

A GUIDE TO YOUR PREMIER 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 claims management company, a partnership that's designed to fill **you** with confidence.

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

Within this **guide**, **you'll** find easy to understand information about **your Premier Health plan**, 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 EXCLUDING U.S.

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

BOLD WORDS

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

TREATMENT THAT **WE** COVER

Your Premier 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 Premier Global Health Plan also provides a range of preventive benefits to help keep **you** healthy. **You** can find these in the 'Table of benefits'.

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

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WHEN YOU'RE AWAKE, WE'RE AWAKE

You can call 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 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 to arrange evacuations, including:

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

Every person and situation is different and the focus is on finding answers and solutions that work specifically for **you**. **Your** case will be handled from start to finish, so **you** always talk to someone who knows what is happening.

Contact details: **you** can get in touch by telephone on +971 (0) 4 2108039 or by email on emergency.uae@bupaglobal.com

* The above health, travel and security information is obtained from third parties. **You** should check this information as it cannot be verified, and so **we** or **our** partners 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 call the number on your insurance card or write via tameen.ae/membersworld before going for treatment, you can have your benefits explained to you and check that your treatment is covered by your health plan. If needed help can be provided with suggesting hospitals, clinics and doctors. In cases where you need hospital treatment, it may also be possible for the service team to contact your hospital or clinic on your behalf and make sure they have everything they need to go ahead with your treatment. If possible, it can be arranged to pay them directly too.

Please be 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 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 call the number on your insurance card or write via tameen.ae/membersworld within 48 hours of your admission. This way the hospital can be provided with all the 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, we will send through Bupa Global 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. Inside the UAE outside the network, refer to the pay and claim section on page 8 of this guide. Outside the UAE, we will send through Bupa Global 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 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 you can ask for a second medical opinion service

The solution to health problems isn't always black and white. That's why you have 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, all eligible costs of any covered benefits will be covered, 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, only costs that are Reasonable and Customary will be covered. 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, these global guidelines may be referred to 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:

- o you will be responsible for paying any amount over and above the amount reasonably determined to be Reasonable and Customary – this will be payable by you directly to your chosen 'out-of-network' benefits provider;
- o The amount your chosen 'out-of-network' benefits provider will seek to charge you directly cannot be controlled.

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, call the number on your insurance card within 48 hours of your admission, or as soon as reasonably possible in the circumstances. If it is the best thing for you, you may 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.

WELLBEING SERVICES

At **Oman Insurance Company** and **Bupa Global**, we understand wellbeing means more than simply **your** physical health. **Our** wellbeing programmes support **you** and **your** family in all the moments that matter including **your** physical and mental health. **You** can start using these wellbeing programmes right away!

Your Wellbeing

Explore the ever-growing health and lifestyle webpages at oicglobal.ae/your-wellbeing/

Find a wealth of inspiring articles, practical information and easy to follow tips to help **you** and **your** family live longer, healthier, happier lives.

Bupa Family Plus*

Oman Insurance Company and **Bupa Global** provides **you** and **your** partner with an engaging and accessible maternity and family health programme in the form of an easy to use phone app.

Bupa Family Plus supports **you** during pregnancy, the early years of parenting and right through to those tricky teen years. Receive daily pregnancy tips for every trimester, seamlessly track **your** baby's feedings, learn about **your** toddler's developmental milestones and stay on top of **your** teen's immunisations, all in one place.

To discover all the app has to offer, download **Bupa Family Plus** from either App Store or Google Play.



Second Medical Opinion*

As an **Oman Insurance Company** and **Bupa Global** customer, **you** can access a second medical opinion from leading international **specialists**.

This virtual service can give **you** added reassurance and confidence in **your** diagnosis or **treatment** recommendation to help **you** take the most appropriate steps with regards to **your** health. An independent team of **doctors** will review **your** previous medical history, along with any proposed **treatment** and issue **you** with a detailed report including recommendations for the best approach towards optimal recovery. Access to an online portal and dedicated case manager enables you to review **your** case every step of the way.

To request a second medical opinion, complete an online referral form via the MembersWorld website, or contact Customer Services on **800 0444 0492** (toll free from inside the **UAE**) or **+44(0) 1273 323 563** (from outside the **UAE**).

Global Virtual Care*

Oman Insurance Company and **Bupa Global's** virtual consult app provides **you** and **your dependants** with on demand access to a **network** of highly qualified international **doctors**. The **doctor** can help **you** and **your** family to better understand **your** symptoms and how to get the best care available - wherever **you** are in the world.

Features include (subject to local regulations):

- Video and telephonic consults
- **Doctors** notes
- Selfcare
- Referrals
- Prescriptions

Logging into the app is easy, **you** can sign in using **your** MembersWorld email address and password.

