> <p>Consultation fees with psychiatrists, psychologists and psychotherapists in the case of medical emergencies to:</p> <ul style="list-style-type: none"> receive or arrange treatment receive pre- and post-hospital treatment, or diagnose your illness <p>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.</p>	
<p>QUALIFIED NURSES</p> <p>Costs for nursing care, for example injections or wound dressings by a qualified nurse.</p>	
<p>PHYSIOTHERAPISTS, OSTEOPATHS AND CHIROPRACTORS</p> <p>Consultations and treatment with physiotherapists, osteopaths, chiropractors for physical therapies aimed at restoring your normal physical function.</p>	
<p>OCCUPATIONAL THERAPIST AND ORTHOPTIST</p> <p>Consultations and treatment with occupational therapists and orthoptists.</p>	
<p>FOOTCARE</p> <p>Treatment by a podiatrist, orthopaedic specialist, or chiropodist.</p> <p>Treatment for corns, calluses or thickened misshapen nails will only be covered if you have diabetes.</p>	
<p>COMPLEMENTARY THERAPIES: ACUPUNCTURE AND REFLEXOLOGY</p> <p>Consultations and treatment with acupuncturists and reflexologists when the practitioners are appropriately qualified and registered to practice in the country where treatment is received.</p> <p>Note: treatments supplied or carried out on a separate date to a consultation will be considered as a separate consultation.</p> <p>We only pay for these complementary therapies and those below.</p>	

BENEFIT AND EXPLANATION	LIMITS
<p>MENTAL HEALTH – CHRONIC CONDITIONS</p> <p>Consultation fees with psychiatrists, psychologists and psychotherapists to:</p> <ul style="list-style-type: none"> ◦ receive or arrange treatment ◦ receive pre- and post-hospital treatment, or ◦ diagnose your illness <p>Such consultations must take place in the psychiatrist's, psychologist's or psychotherapist's office.</p>	<p>Paid in full* Up to 40 consultations each policy year</p>
<p>COMPLEMENTARY MEDICINES: HOMEOPATHY, NATUROPATHY AND CHINESE MEDICINE</p> <p>Consultations and treatment with homeopaths, naturopaths and Chinese medicine practitioners when the practitioners are appropriately qualified and registered to practise in the country where treatment is received.</p> <p>Note: should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate consultation.</p> <p>We only pay for the complementary medicines and therapies above. Exclusions apply to some Chinese medicines as detailed in the General exclusions section.</p>	<p>Up to 20 visits each policy year</p>
<p>PRESCRIBED MEDICINES</p> <p>Medicines prescribed by your medical practitioner required to treat a disease, illness or injury.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit above.</p>	<p>Paid in full</p>
<p>DURABLE MEDICAL EQUIPMENT</p> <p>Durable medical equipment that:</p> <ul style="list-style-type: none"> ◦ can be used more than once ◦ is not disposable ◦ is used to serve a medical purpose ◦ is not used in the absence of a disease, illness or injury and ◦ is fit for use in the home <p>For example oxygen supplies or wheelchairs.</p>	<p>Paid in full</p>
<p>DIETETIC GUIDANCE</p> <p>We pay for consultations with a dietician, required for dietary advice relating to a diagnosed disease or illness, such as diabetes.</p> <p>This benefit will be on a pay and claim basis only in the UAE.</p>	<p>Up to 4 visits each policy year</p>
PREVENTIVE TREATMENT	
<p>HEALTH SCREENING AND WELLNESS (WAITING PERIOD 10 MONTHS)</p> <p>Once you have been covered on this health plan for 10 months.</p> <p>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.</p> <p>This benefit will be on a pay and claim basis only in the UAE. Please contact us for a list of eligible screening tests.</p>	<p>Up to GBP 1,000, EUR 1,250 or USD 1,700 each policy year</p>

BENEFIT AND EXPLANATION	LIMITS
<p>DIABETES SCREENING</p> <p>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.</p>	<p>Paid in full each policy year from age 18</p>
<p>VACCINATIONS</p> <p>The following are covered:</p> <ul style="list-style-type: none"> ◦ 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 <p>The following are covered under Adult pneumococcal vaccination:</p> <ul style="list-style-type: none"> ◦ PCV 13 ◦ PPSV 23 <p>Travel vaccinations are not covered under this benefit.</p>	<p>Paid in full for newborns from age 31 days following birth and children up to and including 6 years old</p> <p>Then up to GBP 1,000, EUR 1,250 or USD 1,700 each policy year</p> <p>Paid in full for adults aged 19 years and above either at risk or with high risk</p>
<p>HEPATITIS A & C</p> <p>Inside the UAE: We pay in full for any healthcare services, investigations and treatments related to Hepatitis A and associated complications</p> <p>Outside the UAE: Any treatment or healthcare services, investigations and treatments related to any types of Hepatitis and associated complications taking place will be covered as part of normal benefits i.e. same as any general condition or sickness, up to the benefit limit.</p>	<p>Inside the UAE: Paid in full</p> <p>Outside the UAE: Same as any general condition or sickness, up to any applicable benefit limit.</p>
DENTAL TREATMENT AND HEARING AIDS/OPTICAL	
<p>**PAID IN FULL UP TO THE ANNUAL MAXIMUM OF DENTAL TREATMENT/ HEARINGS AIDS/ OPTICAL LIMIT OF GBP 2,500 OR EUR 3,100 OR USD 4,200</p>	<p>Annual maximum GBP 2,500, EUR 3,100 or USD 4,200 each policy year</p>
DENTAL TREATMENT	
<p>ACCIDENT RELATED DENTAL TREATMENT</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>Paid in full**</p>
<p>PREVENTIVE DENTAL (WAITING PERIOD 6 MONTHS)</p> <p>Once you have been covered on this health plan for 6 months:</p> <ul style="list-style-type: none"> ◦ check-ups/exams ◦ X-rays/bitewing/single view/Orthopantomogram (OPG) ◦ scale and polish/ tooth cleaning ◦ gum shield/mouth guard 	<p>Paid in full** 2 visits each policy year</p>

BENEFIT AND EXPLANATION	LIMITS
<p>ROUTINE DENTAL (WAITING PERIOD 6 MONTHS)</p> <p>Once you have been covered on this health plan for 6 months:</p> <ul style="list-style-type: none"> ◦ fillings ◦ root canal treatment ◦ x-ray ◦ tooth extraction ◦ anaesthesia <p>This benefit will be on a pay and claim basis only in the UAE.</p>	
<p>MAJOR RESTORATIVE (WAITING PERIOD 6 MONTHS)</p> <p>Once you have been covered on this health plan for 6 months:</p> <ul style="list-style-type: none"> ◦ bridges ◦ crowns ◦ dental implants ◦ dentures <p>This benefit will be on a pay and claim basis only in the UAE.</p>	
<p>ORTHODONTICS (WAITING PERIOD 12 MONTHS)</p> <p>Once you have been covered on this health plan for 12 months, orthodontic treatment up to the age of 19:</p> <ul style="list-style-type: none"> ◦ consultations and monthly check-ups ◦ removal of deciduous/baby teeth/milk teeth/primary teeth ◦ treatment planning ◦ models/gum impressions ◦ extractions ◦ anaesthesia ◦ X-rays including single/bitewing/periapical (root X-ray)/full-mouth X-rays/Orthopantomogram (OPG) and Cephalometric (CEPH) ◦ digital photography, and ◦ metal braces/retainers <p>This benefit will be on a pay and claim basis only in the UAE.</p>	
HEARING AIDS/OPTICAL	
<p>HEARING AIDS</p> <p>Costs for prescribed hearing aids.</p> <p>This benefit will be on a pay and claim basis only in the UAE.</p>	Up to GBP 2,500, EUR 3,100 or USD 4,200 each policy year
<p>SPECTACLE FRAMES AND LENSES AND CONTACT LENSES</p> <p>Spectacle and contact lenses which are prescribed to correct a sight/vision problem such as short or long sight.</p> <p>This benefit will be on a pay and claim basis only in the UAE.</p>	
<p>EYE TEST</p> <p>One eye test each policy year, which includes the cost of your consultation and sight/vision testing.</p> <p>In the UAE, we only offer this benefit by direct billing with a licensed ophthalmologist or ophthalmology clinic.</p>	Paid in full** 1 test each policy year

