

BUSINESS HEALTH PLANS



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

Guide to your Business health plan

This **Membership Guide** explains the terms and conditions of the Business **health plan**. Detailed information such as pre-authorising **treatment**, making a claim and moving country can be found in this guide. It also explains **your** benefits, limits and exclusions with detailed rules on how to use them.

From 2 November 2021

www.tameen.ae/bupaglobal



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The plan provides health insurance cover in the United Arab Emirates (**UAE**) and the rest of the world for employed residents of the Emirate of Dubai, holding a Dubai Residency Visa. Cover for the spouses and the **Dependants** of eligible employees is an optional benefit.

Oman Insurance Company (P.S.C.) is the insurer and the local administrator in the United Arab Emirates (**UAE**) for the Dubai WorldWide **Health plan**. **Bupa Global** is the administrator of the **health plan** outside of the **UAE**.

Remember we can offer a second medical opinion service

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

Welcome

This healthcare plan is designed for employers that require local and international health insurance cover for their employees. This is an 'enhanced' Plan which is compliant with the 'Health Insurance Law for the Emirate of Dubai (No.11 of 2013)'.

Within this membership guide, **you'll** find easy to understand information about **your** WorldWide **Health plan**.

This includes:

- 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

This **membership guide** must be read alongside **your membership certificate** and **your** application for cover, as together they set out the terms and conditions of **your** membership and form **your health plan** documentation. To make the most of **your health plan**, please read the 'Table of Benefits', 'General Exclusions' and 'Your Membership' sections carefully to get a full understanding of **your** cover.

Please keep **your** booklet in a safe place. If **you** need another copy, **you** can call **us**, or view and print it online at: **tameen.ae/membersworld**

Contact us

Open 24 hours a day, 365 days a year

You can access details about **your** plan any time of the day or night through MembersWorld. Alternatively **you** can call **us** anytime for advice, support & assistance by people who understand **your** situation.

Healthline* +44 (0) 1273 333 911

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

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

You can ask **us** to arrange medical evacuations and repatriations, if covered under **your** plan, including:

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

We believe that every person and situation is different and focus on finding answers and solutions that work specifically for **you**.

Our assistance team will handle **your** case from start to finish, so **you** always talk to someone who knows what is happening.

General enquiries

From inside the **UAE** toll-free on:
800 0444 0492

and outside the **UAE** on:
+44 (0) 1273 323 563

Your customer services helpline:

- o check cover and pre-authorise **in-patient** and **day-case treatment**
- o membership and payment queries
- o claims information

Email:
information@tameen-global.com
Web: tameen.ae/bupaglobal

Please note that **we** cannot guarantee the security of email as a method of communication. Some companies, employers and/or countries do monitor email traffic, so please bear this in mind when sending **us** confidential information.

Your calls may be recorded or monitored.

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

Contact details changed?

It's very important that **you** let **us** know when **you** change **your** contact details (correspondence address, email or telephone). **We** need to keep in touch with **you** so **we** can provide **you** with important information regarding **your** plan or **your** claims. Simply log onto MembersWorld or call, email or write to **us**.

Correspondence

For **treatment** inside the **UAE** please send to:

Oman Insurance Company
Health Department
P.O. Box 5209
Dubai,
United Arab Emirates

For reimbursement claims, **treatment** outside the **UAE** and general correspondence please send to:

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

Easier to read information

Braille, large print or audio
We want to make sure that members with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Making a complaint

We're always pleased to hear about aspects of **your health plan** that **you** have particularly appreciated, or that **you** have had problems with.

If something does go wrong, this **membership guide** outlines a simple procedure to ensure **your** concerns are dealt with as quickly and effectively as possible. Please see the 'Making a Complaint' section for more details.

If **you** have any comments or complaints, **you** can call **our** customer helpline on **800 0444 0492** toll-free inside the **UAE** and **+44 (0) 1273 323 563** outside the **UAE**, 24 hours a day, 365 days a year.

Alternatively **you** can email via tameen.ae/membersworld, or write to **us**.

Your website: MembersWorld

We want to put you in control of your health insurance.

That's why we give you access to MembersWorld, an exclusive and secure website where you can manage your health plan in an easier and faster way.

We want to make your experience as simple and stress free as possible, so you can spend your time on the things that matter to you.

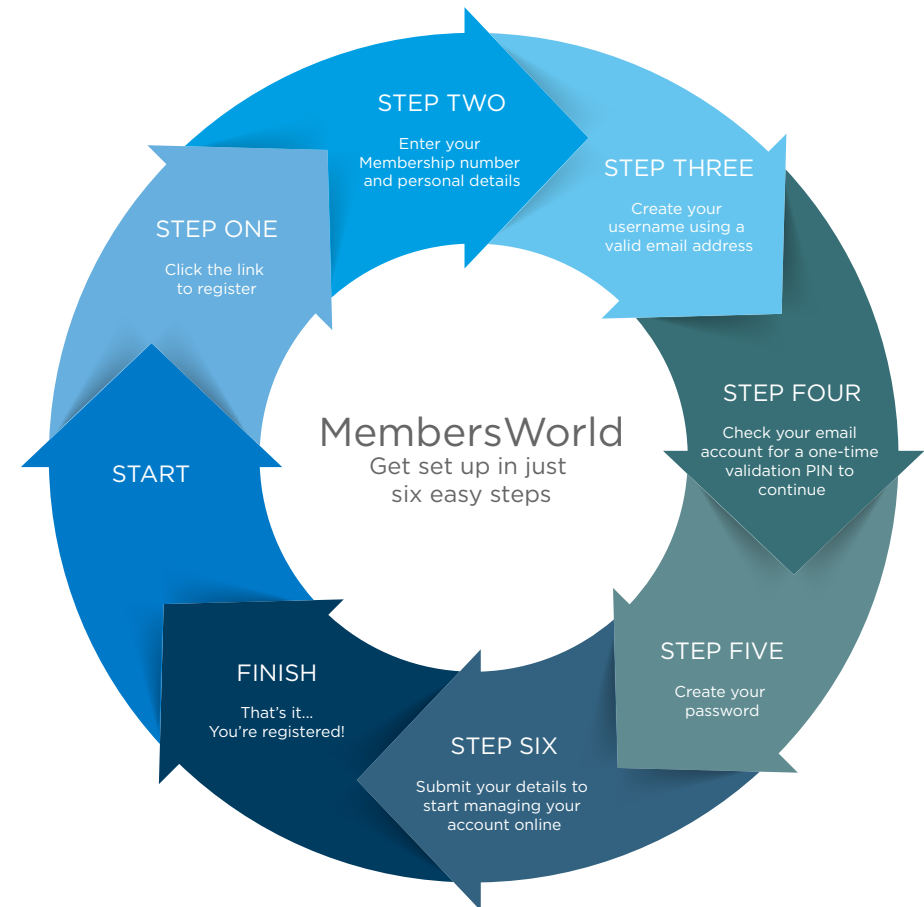
In just a few clicks, it's easy to:

- o check **your** benefits
- o update **your** details and read documents
- o pre-authorise **in-patient** and **day-case treatment**
- o submit and track **your** claims*
- o request a second medical opinion at no extra cost
- o if **your** sponsor has purchased **your health plan** via a broker, **you** can allow them access to view **your health plan** information (except claim related documents)
- o specify a preferred address for claim reimbursements - useful if **you** have multiple addresses or are travelling.

There are many more benefits online; log in to see for yourself.

* MembersWorld may not be able to track claims in the U.S. as a third party is used here.

It's all there. Easy to find, simple and faster to use. Why not spend a few moments to sign up to MembersWorld and start taking control of **your health plan** today. Go to: tameen.ae/membersworld to find out more.



Wellbeing Services

At **Oman Insurance Company** and **Bupa Global**, we understand wellbeing means more than simply your physical health. These 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!

They are available to **you** from the very start of **your** policy at no additional cost. The use of the services listed on this page does not impact **your** policy premiums or erode benefits from **your** plan. For more information on any of these services, please contact Customer Services.

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.

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.

Oman Insurance Company and **Bupa Global** retains 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.

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.



Bupa Lifeworks*

Designed to help **you** with all of life's questions, issues and concerns, LifeWorks is **your** global Employee Assistance Programme and gives **you** and **your** family instant access to advice from professionals in **your** language. Get confidential support for **your** mental, financial, physical and emotional wellbeing including short-term counselling. Help is available 24 hours a day, 7 days a week and 365 days a year online, by phone or mobile app. **You** also have access to a range of services, including expert tips and toolkits, as well as a wealth of online articles, podcasts, videos, and more.

Getting started is simple, visit login.lifeworks.com or search "LifeWorks" on the App Store or on Google Play, and look out for the LifeWorks logo. 'Log in' for the first time using the company code 'Bupa', then enter **your** MembersWorld email address and password to sign in.

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):

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

Logging into the app is easy, **you** can sign in using **your** MembersWorld email address and password. If **you** have yet to register for MembersWorld, follow the easy guide on page 5 to get started.

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



Virtual Care

Pre-authorisation

Please remember to pre-authorise your treatment

CALL: Inside the **UAE** toll-free on 800 0444 0492 and outside the **UAE** on +44 (0) 1273 323 563

Or via **our** secure MembersWorld website at: tameen.ae/membersworld

Your calls may be recorded or monitored.

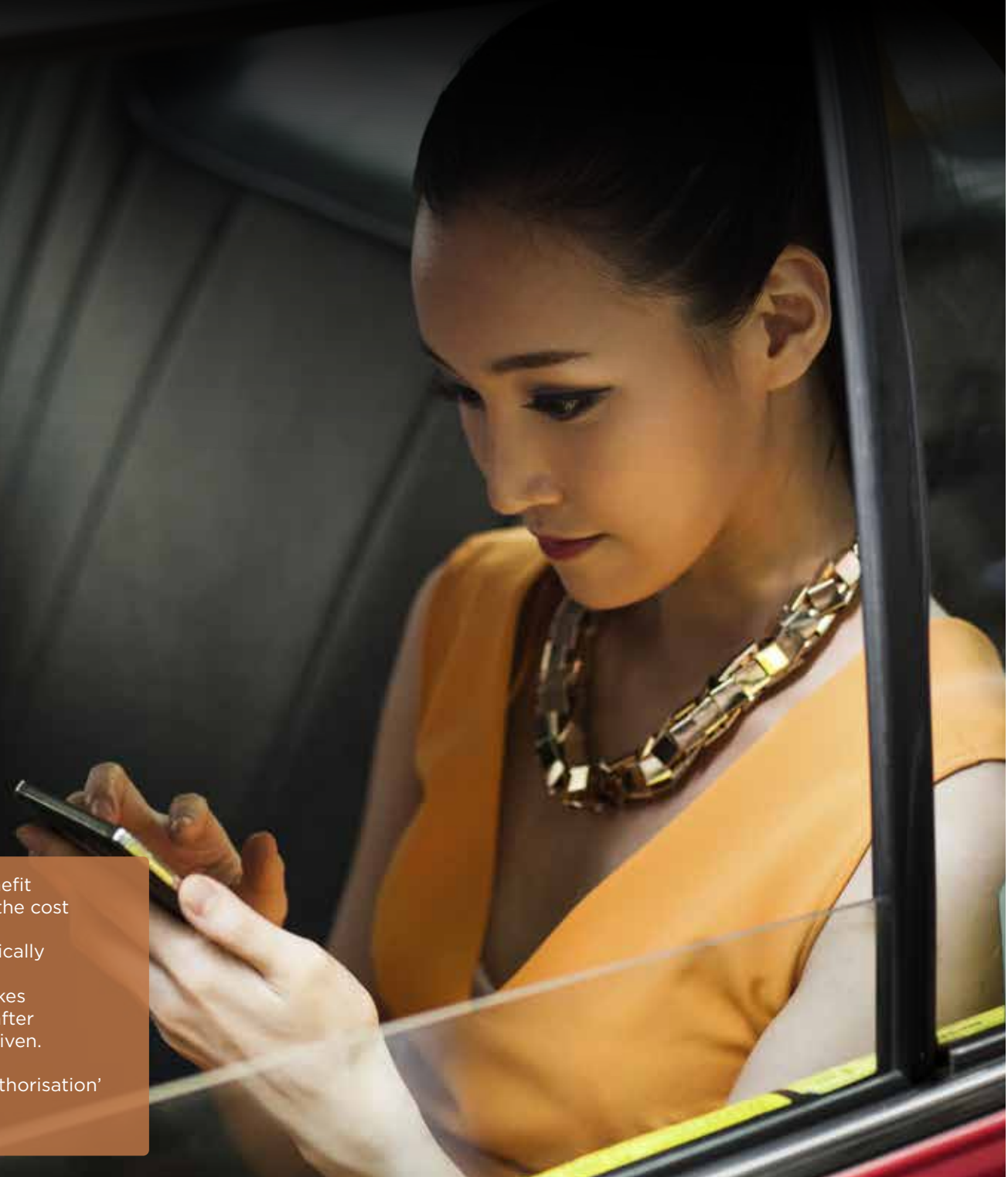
We would like to make **you** aware that there are certain benefits which **you** must receive pre-authorisation for. These are detailed in **your** 'Table of Benefits'. Benefit may not be paid unless pre-authorisation has been provided.

If **we** pre-authorise your **treatment**, this means that **we** will pay up to the limits of your **health plan** provided that all the following requirements are met:

- the **treatment** is eligible **treatment** that is covered by **your health plan**;
- **you** have an active membership at the time that **treatment** takes place;
- **your** subscriptions are paid up to date;
- the **treatment** carried out matches the **treatment** authorised;
- you have provided a full disclosure of the condition and **treatment** required;

- **you** have enough benefit entitlement to cover the cost of the **treatment**;
- the **treatment** is medically necessary;
- and the **treatment** takes place within 31 days after pre-authorisation is given.

Please check the 'Pre-authorisation' section for more details



How to claim inside the UAE

If **you** need assistance with a claim inside the **UAE** call **us** toll-free on **800 0444 0492** and outside the **UAE** on **+44 (0) 1273 323 563** or go online at **tameen.ae/membersworld** or email **us** on **info@bupaglobal.com**
These details can be found on **your** membership card.

Oman Insurance Company has a large **network** of **benefits providers** in the **UAE**, and **Bupa Global** has expertise in health insurance administration all around the world. This working relationship between the two companies ensures that **you** get full access to eligible medical **treatment** around the world.

Claims for **treatment** received inside the **UAE**, will be directly settled by **Oman Insurance Company** with the **benefits provider**.

- If **you** have the Business Premier or Business Elite **health plan** and claim for **treatment** received with a **benefits provider** outside of your purchased level of **Oman Insurance Company network**, **you** will need to pay for **your treatment** and submit a claim for reimbursement. A mandatory 20% **co-insurance** will apply.
- If **you** have the Business Select **health plan** and claim for **treatment** received with a **benefits provider** outside of your purchased level of **Oman Insurance Company network**, **you** will need to pay for **your treatment** and submit a claim for reimbursement. A mandatory 40% **co-insurance** will apply.

This is a summary, please refer to the 'Table of Benefits' and 'Your Membership' sections of this **membership guide**, and **membership certificate** for full details on how to claim.

Direct Settlement

Direct Settlement
When accessing **Oman Insurance Company's network** of **benefits providers** in the UAE, **we** will take care of the pre-authorization and payment for **your treatment** directly with the **benefits provider**.

Pay and Claim

Where direct settlement is not available with a **benefits provider**, **you** will be asked to pay yourself and submit a claim for reimbursement.

1

When **you** visit an **Oman Insurance Company benefits provider** **you** should present **your** membership card when **you** receive **treatment** and they will contact **Oman Insurance Company** to confirm if the **treatment** is covered. **You** can find a list of **Oman Insurance Company benefits providers** here: tameen.ae/facilitiesfinder

2

When **your treatment** is authorised, **Oman Insurance Company** will send **your benefits provider** a pre-authorization statement.

We will also send a copy to **you** on request.

3

If **you** have an **out-patient co-insurance** on **your health plan** please pay **your co-insurance** to the **benefits provider**.

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

4

Oman Insurance Company pay the **benefits provider** directly.

If a **co-insurance** applies, **Oman Insurance Company** will reimburse the claim to the **benefits provider** minus the **co-insurance** **you** have already paid.

5

When **your** claim is settled, **your** benefits are paid in line with the limits shown in **your** 'Table of Benefits'.

If **you** subscribe to the secure MembersWorld website, **you** can view **your** documents online, upload and track **your** claims and view **your** claims statement.

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

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

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

You can submit **your** claim online via tameen.ae/membersworld or by post.

You are paid.
Your claim payment statement will be sent to **you**.

If the claim is outside of **your** purchased level of **Oman Insurance Company network** a mandatory 20% **co-insurance** will be applied if **you** are on the Business Premier or Business Elite **health plans**.

If **you** are on Business Select **health plan** a mandatory 40% **co-insurance** will be applied. When this applies, **you** will be paid the cost of the claim minus the percentage of the **co-insurance**.

How to claim outside the UAE

If **you** need assistance with a claim inside the **UAE** call toll-free on **800 0444 0492** and outside the **UAE** on **+44 (0) 1273 323 563** or go online at **tameen.ae/membersworld** or email on **information@tameen-global.com**
These details can be found on **your** membership card.

Oman Insurance Company has a large **network** of benefits providers in the **UAE**, and **Bupa Global** has expertise in health insurance administration all around the world. This working relationship between the two companies ensures that **you** get full access to eligible medical **treatment** around the world.

For claims for **treatment** received outside the **UAE**, the aim is to provide **you** with a quick and easy claims process. Members can either submit a reimbursement request on a 'pay and claim' basis or **Bupa Global** will arrange direct payment where possible, with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for **in-patient treatment** or **day-case treatment**. Direct settlement is easier to arrange if you pre-authorise **your treatment** first, or if **you** use a participating **hospital** or clinic.

This is a summary, please refer to the 'Table of Benefits' and 'Your Membership' sections of this **membership guide**, and **membership certificate** for full details on how to claim.