Download Global Virtual Care from either App Store or Google Play.



Oman Insurance Company and **Bupa Global** retain the right to change the scope of these services.

These services* are provided to **you** directly by independent third parties, as service providers for **Oman Insurance Company** and **Bupa Global**, for and on behalf of **your insurer**. These services are subject to third party availability. **Oman Insurance Company** and **Bupa Global** are not responsible for any actions or omissions carried out by these third parties in the provision of these services. By availing any of these services, **you** hereby also agree to hold harmless **Oman Insurance Company** and **Bupa Global** from any costs/damages/liabilities arising from **your** usage of any of these services.

HOW TO CLAIM INSIDE THE UAE

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

If you need assistance with a claim call on

+971 (0) 4 2108004

or go online at

tameen.ae/membersworld

These details can also be found on your insurance card.



Your claim payment statement is sent to **you**.

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

HOW TO CLAIM OUTSIDE THE UAE

Whether **you** choose direct payment or 'pay and claim' please follow the quick and easy claims process. Some benefits need to be pre-authorized 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. For claims for treatment received outside the **UAE**, members can either submit a reimbursement request on a 'pay and claim' basis or **Bupa Global** as the international claims management company will arrange direct payment where possible.

If you need assistance with a claim call on

+971 (0) 4 2108004

or go online at

tameen.ae/membersworld

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. If **you** are adding your newborn child please complete the 'newborn application form' or **you** can get in touch and one will be sent to **you**.

When **you** apply, the **dependant's** medical history will be reviewed by the internal 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. The cover will start on the date **our** medical team accept **your** application to join.

Only newborn children can have their cover backdated for up to 7 days from the date of birth.

Adding your newborn child?
Congratulations on **your** new arrival!

Neo-natal cover will be provided for 30 days on this **health plan** without underwriting. **You** will need to provide 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 or official birth notification document is submitted within 30 days of the birth

In this instance **your** baby will not be subject to any medical underwriting.

If these criteria are not met **you** will need to provide a completed newborn application form and medical underwriting will apply as described when adding a **dependant**. The cover start will be the date the internal medical team accept **your** application to join.

If there are any changes to the information **you** provided in the application form after **you** or **your** dependants sign it and before the application is accepted, please confirm this straight away.



YOUR HEALTH PLAN BENEFITS

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

Benefit limits

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

1. The 'overall annual maximum' – the maximum amount to be paid in total for all benefits, for each person, in each **policy year**.
2. Annual limits for a group of benefits – the maximum amount to be paid 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 to be paid 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.

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 to be paid.

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 AED 800	20% out-patient day to day care co-insurance applied is AED 160
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Amount to be paid is **AED 640**

Later in the year you stay in hospital for 5 days which costs AED 80,000	As this is in-patient care the co-insurance applied is AED 0
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Amount to be paid is **AED 0**

If **you** use direct payment, **you** will pay the co-insurance directly to the benefits provider.

If **you** pay and claim, the co-insurance will be deducted from the amount **you** are paid when **your** claim is settled.

Please refer to 'how to claim' for more details.

TABLE OF BENEFITS PREMIER HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL POLICY MAXIMUM LIMIT	
ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL POLICY MAXIMUM LIMIT	Overall annual policy maximum GBP 1,000,000 EUR 1,250,000 USD 1,700,000 (AED 6,239,000)
Mandatory pre-authorization required for: <ul style="list-style-type: none"> obesity surgery prophylactic surgery internal cardiac defibrillator reconstructive surgery rehabilitation cancer treatment transportation (evacuation) all in-patient stays over 5 days complications of maternity and childbirth 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 40,000, EUR 50,000 OR USD 68,000 (AED 250,000)	Annual maximum GBP 40,000, EUR 50,000 or USD 68,000 (AED 250,000)
Co-insurance Options: No co-insurance as standard Optional 20% Please see your insurance certificate for details of any co-insurance that applies to your out-patient day to day care benefits. Please note that co-insurance may not apply if a follow up consultation is made within 7 days, where the provider agreement allows for it. The follow up consultation must be for the same reason for visit, with the same consultant and applies from the date of first visit. Physiotherapy treatment is not a consultation.	
OUT-PATIENT SURGICAL OPERATIONS	Paid in full*
When carried out by a specialist or a doctor .	