BENEFIT AND EXPLANATION	LIMITS
<p>HEARING AND VISION AIDS, AND VISION CORRECTION BY SURGERIES AND LASER</p> <p>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.</p> <p>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.</p> <p>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.</p>	Paid in full**
IN-PATIENT CARE: FOR ALL IN-PATIENT AND DAY-PATIENT TREATMENT COSTS	
<p>HOSPITAL ACCOMMODATION, ROOM AND BOARD</p> <p>When:</p> <ul style="list-style-type: none"> ◦ there is a medical need to stay in hospital ◦ the treatment is given or managed by a specialist, and ◦ the length of your stay is medically appropriate <p>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 your level of cover.</p> <p>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.</p> <p>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.</p>	Paid in full Standard private room
<p>PARENT ACCOMMODATION IN HOSPITAL</p> <p>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.</p>	Paid in full
<p>ROOM AND BOARD FOR ACCOMPANYING PERSON</p> <p>Room and board for one accompanying person, in the same room as the patient</p>	Up to GBP 150, EUR 200 or USD 250 per night
<p>OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS</p> <p>Costs of the:</p> <ul style="list-style-type: none"> ◦ 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
<p>INTENSIVE CARE</p> <p>Costs for treatment in an intensive care unit when it is medically necessary or an essential part of treatment.</p>	
<p>SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES</p> <p>Surgery, including surgeons' and anaesthetists' fees, as well as treatment needed immediately before and after the surgery on the same day.</p>	
<p>PHYSICIANS CONSULTATION FEES</p> <p>When you require medical treatment during your stay in hospital.</p>	

BENEFIT AND EXPLANATION	LIMITS
<p>PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS:</p> <ul style="list-style-type: none"> ◦ pathology such as blood test(s) ◦ radiology such as ultrasound or X-ray(s) ◦ diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by your specialist to help diagnose or assess your condition when you are in hospital.</p>	
<p>MENTAL HEALTH</p> <p>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-authorization. Benefit will not be paid unless pre-authorization has been provided.</p> <p>This benefit will be on a pay and claim basis only in the UAE.</p>	
<p>PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND DIETICIANS</p> <p>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.</p>	
<p>OBESITY SURGERY (WAITING PERIOD OF 24 MONTHS)</p> <p>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:</p> <ul style="list-style-type: none"> ◦ 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 <p>The bariatric surgery technique needs to be evaluated by our medical teams and is subject to our medical policy criteria.</p> <p>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.</p> <p>Please contact us for pre-authorization before proceeding with treatment. Benefit will not be paid unless pre-authorization has been provided.</p>	Paid in full
<p>PROPHYLACTIC SURGERY</p> <p>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.</p> <p>Please contact us for pre-authorization before proceeding with treatment. Benefit will not be paid unless pre-authorization has been provided.</p>	
<p>PROSTHETIC DEVICES</p> <p>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.</p> <p>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.</p>	Per device up to GBP 4,000, EUR 5,000 or USD 6,800

BENEFIT AND EXPLANATION	LIMITS
<p>PROSTHETIC IMPLANTS AND APPLIANCES</p> <p>Eligible prosthetic implants and appliances shown in the following lists.</p> <p>Prosthetic implants:</p> <ul style="list-style-type: none"> ◦ 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-authorization) ◦ 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 <p>Appliances:</p> <ul style="list-style-type: none"> ◦ a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament ◦ 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
<p>RECONSTRUCTIVE SURGERY</p> <p>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.</p> <p>Please contact us for pre-authorization before proceeding with any reconstructive surgery. Benefit will not be paid unless pre-authorization has been provided.</p>	
<p>ACCIDENT RELATED DENTAL TREATMENT</p> <p>We pay for dental treatment that is required in hospital after a serious accident.</p>	
<p>HEARING AND VISION AIDS, AND VISION CORRECTION BY SURGERIES AND LASER</p> <p>We pay for hearing and vision aids, and vision correction by surgeries and laser in the case of medical emergencies in hospital, such as laser iridotomy, laser trabeculoplasty or detached retina</p> <p>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.</p>	
<p>HOSPICE AND REHABILITATION</p>	
<p>HOME NURSING</p> <p>Following treatment in hospital which is covered under this health plan, when it:</p> <ul style="list-style-type: none"> ◦ is prescribed by your specialist ◦ starts immediately after you leave hospital ◦ reduces the length of your stay in hospital ◦ is provided by a qualified nurse in your home and ◦ is needed to provide medical care, not personal assistance <p>Please contact us for pre-authorization before proceeding with treatment. Benefit may not be paid unless pre-authorization has been provided.</p>	Paid in full Up to 30 days each policy year

BENEFIT AND EXPLANATION	LIMITS
<p>HOSPICE AND PALLIATIVE CARE</p> <p>Hospice and palliative care services if you have received a terminal diagnosis and can no longer have treatment which will lead to your recovery:</p> <ul style="list-style-type: none"> ◦ hospital or hospice accommodation ◦ nursing care ◦ prescribed medicines ◦ physical, psychological, social and spiritual care 	<p>Up to GBP 25,000, EUR 31,000 or USD 42,000 per lifetime</p>
<p>REHABILITATION (MULTIDISCIPLINARY REHABILITATION)</p> <p>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.</p> <p>We pay for rehabilitation; only when you have received our pre-authorization before the treatment starts, for up to 60 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.</p> <p>We only pay for multidisciplinary rehabilitation where it:</p> <ul style="list-style-type: none"> ◦ 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 <p>Note: in order to give pre-authorization, 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.</p>	<p>Paid in full Up to 60 days each policy year</p>
<p>IN-PATIENT AND/OR OUT-PATIENT CARE</p>	
<p>ADVANCED IMAGING</p> <p>Such as:</p> <ul style="list-style-type: none"> ◦ magnetic resonance imaging (MRI) ◦ computed tomography (CT) ◦ positron emission tomography (PET) <p>when recommended by your specialist to help diagnose or assess your condition.</p>	<p>Paid in full</p>
<p>CANCER TREATMENT</p> <p>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.</p> <p>Please contact us for pre-authorization before proceeding with treatment. Benefit will not be paid unless pre-authorization has been provided.</p>	