Direct Settlement
Pre-authorisation and payment for **your treatment** is taken care of directly with the **benefits provider**.

Pay and Claim
Where direct settlement is not available with a **benefits provider**, **you** will be asked to pay **yourself** and submit a claim for reimbursement.

1

Bupa Global pays **your benefits provider** directly.
You should present **your** membership card when **you** receive **treatment**.



2

A pre-authorisation statement is sent to **your benefits provider**.
A copy will be sent to **you** on request.



3

If **you** have an out-patient co-insurance on **your health plan** please pay your co-insurance to the **benefits provider**.
The **benefits provider** will then send **your** claim.



4

The **benefits provider** will be paid directly.
If **co-insurance** applies, the claim will be reimbursed to the benefit provider minus the **co-insurance you** have already paid.



5

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** 'Table of benefits'.

If **you** subscribe to the secure MembersWorld website, **you** can view **your** documents online, upload and track **your** claims and view **your** claims statement.

When **you** visit **your benefits provider**, **you** should take a claim form with **you** so that the **medical practitioner** can fill in the medical information section.
A claim form can be found in **your** membership pack, or found online at **tameen.ae/membersworld**



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



You can submit **your** claim online via **tameen.ae/membersworld** or by post.



The **benefits provider** will be paid directly.
If **co-insurance** applies, the claim will be reimbursed to the **benefit provider** minus the **co-insurance you** have already paid.



Things you need to know about your health plan

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About your Membership

Oman Insurance Company (P.S.C.) is the **insurer** and the local administrator in the **UAE** for the Business **Health Plan**. **Bupa Global** is the administrator of the plan outside of the **UAE**.

Oman Insurance Company (P.S.C.) partnered with **Bupa Global** in 2003 and since then have built a strong working relationship. With **Oman Insurance Company's** tremendous local knowledge and financial strength and **Bupa Global's** expertise and service capabilities in the healthcare market, **you** can rest assured that wherever **you** are in the world, **you** are in expert hands.

The Business **Health Plan** is a group insurance plan. **You** are therefore one of a group of **members**, which has a **sponsor** (normally the company that **you**, the **principal member** work for).

The **health plan** is governed by an agreement between **your sponsor** and **Oman Insurance Company (P.S.C.)**, which covers the terms and conditions of **your** membership. This means that there is no legal contract between **you** and **Oman Insurance Company (P.S.C.)**. Only the **sponsor** and **Oman Insurance Company (P.S.C.)** have legal rights under the agreement relating to **your** cover, and only they can enforce the agreement.

As a **member** of the **health plan**, **you** have access to a complaints process. This includes the use of any dispute resolution scheme in place for **members**. Further details of the complaints process can be found in this **membership guide**.

The following must be read together as they set out the terms and conditions of **your health plan**:

- o **you**, the **principal member's** application for cover for **you** and **your dependants** (if any) and the declarations that **you**, the **principal member** made during the application process
- o **your** rules and benefits in this **membership guide**
- o **your membership certificate**

When your cover starts

The start date of **your** membership is the 'effective from' date shown on **your membership certificate**.

If you move to a new Emirate or country, or change your specified country of nationality

You, the **principal member** must tell **your sponsor** straight away if **your specified Emirate of residence** changes, or **your specified country of nationality** changes. **Your** new Emirate, or country may have different regulations about health insurance, and **your** membership may need to end if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens. **You**, the **principal member** need to tell **your sponsor** of any change to make sure that **you** have the right cover and that all local regulations are being met.

The details of regulations vary from Emirate to Emirate and country to country and may change at any time.

If **you** change **your specified Emirate of residence** to another Emirate, or to another country, **you** may be able to transfer to another international medical insurance policy. This may be subject to medical underwriting. **You** may also be entitled to retain any of **your** benefits which aren't covered until **you** have been a **member** for a certain period, and the time **you** were a **member** will count towards that. Please note that if **you** request a transfer to a different **insurer**, **your** personal information and any medical history held with that **insurer** will have to be shared.

If **you** change **your specified Emirate of residence** or **your specified country of nationality**, please call the customer services helpline to confirm if **your** membership is affected, and, if so, whether **you** can be offered a transfer service.

If you leave your Business Health Plan membership

You, the **principal member** can apply to transfer to a personal **health plan** if **your** membership of **your** group plan ends. **You** can also apply for **your dependants** (if applicable) to transfer with **you**. Please contact the customer service helpline for more information.

Want to add more people to your health plan?

If **your sponsor** agrees, **you**, the **principal member** may apply to include any of **your dependants** under **your** membership. To apply, **you**, the **principal member**, will need to complete a Business **Health Plan** Employee Application Form (later referred to as 'application form') which can be downloaded easily from tameen.ae/membersworld. When **you** apply, the **dependant's** medical history will be reviewed by a medical team.

The cover will not start until the application form is received.

Adding your newborn child?

Congratulations on **your** new arrival!

Newborn children can have their cover backdated for up to 7 days from the date of birth. To apply for cover, a copy of their birth certificate or other official birth notification document will be required.

If **you** are not adding **your** newborn child, they are only covered for 30 days from their date of birth on their mother's policy.

Please refer to 'Maternity and childbirth cover' in **your** table of benefits.

If there are any changes to the information **you** provided on the application form after **you** sign it and before the application is accepted, please get in touch straight away.

When cover starts for others on your membership

If any other person is included as a **dependant** under **your**, the **principal member's** membership, their membership will start on the effective date on the **membership certificate we sent you for your** current period of **health plan** membership which lists them as a **dependant**. Their membership can continue for as long as **you**, the **principal member** remain a **member of the health plan**.

If **your**, the **principal member's** membership ceases, **your dependants** can then, of course, apply for a membership in their own right under one of **our** individual insurance plans.

Your health plan benefits

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

Treatment covered

To cover any **treatment** that **you** receive, it must satisfy all of the following requirements:

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

Treatment which in **our** reasonable opinion is inappropriate based on established clinical and medical practice will not be paid for, and a review of **your treatment** will be conducted, when it is reasonable to do so.

Active treatment

This Plan covers **you** for the costs of **active treatment** only. This means **treatment** 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.

Certain wellness and preventive **treatment** is also covered. Please see the 'Table of Benefits' for information.

Treatment for chronic conditions

This **health plan** also covers **you** for the **treatment of chronic conditions**. This means a disease, illness or injury (including a **mental health condition**) which has at least one of the following characteristics:

- has no known cure or recurs
- leads to permanent disability
- is caused by changes to **your** body which cannot be reversed
- requires **you** to be specially trained or rehabilitated
- needs prolonged supervision, monitoring or **treatment**

Our approach to costs

When **you** are in need of a **benefits provider**, a 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.

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

- **you** will be responsible for paying any amount over and above the amount reasonably determined to be **Reasonable and Customary** – this will be payable by **you** directly to **your** chosen 'out-of-network' **benefits provider**;
- 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.

Table of Benefits

The 'Table of Benefits' shows the benefits, limits and the detailed rules that apply to **your health plan**. **You** also need to read the 'General Exclusions' section so that **you** understand the exclusions on **your health plan**.

Variations to your benefits

Your sponsor may have agreed variations to this benefit table. If so, **your sponsor** will inform **you** of these variations.

How to read the Table of Benefits

There are four levels of cover: Business Select, Business Premier, Business Elite and Business Ultimate. **You** need to read the column in the 'Table of Benefits' that applies to **your** level of cover, as shown on **your membership certificate**.

For example if **your membership certificate** states Business Elite **health plan**, the columns showing Select, Premier and Ultimate do not apply to **you**.

Benefit limits

There are two kinds of benefit limits shown in the 'Table of benefits'. The 'overall annual maximum' is the maximum amount to be paid for all benefits in total, for each **member**, each **membership year**. Some benefits also have a limit applied to them separately for each insurance period; for example home nursing after **in-patient treatment**.

All benefit limits apply per **member**. If a benefit limit also applies per **membership year**, this means that once a benefit limit has been reached, that benefit will no longer be available until the **sponsor** renews **your health plan** and **you** start a new **membership year**.

If a benefit limit applies for the whole of **your** lifetime, once this benefit limit has been reached, no further benefits will be paid, regardless of the renewal of **your health plan**. This applies to all **our** administered plans **you** have been a **member** of in the past, or may be a **member** of in the future, even if **you** have had a break in **your** cover.

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 for the full duration of the waiting period stated. It may have been agreed to waive waiting periods on your health plan. Please call to find out whether the waiting periods on your health plan have been waived.

Your purchased level of Oman Insurance Company network

Members with a Business Health Plan have access to up to two levels of Oman Insurance Company network inside the UAE depending on their level of cover - either the Signature Network + Medicare Group and/or the Premium network. This purchased level of Oman Insurance Company network will have been agreed by your sponsor at point of joining. To confirm your level of cover and which Oman Insurance Company network of benefits providers are available to you, please see your membership certificate and Facilities Finder at tameen.ae/facilitiesfinder

Claims for treatments received inside the UAE within your purchased level of Oman Insurance Company network, will be directly settled by Oman Insurance Company with the benefits provider. For claims for treatment received with a benefits provider outside of your purchased level of Oman Insurance Company network, you will need to pay for your treatment and submit a claim for reimbursement if your level of cover provides for this. You may need to submit a claim for reimbursement inside the UAE inside your purchased level of Oman Insurance Company network for certain benefits. Please refer to the 'Table of Benefits' section of this membership guide to see when this applies.

On the Business Select health plan a mandatory 40% co - insurance applies if you go outside of your purchased level of Oman Insurance Company network within the UAE. On the Business Premier or Business Elite health plan, a mandatory 20% co-insurance also applies if you go outside of your purchased level of Oman Insurance Company network within the UAE. On Business Ultimate no out of Oman Insurance

Company network restrictions apply. For more information please see the available network section in the 'Table of Benefits'.

How does the co-insurance work?

If your sponsor has chosen the Business Select, Business Premier or Business Elite health plan, they may have also chosen a 20% out-patient co-insurance. This will be shown on your membership card. The out-patient co-insurance on this health plan is the percentage of all applicable shared outpatient day to day care expenses - please refer to your 'Table of Benefits'.

When your treatment is within your purchased level of Oman Insurance Company network a maximum cap of AED 100 is also applied on your co-insurance payment amount - please refer to your 'Table of Benefits'. This will be applied directly by the benefits provider. No cap applies for claims outside of your purchased level of Oman Insurance Company network inside the UAE and claims outside of the UAE.

Please note that neither your out-patient co-insurance nor the co-insurance which would apply if you go outside your purchased level of Oman Insurance Company network, will apply to emergency treatment in the UAE.

Example

1. You have a Business Premier or Business Elite health plan with 20% out-patient co-insurance
2. With out-patient co-insurance, you always pay 20% of your out-patient day to day care
3. You have a consultation with your doctor inside your purchased level of Oman Insurance Company network which costs USD 200
4. 20% out-patient day to day care co-insurance applies but you only have to pay up to the AED 100 co-insurance cap, which you pay directly to your doctor
5. Amount paid by us is USD 200 less AED 100. (If you had gone to a doctor outside of your purchased level of Oman Insurance Company network you would have needed to pay the 20% out-patient co-insurance, which is USD 40. Alternatively, if you had the

Business Select health plan, a mandatory 40% co-insurance would be applied to your claim outside of your purchased level of Oman Insurance Company network. If you had gone to a doctor outside of the UAE, you would have needed to pay the 20% out-patient co-insurance.)

6. Later in the year you stay in a hospital which is inside your purchased level of Oman Insurance Company network for 5 days which costs USD 8,000
7. As this is in-patient care that has taken place inside your purchased level of Oman Insurance Company network, the co-insurance applied is USD 0
8. Amount paid is USD 8,000. (If you had gone to a hospital outside of your purchased level of Oman Insurance Company network you would have needed to pay 20% mandatory co-insurance, which is USD 1,600 provided that the USD 8,000 is deemed to be Reasonable and Customary. If you had the Business Select health plan, a mandatory 40% co - insurance would be applied to your claim outside of your purchased level of Oman Insurance Company network. If you had in-patient treatment outside of the UAE, the 20% mandatory co-insurance would not apply.)

Please note that, should you choose to have treatment with a provider who is not part of network, only costs that are Reasonable and Customary will be covered. Co-insurance will be calculated against the Reasonable and Customary charges and not the invoiced amount if this is in excess of Reasonable and Customary. Please see the 'Our approach to costs' section of this membership guide, call the number on your insurance card or write via tameen.ae/membersworld for assistance.

Please note that the benefit limits shown in the 'Table of Benefits' is the maximum that will be paid.

Summary of Benefits

Table of Benefits

	Select	Premier	Elite	Ultimate
Overall annual maximum	●	●	●	●
Geographical cover	Regional Middle East countries only	Regional Middle East countries OR Worldwide excluding U.S. OR Worldwide including U.S.	Regional Middle East countries OR Worldwide excluding U.S. OR Worldwide including U.S.	Worldwide
Available network in the UAE	Optional: Signature Network + Medicare Group or Premium network	Optional: Signature Network + Medicare Group or Premium network	Optional: Signature Network + Medicare Group or Premium network	Premium network only
Outside the UAE	●	●	●	●

Out-patient treatment

Out-patient surgical operations	●	●	●	●
Consultants' fees for consultations	●	●	●	●
Costs for treatment by a family doctor	●	●	●	●
Pathology, X-rays and diagnostic tests	●	●	●	●
Costs for treatment by therapists, complementary medicine practitioners and qualified nurses	●	●	●	●
Homeopaths and Ayurvedic physicians	●	●	●	●
Physiotherapy treatment services	●	●	●	●
Prescribed medicines	●	●	●	●
Durable medical equipment	●	●	●	●
Preventive services:	●	●	●	●
Wellness - mammogram, PAP test, prostate cancer screening or colon cancer screening	●	●	●	●
Full Health Screening	●	●	●	●
Vaccinations - from 7 years onwards	●	●	●	●
Influenza vaccine	●	●	●	●
Young childcare - up to and including age 6 years	●	●	●	●
Diabetes Screening	●	●	●	●

In-patient and day-case treatment

Hospital accommodation	●	●	●	●
Surgical operations , including pre- and post-operative care	●	●	●	●
Nursing care, drugs and surgical dressings	●	●	●	●
Physicians' fees	●	●	●	●
Theatre charges	●	●	●	●
Intensive Care , intensive therapy, coronary care and high dependency unit	●	●	●	●
Pathology, X-rays, diagnostic tests and therapies	●	●	●	●
Prosthetic implants and appliances	●	●	●	●
Accommodation for a person accompanying an insured child up to 18 years of age	●	●	●	●
Accommodation of an accompanying person in the same room in cases of critical conditions and at the recommendation of an attending physician	●	●	●	●
Prophylactic surgery	●	●	●	●
Reconstructive surgery	●	●	●	●
Obesity surgery (after two years' membership)	●	●	●	●

Summary of Benefits (continued)

	Select	Premier	Elite	Ultimate
Further benefits				
Advanced imaging	●	●	●	●
Cancer treatment	●	●	●	●
Chronic conditions requiring haemodialysis (kidney dialysis) or peritoneal dialysis, and related test/ treatment or procedure	●	●	●	●
Congenital and hereditary conditions	●	●	●	●
Diagnostic tests and treatment services for dental and gums for emergency dental treatment only inside the UAE	●	●	●	●
Emergency medical services inside the UAE	●	●	●	●
Bupa LifeWorks, your Global Employee Assistance Programme	●	●	●	●
Genetic Cancer Screening				●
Healthcare services for senile dementia and Alzheimer's disease	●	●	●	●
Healthline services	●	●	●	●
Hearing aids, vision aids, and vision correction by surgeries, and laser for emergency medical conditions only inside the UAE	●	●	●	●
Hepatitis and associated complications inside the UAE	●	●	●	●
HIV / AIDS drug therapy including ART	●	●	●	●
Home nursing after in-patient treatment	●	●	●	●
Hospice and palliative care	●	●	●	●
In-patient cash benefit	●	●	●	●
Prosthetic devices	●	●	●	●
Rehabilitation	●	●	●	●
Rehabilitation in a health resort				●
Transplant services	●	●	●	●
Mental health conditions:	●	●	●	●
In-patient / day-case treatment	●	●	●	●
Out-patient treatment	●	●	●	●
Maternity and childbirth cover				
Maternity and childbirth cover	●	●	●	●
Out-patient ante-natal services	●	●	●	●
Neonatal / Newborn cover	●	●	●	●
Transportation / Travel				
Evacuation	●	●	●	●
Repatriation	●	●	●	●
Non-medical evacuation in case of conflicts and natural disasters				●
Local air ambulance	●	●	●	●
Local road ambulance	●	●	●	●
Travel cost for an accompanying person	●	●	●	●
Travel cost for the transfer of children	●	●	●	●
Compassionate visit transport costs and compassionate visit living allowance			●	●
Compassionate emergency repatriation				●
Living allowance	●	●	●	●
Repatriation of mortal remains	●	●	●	●
Ground transportation services for medical emergency conditions inside the UAE by an authorised party	●	●	●	●

Summary of Benefits (continued)

Dental / Optical treatment*

	Select	Premier	Elite	Ultimate
Dental	Optional	Optional	Optional	●
Optical	Optional	Optional	Optional	●
Refractive eye surgery				●

U.S. cover

U.S. cover		Optional	Optional	●
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This is a summary of **your** plan. Please read the table of benefits and exclusions on the following pages for detailed rules and benefit limits.