BENEFIT AND EXPLANATION	LIMITS
PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS When recommended by your specialist or doctor to help diagnose or assess your condition: <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) 	Paid in full*
SPECIALIST CONSULTATIONS AND DOCTOR'S FEES Consultations with your specialist or doctor , for example to: <ul style="list-style-type: none"> receive or arrange treatment follow up on treatment already received receive routine baby/childhood check-ups receive pre- and post-hospital consultations/treatment receive prescriptions for medicines, or diagnose your symptoms <p>Any vaccinations/immunisations given along with the consultation are paid for from the vaccinations benefit.</p> <p>Such consultations may take place in the specialist's or doctor's office, by telephone or using the internet.</p>	
MENTAL HEALTH Consultation fees with psychiatrists, psychologists and psychotherapists in the case of medical emergencies to: <ul style="list-style-type: none"> receive or arrange treatment receive pre- and post-hospital treatment, or diagnose your illness <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. This will be determined to be an acute condition.</p>	
QUALIFIED NURSES Costs for nursing care, for example injections or wound dressings by a qualified nurse .	
PHYSIOTHERAPISTS, OSTEOPATHS AND CHIROPRACTORS Consultations and treatment with physiotherapists, osteopaths, chiropractors for physical therapies aimed at restoring your normal physical function. **a minimum of 6 physiotherapy sessions	Paid in full* Up to 30 consultations each policy year**
FOOTCARE Treatment by a podiatrist, orthopaedic specialist , or chiropodist. Treatment for corns, calluses or thickened misshapen nails will only be covered if you have diabetes.	

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 30 consultations each policy year</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>
<p>PRESCRIBED MEDICINES</p> <p>Medicines prescribed by your medical practitioner required to treat a disease, illness or injury.</p>	<p>Up to GBP 4,700, EUR 5,900 or USD 8,000 (AED 29,000) each policy year</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>Up to GBP 1,200, EUR 1,500 or USD 2,000 (AED 7,300) each policy year</p>
PREVENTIVE TREATMENT	
<p>HEALTH SCREENING AND WELLNESS</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, skin cancer or bone densitometry. The actual tests you have will depend on those supplied by the benefit provider where you have your screening.</p> <p>This benefit will be on a pay and claim basis only in the UAE. Please call the number on your insurance card or write via tameen.ae/membersworld for a list of eligible screening tests.</p>	<p>Up to GBP 500, EUR 620 or USD 850 (AED 3,100) each policy year</p>
<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>

BENEFIT AND EXPLANATION	LIMITS
<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 500, EUR 620 or USD 850 (AED 3,100) 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 & C 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/ HEARING AIDS/ OPTICAL LIMIT OF GBP 1,000, EUR 1,250 OR USD 1,700 (AED 6,200)</p>	<p>Annual maximum GBP 1,000, EUR 1,250 or USD 1,700 (AED 6,200) 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>Treatment must be provided by a dental practitioner</p>	<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>Treatment must be provided by a dental practitioner 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>Treatment must be provided by a dental practitioner This benefit will be on a pay and claim basis only in the UAE.</p>	
<p>HEARING AIDS/OPTICAL</p> <p>HEARING AIDS</p> <p>Costs for prescribed hearing aids. This benefit will be on a pay and claim basis only in the UAE.</p> <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. 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. In the UAE, we only offer this benefit by direct billing with a licensed ophthalmologist or ophthalmology clinic.</p>	<p>50% up to GBP 1,000, EUR 1,250 or USD 1,700 (AED 6,200) each policy year</p> <p>Paid in full** 1 test each policy year</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, such as laser iridotomy, laser trabeculectomy or detached retina. A medical emergency for the purposes of this benefit is a situation which calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of the danger threatening that person's life. Please note that within the UAE, if the cost of treatment exceeds the benefit limit, the benefit will be paid in line with the overall annual policy maximum.</p>	<p>Paid in full**</p>

BENEFIT AND EXPLANATION	LIMITS
<p>IN-PATIENT CARE: FOR ALL IN-PATIENT AND DAY-PATIENT TREATMENT COSTS</p> <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 ◦ 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 this health plan.</p> <p>For in-patient stays of 5 nights or more, you or your specialist must send 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 (AED 62) 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>	<p>Paid in full Standard private room</p>
<p>PARENT ACCOMMODATION IN HOSPITAL</p> <p>We pay room and board costs for a parent staying in hospital with their child when:</p> <ul style="list-style-type: none"> ◦ the costs are for one parent or legal guardian only ◦ the parent or guardian is staying in the same hospital as you, ◦ the child is under the age of 18 years old, and ◦ the child is receiving treatment that is covered 	<p>Paid in full</p>
<p>ROOM AND BOARD FOR ACCOMPANYING PERSON</p> <p>Room and board for one accompanying person, in the same room as the patient</p>	<p>Up to GBP 150, EUR 200 or USD 250 (AED 920) per night</p>
<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 	<p>Paid in full</p>
<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>Mental health 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 mental health condition. Any mental health 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 internal 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 internal medical teams and is subject to internal 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 to cover this will be entirely made by internal medical teams.</p> <p>Please call the number on your insurance card or write via tameen.ae/membersworld 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 internal 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 call the number on your insurance card or write via tameen.ae/membersworld 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. This means 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 2,500, EUR 3,100 or USD 4,200 (AED 15,400)