BENEFIT AND EXPLANATION	LIMITS
<p>TRANSPLANT SERVICES</p> <p>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:</p> <ul style="list-style-type: none"> ◦ cornea ◦ small bowel ◦ kidney ◦ kidney/pancreas ◦ liver ◦ heart ◦ lung, or ◦ heart/lung transplant <p>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.</p> <p>Donor expenses, for each condition needing a transplant whether the donor is insured or not, including:</p> <ul style="list-style-type: none"> ◦ 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, unless they develop into an emergency 	<p>Each condition up to GBP 600,000, EUR 750,000 or USD 1,020,000</p>
<p>KIDNEY DIALYSIS</p> <p>Provided as an in-patient, day-patient or as an out-patient.</p>	<p>Paid in full</p>
<p>MATERNITY/CHILDBIRTH (10 MONTH WAITING PERIOD FOR TREATMENT OUTSIDE UAE):</p>	
<p>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.</p> <p>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.</p>	
<p>NORMAL DELIVERY/BIRTHING CENTRE/HOME DELIVERY (10 MONTH WAITING PERIOD FOR TREATMENT OUTSIDE UAE):</p> <p>Once you have been covered on this health plan for 10 months for treatment outside of UAE.</p> <p>Maternity treatment and childbirth, including:</p> <ul style="list-style-type: none"> ◦ hospital charges, obstetricians and midwives fees for normal childbirth ◦ post-natal care required by the mother immediately following normal childbirth, such as stitches 	<p>Up to GBP 10,000, EUR 12,500 or USD 17,000 each per delivery</p>
<p>CAESAREAN SECTION (10 MONTH WAITING PERIOD FOR TREATMENT OUTSIDE UAE)</p> <p>Once you have been covered on this health plan for 10 months for treatment outside of UAE:</p> <p>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).</p> <p>Note: if we are unable to determine that your Caesarean section was medically essential, it will be paid from your normal delivery benefit limit.</p>	<p>Up to GBP 20,000, EUR 25,000 or USD 34,000 per delivery</p>

BENEFIT AND EXPLANATION	LIMITS
<p>MATERNITY OUT-PATIENT TREATMENT (10 MONTH WAITING PERIOD FOR TREATMENT OUTSIDE UAE):</p> <p>Once you have been covered on this health plan for 10 months for treatment outside of UAE.</p> <p>Maternity care and treatment before and after the birth, including a minimum of 3 antenatal ultrasound scans.</p> <p>Pre-authorisation is required in Dubai.</p>	Paid in full
<p>COMPLICATIONS OF MATERNITY AND CHILDBIRTH</p> <p>Once you have been covered on this health plan for 10 months for treatment outside of UAE.</p> <p>Treatment which is medically necessary as a result of any condition that develops which becomes life threatening to either the mother or the newborn.</p> <p>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.</p>	Paid in full
<p>NEONATAL / NEWBORN COVER</p> <p>This benefit is paid instead of any other benefit for all treatment required for a newborn child.</p> <p>We pay for any any treatment for your baby for up to and including 30 days following birth. This includes routine vaccinations, screening tests for congenital illness, for example BCG, Hepatitis B and other neo-natal screening tests.</p> <p>A newborn child is covered for 30 days from their date of birth on their mother's policy. For a claim to be paid the invoice must state the mother's name, policy number and child's date of birth. If the newborn child is enrolled on their own policy, before 30 days from their date of birth, their treatment costs will be taken from their 'Neonatal / Newborn cover' benefit. Children older than 30 days must be enrolled as a new dependant on the policy and the 'Neonatal / Newborn cover' benefit' will no longer be used.</p> <p>For adding your newborn please also see the 'Want to add more people to your health plan?' section.</p>	Paid in full for up to 30 days from birth.

BENEFIT AND EXPLANATION	LIMITS
<p>TRANSPORTATION/TRAVEL</p> <p>Evacuation covers you for reasonable transport costs to the nearest appropriate place of treatment, when the treatment you need is not available nearby. Repatriation gives you the added option of returning to your specified country of residence or specified country of nationality, to be treated in familiar surroundings, when the treatment you need is not available nearby.</p> <p>For all medical transfers, either evacuation or repatriation:</p> <ul style="list-style-type: none"> ◦ 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 <p>Evacuation may also be authorised if you need advanced imaging or cancer treatment such as radiotherapy or chemotherapy.</p> <p>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.</p> <p>Note:</p> <ul style="list-style-type: none"> ◦ 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 or repatriation will not be authorised if it is against the advice of our medical team. ◦ we will not arrange evacuation or repatriation 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. 	
<p>EVACUATION</p> <p>Transport costs for evacuation:</p> <ul style="list-style-type: none"> ◦ 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. <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> ◦ 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 <p>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.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>REPATRIATION</p> <p>Transport costs for repatriation:</p> <ul style="list-style-type: none"> to your specified country of nationality as given on your application form, or your specified country of residence, and the return journey to the place you were transferred from when: this is authorised in advance by Bupa Global, and the return journey is within 14 days of the end of the treatment <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> 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 <p>We do not pay any other costs related to the repatriation such as travel costs or hotel accommodation.</p> <p>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.</p> <p>In some cases you may request a medical repatriation when contacting us for authorisation, but this may not be medically appropriate. In these cases, we will first evacuate you to the nearest appropriate place where treatment is available. Once you have been stabilised, we may then repatriate you to your specified country of nationality or your specified country of residence.</p>	
<p>TRAVEL COST FOR AN ACCOMPANYING PERSON</p> <p>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:</p> <ul style="list-style-type: none"> 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 <p>The accompanying person may travel in a different class from the person receiving treatment depending on medical requirements.</p> <p>Reasonable travel costs for the return journey to the place you were transferred from when this is authorised in advance by Bupa Global.</p> <p>The costs we pay for the return journey will be either:</p> <ul style="list-style-type: none"> 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
<p>TRAVEL COST FOR THE TRANSFER OF CHILDREN</p> <p>Reasonable travel costs for children to be transferred with you in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> it is medically necessary for you as their parent or guardian to be evacuated or repatriated your spouse, partner, or other joint guardian is accompanying you, and they would otherwise be left without a parent or guardian 	

BENEFIT AND EXPLANATION	LIMITS
<p>COMPASSIONATE VISIT TRANSPORT COSTS AND COMPASSIONATE VISIT LIVING ALLOWANCE</p> <p>The cost of economy class travel costs for a close relative (spouse/partner, parent, child, brother or sister) who is in another country to visit when you have a sudden accident or illness and are going to be hospitalised for at least five days or you have received a short-term terminal prognosis. This includes economy class costs of your relative's return journey to their home country. This benefit is only paid when authorised in advance by us.</p> <p>For:</p> <ul style="list-style-type: none"> a maximum of five trips per lifetime only when authorised in advance by Bupa Global <p>Costs towards living expenses for your relative:</p> <ul style="list-style-type: none"> following an eligible compassionate visit only, and for up to 10 days whilst away from their usual specified country of residence <p>This benefit is not paid when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no further benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of children' or 'Living allowance' will be payable.</p>	<p>Visit and return: 5 trips per lifetime GBP 1,000, EUR 1,250 or USD 1,700 per trip</p> <p>Visit living allowance: GBP 100, EUR 120 or USD 170 per day</p> <p>Up to 10 days each policy year</p>
<p>LIVING ALLOWANCE</p> <p>Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with you:</p> <ul style="list-style-type: none"> 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
<p>LOCAL AIR AMBULANCE:</p> <ul style="list-style-type: none"> from the location of an accident to a hospital, or for a transfer from one hospital to another <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> medically necessary used for short distances of up to 100 miles/160 KM, and related to treatment that is covered that you need to receive in hospital <p>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.</p>	Paid in full
<p>LOCAL ROAD AMBULANCE:</p> <ul style="list-style-type: none"> from the location of an accident to a hospital for a transfer from one hospital to another, or from your home to the hospital <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> medically necessary, and related to treatment that is covered that you need to receive in hospital 	