Summary of Exclusions

	Select	Premier	Elite	Ultimate
Administration / registration fees	●	●	●	●
Advance payments / deposits	●	●	●	●
Birth control	●	●	●	●
Chinese medicine	●	●	●	●
Conflict and disaster	●	●	●	●
Convalescence and admission for general care	●	●	●	●
Cosmetic treatment	●	●	●	●
Deafness	●	●	●	●
Dental treatment /gum disease	●	●	●	●
Desensitisation and neutralisation	●	●	●	●
Developmental problems	●	●	●	●
Donor organs	●	●	●	●
Experimental or unproven treatment	●	●	●	●
Eyesight	●	●	●	●
Footcare	●	●	●	●
Gender issues	●	●	●	●
Genetic testing	●	●	●	●
Growth Hormone Therapy	●	●	●	●
Hair Loss	●	●	●	●
Harmful or hazardous use of alcohol, drugs and/or medicines	●	●	●	●
Professional sports activities	●	●	●	●
Health hydros, nature cure clinics etc.	●	●	●	●
Health related services which do not seek to improve or which do not result in a change in the medical condition of the patient	●	●	●	●
Healthcare services for adjustment of spinal subluxation	●	●	●	●
Healthcare services, which are not medically necessary	●	●	●	●
Infertility treatment	●	●	●	●
In-patient treatment received without prior approval	●	●	●	●
Mechanical or animal donor organs	●	●	●	●
Multiple consultations with consultants inside the UAE	●	●	●	●
Natural disasters	●	●	●	●
Non-medical treatments and supplies	●	●	●	●
Obesity	●	●	●	●
Patient treatment supplies	●	●	●	●
Personal comfort and convenience items	●	●	●	●
Physical aids and devices	●	●	●	●
Reconstructive or remedial surgery	●	●	●	●
Sexual problems	●	●	●	●
Sleep disorders	●	●	●	●
Smoking cessation programmes	●	●	●	●
Speech disorders	●	●	●	●
Stem cells	●	●	●	●
Surrogacy	●	●	●	●
Temporomandibular joint (TMJ) disorders, outside the UAE	●	●	●	●
Travel costs for treatment	●	●	●	●
Unrecognised medical practitioner, hospital or healthcare facility	●	●	●	●
U.S. treatment	●	●	●	●

This is a summary of **your** plan. Please read the table of benefits and exclusions on the following pages for detailed rules and benefit limits.

Table of Benefits

Table of Benefits

The main 'Table of Benefits' below shows all the benefits and limits that are applicable for **your treatment** inside the **UAE** and elsewhere in the world, in accordance with **your** geographical coverage. The membership can only be purchased in USD, GBP and EUR. AED limits have been pegged against USD at an exchange rate of AED 3.6725 to USD 1 and rounded up to the nearest dirham.

You also need to read the 'General Exclusions' section so that **you** understand the exclusions on **your health plan** which these benefits are subject to.

Payment for treatment

Wherever **you** claim, the aim is to provide a quick and easy claims process. Claims for **treatments** received inside the **UAE** within **your** purchased **Oman Insurance Company** level of **network**, will be directly settled by **Oman Insurance Company** with the **benefits provider** unless otherwise stated. For claims for **treatment** received with a **benefits provider** outside of **your** purchased **Oman Insurance Company network**, **you** will need to pay for **your treatment** and submit a claim for reimbursement. For **treatment** outside the **UAE**, **direct billing** may be available at participating **benefits providers** and at the discretion of the **benefits provider** concerned.

Please note. Claims may not be paid in full where outside of **your** level of purchased **Oman Insurance Company network** - see 'Available **network** in the **UAE**' in this Table of Benefits for detail.

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Overall annual maximum	USD 1,000,000 (AED 3,672,500), GBP 750,000, EUR 900,000 each membership year	USD 4,700,000 (AED 17,260,750), GBP 3,500,000, EUR 4,200,000 each membership year	USD 13,400,000 (AED 49,211,500), GBP 10,000,000, EUR 12,000,000 each membership year	Unlimited	All benefits below, even those paid in full will contribute to the overall annual policy maximum limit. The currency applicable for your contract is as shown on your membership certificate Please see your membership certificate for details of any co-insurance that applies to your out-patient benefits.
Geographical cover	Regional Middle East countries only Emergency cover Worldwide excluding U.S. with up to 30 nights and annual maximum USD 150,000 (AED 550,875), GBP 110,000, EUR 130,000 per person per year monetary limit	Regional Middle East countries OR Worldwide excluding U.S. OR Worldwide including U.S. Emergency cover Worldwide excluding U.S. with up to 30 nights and annual maximum USD 150,000 (AED 550,875), GBP 110,000, EUR 130,000 per person per year monetary limit on Regional Middle East plan	Regional Middle East countries OR Worldwide excluding U.S. OR Worldwide including U.S. Emergency cover Worldwide excluding U.S. with up to 30 nights and annual maximum USD 150,000 (AED 550,875), GBP 110,000, EUR 130,000 per person per year monetary limit on Regional Middle East plan	Worldwide	If you have Business Premier or Business Elite cover, please see your membership certificate to see if your sponsor has purchased optional Regional Middle East , Worldwide excluding U.S. or Worldwide including U.S. Emergency cover for Regional Middle East : <ul style="list-style-type: none">○ We will only pay for non-planned treatment where you require emergency medical treatment for an emergency medical condition in a medical facility while you are outside of this region.○ Symptoms must not be present immediately prior to your travel. OIC and/or Bupa Global reserve the right to request a second medical opinion.○ Note: If you are taken to a medical facility or hospital in an emergency, it is important that you arrange for them to get in touch within 48 hours of your admission to hospital, so your treatment can be authorised.○ If you have had to seek treatment in a hospital which is not part of the network, arrangements may be made for you to be moved to a network hospital to continue your treatment once you are stable, if it is the best thing for you.○ U.S. cover is excluded with the Regional Middle East cover. Any treatment, emergency or otherwise, administered or received in the U.S. is ineligible. Worldwide excluding U.S. cover: <ul style="list-style-type: none">○ Please see the 'U.S. treatment' exclusion for more information on unforeseen treatment on Worldwide excluding U.S. cover Worldwide including U.S. cover: <ul style="list-style-type: none">○ Please see the U.S. cover benefit for more information on Worldwide including U.S. cover

Table of Benefits (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Available network in the UAE	<p>Optional: Signature Network + Medicare Group or Premium network</p> <p>Network claiming rules and co-insurance within the UAE (unless otherwise stated)</p> <p>Inside of your purchased level of Oman Insurance Company network: In-patient - 100% paid Out-patient - optional 80% paid with AED 100 cap (20% co-insurance or cap whichever is the lesser) or 100% paid (nil co-insurance)</p> <p>IMPORTANT Outside of your purchased level of Oman Insurance Company network: In-patient and Out-patient - 60% paid (mandatory 40% co-insurance)</p>	<p>Optional: Signature Network + Medicare Group or Premium network</p> <p>Network claiming rules and co-insurance within the UAE (unless otherwise stated)</p> <p>Inside of your purchased level of Oman Insurance Company network: In-patient - 100% paid Out-patient - optional 80% paid with AED 100 cap (20% co-insurance or cap whichever is the lesser) or 100% paid (nil co-insurance)</p> <p>IMPORTANT Outside of your purchased level of Oman Insurance Company network: In-patient and Out-patient - 80% paid (mandatory 20% co-insurance)</p>	<p>Optional: Signature Network + Medicare Group or Premium network</p> <p>Network claiming rules and co-insurance within the UAE (unless otherwise stated)</p> <p>Inside of your purchased level of Oman Insurance Company network: In-patient - 100% paid Out-patient - optional 80% paid with AED 100 cap (20% co-insurance or cap whichever is the lesser) or 100% paid (nil co-insurance)</p> <p>IMPORTANT Outside of your purchased level of Oman Insurance Company network: In-patient and Out-patient - 80% paid (mandatory 20% co-insurance)</p>	<p>Premium network only</p> <p>Network claiming rules and co-insurance within the UAE (unless otherwise stated)</p> <p>Inside of your purchased level of Oman Insurance Company network: 100% paid in-patient and out-patient</p> <p>Outside of your purchased level of Oman Insurance Company network: In-patient and Out-patient - 100% paid</p>	<p>Please see your membership certificate for details of any out-patient co-insurance that applies to your benefits, to confirm your level of cover and the network of Oman Insurance Company benefits providers available to you. To view a summary of hospitals visit Facilities Finder at tameen.ae/facilitiesfinder or contact us for support in accessing these networks.</p> <p>Please note that some benefits may have different co-insurance applied. This will be specified in the 'Table of Benefits'.</p> <p>The AED 100 out-patient cap, which applies inside your purchased level of Oman Insurance Company network in the UAE, will be applied directly by the benefits provider on direct settlement.</p>
Outside the UAE	<p>Claiming rules and co-insurance outside the UAE</p> <p>In-patient - 100% paid</p> <p>Out-patient - optional 80% paid (20% co-insurance) or 100% paid (nil co-insurance)</p>	<p>Claiming rules and co-insurance outside the UAE</p> <p>In-patient - 100% paid</p> <p>Out-patient - optional 80% paid (20% co-insurance) or 100% paid (nil co-insurance)</p>	<p>Claiming rules and co-insurance outside the UAE</p> <p>In-patient - 100% paid</p> <p>Out-patient - optional 80% paid (20% co-insurance) or 100% paid (nil co-insurance)</p>	<p>Claiming rules and co-insurance outside the UAE</p> <p>In-patient - 100% paid</p> <p>Out-patient - 100% paid (nil co-insurance)</p>	<p>Please see your membership certificate for details of any out-patient co-insurance that applies to your benefits.</p>

Out-patient treatment

This is **treatment** which does not normally require a patient to occupy a **hospital** bed. The list below details the benefits payable for **out-patient treatment** only. If **you** are having **treatment** and **you** are not sure which benefit applies, please call the number on **your** insurance card or write via tameen.ae/membersworld

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Out-patient surgical operations	Paid in full	Paid in full	Paid in full	Paid in full	We pay for out-patient surgical operations when carried out by a specialist or a family doctor .
Consultants' fees for consultations	Paid in full	Paid in full	Paid in full	Paid in full	This normally means a meeting with a consultant to assess your condition. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet. The Out-patient co-insurance applies for this benefit for treatment inside your purchased Oman Insurance Company network .
Costs for treatment by a family doctor	Paid in full	Paid in full	Paid in full	Paid in full	We pay for family doctor treatment. Such meetings may take place in the specialist's or doctor's office, by telephone or using the internet. The Out-patient co-insurance applies for this benefit for treatment inside your purchased Oman Insurance Company network .
Pathology, X-rays and diagnostic tests	Paid in full	Paid in full	Paid in full	Paid in full	We pay for: <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples for specific abnormalities, ○ radiology, such as X-rays, and ○ diagnostic tests, such as electro-cardiograms (ECGs) when recommended by your consultant or family doctor to help determine or assess your condition.
Costs for treatment by therapists, complementary medicine practitioners and qualified nurses	Paid in full up to 10 visits each membership year	Paid in full up to 20 visits each membership year	Paid in full up to 30 visits each membership year	Paid in full up to 50 visits each membership year	We pay for nursing charges for general nursing care, for example injections or wound dressings by a qualified nurse and consultations and treatment with therapists and complementary medicine practitioners (except homeopaths and ayurvedic physicians – see separate benefit for treatment within out-patient treatment) when they are appropriately qualified and registered to practice in the country where treatment is received. This includes the cost of both the consultation and treatment , including any complementary medicine prescribed or administered as part of your treatment . Should any complementary medicines or treatments be supplied or carried out on a separate date to a consultation, these costs will be considered as a separate visit. Note: for dieticians, we pay the initial consultation plus two follow-up visits when needed as a result of an eligible condition. Please note that obesity is not covered under this benefit. For physiotherapists, there is a separate benefit for physiotherapy treatment within out-patient treatment .

Out-patient treatment (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Homeopaths and Ayurvedic physicians	We pay up to USD 680 (AED 2,500), GBP 520, EUR 615 each membership year	We pay up to USD 1,360 (AED 5,000), GBP 1,040, EUR 1,230 each membership year	We pay up to USD 2,040 (AED 7,500), GBP 1,560, EUR 1,845 each membership year	We pay up to USD 3,400 (AED 12,500), GBP 2,600, EUR 3,075 each membership year	Consultations and treatment with homeopaths and ayurvedic physicians when the practitioners are appropriately qualified and registered to practise in the country where treatment is received. We only pay for the complementary medicines.
Physiotherapy treatment services	Paid in full up to 15 visits each membership year	Paid in full up to 30 visits each membership year	Paid in full up to 50 visits each membership year	Paid in full up to 60 visits each membership year	We pay for the cost of both the consultation and treatment .
Prescribed medicines	We pay up to USD 2,000 (AED 7,345), GBP 1,500, EUR 1,800 each membership year	Paid in full	Paid in full	Paid in full	We pay for the cost of medicines prescribed for you by your medical practitioner for eligible treatment . Note: this benefit does not include costs for complementary medicine prescribed or administered, as these are paid under the benefit described in the costs for treatment by therapists and complementary medicine practitioners benefit The Out-patient co-insurance applies for this benefit for treatment inside your purchased Oman Insurance Company network .
Durable medical equipment	Not covered	We pay up to GBP 2,950 USD 5,000 (AED 18,300) or EUR 3,700 each membership year	We pay up to GBP 2,950 USD 5,000 (AED 18,300) or EUR 3,700 each membership year	We pay up to GBP 2,950 USD 5,000 (AED 18,300) or EUR 3,700 each membership year	We pay for durable medical equipment that: <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 For example oxygen supplies or wheelchairs.
Preventive services:					
Wellness - mammogram, PAP test, prostate cancer screening or colon cancer screening	We pay up to USD 500 (AED 1,837), GBP 380, EUR 450 each membership year	We pay up to USD 1,000 (AED 3,673), GBP 750, EUR 900 each membership year	We pay up to USD 2,000 (AED 7,345), GBP 1,500, EUR 1,800 each membership year	We pay up to USD 7,800 (AED 28,646), GBP 5,900, EUR 7,000 each membership year	We pay for these four preventive checks only. This benefit will be on a reimbursement basis only in the UAE .
Full Health Screening	Not covered				A full health screening generally includes various routine tests performed to assess your state of health and could include tests such as high cholesterol, high blood pressure, diabetes, anaemia and lung function, liver and kidney function and cardiac risk assessment. In addition, you may also have the specific screenings as part of a full health screening. The actual tests you have will depend on those supplied by the benefits provider where you have your screening. This benefit will be on a reimbursement basis only in the UAE .

Out-patient treatment (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Vaccinations - from 7 years onwards	We pay up to USD 170 (AED 625), GBP 130, EUR 150 each membership year	We pay up to USD 300 (AED 1,102), GBP 230, EUR 270 each membership year	We pay up to USD 1,000 (AED 3,673), GBP 750, EUR 900 each membership year	Paid in full	<p>We pay for vaccinations including vaccinations to aid the prevention of cancer, such as the human papilloma virus (HPV) vaccination, as and when such vaccines have completed medical trials and are approved for use in the country or Emirate of treatment.</p> <p>We also pay for the following for adults aged 19 years and above , either at risk of, or with high risk as covered under Adult pneumococcal vaccination</p> <ul style="list-style-type: none"> ○ PCV 13 ○ PPSV 23
Influenza vaccine	1 vaccine each policy year	1 vaccine each policy year	1 vaccine each policy year	1 vaccine each policy year	We pay the cost of the influenza vaccine.
Young childcare - up to and including age 6 years	Paid in full	Paid in full	Paid in full	Paid in full	The cost of routine and preventive care, including check-ups and inoculations for newborns from age 31 days following birth and children up to and including age 6 years, as stipulated in the Dubai Health Authority's (DHA) policies and updates in the assigned facilities (currently the same as the Federal Ministry of Health (MOH)).
Diabetes Screening	Paid in full	Paid in full	Paid in full	Paid in full	We pay for one test each insurance period from the age of 18 years onwards.