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 internal medical policy criteria. Please call the number on your insurance card or write via tameen.ae/membersworld 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 call the number on your insurance card or write via tameen.ae/membersworld 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, 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>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 	Up to GBP 25,000, EUR 31,000 or USD 42,000 (AED 154,000) per lifetime

BENEFIT AND EXPLANATION	LIMITS
<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 pre-authorization before the treatment starts, for up to 30 days treatment per policy year. For treatment in hospital one day is each overnight stay and for day-patient and out-patient treatment, one day is counted as any day on which you have one or more appointments for rehabilitation treatment.</p> <p>We only pay for multidisciplinary rehabilitation where it:</p> <ul style="list-style-type: none"> ◦ starts within 6 weeks 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, full clinical details must be received 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 30 days each policy year</p>
IN-PATIENT AND/OR OUT-PATIENT CARE	
<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 call the number on your insurance card or write via tameen.ae/membersworld for pre-authorization before proceeding with treatment. Benefit will not be paid unless pre-authorization has been provided.</p>	<p>Paid in full</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 400,000, EUR 500,000 or USD 680,000 (AED 2,496,000)</p>
<p>KIDNEY DIALYSIS</p> <p>Provided as an in-patient, day-patient or as an out-patient.</p>	<p>Paid in full</p>
MATERNITY/CHILDBIRTH	
<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 2,650, EUR 3,300 or USD 4,500 (AED 16,500) per delivery</p>

BENEFIT AND EXPLANATION	LIMITS
<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 it has not been possible to determine that your Caesarean section was medically essential, it will be paid from your normal delivery benefit limit.</p>	<p>Up to GBP 2,650, EUR 3,300 or USD 4,500 (AED 16,500) per delivery if medically necessary</p>
<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>	<p>Paid in full</p>
<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 internal medical policy criteria. Please call the number on your insurance card or write via tameen.ae/membersworld for pre-authorisation where possible. If you require an emergency admission as a direct result of pregnancy and childbirth complications, please call the number on your insurance card or write via tameen.ae/membersworld within 48 hours of your admission.</p>	<p>Paid in full</p>
<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>	<p>Paid in full for up to 30 days from birth.</p>

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.</p> <p>For all medical transfers:</p> <ul style="list-style-type: none"> you must call the number on your insurance card or write via tameen.ae/membersworld 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 the arrangements must be agreed 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. Should you arrange transportation covered under the health plan yourself you shall only be compensated for your expenses to the equivalent cost if OIC inside the UAE or the international claims management company outside the UAE 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. A transfer which in their reasonable opinion is inappropriate based on established clinical and medical practice will not be approved, and a review of your case will be conducted, when it is reasonable to do so. Evacuation or repatriation will not be authorised if it is against the advice of the relevant medical team. Evacuation or repatriation of mortal remains will not be arranged 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 our reasonable control or influence or of 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 service partners may be used to arrange these services locally, but you will always be supported. 	
<p>EVACUATION</p> <p>Transport costs for an 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 only when you have received pre-authorisation. <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>	<p>Paid in full</p>

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, 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 seeking authorisation, but this may not be medically appropriate. In these cases, you will first be evacuated to the nearest appropriate place where treatment is available. Once you have been stabilised, you may then be repatriated to your specified country of nationality or your specified country of residence.</p>	Paid in full
<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. 'Reasonable need' means 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.</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 	
<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, 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 your spouse, partner, or other joint guardian is accompanying you, and they would otherwise be left without a parent or guardian 	
<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 	

BENEFIT AND EXPLANATION	LIMITS
<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 	
<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>	
<p>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:</p> <ul style="list-style-type: none"> 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 professional sports activities. 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, there is a list of specific **treatments**, conditions and situations that are not covered 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 – these are called **pre-existing conditions**.

Internal 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** disclosed in **your** application are covered under **your health plan**.

General exclusions

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

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

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

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

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

GENERAL EXCLUSIONS

Birth control

Contraception, sterilisation, vasectomy or other attempt to correct a state of sterility, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting **your doctor** to discuss becoming pregnant or contraception.

Complementary therapists

Treatment and medicine by **Complementary therapists** including any Chinese medicine practitioner.