BENEFIT AND EXPLANATION	LIMITS
<p>REPATRIATION OF MORTAL REMAINS</p> <p>Reasonable costs for the transportation of your body or cremated mortal remains to your home country or to your specified country of residence:</p> <ul style="list-style-type: none"> ◦ in the event of your death while you are away from home, and ◦ subject to airline requirements and restrictions <p>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.</p> <p>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.</p>	Paid in full

This healthcare plan is an 'enhanced' plan which is compliant with the 'Health Insurance Law for the Emirate of Dubai (No.11 of 2013)'. In addition to the benefits detailed in the 'Table of Benefits' above, the following benefits are also covered under this **health plan**:

- Chronic conditions – any **treatment** for a disease, illness or injury which has a characteristic of chronic condition is covered. These will be covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit. Please refer to the description of Chronic conditions in the Glossary section
- **Pre-existing conditions** – any **treatment** for a **pre-existing condition**, related symptom, or any condition that results from or is related to a **pre-existing condition** is covered, subject to Exclusions. This will be covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit. **Emergency in UAE.** (In **Emergency** cases as defined by PD 02-2017, healthcare services outside the scope of health insurance must be covered until stabilization as a minimum)
- Injuries resulting from road traffic accidents – **treatment** for injuries from road traffic accidents are covered. This will be covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit
- Healthcare services for work-related illnesses and injuries – **treatment** for illnesses and injuries resulting from work-related activities are covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit
- Injuries resulting from sports activities – **treatment** for illnesses and injuries resulting from sports activities that are not classified as hazardous activities. Please refer to the 'Hazardous activities' exclusion
- Temporomandibular joint (TMJ) disorders - this will be covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit, inside the **UAE** only

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.

Chinese medicine

Any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.

Conflict and disaster	<p>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 (except Inside UAE- In Emergency cases as defined by PD 02-2017, these will be covered until stabilization at minimum)</p> <ul style="list-style-type: none"> ◦ 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	<ul style="list-style-type: none"> ◦ 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	<p>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.</p> <p>Note: if your doctor recommends cosmetic treatment to correct a functional problem, for example, excess eye tissue which is interrupting the visual field, 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.</p>
Developmental problems	<p>Treatment for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> ◦ learning difficulties, such as dyslexia ◦ behavioural problems, such as attention deficit hyperactivity disorder (ADHD) ◦ problems relating to physical development such as short height, or ◦ developmental problems treated in an educational environment or to support educational development
Epidemics and pandemics	<p>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. (Except Inside UAE- In Emergency cases as defined by PD 02-2017, these will be covered until stabilization as a minimum)</p>

Experimental treatment	<p>Medical services utilized for the sake of research, medically non-approved experiments and investigations and pharmacological weight reduction regimens.</p> <ul style="list-style-type: none"> ◦ 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.
Eyesight	<p>Treatment equipment or surgery for correction of vision, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Note: we may cover costs associated with eyesight as detailed in the 'Table of benefits', subject to our medical policy criteria.</p>
Gender issues	<p>Sex changes or gender reassignments.</p>
Genetic testing	<p>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.</p>
Harmful or hazardous use of alcohol, drugs and/or medicines	<p>Treatment for or arising from the harmful, hazardous or addictive use of any substance including alcohol, drugs and/or medicines. (Except Inside UAE- In Emergency cases as defined by PD 02-2017, these will be covered until stabilization as a minimum)</p>
Health hydros, nature cure clinics etc	<p>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.</p>
Health related services which do not seek to improve or which do not result in a change in the medical condition of the patient	<p>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.</p>
Hepatitis, except Hepatitis A & C	<p>Treatment in the UAE for all types of Hepatitis except Hepatitis A & C (see Hepatitis A & C in the 'Table of benefits').</p> <p>This exclusion is specific to treatment in the UAE only.</p>

Infertility treatment	<p>Treatment to assist reproduction, or to correct a state of infertility such as:</p> <ul style="list-style-type: none"> ◦ 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 <p>Note: we pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> ◦ you had not been aware of any problems before joining, and ◦ you have been a member of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of two years before the investigations start <p>Once the cause is confirmed, we will not pay for any additional investigations in the future.</p>
Mechanical or animal donor organs	<p>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.</p> <p>Note: we may cover costs associated with transplant services as detailed in the 'Table of benefits', subject to our medical policy criteria.</p>
Obesity	<p>Treatment for or as a result of obesity (including morbid obesity) such as: slimming aids or drugs, weight control programs or slimming classes.</p> <p>Note: We may cover costs associated with obesity surgery as detailed in the 'Table of benefits', subject to our medical policy criteria.</p>
Sexual problems	<p>Sexual dysfunction, such as impotence, whatever the cause.</p>
Sleep disorders	<p>Treatment for sleep related disorders, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.</p>
Stem cells	<p>Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p> <p>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.</p>
Surrogacy	<p>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.</p>
Temporomandibular joint (TMJ) disorders	<p>This exclusion is specific to treatment outside the UAE only</p> <p>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.</p>

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.

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: <ul style="list-style-type: none"> ◦ 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-authorization for any covered benefits where it is stated that this is required in the Guide to your health plan . Subsequent pre-authorization should be obtained if you do not start receiving those covered benefits within 31 days of the original pre-authorization. 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-authorization 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 and Payment
3.1	The premium is exclusive of VAT for which you are liable.
3.2	You should pay your premiums and applicable VAT direct to us . If you pay these sums to anyone else, such as an intermediary or insurance broker, OIC is not responsible for ensuring those persons pass the funds on to OIC
3.3	If we do not receive your premium (including applicable taxes) (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.
3.4	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: <ul style="list-style-type: none"> ◦ 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 plus any applicable VAT 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 your policy or removing a dependant from cover
9.1	You the policyholder can choose to cancel this policy (which would also end the cover for all of your dependants), or remove any of your dependants from your cover, at any time, by telephoning or emailing us . Cancellation of your policy , or the removal of dependant(s) from cover, will take effect from the 1st day of the following month from you the policyholder notifying us of the request. We will not back-date any requests for termination, or the removal of dependants from cover. Claims relating to treatment or benefits taking place following the date of cancellation will not be payable.