In-patient and day-case treatment

For all in-patient and day-case treatment costs:

- it must be medically essential for **you** to occupy a **hospital** bed to receive the **treatment**
- **your treatment** must be provided, or overseen, by a **consultant**
- **we** pay for accommodation in a room that is no more expensive than the **hospital's** standard single room with a private bathroom on Business Select, Business Premier or Business Elite, or a standard suite on Business Ultimate - this means that **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 standard single room with a private bathroom
- the **hospital** where **you** have **your treatment** must be a recognised **hospital**

Long in-patient stays: 5 nights or longer

In order for **us** to cover an **in-patient** stay lasting 5 days or more, **you** or **your** healthcare provider of **treatment** must send a medical report from **your consultant** before the fifth night, confirming:

- **your** diagnosis
- **treatment** already given
- **treatment** planned
- discharge date

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Hospital accommodation	Paid in full – standard private room	Paid in full – standard private room	Paid in full – standard private room	Paid in full - standard suite	<p>We pay charges for your hospital accommodation, including all your own meals and refreshments, when:</p> <ul style="list-style-type: none"> ○ there is a medical need to stay in hospital ○ the treatment is given or managed by a specialist, and ○ the length of your stay is medically appropriate <p>We do not pay for personal items such as telephone calls, newspapers, guest meals or cosmetics.</p> <p>For Business Select, Business Premier and Business Elite, we pay for accommodation in a room that is no more expensive than the hospital's standard single room with a private bathroom.</p> <p>For Business Ultimate, we pay for accommodation in a room that is no more expensive than the hospital's standard suite. This means that we will not pay the extra costs of a deluxe, executive or VIP suite etc.</p> <p>We pay for the length of stay that is medically appropriate for the procedure that you are admitted for. For example, unless medically essential, we do not pay for day-case accommodation for out-patient treatment, and we do not pay for in-patient accommodation for day-case treatment.</p> <p>Please also read convalescence and admission for general care in the 'General Exclusions' section</p>
Surgical operations, including pre- and post-operative care	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay surgeons' and anaesthetists' fees for a surgical operation, including all pre- and post-operative care.</p> <p>Note: this benefit does not include follow-up consultations with your consultant, as these are paid under the consultants' fees for consultations benefit</p>
Nursing care, drugs and surgical dressings	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for nursing services, drugs and surgical dressings you need as part of your treatment in hospital.</p> <p>Note: we do not pay for nurses hired in addition to the hospital's own staff. In the rare case where a hospital does not provide nursing staff we will pay for the reasonable cost of hiring a qualified nurse for your treatment.</p>

In-patient and day-case treatment (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Physicians' fees	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay physicians' fees for treatment you receive in hospital if this does not include a surgical operation, for example if you are in hospital for treatment of a medical condition such as pneumonia.</p> <p>If your treatment includes a surgical operation we will only pay physicians' fees if the attendance of a physician is medically necessary, for example, in the rare event of a heart attack following a surgical operation.</p>
Theatre charges	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for use of an operating theatre.</p>
Intensive Care , intensive therapy, coronary care and high dependency unit	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for intensive care in an intensive care unit/intensive therapy unit, high dependency or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> ○ it is an essential part of your treatment and is required routinely by patients undergoing the same type of treatment as yours, or ○ it is medically necessary in the event of unexpected circumstances, for example if you have an allergic reaction during surgery
Pathology, X-rays, diagnostic tests and therapies	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for:</p> <ul style="list-style-type: none"> ○ pathology, such as checking blood and urine samples ○ radiology (such as X-rays), and ○ diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by your consultant to help determine or assess your condition when carried out in a hospital.</p> <p>We also pay for treatment provided by therapists (such as physiotherapy) and complementary medicine practitioners (such as acupuncturists) if it is needed as part of your treatment in hospital.</p>
Prosthetic implants and appliances	Paid in full	Paid in full	Paid in full	Paid in full	<p>This means an artificial body part or appliance which is designed to form a permanent part of your body and is surgically implanted for one or more of the following reasons:</p> <ul style="list-style-type: none"> ○ to replace a joint or ligament ○ to replace one or more heart valves ○ to replace the aorta or an arterial blood vessel ○ to replace a sphincter muscle ○ to replace the lens or cornea of the eye ○ to act as a heart pacemaker ○ to remove excess fluid from the brain ○ to control urinary incontinence (bladder control) ○ to reconstruct a breast following surgery for cancer when the reconstruction is carried out as part of the original treatment for the cancer and you have obtained our written consent before receiving the treatment ○ to restore vocal function following surgery for cancer <p>The following appliances are also covered:</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, or ○ a spinal support which is an essential part of a surgical operation to the spine

In-patient and day-case treatment (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Accommodation for a person accompanying an insured child up to 18 years of age	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay room and board costs for the 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 the child, ○ the child is under the age of 18 years old, and ○ the child is receiving treatment that is covered
Accommodation of an accompanying person in the same room in cases of critical conditions and at the recommendation of an attending physician	We pay up to USD 55 (AED 202), GBP 40, EUR 50 maximum benefit each night	We pay up to USD 55 (AED 202), GBP 40, EUR 50 maximum benefit each night	We pay up to USD 136 (AED 500), GBP 100, EUR 120 maximum benefit each night	We pay up to USD 136 (AED 500), GBP 100, EUR 120 maximum benefit each night	<p>Room and board for one accompanying person, in the same room as the patient, in cases of critical conditions and at the recommendation of an attending physician.</p> <p>You must receive our prior approval for this service.</p>
Prophylactic surgery	Paid in full	Paid in full	Paid in full	Paid in full	<p>We may pay subject to internal medical policy criteria, for example, a mastectomy and reconstruction 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-authorisation before proceeding with treatment.</p> <p>Benefit will not be paid unless pre-authorisation has been provided.</p>
Reconstructive surgery	Paid in full	Paid in full	Paid in full	Paid in full	<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 continuous membership.</p> <p>Please call the number on your insurance card or write via tameen.ae/membersworld for pre-authorisation before proceeding with any reconstructive surgery.</p> <p>Benefit will not be paid unless pre-authorisation has been provided.</p>
Obesity surgery (after two years' membership)	Paid in full	Paid in full	Paid in full	Paid in full	<p>Once you have been covered on this health plan for two years, 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 two years and ○ have been through a psychological assessment which has confirmed that it is appropriate for you to undergo the procedure. <p>The bariatric surgery technique needs to be evaluated by our medical teams and is subject to 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 for us 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-authorisation before proceeding with treatment.</p> <p>Benefit will not be paid unless pre-authorisation has been provided.</p>

Further benefits

Important

These are the additional benefits provided by **your** membership of the **health plan**. These benefits may be **in-patient, out-patient** or day-case. For **out-patient treatment** under 'Further benefits', **out-patient co-insurance** options may apply.

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Advanced imaging	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) when recommended by your consultant or family doctor to help diagnose or assess your condition.</p> <p>In cases of non-medical emergencies, benefit will not be paid unless pre-authorisation has been provided.</p>
Cancer treatment	Paid in full	Paid in full	Paid in full	Paid in full	Once cancer is diagnosed, we pay fees that are related to treatment for cancer. This includes tests, scans, consultations, wigs and prescribed medicines (such as cytotoxic drugs or chemotherapy).
Chronic conditions requiring haemodialysis (kidney dialysis) or peritoneal dialysis, and related test/ treatment or procedure	Paid in full	Paid in full	Paid in full	Paid in full	Benefit will not be paid unless pre-authorisation has been provided.
Congenital and hereditary conditions	<p>We pay up to USD 84,000 (AED 308,490), GBP 63,000, EUR 75,000 maximum benefit for the whole of your lifetime</p>	<p>We pay up to USD 116,300 (AED 427,112), GBP 87,000, EUR 104,000 maximum benefit for the whole of your lifetime</p>	<p>We pay up to USD 155,000 (AED 569,238), GBP 117,000, EUR 139,000 maximum benefit for the whole of your lifetime</p>	<p>We pay up to USD 193,800 (AED 711,731), GBP 146,000, EUR 173,500 maximum benefit for the whole of your lifetime</p>	<p>We pay for treatment of congenital and hereditary conditions:</p> <ul style="list-style-type: none"> ○ congenital conditions means any abnormalities, deformities, diseases, illnesses or injuries present at birth ○ hereditary conditions means any abnormalities, deformities, diseases or illnesses that are only present because they have been passed down through the generations of your family <p>If you are unsure whether your condition may be classed as congenital or hereditary, please call the number on your insurance card or write via tameen.ae/membersworld for further information.</p> <p>The amount shown here is the total amount we shall pay for these expenses during the whole of your lifetime, whether your membership is continuous or not.</p> <p>This benefit is on a reimbursement basis only in the UAE.</p> <p>(In Emergency cases as defined by PD 02-2017, these will be covered until stabilization as a minimum).</p>
Diagnostic tests and treatment services for dental and gums for emergency dental treatment only inside the UAE	Inside the UAE : Paid in full	Inside the UAE : Paid in full	Inside the UAE : Paid in full	Inside the UAE : Paid in full	<p>This is for emergency dental treatment that you need from a dental practitioner.</p> <p>Emergency dental treatment means the treatment of any sound natural tooth due to dental trauma usually caused by an accident or injury.</p> <p>This cover will only apply if the dental practitioner confirms that the teeth treated were sound natural teeth, which were damaged as the result of a dental trauma usually caused by an accident or injury. This cover does not apply for the repair or provision of dental implants, crowns or dentures.</p> <p>Note. No co-insurance applies for this benefit for treatment both inside or outside your purchased Oman Insurance Company network.</p> <p>Treatment taking place outside the UAE will be covered as part of normal benefits i.e. same as any general condition or sickness, up to the benefit limit</p>

Further benefits (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Emergency medical services inside the UAE	Inside the UAE: Paid in full	Inside the UAE: Paid in full	Inside the UAE: Paid in full	Inside the UAE: Paid in full	<p>When you need the treatment as a result of an emergency medical condition.</p> <p>Note. No co-insurance applies for this benefit for treatment both inside or outside your purchased Oman Insurance Company network.</p> <p>Treatment taking place outside the UAE will be covered as part of normal benefits i.e. same as any general condition or sickness, up to the benefit limit</p>
Bupa LifeWorks, your Global Employee Assistance Programme	Included	Included	Included	Included	<p>We pay in full for up to 5 counselling sessions, per issue, each membership year No limit applies to the number of issues per year.</p> <p>Bupa LifeWorks, your global Employee Assistance Programme, provides 24/7 confidential support from a specialist, plus a wealth of expert tips and toolkits to support your wellbeing, at work and at home. Note: The overall annual maximum benefit limit does not apply.</p> <p>Important: Support and advice provided through this service does not confirm that any related treatment or additional support which may be discussed would be covered under your Health Plan. For full details of how this service works and how to contact LifeWorks, please see the Bupa LifeWorks section under your membership guide.</p>
Genetic Cancer Screening	Not covered	Not covered	Not covered	Paid in full	<p>Cover for costs of genetic cancer testing and one pre and one post consultation, only if:</p> <ul style="list-style-type: none"> ○ referred by a doctor ○ there is an immediate family (bloodline) history, and ○ the tests and consultations are carried out at a hospital <p>Please call the number on your insurance card or write via tameen.ae/membersworld for pre-authorisation before proceeding with testing.</p> <p>Benefit will not be paid unless pre-authorisation has been provided.</p>
Healthcare services for senile dementia and Alzheimer's disease	Paid in full, covered as part of normal benefits i.e. same as any general condition or sickness up to benefit limit	Paid in full, covered as part of normal benefits i.e. same as any general condition or sickness up to benefit limit	Paid in full, covered as part of normal benefits i.e. same as any general condition or sickness up to benefit limit	Paid in full, covered as part of normal benefits i.e. same as any general condition or sickness up to benefit limit	<p>Any treatments and associated expenses for the treatment of senile dementia and Alzheimer's disease, once diagnosed. For example, this may include:</p> <ul style="list-style-type: none"> ○ consultations ○ medication

Further benefits (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Healthline services	Included	Included	Included	Included	<p>This is a telephone advice line which offers help 24 hours a day, 365 days a year. Please call +44 (0) 1273 333 911 at any time when you need to.</p> <p>The following are some of the services that may be offered by telephone:</p> <ul style="list-style-type: none"> ○ general medical information from a health professional ○ medical referrals to a physician or hospital ○ medical service referral (i.e. locating a physician) and assistance arranging appointments ○ inoculation and visa requirements information ○ emergency message transmission ○ interpreter and embassy referral <p>Note: treatment arranged through this service may not be covered under your health plan. Please check your cover before proceeding.</p>
Hearing aids, vision aids, and vision correction by surgeries, and laser for emergency medical conditions only inside the UAE	Inside the UAE : Paid in full	Inside the UAE : Paid in full	Inside the UAE : Paid in full	Inside the UAE : Paid in full	<p>This is treatment or aids which you need as a result of an emergency medical condition inside the UAE.</p> <p>Example: Emergency treatment required as a result of a detached retina.</p> <p>Note. No co-insurance applies for this benefit for treatment both inside or outside your purchased Oman Insurance Company network.</p> <p>Treatment taking place outside the UAE will be covered as part of normal benefits i.e. same as any general condition or sickness, up to the benefit limit</p>
Hepatitis and associated complications inside the UAE	Inside the UAE : Paid in full for Hepatitis	Inside the UAE : Paid in full for Hepatitis	Inside the UAE : Paid in full for Hepatitis	Inside the UAE : Paid in full for Hepatitis	<p>We pay for any healthcare services, investigations and treatments related to all types of Hepatitis and associated complications inside the UAE only</p> <p>Treatment for any healthcare services, investigations and treatments related to all types of Hepatitis and associated complications taking place outside the UAE will be paid in full, covered as part of normal benefits i.e. same as any general condition or sickness, up to the benefit limit</p>
HIV / AIDS drug therapy including ART	We pay up to USD 40,850 (AED 150,000), GBP 31,100, EUR 36,750 per membership year	We pay up to USD 40,850 (AED 150,000), GBP 31,100, EUR 36,750 per membership year	We pay up to USD 40,850 (AED 150,000), GBP 31,100, EUR 36,750 per membership year	We pay up to USD 40,850 (AED 150,000), GBP 31,100, EUR 36,750 per membership year	We pay for HIV / AIDS drug therapy.
Home nursing after in-patient treatment	We pay up to USD 200 (AED 735), GBP 150, EUR 180 per day up to a maximum of 10 days each membership year	We pay up to USD 200 (AED 735), GBP 150, EUR 180 per day up to a maximum of 20 days each membership year	We pay up to USD 200 (AED 735), GBP 150, EUR 180 per day up to a maximum of 30 days each membership year	We pay up to USD 200 (AED 735), GBP 150, EUR 180 per day up to a maximum of 30 days each membership year	<p>Following treatment in hospital which is covered under this health plan, when it:</p> <ul style="list-style-type: none"> ○ is prescribed by your specialist ○ starts immediately after you leave hospital ○ reduces the length of your stay in hospital ○ is provided by a qualified nurse in your home and ○ is needed to provide medical care, not personal assistance <p>This benefit is on a reimbursement basis only in the UAE.</p>

Further benefits (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Hospice and palliative care	We pay up to USD 41,000 (AED 150,573), GBP 31,000, EUR 37,000 maximum benefit for the whole of your lifetime	We pay up to USD 41,000 (AED 150,573), GBP 31,000, EUR 37,000 maximum benefit for the whole of your lifetime	We pay up to USD 41,000 (AED 150,573), GBP 31,000, EUR 37,000 maximum benefit for the whole of your lifetime	We pay up to USD 41,000 (AED 150,573), GBP 31,000, EUR 37,000 maximum benefit for the whole of your lifetime	<p>Hospice and palliative care services if you have received a terminal diagnosis and can no longer have treatment which will lead to your recovery:</p> <ul style="list-style-type: none"> ○ hospital or hospice accommodation ○ nursing care ○ prescribed medicines ○ physical, psychological, social and spiritual care <p>The amount shown here is the total amount we shall pay for these expenses during the whole of your lifetime membership, whether continuous or not.</p> <p>This benefit is on a reimbursement basis only in the UAE.</p>
In-patient cash benefit	We pay up to USD 150 (AED 551), GBP 110, EUR 130 per night up to 20 nights each membership year	We pay up to USD 150 (AED 551), GBP 110, EUR 130 per night up to 20 nights each membership year	We pay up to USD 150 (AED 551), GBP 110, EUR 130 per night up to 20 nights each membership year	We pay up to USD 150 (AED 551), GBP 110, EUR 130 per night up to 20 nights each membership year	<p>This benefit is paid instead of any other benefit for each night you receive eligible in-patient treatment without charge.</p> <p>To claim this benefit, please ask the hospital to sign and stamp your claim form. Then send the completed form with a covering letter stating that you were treated with no charge. Please note that you need to ensure that the medical section of your claim form is completed by your consultant.</p> <p>This benefit is on a reimbursement basis only in the UAE.</p>
Prosthetic devices	We pay a maximum benefit of USD 3,300 (AED 12,120), GBP 2,500, EUR 3,000 per membership year	We pay a maximum benefit of USD 4,700 (AED 17,261), GBP 3,500, EUR 4,200 per membership year	We pay a maximum benefit of USD 6,200 (AED 22,770), GBP 4,700, EUR 5,500 per membership year	Paid in full	<p>The initial prosthetic device needed as part of your treatment is covered. 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. Replacement prosthetic devices for adults are not covered.</p> <p>The initial device and up to two replacements per device for children under the age of 16 years are covered.</p>
Rehabilitation	We pay in full for up to 20 days of treatment (which may be in-patient treatment or day-case treatment) each membership year	We pay in full for up to 45 days of treatment (which may be in-patient treatment , day-case treatment or out-patient treatment) each membership year	We pay in full for up to 60 days of treatment (which may be in-patient treatment , day-case treatment or out-patient treatment) each membership year	We pay in full for up to 90 days of treatment (which may be in-patient treatment , day-case treatment or out-patient treatment) each membership year	<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-authorisation before the treatment starts, for up to 30 days' treatment in each insurance period. For in-patient treatment one day is each overnight stay and for day-case treatment 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 rehabilitation where it:</p> <ul style="list-style-type: none"> ○ starts within 6 weeks of in-patient treatment which is covered by your health plan (such as trauma or stroke), and ○ arises as a result of the condition which required the in-patient treatment or is needed as a result of such treatment given for that condition. <p>Note: In order to give pre-authorisation, full clinical details must be received from your consultant, including your diagnosis, treatment given and planned, and the proposed discharge date if you receive rehabilitation on an in-patient basis</p>

Further benefits (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Rehabilitation in a health resort	Not covered	Not covered	Not covered	We pay in full for up to 30 days each membership year following serious illness	<p>Costs for medically prescribed stays at recognised health resorts following serious illness.</p> <p>Please call the number on your insurance card or write via tameen.ae/membersworld for pre-authorisation before proceeding. Benefit will not be paid unless pre-authorisation has been provided. To claim this benefit, you must meet all the criteria for the Rehabilitation benefit above.</p> <p>This benefit is on a reimbursement basis only in the UAE.</p>
Transplant services	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for transplant services that you need as a result of an eligible condition. We pay medical expenses if you need to receive a cornea, small bowel, kidney, kidney/pancreas, liver, heart, lung, or heart/lung transplant. We also pay for bone marrow transplants (either using your own bone marrow or that of a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy. We also cover any condition for the recipient that if left untreated will develop into an emergency.</p> <p>We do not pay for costs associated with the donor or the donor organ, except if a condition if left untreated will develop into an emergency Please see donor organs in the 'General Exclusions' section.</p> <p>Any drugs prescribed for use as an out-patient, including anti-rejection drugs are paid from your prescribed drugs and dressings benefit.</p>
Mental health conditions:					
In-patient / day-case treatment	Paid in full	Paid in full	Paid in full	Paid in full	<p>Consultants' fees, psychologists' and psychotherapists fees for mental health conditions are included.</p> <p>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)</p>
Out-patient treatment	We pay up to USD 8,500, (AED 31,217), GBP 6,400, EUR 7,600 each membership year	We pay up to USD 8,500, (AED 31,217), GBP 6,400, EUR 7,600 each membership year	Paid in full	Paid in full	