Conflict and disaster

We shall not be liable for any claims which concern, are due to or are incurred as a result of **treatment** for sickness or injuries directly or indirectly caused by **you** putting yourself in danger by entering a known area of conflict (as listed below) and/or if **you** were an active participant or **you** have displayed a blatant disregard for **your** personal safety in a known area of conflict (except Inside **UAE**- In **Emergency** cases as defined by PD 02-2017, these will be covered until stabilization at minimum)

- nuclear or chemical contamination
- war, invasion, acts of a foreign enemy
- civil war, rebellion, revolution, insurrection
- terrorist acts
- military or usurped power
- martial law
- civil commotion, riots, or the acts of any lawfully constituted authority
- hostilities, army, naval or air services operations whether war has been declared or not

Convalescence and admission for **treatment** that could take place as a day-case or **out-patient**, general care, or staying in **hospital** for

- convalescence, pain management, supervision, or
- receiving only general nursing care, or
- **therapist** or **complementary therapist** services, or
- domestic/living assistance such as bathing and dressing

Cosmetic **treatment**

Non-medically essential surgery and **treatment** to alter **your** appearance including abdominoplasty or **treatment** related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered.

We do not pay for **treatment** of keloid scars. **We** also do not pay for scar revision.

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.

Developmental problems

Treatment for, or related to developmental problems, including:

- learning difficulties, such as dyslexia
- developmental problems treated in an educational environment or to support educational development

Experimental or unproven treatment	<p>Clinical tests, treatments, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> ◦ We do not pay for any test, treatment, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ◦ We do not pay for any tests, treatment, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorized by Bupa Global in line with its criteria for standard clinical use. <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> ◦ treatment agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the UK Cancer Drugs Fund), Royal Colleges or equivalent national specialist bodies in the country of treatment; ◦ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the treatment is safe and effective; ◦ where the treatment has received full regulatory approval by the licensing authority (e.g. US Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency, etc.) in the location where the member has requested treatment, and is duly licensed for the condition and patient population being requested (please note – full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ◦ tests, treatments, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which treatment is requested. <p>Notes:</p> <ul style="list-style-type: none"> ◦ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, treatment, equipment, medicine, device or procedure should be used in standard clinical use. ◦ Where licensing authority approval to market tests, treatment, equipment, medicines, devices or procedures does not, in Bupa's reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
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 internal medical policy criteria.</p>
Gender issues	Sex changes or gender reassignments.
Genetic testing	Genetic tests which are not medically necessary , when such tests are performed to determine whether or not you may be genetically likely to develop a medical condition. Example: We do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.

Harmful or hazardous use of alcohol, drugs and/or medicines	<p>Treatment for or arising:</p> <ul style="list-style-type: none"> ◦ directly or indirectly, from the deliberate, reckless (including where you have displayed a blatant disregard for your personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ◦ in any event, from the illegal use of any such substance <p>(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	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 .
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>
Health related services which do not seek to improve or which do not result in a change in the medical condition of the patient	We will not pay for artificial life maintenance - including mechanical ventilation, where such treatment will not or is not expected to result in your recovery or restore you to your previous state of health. Example: We will not pay for artificial life maintenance when you are unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding except in the cases of cancer. We will not pay for treatment while staying in hospital for permanent neurological damage or if you are in a persistent vegetative state.
Infertility treatment	<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 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 internal 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 internal medical policy criteria.</p>

Sexual problems	Sexual dysfunction, such as impotence, whatever the cause.
Sleep disorders	Treatment for sleep related disorders, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Stem cells	Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage. Note: We pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the treatment for cancer. This is covered under the cancer treatment benefit.
Surrogacy	Treatment directly related to surrogacy. This applies to you if you act as a surrogate, or to anyone else acting as a surrogate for you .
Temporomandibular joint (TMJ) disorders	This exclusion is specific to treatment outside the UAE only Disorders of the Temporomandibular joint (TMJ) and related complications. This is defined as any medically necessary operative procedure or portion of a procedure performed to treat diseases, injuries and defects in the head, neck, face, jaws and the hard and soft tissues of the oral (mouth) and Maxillofacial (jaws and face). Such costs will be covered in the UAE for TMJ medical conditions and it's management by medical practitioners . This may include TMJ disorders and neoplasm of the salivary glands.
Treatment outside the area of cover	Treatment in the USA .
Unrecognised medical practitioner, hospital or healthcare facility	<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 have been sent a written notice that they are no longer recognised for the purposes of our health plans. You can call the number on your insurance card for details of treatment providers who have received such written notice or visit Facilities Finder at tameen.ae/facilitiesfinder.