No	CLAUSE
9.2	<p>Refund of premium will be made on the following basis.</p> <p>A. Cancellation of your policy or removal of a dependant from cover within the first 30 days</p> <p>If you the policyholder choose to cancel your policy within 30 days of receiving your first insurance certificate for the policy year, and you have not made any claims in respect of that initial 30 day period, we will make a full refund to you the policyholder of all premium paid for that policy year. Where a claim has been made in respect of the initial 30 day period, you the policyholder will be deemed to have affirmed the policy and the cancellation will be treated as a cancellation made during the policy year (see below).</p> <p>If you the policyholder choose to cancel the cover of a dependant within 30 days of receiving the first insurance certificate for the policy year which names that dependant on the policy, and no claims have been made in respect that dependant for the initial 30 day period, we will make a full refund to you the policyholder of all premium paid in respect of that dependant for that policy year. Where a claim has been made in respect of the initial 30 day period, you the policyholder will be deemed to have affirmed the dependant's cover under the policy and the cancellation will be treated as a cancellation made during the policy year (see below).</p> <p>B. Cancellation of your policy or removal of a dependant from cover during the policy year</p> <p>If you the policyholder choose to cancel your policy following the initial 30 days of receiving your first insurance certificate for the policy year (or where cancellation is requested within the initial 30 day period and a claim has been made under the policy for that period), we will refund the amount of any premium paid to us for the period following the date on which the cancellation takes effect (i.e. from the 1st day of the following month from us being notified of the request).</p> <p>If you the policyholder choose to remove a dependant from cover following the initial 30 days of receiving the first insurance certificate for the policy year which names that dependant on the policy (or where cancellation is requested within the initial 30 day period and a claim has been made under the dependant's cover for that period), we will refund the amount of any premium paid to us for the period following the date on which the removal of the dependant takes effect (i.e. from the 1st day of the following month from us being notified of the request).</p> <p>Such pro-rata return of any advance paid premium will be made to the original payment source and method as the premium was paid. We reserve the right to deduct any payment you may owe us from any refund.</p>
9.3	<p>If the policyholder or a dependant dies we should be notified in writing within 30 days.</p> <p>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.</p> <p>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.</p> <p>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.</p>
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.
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: <ul style="list-style-type: none"> 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 .

No	CLAUSE
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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> refuse to pay the whole of the claim; and/or recover any payments we have already made in respect of the claim. <p>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.</p> <p>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.</p>
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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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.

No	CLAUSE
13.5	<p>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:</p> <ul style="list-style-type: none"> ◦ 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	<p>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:</p> <ul style="list-style-type: none"> ◦ 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
14.1	Please see Bupa Global's Privacy Notice.
15.	Complaints
15.1	<p>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</p> <p>Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom.</p> <p>You can also use these contact details to request a full copy of our complaints procedure.</p>
15.2	<p>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:</p> <p>Oman Insurance Company PO Box 5209 Dubai United Arab Emirates</p> <p>Or:</p> <p>Telephone toll free# 8004746 Email: complaints@tameen.ae</p>
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	<p>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.</p> <p>Please note that future correspondence relating to this policy may be provided in English.</p>

PRIVACY NOTICE

We are committed to protecting **your** privacy when dealing with **your** personal information. This privacy notice provides details about the information **we** collect about **you**, how **we** use it and how **we** protect it. It also provides information about **your** rights (see section 13 'your rights').

If **you** have any questions about how **we** handle **your** information, please contact the **Bupa Global** service team on +44 (0)1273 323 563. Alternatively **you** can email or write to the team via info@bupa-intl.com or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

Last updated: 24 April 2018

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1. Information about us

Summary: In this privacy notice, '**we**', '**us**' and '**our**' means **Bupa Global** and **Bupa Global** Travel. Please see 'More information' below for company contact details.

More information: Depending on which of **our** products and services **you** ask **us** about, buy or use, different companies within **our** organisation will process **your** information. The **Bupa Global** companies that handle **your** information, including which company makes decisions about how **your** information is handled will depend on the products and services **you** access or use.

International private medical insurance:

Bupa Global is a trading name of Bupa Insurance Limited and Bupa Insurance Services Limited which are registered in England and Wales at Companies House under numbers 3956433 and 3829851 respectively. The registered offices are 1 Angel Court, London, EC2R 7HJ.

Bupa Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The Financial Conduct Authority does not regulate the activities of Bupa Insurance

Limited that take place outside of the **UK**. The PRA and FCA regulation numbers of Bupa Insurance Limited and Bupa Insurance Services Limited are 203332 and 312526 respectively.

Travel:

Bupa Global Travel is the trading name of Bupa Denmark, filial af Bupa Insurance Limited, England (a branch of Bupa Insurance Limited). Bupa Denmark is registered in Denmark with company registration number CVR 31602742. The registered offices are at Palægade 8, DK-1261 Copenhagen K, Denmark.

2. Scope of our privacy notice

Summary: This privacy notice applies to anyone who interacts with **us** about **our** products and services ('**you**', '**your**'), in any way (for example, by email, through **our** website, by phone, through **our** app). **We** will give **you** further privacy information if necessary for specific contact methods or in relation to specific products or services.

More information: This privacy notice applies to **you** if **you** ask **us** about, buy or use **our** products and services. It describes how **we** handle **your** information, regardless of the way **you** contact **us** (for example, by email, through **our** website, by phone, through **our** app and so on). **We** will provide **you** with further information or notices if necessary, depending on the way **we** interact with each other, for example if **you** use **our** apps **we** may give **you** privacy notices which apply just to a particular type of information which **we** collected through that app.

If **you** have any questions about this, please contact **us** at info@bupa-intl.com.

3. How we collect personal information

Summary: **We** collect personal information from **you** and from third parties (anyone acting on **your** behalf, for example, brokers, health-care providers and so on).

Where you provide us with information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

More information: **We** collect personal information from **you**:

- through **your** contact with **us**, including by phone (**we** may record or monitor phone calls to make sure **we** are keeping to legal rules, codes of practice and internal policies, and for quality assurance purposes), by email, through **our** websites, through **our** apps, by post, by filling in application or other forms, by entering competitions, through social media or face-to-face (for example, in medical consultations, diagnosis and **treatment**).

We also collect information from other people and organisations.

For all our customers, we may collect information from:

- **your** parent or guardian, if **you** are under 18 years old;
- a **family member**, or someone else acting on **your** behalf;
- **doctors**, other clinicians and health-care professionals, **hospitals**, clinics and other health-care providers;
- any service providers who work with **us** in relation to **your** product or service, if **we** don't provide it to **you** direct, such as providing **you** with apps, medical **treatment**, dental **treatment** or health assessments;
- organisations, such as CACI or Binleys, who carry out customer-satisfaction surveys or market research on **our** behalf, or who provide **us** with statistics and other information (for example, about **your** interests, purchases and type of household) to help **us** to improve **our** products and services;
- fraud-detection and credit-reference agencies; and
- sources which are available to the public, such as the edited electoral register or social media.

If we provide you with insurance products and services, we may collect information from:

- the main member, if **you** are a **dependant** under a family insurance **policy**;
- **your** employer, if **you** are covered by an insurance **policy** **your** employer has taken out;
- brokers and other agents (this may be **your** broker if **you** have one, or **your** employer's broker if they have one); and
- other third parties **we** work with, such as agents working on **our** behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including health-insurance counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, other health-care providers and medical-assistance providers.