Maternity and childbirth cover

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Maternity and childbirth cover	<p>Maternity and childbirth: We pay up to USD 2,725 (AED 10,000), GBP 2,000, EUR 2,400 per delivery</p> <p>Childbirth at home (where permitted) or birthing centre: We pay up to USD 2,725 (AED 10,000), GBP 2,000, EUR 2,400 per delivery</p> <p>Medically essential Caesarean section: We pay up to USD 2,890 (AED 10,614), GBP 2,200, EUR 2,600, each membership year</p> <p>Complications of maternity and childbirth: Paid in full</p>	<p>Maternity and childbirth: We pay up to USD 8,500 (AED 31,217), GBP 6,400, EUR 7,600 per delivery</p> <p>Childbirth at home (where permitted) or birthing centre: We pay up to USD 2,725 (AED 10,000), GBP 2,000, EUR 2,400 per delivery</p> <p>Medically essential Caesarean section: We pay up to USD 25,500 (AED 93,649), GBP 19,000, EUR 23,000, each membership year</p> <p>Complications of maternity and childbirth: Paid in full</p>	<p>Maternity and childbirth: Paid in full</p> <p>Childbirth at home (where permitted) or birthing centre: Paid in full</p> <p>Medically essential Caesarean section: Paid in full</p> <p>Complications of maternity and childbirth: Paid in full</p>	<p>Maternity and childbirth: Paid in full</p> <p>Childbirth at home (where permitted) or birthing centre: Paid in full</p> <p>Medically essential Caesarean section: Paid in full</p> <p>Complications of maternity and childbirth: Paid in full</p>	<p>You must receive prior approval for these in-patient services.</p> <p>Maternity and childbirth cover</p> <p>These benefits include for example:</p> <ul style="list-style-type: none"> ○ ante-natal care such as ultrasound scans ○ hospital charges, obstetricians' and midwives' fees for pregnancy and childbirth ○ post natal care required by the mother immediately following normal childbirth, such as stitches ○ obstetricians' and midwives' fees for delivering your baby <p>Treatment for</p> <ul style="list-style-type: none"> ○ abnormal cell growth in the womb (hydatidiform mole) ○ foetus growing outside the womb (ectopic pregnancy) <p>are not covered from this benefit but may be covered by your other benefits, such as your in-patient, day case or out-patient treatment benefits.</p> <p>(Other conditions arising from pregnancy or childbirth which could also develop in people who are not pregnant are not covered by this benefit but may be covered by your other benefits, as above.)</p> <p>Childbirth at home (where permitted) or birthing centre</p> <p>This benefit includes obstetricians' and midwives' fees for delivering your baby at home (where legally permitted) or a birthing centre.</p> <p>This benefit is on a reimbursement basis only in the UAE.</p> <p>Medically Essential Caesarean Section</p> <p>This benefit includes hospitals, obstetricians and other medical fees for the cost of the delivery of your baby by Caesarean section when medically essential for example, non progression during labour leading to emergency Caesarean section (e.g. dystocia, foetal distress, haemorrhage).</p> <p>Where any condition develops which becomes life threatening to either the mother, new born or the foetus, the medically necessary costs will be covered up to the annual limit.</p> <p>Note: if it cannot be determined that your Caesarean section was medically essential, it will be paid from your maternity and childbirth benefit limit.</p> <p>Complications of maternity and childbirth</p> <p>Treatment which is medically necessary as a direct result of pregnancy and childbirth complications.</p> <p>Complications means 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>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>Please see maternity and childbirth, and surrogate parenting in the 'General Exclusions' section.</p>

Maternity and childbirth cover (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Out-patient ante-natal services	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for out-patient examination, diagnostic tests and out-patient treatment services for pregnancy, including consultation fees by general practitioners, a family doctor and/or consultants.</p> <p>Pregnancy benefits and services include for example:</p> <ul style="list-style-type: none"> ○ Ante-natal care such as ultrasound scans, including a minimum of 3 ultrasound scans ○ Hospital charges, obstetricians' and midwives' fees for pregnancy <p>Note. No out-patient co-insurance applies for this benefit for treatment inside your purchased Oman Insurance Company network.</p>
Neonatal / Newborn cover	Paid in full for up to 30 days from birth	Paid in full for up to 30 days from birth	Paid in full for up to 30 days from birth	Paid in full for up to 30 days from birth	<p>This benefit is paid instead of any other benefit for all treatment required by a newborn child.</p> <p>We pay for any routine / non-routine care 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 neonatal 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>Where full U.S. cover has not been purchased prior to the mother falling pregnant, new born care/treatment will not be covered by the 28 day emergency U.S. cover or other, unless the baby is prematurely born in unforeseen circumstances.</p> <p>For adding your newborn please also see the 'Want to add more people to your health plan?' section.</p>

Transportation / Travel

When the **treatment you** need is not available locally, the evacuation and repatriation options cover **you** for reasonable transport costs to the nearest appropriate place of **treatment**. Repatriation gives **you** the option of returning to **your specified country of nationality** or **your specified country of residence** when the **treatment** is not available locally.

For all medical transfers, either evacuation or repatriation:

- **you** must obtain 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

Evacuation may also be authorised if **you** need advanced imaging or cancer **treatment** such as radiotherapy or chemotherapy.

We will only pay if all arrangements are agreed and approved in advance. 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.

Note:

- **OIC** or **Bupa Global** 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 will not be approved which in reasonable opinion is considered inappropriate, based on established clinical and medical practice, 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 internal medical team.
- Evacuation or repatriation 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 the reasonable control or influence of **Oman Insurance Company, Bupa Global** or **our service partners**.
- **OIC** or **Bupa Global** 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.
- **OIC** or **Bupa Global** 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.

Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Evacuation	Paid in full	Paid in full	Paid in full	Paid in full	<p>Transport costs for an evacuation:</p> <ul style="list-style-type: none"> ○ to the nearest when the required treatment is not available locally (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 <p>when this is pre-authorized.</p> <p>Please see the 'Pre-authorization' section for more details.</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 class air ticket on Business Select, Business Premier or Business Elite, or the cost of a business class air ticket on Business Ultimate <p>whichever is the lesser amount.</p> <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>
Repatriation	Paid in full	Paid in full	Paid in full	Paid in full	<p>Transport costs for a 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, when the required treatment is not available locally, and ○ the return journey to the place you were transferred from <p>when this is pre-authorized.</p> <p>Please see the 'Pre-authorization' section for more details.</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 class air ticket on Business Select, Business Premier or Business Elite, or the cost of a business class air ticket on Business Ultimate <p>whichever is the lesser amount.</p> <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 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>

Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Non-medical evacuation in case of conflicts and natural disasters	Not covered	Not covered	Not covered	Paid in full	<p>Costs for evacuation if you return ticket cannot be used due to:</p> <ul style="list-style-type: none"> ○ war, civil commotion, civil war, terrorist incidents, martial law, revolution or other similar situations in the region where you are staying, if such a situation was declared and documented by the Ministry of Foreign Affairs, embassy, or similar institution of the country you are in and arose after you left for the region ○ destructive natural disasters, including but not limited to tsunamis, hurricanes, earthquakes, volcanic eruptions, where the solution overwhelms the local capacity, necessitating a request of a national or international level for external assistance, and only if you are travelling outside your specified country of residency and the situation arose after you left for the region. <p>If you are detained by the authorities in a country due to war or impending war or you cannot be evacuated due to a natural disaster, we will provide coverage for up to 3 months for essential and documented extra expenses for accommodation and meals, plus the costs of necessary domestic transport due to enforced relocation in country or to meet the cost of higher security travel, if the situation requires so.</p> <p>Cover is subject to the condition that you have not previously neglected to follow an evacuation recommendation from the Ministry of Foreign Affairs, embassy, or similar institution of the country you are in.</p> <p>No responsibility will be held for the extent to which transportation may be carried out, but will co-operate with the Ministry of Foreign Affairs, embassy, or similar institution of the country you are in, in such cases where assistance is necessary.</p> <p>Please call the number on your insurance card or write via tameen.ae/membersworld as soon as possible after the event.</p>
Local air ambulance	We pay up to USD 10,000 (AED 36,725), GBP 7,500, EUR 8,900 each membership year	We pay up to USD 10,000 (AED 36,725), GBP 7,500, EUR 8,900 each membership year	We pay up to USD 10,000 (AED 36,725), GBP 7,500, EUR 8,900 each membership year	We pay up to USD 10,000 (AED 36,725), GBP 7,500, EUR 8,900 each membership year	<p>We pay for medically necessary travel for you to be transported by local air ambulance such as a helicopter, when related to eligible in-patient treatment or day-case treatment, either:</p> <ul style="list-style-type: none"> ○ from the location of an accident to hospital, or ○ for a transfer from one hospital to another <p>when it is appropriate for this method of transfer to be used to transport you over short journeys of up to 100 miles/160 kilometres. 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.</p> <p>This benefit does not include mountain rescue.</p> <p>Note: you would be covered under the evacuation benefit if the treatment you need is not available locally.</p>
Local road ambulance	Paid in full	Paid in full	Paid in full	Paid in full	<p>We pay for a 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

Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Travel cost for an accompanying person	Paid in full	Paid in full	Paid in full	Paid in full	<p>Reasonable travel costs for a close relative (spouse/partner, parent/guardian, 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"> <input type="radio"/> you need assistance to board or disembark from transport <input type="radio"/> you need to be transferred over a long distance (over at least 1000 miles or 1600 KM) <input type="radio"/> there is no medical escort <input type="radio"/> in the case of serious acute illness <p>The accompanying person may travel in a different class from you, depending on medical requirements.</p> <p>Reasonable travel costs for the return journey to the place you were transferred from when:</p> <ul style="list-style-type: none"> <input type="radio"/> this is pre-authorised, and <input type="radio"/> 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"> <input type="radio"/> the reasonable cost of the return journey by land or sea, or <input type="radio"/> the cost of an economy air ticket whichever is the lesser amount <p>We do not pay for someone to travel with you when the evacuation is for you to receive out-patient treatment such as advanced imaging or cancer treatment such as radiotherapy or chemotherapy.</p>
Travel cost for the transfer of children	Paid in full	Paid in full	Paid in full	Paid in full	<p>Reasonable travel costs for children to be transferred with you in the event of an evacuation or repatriation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> <input type="radio"/> it is medically necessary for you as their parent or guardian to be evacuated or repatriated <input type="radio"/> your spouse, partner, or other joint guardian is accompanying you, and <input type="radio"/> they would otherwise be left without a parent or guardian
Compassionate visit transport costs and compassionate visit living allowance	Not covered	Not covered	Visit and return: We pay up to 5 trips maximum benefit for the whole of your lifetime, up to USD 1,600 (AED 5,876), GBP 1,200, EUR 1,400, per trip Visit living allowance: We pay up to USD 160 (AED 588), GBP 120, EUR 140 per day for a maximum of 10 days each trip	Paid in full	<p>The cost of economy class travel costs for a close relative (spouse/partner, parent/guardian, child, brother or sister) who is in another country to visit when you have a sudden accident or illness and are going to be hospitalised for at least five days or you have received a short-term terminal prognosis. This includes economy class costs of your relative's return journey to their home country. This benefit is only paid when pre-authorised.</p> <p>For Business Elite members:</p> <ul style="list-style-type: none"> <input type="radio"/> a maximum of five trips per lifetime, and <input type="radio"/> only when pre-authorised <p>The amount shown here is the total amount we shall pay for these expenses during the whole of your lifetime, whether your membership is continuous or not.</p> <p>For Business Elite members, costs towards living expenses for your relative:</p> <ul style="list-style-type: none"> <input type="radio"/> following an eligible compassionate visit only, and <input type="radio"/> for up to 10 days whilst away from their usual specified country of residence <p>This benefit is not paid when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no further benefits as described in notes 'Travel cost for an accompanying person', 'Travel cost for the transfer of children' or 'Living allowance' will be payable.</p>

Transportation / Travel (continued)

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Compassionate emergency repatriation	Not covered	Not covered	Not covered	Paid in full	<p>If you are outside of your country of residence and have to terminate your journey prematurely due to death, serious acute illness or injury resulting in hospitalisation of a relative we pay for reasonable additional travel expenses.</p> <p>Relative for this benefit means spouse/partner, parent, child, brother, sister, brother in-law, sister in-law, son in-law, daughter in-law, grandchild, parent in-law, step-parent, step-child, step-sibling or guardian.</p> <p>The costs we pay will be either:</p> <ul style="list-style-type: none"> <input type="radio"/> the reasonable cost of the return journey by land or sea, or <input type="radio"/> the cost of a business class air ticket whichever is the lesser amount <p>Only:</p> <ul style="list-style-type: none"> <input type="radio"/> one transportation in connection with one course of an illness <input type="radio"/> if the relative in question is not a fellow insured traveller who has already been repatriated <input type="radio"/> if the compassionate emergency repatriation would cause you to arrive at least 12 hours earlier than was originally planned
Living allowance	We pay up to USD 63 (AED 232), GBP 47, EUR 56 per day for up to 10 days per membership year	We pay up to USD 63 (AED 232), GBP 47, EUR 56 per day for up to 10 days per membership year	We pay up to USD 63 (AED 232), GBP 47, EUR 56 per day for up to 10 days per membership year	We pay up to USD 63 (AED 232), GBP 47, EUR 56 per day for up to 10 days per membership year	<p>Costs towards living expenses for a relative (spouse/partner, parent/guardian, child, brother or sister) who is authorised to travel with you:</p> <ul style="list-style-type: none"> <input type="radio"/> following an evacuation, and <input type="radio"/> for up to 10 days, or your date of discharge whichever is the earlier, whilst away from their usual specified country of residence <p>We do not pay for someone to travel with you when evacuation is for out-patient treatment only such as advanced imaging or cancer treatment such as radiotherapy or chemotherapy.</p>
Repatriation of mortal remains	Paid in full	Paid in full	Paid in full	Paid in full	<p>Reasonable costs for the transportation of your body or cremated mortal remains to your specified country of nationality or to your specified country of residence:</p> <ul style="list-style-type: none"> <input type="radio"/> in the event of your death while you are away from home, and <input type="radio"/> 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>
Ground transportation services for medical emergency conditions inside the UAE by an authorised party	Paid in full	Paid in full	Paid in full	Paid in full	Ground transportation must be by an authorised party and only applies for medical emergency conditions inside the UAE

Dental / Optical treatment*

* On Business Select, Business Premier and Business Elite, the dental and optical benefits can only be purchased together as a single module.

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
Dental	<p>Optional cover, if purchased</p> <p>We pay up to USD 840 (AED 3,085), GBP 630, EUR 750 maximum benefit each membership year</p>	<p>Optional cover, if purchased</p> <p>We pay up to USD 2,000 (AED 7,345), GBP 1,500, EUR 1,800 maximum benefit each membership year</p>	<p>Optional cover, if purchased</p> <p>We pay up to USD 4,100 (AED 15,058), GBP 3,100, EUR 3,700 maximum benefit each membership year</p>	<p>Included</p> <p>We pay up to USD 7,250 (AED 26,626), GBP 5,850, EUR 6,950 maximum benefit each membership year</p>	<p>Benefit limits are paid in accordance with the percentage covered below.</p> <p>For Business Select and Business Premier:</p> <ul style="list-style-type: none"> ○ 100 percent of preventive treatment (such as check-ups, X-rays, scale and polishing) ○ 80 percent of routine treatment (such as fillings, extractions and root canal therapy) ○ 50 percent of major restorative (such as crowns, bridges or implants) ○ 50 percent of orthodontic treatment of overbite or under bite etc, up to the age of 19. <p>For Business Elite and Business Ultimate:</p> <ul style="list-style-type: none"> ○ 100 percent of preventive treatment (such as check-ups, X-rays, scale and polishing) ○ 100 percent of routine treatment (such as fillings, extractions and root canal therapy) ○ 50 percent of major restorative (such as crowns, bridges or implants) ○ 50 percent of orthodontic treatment of overbite or under bite etc, up to the age of 19. <p>Note: Treatment must be provided by a dental practitioner</p> <p>Dental and optical benefits are not subject to any network restrictions inside the UAE and will be paid accordance with the benefit limits stated.</p>
Optical	<p>Optional cover, if purchased</p> <p>We pay up to USD 425 (AED 1,561), GBP 320, EUR 380 maximum benefit each membership year</p>	<p>Optional cover, if purchased</p> <p>We pay up to USD 425 (AED 1,561), GBP 320, EUR 380 maximum benefit each membership year</p>	<p>Optional cover, if purchased</p> <p>We pay up to USD 425 (AED 1,561), GBP 320, EUR 380 maximum benefit each membership year</p>	<p>Included</p> <p>We pay up to USD 425 (AED 1,561), GBP 320, EUR 380 maximum benefit each membership year</p>	<p>Benefit limits are paid in accordance with the percentage covered below.</p> <p>We pay:</p> <ul style="list-style-type: none"> ○ maximum of one eye test each membership year, which includes the cost of your consultation and sight/vision testing ○ 75 percent of eligible costs for spectacle and contact lenses which are prescribed to correct a sight/vision problem, such as short or long sight ○ 75 percent of eligible costs of spectacle frames only if you have been prescribed spectacle lenses, your spectacle lens prescription or invoice will be required in support of your claim for spectacle frames <p>This benefit is on a reimbursement basis only in the UAE. Dental and optical benefits are not subject to any network restrictions inside the UAE and will be paid accordance with the benefit limits stated.</p>
Refractive eye surgery	Not covered	Not covered	Not covered	<p>We pay for one surgery per eye for the whole of your lifetime</p>	<p>For Business Ultimate only, we also pay costs of refractive surgery for astigmatism and myopia / hyperopia, subject to internal medical policy criteria, when:</p> <ul style="list-style-type: none"> ○ you have 3 dioptres or greater on the eye being treated, and ○ the treatment is provided by an accredited recognised practitioner, hospital or healthcare facility <p>We only pay for one surgery per eye per lifetime. The amount shown here is the total amount we shall pay for these expenses during the whole of your lifetime, whether your membership is continuous or not.</p> <p>Please call the number on your insurance card or write via tameen.ae/membersworld for pre-authorisation before proceeding with consultations and treatment. Benefit will not be paid unless preauthorisation has been provided.</p>