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 notified to 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 the 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	<p>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.</p> <p>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.</p> <p>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.</p> <p>Costs in excess of the maximums shown in the Guide to your health plan will not count towards your annual deductible.</p> <p>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 .</p> <p>Even if the amount you are claiming is less than the amount of your annual deductible, you should still submit so that there is a record of when you have reached the level of your annual deductible.</p> <p>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.</p>
2.3	<p>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.</p> <p>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.</p>

No	CLAUSE
2.4	<p>Should an amount be required to be paid for any reason to a benefits provider which is covered by any annual deductible or co-insurance the amount will then be collected from you.</p> <p>You authorise us to take this payment from you under the direct debit agreement or credit card authority you have given in your application form or as updated.</p> <p>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.</p> <p>You must update the direct debit agreement or credit card authority you have given to us when necessary or when requested. Otherwise it may cause delays in the payment of claims. Claims may not be paid until any outstanding annual deductible or co-insurance payments are received.</p>
2.5	<p>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.</p> <p>Details of how to pre-authorise covered benefits are available in the Guide to your health plan .</p>
2.6	<p>Before pre-authorising any covered benefits or paying any claim, you may be asked additional information, such as medical reports, and you may be required to have a medical examination by an independent medical practitioner (at our cost) who will then provide a medical report.</p> <p>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 this may result in your claims not being paid.</p>
2.7	<p>In certain situations we 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 OIC or Bupa Global's error. Any payment that we may make on this basis will still count towards the overall annual maximum limit that applies to this policy. If we make a payment like this it does not mean that we are required to pay identical or similar costs in the future.</p>
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	<p>If your premium (including applicable taxes) (or any instalment) or any other payment you owe us under this policy is not received by the due date, you the policyholder will be written to requesting payment by a specific date, which will be not less than 30 days after the date the letter or email was issued to you.</p> <p>If payment is not received by that date, you will be notified of the proposed cancellation date 30 days in advance.</p> <p>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.</p>
3.4	If any payment is incorrectly made 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 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	<p>If any person is to blame for any injury, disease, illness, condition or other event in relation to which you receive any covered benefits, a claim may be made in your name.</p> <p>You must provide any assistance reasonably required to help make such a claim, for example:</p> <ul style="list-style-type: none"> ◦ providing any documents or witness statements; ◦ signing court documents; and ◦ submitting to a medical examination. <p>The right to bring a claim in your name may be exercised before or after making any payment under the policy.</p> <p>You must not take any action, settle any claim or otherwise do anything which adversely affects the right to bring a claim in your name.</p>
4.2	<p>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-authorization and when making a claim.</p> <p>We will only pay for our share of the cost of any covered benefits.</p>

No	CLAUSE
5.	Making a claim
5.1	<p>We aim to pay the benefits provider directly for any covered benefits covered by this policy whenever possible.</p> <p>Otherwise you must pay the benefits provider and then send a completed claim form, 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.</p> <p>We are not obliged to pay for any covered benefits if the claim form is received 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.</p> <p>Original documents cannot be returned to you, but copies can be sent to you on request.</p>
5.2	<p>Where you have paid the benefits provider and you have made a valid claim, you the policyholder will be paid. A dependant would only be paid where the dependant received the covered benefits, they are over 18 and they have provided current bank details..</p> <p>Payments shall only be made by electronic transfer direct to your bank account or by cheque payable to you.</p> <p>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.</p>
5.3	<p>For internationally administered claims relating to covered benefits received in any country as may be covered under your health plan, Bupa Global as the international claims management company will only pay you in the currency in which you pay your premium, the currency of the invoices you send Bupa Global or the currency of your bank account.</p> <p>Sometimes, international banking regulations do not allow Bupa Global to make a payment in the currency you have asked for. If this is the case a payment will be sent in the currency of your premium. Where payment to you in the usual currency may expose Bupa Global (or Bupa group of companies and administrators) to any sanction, prohibition or restriction under the laws of any relevant jurisdiction and/or United Nations resolution, you will be paid in such other currency that is permitted and able to make payment in, if any such payment is permitted to be made.</p> <p>Where conversion from one currency to another, the exchange rate used 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, the date of your treatment will be used.</p>
5.4	We will not provide cover nor pay claims under this policy if 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. You will normally be told if this is the case unless this would be unlawful or would compromise our reasonable security measures.
6.	Renewal
6.1	<p>We will write to let you know if this policy will renew for the next year in advance of the renewal date.</p> <p>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.</p> <p>A notice will be issued to you 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 call the number on your insurance card or write via tameen.ae/membersworld within 30 days following the start of the renewed policy.</p> <p>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.</p>
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.