If we provide you with health-care, dental or care-home services, we may collect information from:

- **your** employer, if **you** are covered by a contract for services **your** employer has taken out or if **we** are providing occupational health services;
- brokers and other agents (this may be **your** broker if **you** have one, or **your** employer's broker if they have one); and
- those paying for the products or services **we** provide to **you**, including other insurers, public-sector commissioners and embassies.

4. Categories of personal information

Summary: We process two categories of personal information about **you** and (where this applies) **your dependants**:

- standard personal information (for example, information **we** use to contact **you**, identify **you** or manage **our** relationship with **you**); and
- special categories of information (for example, health information, information about **your** race, ethnic origin and religion that allows **us** to tailor **your** care, and

information about crime in connection with checks against fraud or anti-money-laundering registers).

More information:

Standard personal information includes:

- contact information, such as **your** name, username, address, email address and phone numbers;
- the country **you** live in, **your** age, **your** date of birth and national identifiers (such as **your** National Insurance number or passport number);
- information about **your** employment;
- details of any contact **we** have had with **you**, such as any complaints or incidents;
- financial details, such as details about **your** payments and **your** bank details;
- the results of any credit or any anti-fraud checks **we** have made on **you**;
- information about how **you** use **our** products and services, such as insurance claims; and
- information about how **you** use **our** website, apps or other technology, including IP addresses or other device information (please see **our** Cookies **Policy** available at <https://www.bupaglobal.com/en/legal/cookies> for more details).

Special category information includes:

- information about **your** physical or mental health, including genetic information or biometric information (**we** may get this information from application forms **you** have filled in, from notes and reports about **your** health and any **treatment** and care **you** have received or need, or it may be recorded in details of contact **we** have had with **you** such as information about complaints or incidents, and referrals from **your** existing insurance provider, quotes and records of medical services **you** have received);
- information about **your** race, ethnic origin and religion (**we** may get this information from **your** medical or care-home preferences to allow **us** to provide care that is tailored to **your** needs); and
- information about any criminal convictions and offences (**we** may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

5. What we use your personal information for

Summary: We process **your** personal information for the purposes set out in this privacy notice. **We** have also set out some legal reasons why **we** may process **your** personal information (these depend on what category of personal information **we** are processing). **We** normally process standard personal information if this is necessary to provide the services set out in a contract, it is in **our** or a third party's legitimate interests or it is required or allowed by any law that applies. Please see below for more information about this and the reasons why **we** may need to process special category information.

More information: By law, **we** must have a lawful reason for processing **your** personal information. **We** process standard personal information about **you** if this is:

- **necessary to provide the services set out in a**

- contract** – if **we** have a contract with **you**, **we** will process **your** personal information in order to fulfil that contract (that is, to provide **you** and **your dependants** with **our** products and services);
- **in our or a third party's legitimate interests** – details of those legitimate interests are set out in more detail in section 6 'legitimate interests' below.
- **required or allowed by law.**

We process special category information about **you** because:

- **it is necessary for the purposes of preventive or occupational medicine**, to assess whether **you** are able to work, medical diagnosis, to provide health or social care or **treatment**, or to manage health-care or social-care systems (including to monitor whether **we** are meeting expectations relating to **our** clinical and non-clinical performance);
- **it is necessary for an insurance purpose** (for example, advising on, arranging, providing or managing an insurance contract, dealing with a claim made under an insurance contract, or relating to rights and responsibilities arising in connection with an insurance contract or law);
- **it is necessary to establish, make or defend legal claims** (for example, claims against **us** for insurance);
- **it is necessary for the purposes of preventing or detecting an unlawful act** in circumstances where **we** must carry out checks without **your** permission so as not to affect the outcome of those checks (for example, anti-fraud and anti-money-laundering checks or to check other unlawful behaviour, or carry out investigations with other insurers and third parties for the purpose of detecting fraud);
- **it is necessary for a purpose designed to protect the public against dishonesty, malpractice or other seriously improper behaviour** (for example, investigations in response to a safeguarding concern, a **policyholder's** complaint or a regulator (such as the Care Quality Commission or the General Medical Council) telling **us** about an issue);
- **it is in the public interest, in line with any laws that apply;**
- **it is information that you have made public; or**
- **we have your permission.** As is best practice, **we** will only ask **you** for permission to process **your** personal information if there is no other legal reason to process it. If **we** need to ask for **your** permission, **we** will make it clear that this is what **we** are asking for, and ask **you** to confirm **your** choice to give **us** that permission. If **we** cannot provide a product or service without **your** permission (for example, **we** can't manage and run a health trust without health information), **we** will make this clear when **we** ask for **your** permission. If **you** later withdraw **your** permission, **we** will no longer be able to provide **you** with a product or service that relies on having **your** permission.

6. Legitimate interests

Summary: We process **your** personal information for a number of legitimate interests, including managing all aspects of **our** relationship with **you**, for marketing, to help **us** improve **our** services and products, and in order to exercise **our** rights or handle claims. More detailed information about **our** legitimate interests is set out below.

More information: Legitimate interest is one of the legal reasons why **we** may process **your** personal information. Taking into account **your** interests, rights and freedoms, legitimate interests which allow **us** to process **your** personal information include:

- to manage **our** relationship with **you**, **our** business and third parties who provide products or services for **us** (for example, to check that **you** have received a service that **you're** covered for, to validate invoices and so on);
- to provide health-care services on behalf of a third party (for example, **your** employer);
- to make sure that claims are handled efficiently and to investigate complaints (for example, **we** may ask **your benefits provider** for information to make sure **we** receive accurate information and to monitor the quality of **your treatment** and care);
- to keep **our** records up to date and to provide **you** with marketing as allowed by law;
- to develop and carry out marketing activities and to show **you** information that is of interest to **you**, based on **our** understanding of **your** preferences (**we** combine information **you** give **us** with information **we** receive about **you** from third parties to help **us** understand **you** better);
- for statistical research and analysis so that **we** can monitor and improve products, services, websites and apps, or develop new ones;
- to contact **you** about market research **we** are carrying out;
- to monitor how well **we** are meeting **our** clinical and non-clinical performance expectations in the case of health-care providers;
- to enforce or apply **our** website terms of use, **our policy** terms and conditions or other contracts, or to protect **our** (or **our** customers' or other people's) rights, property or safety;
- to exercise **our** rights, to defend ourselves from claims and to keep to laws and regulations that apply to **us** and the third parties **we** work with; and
- to take part in, or be the subject of, any sale, purchase, merger or takeover of all or part of the Bupa business.

7. Marketing and preferences

We may use **your** personal information to send **you** marketing by post, by phone, through social media, by email and by text.

We can only use **your** personal information to send **you** marketing material if **we** have **your** permission or a legitimate interest as described above.

If **you** don't want to receive emails from **us**, **you** can click on the 'unsubscribe' link that appears in all emails **we** send. If **you** don't want to receive texts from **us** **you** can tell **us** by contacting **us** at any time. Otherwise, **you** can always contact **us** to update **your** contact preferences. See section 14 'data protection contacts' for details of how to contact **us**.