U.S. cover

Benefits	Select	Premier	Elite	Ultimate	Explanation of benefits
U.S. cover	Not covered	<p>Optional cover, if purchased</p> <p>100 percent of eligible costs in network.</p> <p>Reasonable and Customary costs out of network.</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorised or only 50% of eligible costs may be payable.</p>	<p>Optional cover, if purchased</p> <p>100 percent of eligible costs in network.</p> <p>Reasonable and Customary costs out of network.</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorised or only 50% of eligible costs may be payable.</p>	<p>Included</p> <p>100 percent of eligible costs in network.</p> <p>Reasonable and Customary costs out of network.</p> <p>In-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans must be pre-authorised or only 50% of eligible costs may be payable.</p>	<p>Want to add U.S. cover to your plan?</p> <p>If your sponsor agrees, you, the principal member may apply to include coverage in U.S. at any time following Your original date of joining. To apply you, the principal member will need to complete an application form for your U.S. upgrade which can be downloaded easily from tameen.ae/membersworld. Your application will be reviewed by internal medical underwriters and may result in exclusions or restrictions specific to coverage in the U.S.</p> <p>Pre-authorisation and the U.S. provider network</p> <p>If you have U.S. cover, then before any in-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans, in the U.S. you must contact the internal dedicated team for pre-authorisation. If coverage in the U.S. was included after your original date of joining please check your membership certificate for any specific exclusions applied when coverage was added.</p> <p>Please contact them by calling 844 369 3797 (from inside the U.S.), or +1 844 369 3797 (from outside the U.S.). To find out more please visit bupaglobalaccess.com</p> <p>In-patient treatment, day-case treatment, cancer treatment, MRI, CT and PET scans received in the U.S. without pre-authorisation may not be paid beyond 50%. Any pre-authorised treatment costs are covered according to this 'Table of Benefits'.</p> <p>Bupa Global's U.S. Service Partner uses a national network of hospitals, clinics and medical practitioners. This is the U.S. provider network. The internal dedicated team can help you to find a hospital or clinic in the U.S. provider network, when you contact them for pre-authorisation. When eligible treatment takes place in the U.S. using the U.S. provider network, benefit is paid at 100 percent, once any co-insurance or deductible amount which may apply, and which you are responsible to pay, has been deducted from the claimed amount.</p> <p>Where eligible treatment takes place in the U.S. but outside the U.S. provider network, benefit is paid at Reasonable and Customary costs. Please see the "Our approach to costs" section of this Guide.</p> <p>Please also see U.S treatment in the 'What is not covered?' section</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**:

- **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. This will be covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit 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. Please refer to the 'professional sports activities' exclusion
- Temporomandibular joint (TMJ) disorders - this will be covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit, inside the **UAE** only

General 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**. If **you** are unsure about anything in this section, please call the number on **your** insurance card or write via tameen.ae/membersworld before **you** go for **your treatment**.

Important note: **Our Business Health Plans** are non-U.S. insurance products and accordingly are not designed to meet the requirements of the U.S. 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 it will not be possible to provide tax reporting on behalf of those U.S. 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 or speak to **your health plan** administrator for more information.

General Exclusions

This section describes some circumstances where exceptions can be made to exclusions or restrictions. Where this is the case, benefit is payable up to the limits set out in the 'Table of Benefits'.

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 membership certificate**, we do not pay for conditions which are directly related to:

- excluded conditions or **treatments** (except in an **emergency**)
- additional or increased costs arising from excluded conditions or **treatments**
- complications arising from excluded conditions or **treatments**

Mandatory healthcare benefits

Care has been taken to seek to ensure that the following exclusions do not exclude, reduce or restrict **your** entitlement to any mandatory healthcare benefits defined as minimum coverage by Dubai health insurance law within the **Dubai Health Authority** mandatory geographical area of coverage. **Oman Insurance Company** confirm that the exclusions shall not be applied to the extent that this would exclude, reduce or restrict **your** entitlement to any such mandatory healthcare benefit.

These exclusions shall fully apply in relation to any benefits sought outside of the **Dubai Health Authority** mandatory geographical area of coverage.

Exclusion	Notes	Rules
Administration / registration fees		Administration and/or registration fees (unless OIC or Bupa Global , at their reasonable discretion, deem that such fees are proper and usual, accepted practice in the relevant country).
Advance payments / deposits		Advance payments and/or deposits towards the costs of any covered benefits .
Birth control		Contraception, sterilisation, vasectomy, or other attempt to correct a state of sterility, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting your doctor to discuss becoming pregnant or contraception.
Chinese medicine		Any of the following traditional Chinese medicines: cordyceps; ganoderma; antler; cubilose; donkey-hide gelatin; hippocampus; ginseng; red ginseng; American Ginseng; Radix Ginseng Silvestris; antelope horn powder; placenta hominis; Agaricus blazei murill; musk; and pearl powder, rhinoceros horn and substances from Asian Elephant, Sun Bear, and Tiger or other endangered species.
Conflict and disaster		<p>We shall not be liable for any claims which concern, are due to or are incurred as a result of treatment for sickness or injuries directly or indirectly caused by you putting yourself in danger by entering a known area of conflict (as listed below) or if you were an active participant or you have displayed a blatant disregard for your personal safety (Except Inside UAE- In Emergency cases as defined by PD 02-2017, these will be covered until stabilization at minimum):</p> <ul style="list-style-type: none"> o nuclear or chemical contamination o war, invasion, acts of a foreign enemy o civil war, rebellion, revolution, insurrection o terrorist acts o military or usurped power o martial law o civil commotion, riots, or the acts of any lawfully constituted authority o hostilities, army, naval or air services operations whether war has been declared or not

Exclusion	Notes	Rules
Convalescence and admission for general care		<p>Convalescence and admission for general care, or staying in hospital for</p> <ul style="list-style-type: none"> ○ convalescence, pain management, supervision, or ○ receiving only general nursing care, or ○ therapist or complementary therapist services, or ○ domestic/living assistance such as bathing and dressing
Cosmetic treatment		<p>Non-medically essential surgery and treatment to alter your appearance including abdominoplasty or treatment related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered.</p> <p>We do not pay for treatment of keloid scars. We also do not pay for scar revision.</p> <p>For example: All cosmetic healthcare services and services associated with replacement of an existing breast implant will be excluded. Cosmetic operations which are related to an injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body and breast reconstruction following a mastectomy for cancer are covered.</p>
Deafness		<p>Treatment for or arising from deafness or partial hearing loss not caused by a congenital abnormality or ageing.</p>
Dental treatment /gum disease	<p>This exclusion is not applicable if you have the Business Ultimate level of cover, or if your sponsor has purchased the optional Dental / Optical module with the Business Select, Business Premier or Business Elite health plan. Please see dental treatment and emergency dental treatment in the 'Table of Benefits'.</p>	<p>This includes surgical operations for the treatment of bone disease when related to gum disease or damage, or treatment for, or arising from disorders of the temporomandibular joint.</p> <p>Examples: we do not pay for tooth decay, gum disease, jaw shrinkage or loss, damaged teeth, etc.</p>
Desensitisation and neutralisation		<p>Treatment to de-sensitise or neutralise any allergic condition or disorder, including immunomodulators and immunotherapy.</p>
Developmental problems		<p>Treatment for, or related to developmental problems, including:</p> <ul style="list-style-type: none"> ○ learning difficulties, such as dyslexia ○ developmental problems treated in an educational environment or to support educational development
Donor organs		<p>Treatment costs for, or as a result of the following:</p> <ul style="list-style-type: none"> ○ transplants involving mechanical or animal organs ○ the removal of a donor organ from a donor ○ the removal of an organ from you for purposes of transplantation into another person ○ the harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible diseases or illness ○ the purchase of a donor organ

Exclusion	Notes	Rules
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 reasonable clinical opinion of the internal medical teams, 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-authorised in line with internal 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 the 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 reasonable clinical opinion of the internal medical teams, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Eyesight	This exclusion does not apply to the Business Ultimate level of cover.	<p>Treatment, equipment or surgery to correct eyesight, such as laser treatment, refractive keratotomy (RK) and photorefractive keratotomy (PRK).</p> <p>Examples: We will pay for eligible treatment or surgery of a detached retina, glaucoma, cataracts or keratoconus.</p> <p>We will not pay for routine eye examinations, contact lenses or spectacles unless the Dental / Optical option has been purchased, as detailed in the 'Table of Benefits'.</p>
Footcare		Treatment for corns, calluses, or thickened or misshapen nails.
Gender issues		Sex changes or gender reassignments.
Genetic testing	This exclusion is not applicable in the case of Genetic Cancer Screening if you have the Business Ultimate level of cover.	<p>Genetic tests, when such tests are solely performed to determine whether or not you may be genetically likely to develop a medical condition.</p> <p>Example: we do not pay for tests used to determine whether you may develop Alzheimer's disease, when that disease is not present.</p>

Exclusion	Notes	Rules
Growth Hormone Therapy		Treatment that uses growth hormones to stimulate growth and cell reproduction, often given as prescribed medication. (Except Inside UAE - In Emergency cases as defined by PD 02-2017, these will be covered until stabilization as a minimum)
Hair Loss		Treatments and associated expenses for alopecia, baldness, hair falling, dandruff or wigs, unless required as a result of treatment for cancer.
Harmful or hazardous use of alcohol, drugs and/or medicines		Treatment for or arising: <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 (Except Inside UAE - In Emergency cases as defined by PD 02-2017, these will be covered until stabilization as a minimum)
Professional sports activities		Any treatments and services arising as a result professional sports activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other professional sports activities.
Health hydros, nature cure clinics etc.	If you have the Business Ultimate level of cover, we may cover costs associated with rehabilitation at recognised health resorts as detailed in the 'Table of Benefits', subject to pre-authorisation.	Treatment or services which do not seek to improve or which do not result in a change in the medical condition of the patient received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a hospital .
Health related services which do not seek to improve or which do not result in a change in the medical condition of the patient		We will not pay for non-medical treatment or 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 .
Healthcare services for adjustment of spinal subluxation		Treatment or services received for spinal subluxation.
Healthcare services, which are not medically necessary		Treatment or services received that are not medically necessary .

Exclusion	Notes	Rules
Infertility treatment		<p>Treatment to assist reproduction, or to correct a state of infertility such as:</p> <ul style="list-style-type: none"> ○ in-vitro fertilisation (IVF) ○ gamete intrafallopian transfer (GIFT) ○ zygote intrafallopian transfer (ZIFT) ○ artificial insemination (AI) ○ prescribed drug treatment ○ embryo transport (from one physical location to another), or ○ donor ovum and/or semen and related costs <p>Note: we pay for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> ○ you had not been aware of any problems before joining, and ○ you have been a member of this Plan (or any Plan administered by OIC or Bupa Global which included cover for this type of investigation) for a continuous period of two years before the investigations start <p>Once the cause is confirmed, we will not pay for any additional investigations in the future.</p>
In-patient treatment received without prior approval		This includes medical emergency cases which were not notified within 24 hours from the date of admission.
Mechanical or animal donor organs		Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventative measure against possible future disease.
Multiple consultations with consultants inside the UAE	This exclusion is specific to treatment in the UAE only	More than one consultation or follow up with a consultant in a single day unless referred by a physician.
Natural disasters	This exclusion is specific to treatment in the UAE only	Treatment in the UAE for injuries resulting from natural disasters (including but not limited to) earthquakes, tornados and any other type of natural disaster. (Except Inside UAE - In Emergency cases as defined by PD 02-2017, these will be covered until stabilization as a minimum).
Non-medical treatments and supplies		All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions) and all equipment not primarily intended to improve a medical condition or injury, including but not limited to air conditioners or air purifying systems, arch supports, convenience items/options, exercise equipment and sanitary supplies.
Obesity	We may cover costs associated with obesity surgery as detailed in the 'Table of Benefits'.	Treatment for or as a result of obesity (including morbid obesity) such as: slimming aids or drugs, weight control programs or slimming classes.
Patient treatment supplies		These include: Elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments , excluding such supplies required as a result of treatment rendered during a medical emergency .
Personal comfort and convenience items		These include television, barber, or beauty services, guest services and similar incidental services and supplies.
Physical aids and devices	Please see optical treatment in the 'Table of Benefits'.	Any physical aid or device which is not a prosthetic implant, prosthetic device, or defined as an appliance. Examples: we will not pay for hearing aids except required as a result of a medical emergency , crutches or walking sticks.

Exclusion	Notes	Rules
Reconstructive or remedial surgery		<p>Treatment required to restore your appearance after an illness, injury or previous surgery, unless:</p> <ul style="list-style-type: none"> ○ the treatment is a surgical operation to restore your appearance after an accident, or as the result of surgery for cancer, if either of these takes place during your current continuous membership of the plan ○ the treatment is carried out as part of the original treatment for the accident or cancer ○ you have obtained written consent before the treatment takes place
Sexual problems		Sexual problems, such as impotence, whatever the cause.
Sleep disorders		Treatment , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.
Smoking cessation programmes		Supplies, treatment and services for smoking cessation programmes and the treatment of nicotine addiction.
Speech disorders		<p>Treatment for speech disorders, including stammering or speech developmental delays, unless all of the following apply:</p> <ul style="list-style-type: none"> ○ the treatment is short term therapy which is medically necessary as part of active treatment for an acute condition such as a stroke, ○ the speech therapy takes place during and/or immediately following the treatment for the acute condition, and ○ the speech therapy is recommended by the consultant in charge of your treatment, and is provided by a therapist <p>in which case we may pay at our discretion.</p>
Stem cells		<p>Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage.</p> <p>Note: we pay for bone marrow transplants and peripheral stem cell transplants when carried out as part of the treatment for cancer. This is covered under the cancer treatment benefit.</p>
Surrogacy		Treatment directly related to surrogacy. This applies to you if you act as a surrogate, or to anyone else acting as a surrogate for you .
Temporomandibular joint (TMJ) disorders, outside the UAE	This exclusion is specific to treatment outside the UAE only	Disorders of the Temporomandibular joint (TMJ) and related complications. This is defined as any medically necessary operative procedure or portion of a procedure performed to treat diseases, injuries and defects in the head, neck, face, jaws and the hard and soft tissues of the oral (mouth) and Maxillofacial (jaws and face). Such costs will be covered in the UAE for TMJ medical conditions and it's management by medical practitioners . This may include TMJ disorders and neoplasm of the salivary glands.
Travel costs for treatment		<p>Any travel costs related to receiving treatment, unless otherwise covered by:</p> <ul style="list-style-type: none"> ○ local air ambulance benefit ○ local road ambulance benefit ○ medical evacuation ○ medical repatriation ○ non-medical evacuation ○ travel cost for an accompanying person ○ travel cost for the transfer of children ○ compassionate visit transport costs and compassionate visit living allowance, or ○ compassionate emergency repatriation <p>Examples:</p> <ul style="list-style-type: none"> ○ we do not pay for taxis or other travel expenses for you to visit a medical practitioner ○ we do not pay for travel time or the cost of any transport expenses charged by a medical practitioner to visit you

Exclusion	Notes	Rules
<p>Unrecognised medical practitioner, hospital or healthcare facility</p>		<ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, hospital or healthcare facility who is 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

Exclusion	Notes	Rules
U.S. treatment	<p>Business Ultimate cover includes U.S. cover. Business Premier or Business Elite with Worldwide excluding U.S. cover include U.S. cover for unforeseen treatment within 28 days of your arrival in the U.S.</p>	<p>1. If you are on Business Select, Business Premier or Business Elite with Regional Middle East countries only, U.S. cover is not included in your cover, and any treatment received, emergency or otherwise, in the U.S. is ineligible.</p> <p>2. If U.S. cover has not been purchased and you are on Business Premier or Business Elite with Worldwide excluding U.S. cover, then any treatment or services received in the U.S. are ineligible:</p> <ul style="list-style-type: none"> ○ where this takes place after the 28th day of your visit to the U.S.; or ○ where these relate to any condition where symptoms of the condition were apparent to you before your visit to the U.S.; or ○ when it is known or there are reasonable grounds to conclude that you travelled to the U.S. for the purpose of receiving treatment or services - this applies whether or not your treatment or services were the main or sole purpose of your visit; or ○ where these relate to the delivery of a baby, other than in the case of unforeseen premature delivery; or ○ where these relate to a newborn baby born in the U.S, other than in the case of an unforeseen premature delivery. (In the case of unforeseen premature delivery the newborn must have been validly added to the membership) or ○ when arrangements for treatment or services were not pre-authorised by our agents in the U.S.. <p>Note: in order to claim for unforeseen treatment or services received within 28 days of your arrival in the U.S., you must send a photocopy of your airline ticket and stamped passport as evidence of your arrival date with your claim.</p> <p>Please see terms around adding newborn babies in the 'Adding Dependants' and neo-natal/ newborn care benefit in the 'Table of Benefits' sections of this membership guide.</p> <p>3. If U.S. cover is included in your cover (on Business Ultimate or purchased on Business Premier or Business Elite), then any treatment or services received in the U.S. are ineligible:</p> <ul style="list-style-type: none"> ○ when arrangements were not pre-authorised by our agents in the U.S. where required (see 'Pre-authorisation – Treatment in the U.S.' section of this membership guide); or ○ when it is known or there are reasonable grounds to conclude, that you purchased cover for and travelled to the U.S. for the purpose of receiving treatment or services for a condition, including pregnancy when the symptoms of the condition were apparent to you before buying the cover (on Business Premier or Business Elite). This applies whether or not your treatment or services were the main or sole purpose of your visit and even if the treatment or services were pre-authorised. <p>Service Partner</p> <p>Bupa Global's Service Partner in the U.S. operates a national network of hospitals, clinics and medical practitioners. This is the U.S. provider network. You must contact the internal dedicated team before you have treatment, and they can help to find a suitable network provider for you. If you choose not to have your in-patient treatment or day-case treatment, cancer treatment, MRI, CT and PET scans in the U.S. pre-authorised, we will only pay 50 percent towards the cost of covered treatment.</p> <p>For eligible treatment that takes place in the U.S. using the U.S. provider network, benefit is paid at 100 percent once any co-insurance or deductible amount which may apply, and which you are responsible to pay, has been deducted from the claimed amount.</p> <p>When eligible treatment takes place in the U.S. but outside the provider network, benefit is paid at Reasonable and Customary costs. Please see the "Our approach to costs" section of this membership guide.</p>

Pre-authorisation

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

If **you** call the number on **your** insurance card or write via tameen.ae/membersworld before going for **treatment**, **your** benefits can be explained to **you** and **you** can receive confirmation that **your treatment** is covered by **your health plan**. If needed help can also be provided with suggesting **hospitals**, clinics and **doctors** and any help or advice **you** may need can be offered.