No	CLAUSE
6.4	<p>Please call the number on your insurance card or write via tameen.ae/membersworld all before your renewal date if you or your dependants have personal exclusion(s) or cover for pre-existing conditions and would like to review this.</p> <p>Your exclusion or the additional premium applied for the pre-existing condition may be removed if, in our opinion, no further treatment will be either directly or indirectly required for the condition, or for any related condition. There are some personal exclusions that, due to their nature, will not be reviewed.</p> <p>To carry out a review, you may be asked for an up to date medical report from your family doctor or consultant. Any costs incurred in obtaining these details are not covered under your plan and are your responsibility</p>
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 .
7.2	<p>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.</p>
7.3	<p>As this is an annual policy, you may only change your health plan on renewal.</p> <p>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.</p>
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	<p>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.</p> <p>This policy does not provide cover to the extent that such cover would expose us 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.</p>
8.	Your country of residence
8.1	<p>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.</p> <p>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.</p>
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	<p>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 calling the number on your insurance card or writing via tameen.ae/membersworld.</p> <p>Subject to compliance with local regulations on reporting, cancellation of your DHA policy, or the removal of dependant(s) from cover, will take effect on the date that the cancellation notification is received.</p> <p>Please note that cancellations cannot be backdated. Cancellation requests received with between the 28th- 31st of the month will be processed on 1st of the following month with effective date as per the date of request.</p> <p>Claims submitted after the cancellation is confirmed to either the principal member or his authorised representative can be submitted for reimbursement provided the treatment date is not after the cancellation date.</p> <p>For Dubai Health Authority compliant policies: The policyholder must report one of the following dates for the terminated members as a termination date, based on whichever occurs first - 30 days from visa cancellation date, exit date from UAE or visa transfer date.</p>

No	CLAUSE
9.2	<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	<p>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:</p> <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 claims management company.
11.	Our liability to you
11.1	We (and the Bupa group of companies and administrators acting as the international claims management company) 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.	Suspicious or Fraudulent Claims
12.1	In this clause 12, where reference is made to ' you ' or ' you the policyholder ' this includes anyone acting on your behalf, where reference is made to ' dependant ' this includes anyone acting on behalf of any Dependant .
12.2	<p>You the policyholder and any dependant must not:</p> <ul style="list-style-type: none"> make a fraudulent or exaggerated or falsely stated claim under this policy; send fake or forged documents or other false evidence, or make a false statement in support of a claim(s); provide information which you the policyholder or any dependant knows would otherwise enable us to refuse to pay claim(s) under this policy; and/or refuse to cooperate or fail to provide information / documentation reasonably requested to validate your claim(s), whether pending or paid (including but not limited to proof of payment, medical reports and original invoices).

No	CLAUSE
12.3	<p>In the event of failure to comply with clause 12.2 above, we reserve the right to:</p> <ul style="list-style-type: none"> ◦ refuse to pay the whole of the claim and any other claim(s) submitted since the date of that claim; and/or ◦ recover any payments we have already made in respect of the claim and/or other claim(s) submitted since that 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	<p>You the policyholder and any dependant must take reasonable care to make sure that all facts and information that you provide are accurate and complete at the time you take out this policy and at each renewal, extension and variation of this policy. You must say if any of the answers to the questions in the application form change prior to this policy starting.</p> <p>Please note that you the policyholder must exercise reasonable care when you (or anyone acting on your behalf) provide information about the dependants.</p>
13.3	<p>If you the policyholder or any dependant:</p> <ul style="list-style-type: none"> ◦ deliberately or recklessly give inaccurate or incomplete information; and/or ◦ do not take reasonable care to give 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	<p>Where clause 13.3 above applies:</p> <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.
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, a claim will only be paid 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, only half of the claim will be paid, if we would have charged double the premium.

No	CLAUSE
13.6	<p>Where only a dependant has failed to exercise reasonable care in providing information, but clause 13.3 does not apply, and we would have provided insurance cover on different terms had the dependant provided 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, a claim will be paid only 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 dependent if we would have charged a higher premium for cover for that dependent. In those circumstances, the claim will be reduced proportionally, based on the amount of premium that we would have charged. For example, only half of the claim will be paid, if we would have charged double the premium
14.	Incontestability
14.1	If you provided any medical information in order to be covered under this plan, this information will be incontestable after a period of one (1) calendar year from the date set out in your membership certificate for any reason other than misrepresentation, fraud, or as otherwise permitted under respective laws and regulations. For the avoidance of doubt, in the event you elect to upgrade your plan at the time of renewal and/or subscribe to additional benefits, we reserve the right to request additional medical information previously not provided.
15.	Complaints
15.1	<p>We are always pleased to hear about aspects of your membership that you have particularly appreciated, or that you have had problems with. If something does go wrong, we have a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible.</p> <p>If you have any comments or complaints, you can call the number on your insurance card or write via tameen.ae/membersworld. If you remain unhappy with our response, you may refer your complaint to the Dubai Health Authority (http://ipromes.eclaimlink.ae/) or UAE Insurance Authority with your complaint.</p> <p>Following the complaints procedure does not affect your right to take legal action. Accordingly, if you are still not satisfied with the outcome, you may seek to raise your case with a relevant court.</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 P.O. 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

Privacy Policy of Oman Insurance Company, as your Insurer

Oman Insurance Company ('OIC') fully comply with Data Protection requirements as applicable to OIC within the UAE, and with any relevant data provision requirements of the local health regulators, the Dubai Health Authority and the Department of Health of Abu Dhabi. Further details of how OIC uses your information can be found at <http://www.tameen.ae>. Alternatively, you can contact OIC by telephone on +971 4 233 7777, or by email at UAEService@tameen-global.ae

Privacy Notice of Bupa Global, as your International Claims Management Company.