You have the right to object to direct marketing and profiling (the automated processing of **your** information to help **us** evaluate certain things about **you**, for example, **your** personal preferences and **your** interests) relating to direct marketing. Please see section 13 '**your** rights' below for more details.

8. Processing for profiling and automated decision-making

Summary: Like many businesses, **we** sometimes use automation to provide **you** with a quicker, better, more consistent and fair service, and marketing information **we** think will be of interest to **you** (including discounts on **our** products and services). This will involve evaluating information about **you** and, in some cases, using technology to provide **you** with automatic responses or decisions (automated decisions). Please see 'more information' below for further details.

You have the right to object to direct marketing and profiling relating to direct marketing (see section 13 '**your** rights' for more information). **You** may also have the right to object to other types of profiling and automated decision-making set out below. In these cases, **you** have the right to ask **us** to make sure that one of **our** advisers reviews an automated decision, to let **us** know how **you** feel about it and to ask **us** to reconsider the decision. **You** can contact **us** to exercise these rights. See section 14 'data protection contacts' for full contact details.

More information:

By law, **we** must tell **you** about:

- automated decision-making (making a decision using technology, without any person being involved); and
- profiling (automated processing of **your** information to help **us** evaluate certain things about **you**, for example, **your** personal preferences and **your** interests).

This is because **you** have certain rights relating to both automated decision-making and profiling. **You** have the right to object to profiling relating to direct marketing. If **you** do this, **we** will no longer carry out profiling for direct marketing purposes. **You** also have the right to object to profiling in other circumstances set out below.

When **we** make decisions using only automated processing which produce legal effects which concern **you** or which have a significant effect on **you**, **we** will let **you** know. **You** then have 21 days to ask **us** to reconsider **our** decision or to make a new decision that is not based only on automated processing. If **we** receive a request from **you**, within 21 days of receiving **your** request, **we** will:

- consider the request, including any information **you** have provided that is relevant to it;
- meet **your** request; and
- let **you** know in writing what **we** have done to meet **your** request, and the outcome.

You can contact **us** (see section 14 'data protection contacts' for details) to ask about these rights (see section 13 '**your** rights' for more details).

Profiling and automated decision-making

The processes set out below involve both profiling and automated decision-making.

- Depending on the type of health-insurance product that

you want to benefit from, to help **us** decide what level of cover **we** can offer **you**, **we** will ask **you** to provide information about **your** medical history. **We** may use software to review this information to find out whether **you** have any previous or existing health conditions which **we** cannot cover **you** for and which will be excluded from **your** policy.

- **We** may use software to help **us** calculate the price of products and services based on what **we** know about **you** and other customers. For example, **our** technology may analyse information about **your** claims history and compare it with the information **we** hold about previous claims to evaluate how likely **you** are to need to make a claim. **We** may also evaluate **your** age, where **you** live and other details relating to **your** health (such as existing health conditions and whether **you** smoke) to calculate prices for community-rated products which are based on predefined groups with similar risk profiles.

Profiling

The processes set out below involve profiling.

- In order to improve outcomes and be more efficient, and allow **us** to offer advice about different **treatment** paths (for example, alternatives to surgery or other invasive **treatments**), **we** may use software to evaluate medical history and information about the general population in an area to identify customers who are likely to need that advice most.
- When **your** policy is due for **renewal**, **our** software tells **us** this and may also evaluate **your** payment and claims history, information about the general information in a particular area, and other information from third parties to automatically provide **you** with information about what incentives **we** can offer **you** and the marketing messages **you** will receive.
- **We** ask other organisations to carry out some of **our** consumer and market analysis to improve **our** marketing processes. This involves sharing personal information relating to **our** customers with third parties who specialise in profiling and segmenting people (putting people into groups of different types of customer, based on different kinds of information collected about them, to help **us** to better target **our** products to them). These companies match the information **we** give them with information they get from other sources to improve the accuracy of their analysis. **We** use the results of this analysis to help **us** target marketing and offers.
- **We** may use information about the products **you** have bought, and information about what other customers who have bought the same products **you** have bought, to make sure **we** send **you** information about the products **you** are most likely to be interested in.
- **We** may share **your** personal information (including **your** name, date of birth, sex and the country **you** live in) with third-party companies, such as FINSCAN, who **we** use to carry out anti-fraud checks. **We** will review any matches from this process. (**We** will not use automated decision-making for this.)

9. Sharing your information

Summary: **We** share **your** information within the Bupa Group, with relevant **policyholders** (including **your** employer if **you** are covered under a group scheme), with funders arranging services on **your** behalf, with people acting on **your** behalf (for example, brokers and other agents) and with others who help **us** provide services to **you** (for example, health-care providers and medical-assistance providers) or who **we** need information from to allow **us** to handle or confirm claims or entitlements (for example, professional associations). **We** also share **your** information in line with the law.

More information: **We** sometimes need to share **your** information with other people or organisations for the purposes set out in this privacy notice.

For all our customers, we share your information with:

- other members of the Bupa Group;
- other organisations **you** belong to, or are professionally associated with, in order to confirm **your** entitlement to claim discounts on **our** products and services;
- **doctors**, clinicians and other health-care professionals, **hospitals**, clinics and other health-care providers;
- suppliers who help deliver products or services on **our** behalf;
- people or organisations **we** have to, or are allowed to, share **your** personal information with by law (for example, for fraud-prevention or safeguarding purposes, including with the Care Quality Commission);
- the police and other law-enforcement agencies to help them perform their duties, or with others if **we** have to do this by law or under a court order;
- if **we** (or any member of the Bupa group) sell or buy any business or assets, the potential buyer or seller of that business or those assets; and
- a third party who takes over any or all of the Bupa Group's assets (in which case personal information **we** hold about **our** customers or visitors to the website may be one of the assets the third party takes over).

If we provide insurance or manage a health-care trust, we share your information with:

- the **policyholder** or their agent if **you** are not the main member under an individual **policy** (**we** will send them all membership documents and confirmation of how **we** have dealt with a claim, and all people who are insured on the **policy** may have access to correspondence and other information **we** provide through **our** online portal);
- **your** employer (or a their broker or agent) for product or service administration purposes if **you** are a member or beneficiary under **your** employer's group scheme;
- **your** broker or agent (or both);
- other third parties **we** work with to provide **our** products and services, such as agents working on **our** behalf, other insurers and reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies (including health-insurance counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, health-care providers and medical-assistance providers; and

- organisations who provide **your** treatment and other benefits, including travel-assistance services.

If we provide health-care, dental and care-home services, we share your information with:

- **your** employer, if **your** employer is paying for the services **we** are providing;
- **our** insurance partners, for example, brokers, reinsurers, actuaries, auditors, solicitors, translators and interpreters, tax advisers, debt-collection agencies, credit-reference agencies, fraud-detection agencies, regulators, data-protection supervisory authorities;
- those paying for the products or services **we** provide to **you**, including insurers, public-sector commissioners and embassies;
- those providing **your** treatment and other benefits;
- national registries such as the Cancer Registry;
- national screening databases, such as the NHS Cervical Screening recall system;
- government authorities and agencies, including the Health Protection Agency (for infectious diseases such as TB and meningitis); and
- organisations that carry out patient surveys on **our** behalf (for example, NPS).