In cases where **you** need **hospital treatment** (in patient **treatment** or **day-case treatment**), contacting the number on **your** insurance card or writing via tameen.ae/membersworld also gives an opportunity to contact **your hospital** or clinic and make sure they have everything they need to go ahead with **your treatment**. If possible paying them directly can also be arranged.

Please be aware that there are certain benefits which **you** must receive preauthorisation for. These are detailed in **your** 'Table of Benefits'. Benefit may not be paid unless preauthorisation has been provided.

The pre-authorisation process

You can pre-authorise **your treatment** by phone or email. Once the necessary details have been received, a pre-authorisation statement will be sent to **your hospital** or clinic. For more information about pre authorisation, please see the 'Pre-authorisation' section on page 6.

When **you** call the number on **your** insurance card or write via tameen.ae/membersworld, please have **your** membership number ready. Some or all of the following questions will be asked:

- what condition are **you** suffering from?
- when did **your** symptoms first begin?
- when did **you** first see **your** family **doctor** about them?
- what **treatment** has been recommended?
- on what date will **you** receive the **treatment**?

- what is the name of **your consultant**?
- where will **your** proposed **treatment** take place?
- how long will **you** need to stay in **hospital**?

A pre-authorisation statement will be sent to **you** at **your** request, which can be used as a claim form to send back if **you** receive any invoices or are asked to pay for any aspect of **your treatment yourself**. More detail 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 rule out any relation to a pre-existing condition. **You** may be required to have a medical examination by an independent **medical practitioner** appointed by **OIC** or through **Bupa Global** (at **our** cost) who will then provide a medical report. If this information is not provided in a timely manner once requested this may result in a delay in pre-authorisation and to **your** claims being paid. If this information is not provided at all this may result in **your** claims not being paid.

If **your treatment** is pre-authorized, this means that **you** will be paid up to the limits of **your** Plan, provided that all of the following requirements are met:

- the **treatment** is eligible **treatment** that is covered by **your health plan**
- **you** have an active membership at the time that **treatment** takes place
- **your sponsor's** subscriptions are paid up to date
- the **treatment** carried out matches the **treatment** authorised
- **you** have provided a full disclosure of the condition and **treatment** required
- **you** have enough benefit entitlement to cover the cost of the **treatment**
- the **treatment** is **medically necessary**
- and the **treatment** takes place within 31 days after pre-authorisation is given.

CALL: Inside the **UAE** toll-free on 800 0444 0492 and outside the **UAE** on +44 (0) 1273 323 563

Or get in touch via the secure MembersWorld website at tameen.ae/membersworld

Length of stay (in-patient treatment)

Your pre-authorization will specify an approved length of stay for **in-patient treatment**. This is the number of nights in **hospital** that **we** will cover **you** for. If **your treatment** will take longer than this approved length of stay, then **you** or **your consultant** must call the number on **your** insurance card or write via tameen.ae/membersworld for an extension to the pre-authorization.

Treatment we can pre-authorise

The following **treatment** can be pre-authorized:

- most **out-patient, in-patient** and **day-case treatment** at a **benefits provider** inside **your** purchased level of **Oman Insurance Company network** in the **UAE**
- most **in-patient** and **day-case treatment** at participating **benefits providers** outside of the **UAE**
- **out-patient treatment** at the discretion of the **benefits provider** outside of the **UAE**.

Treatment in the U.S.

All **in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. must be pre-authorized. If **you** are going to receive any of these **treatments**, ask **your benefits provider** to contact the internal dedicated team for preauthorisation. All the information they need is on **your** membership card.

Special arrangements have been made for if **you** need to have **treatment** or be hospitalised in the U.S. These include access to a select **network** of quality **benefits providers** and direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**.

Treatment which has not been pre-authorized

If **you** choose not to get **your in-patient treatment** and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. pre-authorized, only 50 percent will be paid towards the cost of covered **treatment**.

Of course there are times when **you** cannot get **your treatment** pre-authorized, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to call the number on **your** insurance card or write via tameen.ae/membersworld within 48 hours of **your** admission or as soon as reasonably possible in the circumstances. It is then possible to make sure **you** are getting the right care, and in the right place. If **you** have been taken to a **hospital** which is not part of the **network** and, if it is the best thing for **you**, **you** may be moved to a **network hospital** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a provider in **network** (should this be offered to be arranged, where medically appropriate) only the **Reasonable and Customary** costs of any covered **treatment** or services received following the date of the transfer being offered will be paid (after any applicable coinsurance or deductible has been deducted).

If notification has been received within 48 hours of an **emergency** admission to **hospital**, **you** will not be asked to share the cost of **your treatment**.

Out of network treatment

Even if **your treatment** in the U.S. has been pre-authorized, if **you** choose to go to use a **hospital, clinic** or **medical practitioner** Out of **network**, only **Reasonable and Customary** costs will be paid towards the cost of covered **treatment**. Please see the "**Our** approach to costs" section of this **membership guide**.

There may be times when it is not possible for **you** to be treated at a **network hospital**. These include:

- where there is no **network hospital** within 30 miles of **your** address, and
- when the **treatment** **you** need is not available in the **network hospital**

In these cases, **you** will not be asked to share the cost of **your treatment**.

Important rules:

Please note that pre-authorization is only valid if all the details of the authorised **treatment**, including dates and locations, match those of the **treatment** received. If there is a change in the **treatment** required, if **you** need to have further **treatment**, or if any other details change, then **you** or **your consultant** must get in touch to pre-authorise this separately. **We** make **our** decision to approve **your treatment** based on the information given.

We reserve the right to withdraw **our** decision if additional information is withheld or not given at the time the decision is being made. **We** reserve the right to withdraw or amend **our** decision if information is subsequently received that may be contradictory to the information initially given at the time the decision is being made. Failure to comply with any request for additional information may be deemed to be indicative of fraudulent activities. Should such a failure occur, information may be disclosed to third parties (including other **insurers**) with the intention of preventing and detecting fraud.

Making a Claim

At times of ill health, **you** want to concentrate on getting well. **We** will do everything **we** can to make **your** claim as simple and straightforward as possible.

Where possible **your benefits provider** will be paid directly, however in some cases that is not possible and this section details the pay and claim process in more detail.

For more information about making a claim inside and outside the **UAE**, please see page 7 and 8.

How to make a claim

Claim forms

Your claim form is important as it gives the information needed to process **your** claim. **You** must ensure that **your** claim form is fully completed by **you** and by **your medical practitioner**. If it is not fully completed **you** may be asked for more information. Contacting **you** or **your medical**

practitioner for more information can take time, and an incomplete claim form is the most common reason for delayed payments.

You can download a claim form from **our** MembersWorld website, or call the number on **your** insurance card or write via [tameen.ae/membersworld](mailto:tameen.ae@membersworld.com) to be sent one. Remember that if **your treatment** is pre-authorized, **your** pre-authorization statement can act as **your** claim form.

Where **you** need to complete a claim form, **you** must complete one for:

- for each **member**
- for each condition
- for each **in-patient** or day-case stay, and
- for each currency of claim

If a condition continues over six months, **you** will be asked to complete for a further claim form.

What to send us

You need to return the completed form with the invoices, as soon as possible. This must be within 3 years of receiving the **treatment** for which **you** are claiming. Invoices sent after 3 years will not normally be paid unless there is a good reason why it was not possible for **you** to make the claim earlier.

Requests for further information

You may be asked for further information to support **your** claim. If so, **you** must provide this. Examples of things **you** might be asked to include:

- medical reports and other information about the **treatment** for which **you** are claiming
- the results of any medical examination performed at **our** expense by an independent **medical practitioner** appointed by **OIC** or through **Bupa Global**
- written confirmation from **you** as to whether **you** think **you** can recover the costs **you** are claiming from another person or insurance company

If **you** do not provide the information asked for, **we** may not pay **your** claim in full.

Important

When making a claim please note:

- **you** must have received the **treatment** while covered under **your** membership
- payment of **your** claim will be under the terms of **your** membership and up to the benefit levels shown, that apply to **you** at the time **you** receive the **treatment**
- **we** will only pay for **treatment** costs actually incurred by **you**, not deposits or advance invoices or registration/administration fees charged by the provider of **treatment**
- **we** will only pay for **treatment** costs that are **reasonable and customary**
- original documents such as invoices or letters will not be returned to **you**. However, certified copies may be returned to **you** if **you** ask this when **you** submit **your** claim.

Tracking a claim

Your claim will be processed as quickly as possible. **You** can easily check the progress of a claim **you** have made by logging on to the MembersWorld website.

Fraud prevention and detection

Where appropriate, **your** details will be checked with fraud prevention agencies, other **insurers** and other relevant third parties for the purpose of preventing and detecting false information or fraudulent activity. If **you** give false or inaccurate information and there is a suspicion of fraud, this may be recorded with a fraud prevention agency. These records may be used and searched also by other organisations to:

- help make decisions about benefit and benefit related services for **you** and **members of your plan**
- help make decisions on other insurance proposals and claims for **you** and **members of your plan/group**
- trace debtors, recover debt, prevent fraud and to manage **your** insurance plans
- establish **your** identity

- undertake credit searches and additional fraud searches.

Suspicious or Fraudulent Claims

You and any **dependant** (or anyone acting on behalf of **you** or any **dependant**) must not:

- make a fraudulent or exaggerated claim under this plan;
- send **us** fake or forged documents or other false evidence, or make a false statement in support of a claim;
- provide **us** with information which **you** or any **dependant** knows would otherwise enable **us** to refuse to pay a claim under this plan; 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).

Failure to comply with the above will give **us** the right to:

- refuse to pay the whole of the claim and any other claim(s) submitted since the date of that claim;
- recover any payments **we** have already made in respect of the claim and/or other claim(s) submitted since that claim.
- notify **you** that this plan (or if the fraudulent claim is made by or on behalf of a particular **dependant**, the cover under this plan for that particular **dependant**) has terminated from the date of any of the acts or omissions set out above, and **we** will not refund the premium

Confirmation of your claim

Confirmation of how **your** claim has been dealt with always be sent to **you** apart from when **you** have received **treatment** within **your** purchased level of **Oman Insurance Company network**, within the **UAE**. If applicable, for child **dependants** (those aged under 18 years), the **principal member** will be written to. If the claim is for **treatment** received by the **principal member**, or an adult **dependant** (those aged 18 years or over), the individual concerned will be

written to directly.

How your claim will be paid

Wherever possible, the instructions given in the 'Payment details' section of the claim form will be followed:

- **You** or the **hospital** can be paid
- Payment can be made by cheque or by electronic transfer.

Who we will pay

Payments will only be made to the **member** who received the **treatment**, the provider of the **treatment**, the **principal member** of the membership or the executor or administrator of the **member's** estate. A **dependant** will only be paid where the **dependant** received the **covered benefits**, they are over 18 and they have provided their current bank details. Payments will not be made to anyone else.

Payment method and bank charges

Payment will be made where possible by electronic transfer or by cheque. Payments made by electronic transfer are quick, secure and convenient. To receive payment by electronic transfer, the full bank account, SWIFT code, bank address details and (in Europe only) IBAN number need to be provided on the claim form.

Our bank will be instructed to recharge the administration fee relating to the cost of making the electronic transfer but there is no guarantee that these charges will always be passed back to be paid. In the event that **your** local bank makes a charge for a wire transfer the aim will be to refund **you** this as well. Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **OIC** or **Bupa Global's** error.

Cheques are no longer valid if they are not cashed within 6 months. If **you** have an out-of-date cheque, please contact customer services, who will be happy to arrange a replacement.

Payment currency and conversions

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 can pay in the currency in which **your sponsor** pays **your** subscriptions, the currency of the invoices **you** send, or the currency of **your** bank account.

Sometimes, the international banking regulations do not allow a payment to be made in the currency **you** have asked for. If so, a payment will be sent in the currency of **your sponsor's** subscriptions. Where payment to **you** in the usual currency may expose **Bupa Global** (or the **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.

Regarding 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.

Other claim information

Discretionary payments

In certain situations, discretionary or 'ex gratia' payments may be made towards **your treatment**. If any payment is made on this basis, this will still count towards the annual maximum and overall maximum amount that will be paid under **your** membership. Making these payments does not mean such payments may be made in the future.

Treatment that is not covered by **your** Plan does not need to be paid, even if an earlier claim for a similar or identical **treatment** or conditions had been paid, including where such earlier payment was made in error.

Incorrect payment of claims

If any payment of **your** claim is made incorrectly, the incorrectly paid amount may be deducted from future claims or repayment may be sought from **you**.

Claiming for treatment when others are responsible

You must complete the appropriate section of the claim form if **you** are claiming for **treatment** that is needed when someone else is at fault, for example in a road accident in which **you** are a victim. If so, **you** will need to take any reasonable steps asked of **you** to assist to:

- recover from the person at fault (such as through their insurance company) the cost of the **treatment** paid, and
- claim interest if **you** are entitled to do so

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.

You must provide any assistance reasonably required to help make such a claim, for example:

- providing any documents or witness statements;
- signing court documents;
- and submitting to a medical examination.

The right to bring a claim in **your** name may be exercised before or after any payment is made under the membership. **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

Claiming with joint or double insurance

You must complete the appropriate section on the claim form, if **you** have any other insurance cover for the cost of the **treatment** or benefits **you** have claimed. If **you** do have other insurance cover, this must be disclosed when claiming, and **we** will only pay **our** share of the cost of the **treatment** or benefits claimed.

Bupa LifeWorks

LifeWorks provides 24/7 confidential support and short-term counselling for **your** mental, financial, physical and emotional wellbeing. **You** also have access to a range of services, including expert tips and toolkits, as well as a wealth of online articles, podcasts, videos, and more.

Oman Insurance Company and **Bupa Global** have partnered with LifeWorks to provide **you** with access to Bupa LifeWorks provided by LifeWorks. LifeWorks is an independent provider of employee wellbeing services.

These services will be provided by LifeWorks directly to **you**.

The service is confidential.

Available 24 hours a day, 7 days per week, 365 days per year. Access available worldwide online, via phone or app and provides information, resources and counselling on any work, life, personal or family issue. Services can be provided in a number of languages.

There is no cost to employees and their families to use this service

LifeWorks provides counselling, information, and resources on the following topics:

- Health and wellbeing
 - Stress, depression and anxiety, substance abuse, or concern about someone else's, addictions, including gambling, domestic abuse, grief and loss, critical incidents, trauma.
- Financial and legal
 - Budgeting, investments, retirement planning, managing loans and mortgages, managing debt, tax issues, financial concerns.
- Work-related issues
 - Workplace stress, workplace conflict, job burnout, coping with change, career development, general work-related issues, bullying and harassment.

- Relationships and family matters
 - Relationship issues, separation and divorce, childcare and parenting issues, adoption, eldercare and care giving issues, education concerns and student life, relatives with disabilities.

How to contact LifeWorks:

LifeWorks is accessible wherever and whenever you need it. Access online by visiting login.lifeworks.com or by mobile app. It's simple to install, easy to use and available in the Apple App Store or Google Play. Search "LifeWorks" and look out for the LifeWorks logo. 'Log in' for the first time using the company code 'Bupa', then enter **your** MembersWorld email address and password to sign in.

LifeWorks general rules:

The following rules apply to the Bupa LifeWorks: This service is provided by LifeWorks formerly Morneau Shepell, directly to **you**. **Oman Insurance Company** and **Bupa Global** assumes no liability and accepts no responsibility for information provided by LifeWorks, and the performance of the service by LifeWorks. By availing this service, **you** hereby also agree to hold harmless **Oman Insurance Company** and **Bupa Global** from any costs/damages/liabilities arising from **your** usage of the service. Support and information provided through this service does not confirm that any related **treatment** or additional support is covered under the **health plan**. This service is not intended to be used for **emergency** or urgent **treatment** medical questions.

Confidential and/or identifiable information* which **you** may discuss with LifeWorks will not be shared with **Oman Insurance Company** and **Bupa Global** or **your** employer (LifeWorks will only share aggregated and de-identified information for reporting purposes). However, **Oman Insurance Company** and **Bupa Global** may ask **your** permission to review **your** personal data if **you** make a complaint to **Oman Insurance Company** and **Bupa Global** about the service. For further information on how LifeWorks will process **your** personal data please see LifeWorks' privacy policy <https://lifeworks.com/en/privacy-policy>. For further information on how **Oman**

Insurance Company and **Bupa Global** process personal data in the event a customer makes a complaint to **Oman Insurance Company** and **Bupa Global** about the service please see **Oman Insurance Company** and **Bupa Global**'s privacy policy at <https://www.oicglobal.ae/legal/privacy-policy/> and www.bupaglobal.com/en/legal/privacy-policy respectively.

* Calls placed from mobile phones or internet based lines (VOIP) are carrier dependent and not guaranteed. Please call the number on **your** insurance card or write via [tameen.ae/membersworld](mailto:tameen.ae@membersworld.ae) if **you** experience issues connecting. The transmission of information via the Internet is not completely secure. Any transmission is at **your** own risk.