For the avoidance of doubt, it is clarified that the below privacy notice is of Bupa Global and is only applicable to / governs your relationship with Bupa Global as your International Claims Management Company. The below privacy notice does not apply to or govern your relationship with Oman Insurance Company, as your insurer and for the purpose of this Privacy Notice only, any references to "we/us/our" shall mean "Bupa Global".

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: August 2020

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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.

Bupa Global and Bupa Global Travel are trading names 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.

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. For example, if you use our apps, we may give you privacy notices which apply just to a particular type of information which we collect through that app.

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 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 policyholder (usually your employer), if you are covered by an insurance policy they have taken out on your behalf;
- 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 insurance counter-fraud groups), regulators, data-protection supervisory authorities, health-care professionals, other health-care providers and medical-assistance providers.

4. Categories of personal information

Summary: For all our services, we process the following 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);
- special categories of information for example, health information; and
- information about criminal convictions and offences (we may get this information when carrying out fraud or money laundering checks, or other background screening to prevent crime).

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 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/cookie> 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).

Criminal offences and convictions information includes:

- information collected as a result of fraud and money-laundering checks.

5. What we use your personal information for and our legal reasons for doing so

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 and criminal offence and conviction 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; or
 - **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, fraud and 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 member'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.

We process criminal offence and conviction information as part of money laundering checks to comply with financial crime requirements.

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: 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** **treatment** 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** to ask about these rights. For more information on all **your** rights, please read the '**Your** rights' section below.

Profiling and automated decision-making

- The processes set out below involve both profiling and automated decision-making.
- Depending on the type of 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, other information **you** have given **us** about yourself, and other information **we** have received 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 who carry out 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. For more information about who **we** share **your** information with and why, please see below.

More information: We sometimes need to share **your** information with other people or organisations for the purposes set out in this privacy notice. The exact information **we** share depends on the reason **we** are sharing it. For example, if **we** need to share information in order to provide health care, **we** will share special categories of information, such as medical details, with the **treatment** provider.

For all our customers, we share your information with:

- other members of the Bupa Group of companies in order to provide **our** products and services;
- 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;
- organisations that carry out surveys on **our** behalf;
- 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 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 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** 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 of the **UK** and the EEA (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy notice.

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. **We** have 21 days to respond to requests relating to automated decisions. For all

other requests **we** have one month from receiving **your** request to tell **you** what action **we** have taken.

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**.

We are regulated by the Information Commissioner's Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, **United Kingdom**. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate). **You** have a right to make a complaint to them or to **your** local privacy supervisory authority.

GLOSSARY

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 .
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 claims management 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, ayurvedic physician 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 mental health treatment .
Dental practitioner	A person who: <ul style="list-style-type: none"> ◦ is legally qualified to practice dentistry, ◦ is recognised by the relevant authorities in the country in which the treatment takes place as having a specialised qualification following attendance at a recognised dental school, and ◦ is permitted to practice dentistry by the relevant authorities in the country where the dental treatment takes place <p>Examples of a specialised qualification in the field of dentistry may include (but are not limited to) periodontics or paediatric dentistry.</p>

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. Recognised medical school means 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 , and which would otherwise put your health at risk.
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: <ol style="list-style-type: none"> (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
Mental health treatment	Treatment of mental conditions, including eating disorders.
Network	Hospitals, pharmacies 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 P.O. 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.
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.
Pharmacy	A facility where prescribed drugs are prepared or sold.
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"> ◦ Any medical condition declared in your application for cover which has been noted on your membership certificate as a 'personal exclusion' or covered pre-existing condition. ◦ Any medical condition declared in your application for cover which has been accepted with no 'personal exclusion' or underwriting loading applied ◦ 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 on 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.
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 internal 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 through 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. 'Recognised medical school' means 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 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 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 who are sent a written notice that they are no longer recognised for the purposes of our health plans. You can call the number on your insurance card or write via tameen.ae/membersworld for details of treatment providers who have received such written notice or visit Facilities Finder at tameen.ae/facilitiesfinder
We/us/our	OIC
You the policyholder	Just the policyholder .
You/your	The policyholder and/or any dependants .

Oman Insurance Company (P.S.C.)

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United Arab Emirates

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www.tameen.ae/bupaglobal

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

Your calls may be recorded and may be monitored.

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