If **we** share **your** personal information, **we** will make sure appropriate protection is in place to protect **your** personal information in line with data-protection laws.

10. Anonymised and combined information

We support ethically approved clinical research. **We** may use anonymised information (with all names and other identifying information removed) or information that is combined with other people's information, or reveal it to others, for research or statistical purposes. **You** cannot be identified from this information and **we** will only share the information in line with legal agreements which set out an agreed, limited purpose and prevent the information being used for commercial gain.

11. Transferring information outside the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, **we** transfer **your** personal information to countries outside the EEA (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy notice. Not all countries outside the EEA have data-protection laws that are similar to those in the EEA and if so, the European Commission may not consider those countries as providing an adequate level of data protection.

We take steps to make sure that, when **we** transfer **your** personal information to another country, appropriate protection is in place, in line with data-protection laws. Often, this protection is set out under a contract with the organisation who receives that information. For more information about this protection, please contact **us** at info@bupa-intl.com.

12. How long we keep your personal information

We keep **your** personal information in line with set periods calculated using the following criteria.

- How long **you** have been a customer with **us**, the types of products or services **you** have with **us**, and when **you** will stop being **our** customer.
- How long it is reasonable to keep records to show **we** have met the obligations **we** have to **you** and by law.
- Any time limits for making a claim.
- Any periods for keeping information which are set by law or recommended by regulators, professional bodies or associations.
- Any relevant proceedings that apply.

If **you** would like more information about how long **we** will keep **your** information for, please contact **us** at info@bupa-intl.com.

13. Your rights

Summary: **You** have the right to access **your** information and to ask **us** to correct any mistakes and delete and restrict the use of **your** information. **You** also have the right to object to **us** using **your** information, to ask **us** to transfer of information **you** have provided, to withdraw permission **you** have given **us** to use **your** information and to ask **us** not to use automated decision-making which will affect **you**.

More information: **You** have the following rights (certain exceptions apply).

- Right of access:** **You** have the right to make a written request for details of **your** personal information and a copy of that personal information.
- Right to rectification:** **You** have the right to have inaccurate information about **you** corrected or removed.
- Right to erasure ('right to be forgotten'):** **You** have the right to have certain personal information about **you** deleted from **our** records.
- Right to restriction of processing:** **You** have the right to ask **us** to use **your** personal information for restricted purposes only.
- Right to object:** **You** have the right to object to **us** processing (including profiling) **your** personal information in cases where **our** processing is based on a task carried out in the public interest or where **we** have let **you** know it is necessary to process **your** information for **our** or a third party's legitimate interests. **You** can object to **us** using **your** information for direct marketing and profiling purposes in relation to direct marketing.
- Right to data portability:** **You** have the right to ask **us** to transfer the personal information **you** have given **us** to **you** or to someone else in a format that can be read by computer.
- Right to withdraw consent:** **You** have the right to withdraw any permission **you** have given **us** to handle **your** personal information. If **you** withdraw **your** permission, this will not affect the lawfulness of how **we** used **your** personal information before **you** withdrew permission, and **we** will let **you** know if **we** will no longer be able to provide **you** with **your** chosen

product or service.

- Right in relation to automated decisions:** **You** have the right not to have a decision which produces legal effects which concern **you** or which have a significant effect on **you** based only on automated processing, unless this is necessary for entering into a contract with **you**, it is authorised by law or **you** have given **your** permission for this. **We** will let **you** know if **we** make automated decisions, **our** legal reasons for doing this and the rights **you** have.

Please note: Other than **your** right to object to **us** using **your** information for direct marketing (and profiling for the purposes of direct marketing), **your** rights are not absolute. This means they do not always apply in all cases, and **we** will let **you** know in **our** correspondence with **you** how **we** will be able to meet **your** request relating to **your** rights.

If **you** make a request, **we** will ask **you** to confirm **your** identity if **we** need to, and to provide information that helps **us** to understand **your** request better. If **we** do not meet **your** request, **we** will explain why.

In order to exercise **your** rights, please contact **us** at info@bupa-intl.com.

14. Data-protection contacts

If **you** have any questions, comments, complaints or suggestions in relation to this notice, or any other concerns about the way in which **we** process information about **you**, please contact **our** service team on +44 (0)1273 323 563. Alternatively **you** can email or write to **our** Data Protection Officer or Privacy Team at info@bupa-intl.com or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

You also have a right to make a complaint to **your** local privacy supervisory authority. **Our** main establishment is in the **UK**, where the local supervisory authority is the Information Commissioner.

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire, **United Kingdom**
SK9 5AF

Phone: 0303 123 1113 (local rate) or 01625 545 745 (national rate)

You can also make a complaint with another supervisory authority which is based in the country or territory where:

- you** live;
- you** work; or
- the matter **you** are complaining about took place.

GLOSSARY

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.
Active treatment	Treatment from a medical practitioner of a disease, illness or injury that leads to your recovery, conservation of your condition or to restore you to your previous state of health as quickly as possible.
Acute condition(s)	A disease, illness or injury that is likely to respond to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.
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.
Benefits provider	The recognised medical practitioner, hospital or clinic, or any other service provider, which provides you with any covered benefits .
Birth centre	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.
Bupa Global	Bupa Insurance Services Limited (a company incorporated in England with registered number 03829851 whose registered office is at 1 Angel Court, London, EC2R 7HJ, England., 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 .
Co-insurance	The percentage you have to pay towards those covered benefits to which co-insurance applies, as indicated in your membership certificate and membership guide.
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 .
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.
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 , generally within 24 hours of onset, 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.
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.
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 .
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.
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.
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.
Medically necessary:	treatment , medical service or prescribed drugs/medication which is: (a) consistent with the diagnosis and medical treatment for the condition; (b) consistent with generally accepted standards of medical practice; (c) necessary for such a diagnosis or treatment ; (d) not being undertaken primarily for the convenience of the member or the treating medical practitioner

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 .
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.
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.
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.
Policyholder	The main applicant set out in the application form and who will be the first person named on the insurance certificate.
Pre-existing condition	<ul style="list-style-type: none"> 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 <p>whether the condition was diagnosed or not, prior to becoming a member which was not disclosed under your application for cover.</p> <p>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.</p>
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 practice as such in the country where the treatment is received.
Qualified nurse	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment is received.
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 (eg clinicaltrials.gov, 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 .
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.
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.

UAE	United Arab Emirates
UK	Great Britain and Northern Ireland.
Unrecognised medical practitioner, provider or facility	<ul style="list-style-type: none"> ◦ 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
We/us/our	OIC and/ or Bupa Global , on behalf of OIC .
You the policyholder	Just the policyholder .
You/your	The policyholder and/or any dependants .

Oman Insurance Company (P.S.C.)

PO Box 5209, Dubai,
United Arab Emirates

Tel: 971 4233 2777

Fax: 971 4233 7775

www.tameen.ae/bupaglobal

Paid up Capital AED 461,872,125.

C.R.No.41952, Insurance Authority No.9 dated 24/12/1984.

Your calls may be recorded and may be monitored.

Bupa Global

Victory House

Trafalgar Place

Brighton BN1 4FY

United Kingdom