Your Membership

This section contains the rules about **your** membership, including when it will start and end, renewing **your health plan**, how **you**, the **principal member** can change **your** cover and general information.

Paying subscriptions and other charges

Your sponsor has to pay any and all subscriptions due to **Oman Insurance Company** under the agreement, together with any other charges, levies or taxes (such as insurance premium tax) that may be payable. **You** will be directly responsible for payment of any **co-insurance** amount.

Starting and renewing your membership

When your cover starts

Your membership starts on the 'effective date' shown on the first **membership certificate** sent to **you**, the **principal member** for **your** current continuous period of Business **Health Plan** membership.

Renewing your membership

The renewal of **your** membership is subject to **your sponsor** renewing **your** membership under the agreement.

Ending your membership

Your sponsor can end **your**, the **principal member's**, membership, or that of any of **your dependants** (if applicable) by writing to us.

Please note that cancellations cannot be backdated. Cancellation requests received with effective dates between the 28th- 31st of the month will take effect on the 1st of the following month.

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.

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.

Your membership will end subject to applicable regulations:

- if the agreement between **Oman Insurance Company** and **your sponsor** is terminated
- if **your sponsor** does not renew **your** membership,
- if **your sponsor** does not pay subscriptions or any other payment due under the agreement for **you**, or for any other person,
- if the membership of the **principal member** ends upon the death of the **principal member**

If you move to a new Emirate or country, or change your specified country of nationality

You, the **principal member** must tell **your sponsor** straight away if **your specified Emirate of residence** changes, or **your specified country of nationality** changes. **Your** new Emirate, or country may have different regulations about health insurance, and **your**

membership may need to end if the change results in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens. **You**, the **principal member** need to tell **your sponsor** of any change to make sure that **you** have the right cover and that all local regulations are being met.

The details of regulations vary from Emirate to Emirate and country to country and may change at any time.

If **you** change **your specified Emirate of residence** to another Emirate, or to another country, **you** may be able to transfer to another international medical insurance policy. This may be subject to medical underwriting. **You** may also be entitled to retain any of **your** benefits which aren't covered until **you** have been a **member** for a certain period, and the time **you** were a **member** will count towards that. Please note that if **you** request a transfer to a different **insurer**, **your** personal information and any medical history held with that **insurer** will have to be shared.

If **you** change **your specified Emirate of residence** or **your specified country of nationality**, please call the customer services helpline to confirm if **your** membership is affected, and, if so, whether **you** can be offered a transfer service.

Making changes to your cover

The terms and conditions of **your** membership may be changed from time to time by agreement between **your sponsor** and **Oman Insurance Company**, or where there is a legal or regulatory requirement to do so.

Amending your membership certificate

We will send **you**, the **principal member** a new **membership certificate** if:

- with the **sponsor's** approval, **you**, the **principal member** add a new **dependant** to **your** membership (if applicable)
- **we** need to record any other changes requested by **your sponsor** or that **we** are entitled to make, or

- with the **sponsor's** approval, **you** have upgraded coverage to include the U.S.

General information

Other parties

No other person is allowed to make or confirm any changes to **your** membership on **our** behalf, or decide not to enforce any of **our** rights.

No change to **your** membership will be valid unless it is confirmed in writing. Any confirmation of **your** cover will only be valid if it is confirmed in writing by **us**.

If **you**, the **principal member** change **your** correspondence address, please call the number on **your** insurance card or write via tameen.ae/membersworld as soon as reasonably possible, as any correspondence will be sent to the address **you** last gave.

Correspondence

Letters must be sent by post and with the postage paid. With the exception of official documents such as birth or death certificates, original documents will not be returned to **you**. However, if **you** ask at the time **you** send any original documents, such as invoices, certified copies can be provided.

Applicable law

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.

If any dispute arises as to the interpretation of this policy as between different language versions, then the Arabic version shall be deemed to be conclusive and take precedence over any other versions. This can be obtained at all times by contacting the customer services helpline. Please note that future correspondence relating to this policy may be provided in English.

Provision of accurate and complete information

You and any **dependant** must take reasonable care to make sure that all information provided is accurate and complete, at the time **you** take out this membership, and at each renewal and variation of this membership. **You** and any **dependant** must also say if any of the answers to the questions in the application form change prior to this membership starting. Otherwise, the following apply with effect from the date the membership was taken out, renewed or varied (depending on when the inaccurate or incomplete information was provided).

A. This membership may be treated as if it had not existed if **you** deliberately or recklessly give inaccurate or incomplete information.

B. Where **you** negligently or carelessly give inaccurate or incomplete information, or where A. applies but the rights under A are not relied upon, the membership and any claims in a way which reflects what would have been done if accurate and complete information had been provided, may be treated as follows:

- if **we** would have refused to cover **you** at all, this membership may be treated as if it had not existed;
- if **we** would have provided **you** with cover on different terms, then those different terms may be applied to this membership. This means a claim will only be paid if it is covered by and/or if **you** have complied with such different terms - for example **your** membership may contain new personal restrictions or exclusions; and/or
- if **we** would have charged **you** a higher premium, the amount payable on any claim may be reduced by comparing the additional premium to the original premium. For example, **we** will only pay half of a claim, if **we** would have charged double the premium.

Where it is a **dependant** (or **you** on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the plan which applies to the **dependant**, or to claims made by that **dependant**.

The same rules apply if someone else provides information on **your** behalf or any **dependant's** behalf.

Incontestability

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.

Liability

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**.

You the **principal member**, 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.

Neither **Oman Insurance Company** nor **Bupa Global** (and **our Bupa group of companies and administrators**) shall be liable to **you** or anyone else for any loss, damage, illness and/or injury that may occur as a result of **you** 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.

Your statutory rights are not affected.

Sanction clause

Neither **Oman Insurance Company** or **Bupa Global** shall provide cover or be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **Oman Insurance Company** and/or **Bupa Global** to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, **United Kingdom**, United States of America, United Arab Emirates and/or all other jurisdictions where **Oman Insurance Company** and/or **Bupa Global** transacts its business.

Anti-money laundering and combating terrorist financing

Oman Insurance Company is in compliance with Federal Law No. 9 of 2014 in relation to combating money laundering and terrorism financing crimes in **UAE** and other respective anti-money laundering laws in the jurisdictions where **we** transact business.

Making a Complaint

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. If **you** have any comments or complaints, **you** can call the number on **your** insurance card or write to **us** via tameen.ae/membersworld. For a detailed complaints procedure, please visit <https://www.oicglobal.ae/legal/complaints>

Taking it further

If **you** remain unhappy with **our** response, **you** may refer **your** complaint to the **Dubai Health Authority** (<http://ipromes.eclaimlink.ae/>) or Central Bank – **UAE** at their Consumer Happiness Centre on 800(CBUAE)22823/consumerhappiness@cbuae.gov.ae

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.

Easier to read information

We want to make sure that **members** with special needs are not excluded in any way. **We** also offer a choice of Braille, large print or audio for **our** letters and literature. Please let **us** know which **you** would prefer.

Data Processing

Oman Insurance Company and **Bupa Global** take the confidentiality of **your** personal health information seriously. **We** sometimes use third parties to process data on **our** behalf. Such processing, which may be undertaken outside **your** jurisdiction in countries which do not provide the same protection as **your** own, will always be subject to contractual restrictions with regard to confidentiality and security obligations.

If **you** transfer to another **Oman Insurance Company** plan or a plan offered by one of **our** partners, **we** may share **your** medical, claims and policy history with the new **insurer**.

We may share the **dependant's** information with the policyholder including **covered benefits** received, claims paid, amount of deductible used and, if relevant, any medical history which impacts on the provision of **covered benefits**. For further information on how **Bupa Global** (the global administrator of the policy) collects and handles **your** data outside of the **UAE**, please see the **Bupa Global** privacy policy at bupaglobal.com/privacypolicy.

Privacy Notice

Privacy Notice 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 www.omansurance.ae

Alternatively, **you** can contact **OIC** by telephone on 800 0444 0492, or by email at information@tameen-global.com

Privacy Notice of Bupa Global

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**. The below privacy notice does not apply to or govern **your** relationship with **Oman Insurance Company**, as **your insurer**.

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@bupaglobal.com or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, **United Kingdom**.

Last updated: August 2020

1. Information about **us**
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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/cookies> for more details).

Special category information includes:

- information about **your** physical or mental health, including genetic information or biometric information (**we** may get this information from application forms **you** have filled in, from notes and reports about **your** health and any **treatment** and care **you** have received or need, or it may be recorded in details of contact **we** have had with **you** such as information about complaints or incidents, and referrals from **your** existing insurance provider, quotes and records of medical services **you** have received).

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@bupaglobal.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@bupaglobal.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@bupaglobal.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@bupaglobal.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

This explains what various words and phrases in **your** membership pack mean. Words written in bold are particularly important as they have specific meanings.

Defined term	Description
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.
Authorised party / facility:	Healthcare facility in Dubai which is licensed by the Dubai Health Authority (DHA) to provide healthcare services in the Emirate of Dubai. An authorised party could include a national ambulance, private ambulance companies or hospital ambulance.
Benefits provider:	The recognised medical practitioner, hospital or healthcare facility , or any other service provider, which provides you with any covered benefits .
Birth centre:	A medical facility often associated with a hospital that is designed to provide a homelike setting during childbirth.

Defined term	Description
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 Services Limited and all other companies in the Bupa Group, and those companies which provide any administration of this policy on behalf of Bupa Global .
Chronic condition(s):	A disease, illness or injury which has at least one or more of the following characteristics: <ul style="list-style-type: none"> ○ Has no known or generally recognised cure, or recurs ○ Requires treatment that extends for more than two years, or leads to permanent disability ○ Is caused by changes to your body which cannot be reversed ○ Requires you to be specially trained or rehabilitated ○ Needs prolonged supervision, monitoring and treatment
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 medicine practitioner:	An acupuncturist, chiropractor, homeopath, osteopath, ayurvedic physician or traditional Chinese medicine practitioner who is fully trained and legally qualified and permitted to practice by the relevant authorities in the country or Emirate in which the treatment is received.

Defined term	Description
Consultant:	<p>A surgeon, anaesthetist or physician who:</p> <ul style="list-style-type: none"> ○ is legally qualified to practise medicine or surgery following attendance at a recognised medical school, and ○ is recognised by the relevant authorities in the country or Emirate in which the treatment takes place as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated <p>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.</p>
Covered benefits:	The treatment and benefits shown as covered in this membership guide for your level of cover.
Day-case treatment:	Treatment which for medical reasons requires you to stay in a bed in hospital during the day only. You are not required to occupy a bed for day-case mental health treatment .
Dental practitioner:	<p>A person who:</p> <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 or Emirate 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:	The principal member's partner, spouse or children of whom you are the biological parent or legal guardian of, named on your membership certificate as being members of the plan and who are eligible to be members including newborn children.

Defined term	Description
Diagnostic tests:	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Direct billing:	We will pay your benefits provider directly for the healthcare services you receive (less any co-insurance applicable).
Doctor:	<p>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.</p> <p>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.</p>
Dubai Health Authority (DHA):	The regulatory body for the healthcare sector in the Emirate of Dubai.
Emergency:	An acute, unbearable health condition sustained as a result of sudden non-excluded sickness or injury raising a legitimate professional concern that there may be a significant medical problem necessitating treatment (medical or surgical) to be performed exclusively within the Territory of occurrence which cannot be delayed and which required immediate confinement to a healthcare facility followed by hospitalisation or not.
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.
Health plan:	This insurance plan at the level of cover confirmed on your membership certificate .
Hospital:	<p>A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for:</p> <ul style="list-style-type: none"> ○ carrying out major surgical operations, or ○ providing treatment which only consultants can provide

Defined term	Description
In-patient treatment:	Treatment which for medical reasons normally means that you have to stay in a hospital bed overnight or longer.
Insurer:	Oman Insurance Company (P.S.C.)
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.
Life threatening:	Diseases or conditions where the likelihood of death or permanent disability of one or more body organ(s) or extremities is high unless the course of the disease or condition is interrupted with immediate medical care.
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: <ul 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
Member:	This means each individual covered under the health plan .

Defined term	Description
Membership certificate:	This is the schedule of benefits which includes the certificate number, membership number, group number, name(s) of the individuals covered, and the start date and renewal date of cover.
Membership guide:	The booklet that sets out which treatments and benefits are included under and any exclusions that apply to this Business Health Plan .
Membership year:	The 12 month period for which this membership is effective, as first shown on your membership certificate and, if this health plan is renewed, each 12 month period which follows the renewal date .
Mental health condition(s):	Treatment of mental health conditions , including eating disorders. Please note that some mental health conditions are excluded (see 'General Exclusions').
Mental health treatment:	Treatment of mental conditions, including eating disorders.
Network:	<p>A hospital, pharmacy, or similar facility, or medical practitioner which has an agreement in effect with Oman Insurance Company, Bupa Global or service partner to provide you with eligible treatment.</p> <p>Where 'your purchased Oman Insurance Company network' is referred to, this means the level of Oman Insurance Company benefits provider network (either the Comprehensive or Premium network) your sponsor has purchased for you. To confirm your level of cover and the network of Oman Insurance Company benefits providers available to you please see your membership certificate. To view a summary of hospitals in your purchased Oman Insurance Company network visit Facilities Finder at tameen.ae/facilitiesfinder.</p>

Defined term	Description
Oman Insurance Company:	<p>Oman Insurance Company (P.S.C.), your insurer.</p> <p>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.</p> <p>Tel: 800 4746 www.omaninsurance.ae</p>
Out-patient treatment:	Treatment given at a hospital , consulting room, doctors’ office or out-patient clinic where you do not go in for in-patient treatment or day-case 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:	<ul style="list-style-type: none"> ○ 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 <p>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.</p>
Pharmacy:	A facility where prescribed drugs are prepared or sold.
Principal member:	The person who has taken out the membership, and is the first person named on the membership certificate . Please refer to ' you/your/yourself '.
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.

Defined term	Description
Psychologist and psychotherapist:	A person who is legally qualified and is permitted to practice as such in the country or Emirate 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 takes place.
Reasonable and Customary:	<p>The 'usual', or 'accepted standard' amount payable for a specific healthcare treatment, procedure or service in a particular geographical region, and provided by treatment providers of comparable quality and experience.</p> <p>These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by OIC or Bupa Global's experience of usual, and most common, charges in that region.</p>
Recognised medical practitioner, hospital or healthcare facility:	Any benefits provider who is not an unrecognised medical practitioner, hospital or healthcare facility .

Defined term	Description
Regional Middle East:	Afghanistan, Algeria, American Samoa, Angola, Bahrain, Bangladesh, Benin, Bhutan, Botswana, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Central African Republic, Chad, China, Comoros, Democratic Republic of Congo, Republic of Congo, Cote d'Ivoire, Djibouti, Egypt, Equatorial Guinea, Eritrea, Ethiopia, Fiji, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, India, Indonesia, Iraq, Jordan, Kenya, Kiribati, Republic of Korea, Kuwait, Lao PDR, Lebanon, Lesotho, Liberia, Libya, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Micronesia, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, Niger, Nigeria, Oman, Pakistan, Palau, Papua New Guinea, Philippines, Qatar, Rwanda, Samoa, Sao Tome and Principe, Kingdom of Saudi Arabia, Senegal, Seychelles, Sierra Leone, Solomon Islands, Somalia, South Africa, Sri Lanka, Swaziland, Tanzania, Thailand, Timor-Leste, Togo, Tonga, Tunisia, Turkey, Tuvalu, Uganda, United Arab Emirates, Vanuatu, Vietnam, West Bank and Gaza, Republic of Yemen, Zambia, Zimbabwe
Registered clinical trial:	An ethically approved and clinically controlled trial that is registered on a national or international database of clinical trials (e.g. clinicaltrials.gov, ISRCTN.ORG or http://public.ukcrn.org.uk).
Oman Insurance Company	Oman Insurance Company shall not provide cover or be liable to pay any claim where this would expose Oman Insurance Company and/ or Bupa Global (acting as Oman Insurance Company's international administrator) to any sanction, prohibition or restriction under United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, United Kingdom , United States of America, United Arab Emirates and/ or all other jurisdictions where Oman Insurance Company and/ or Bupa Global transacts its business.

Defined term	Description
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 date:	Each anniversary of the date you , the principal member joined the plan. (If however you are a member of a group plan with a common renewal date for all members , your renewal date will be the common renewal date for the group. We tell you the group renewal date when you join.)
Serious acute illness:	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending physician and our medical consultants , requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at serious risk.
Service partner:	A company or organisation that provides services on behalf of OIC or through Bupa Global . These services may include approval of cover and location of local medical facilities.
Sound natural tooth / Sound natural teeth:	A natural tooth that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally in chewing and speech.
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.

Defined term	Description
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 to us in writing, whichever is the later. The country you specify must be the country in which the relevant authorities (such as tax authorities) consider you to be resident for the duration of the policy.
Specified Emirate of residence:	This means Dubai, as specified by you in your application or as advised in writing, whichever is the later. Your specified Emirate of residence is shown in your membership certificate . Dubai is the Emirate which the relevant authorities (such as tax authorities) consider you to be resident in for the duration of the Plan.
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.
Sponsor:	The company, firm or individual with whom we have entered into an agreement to provide you with cover under the health plan .
Surgical operation:	A medical procedure that involves the use of instruments or equipment.
Therapists:	A physiotherapist, occupational therapist , orthoptist, dietician or speech therapist who is legally qualified and is permitted to practice as such in the country or Emirate where the treatment is received.
Treatment:	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a condition, disease, illness or injury.
UAE:	United Arab Emirates
UK:	Great Britain and Northern Ireland.

Defined term	Description
Unrecognised medical practitioner, hospital or healthcare facility:	<ul style="list-style-type: none"> ○ Treatment provided by a medical practitioner, hospital or healthcare facility who is 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:	Oman Insurance Company (OIC)
You/your/yourself:	This means you , the principal member and your dependants unless we have expressly stated otherwise that the provisions only refer to the principal member .

