



دبي للتأمين  
DUBAI INSURANCE

**Global Plans**  
Plans created by William Russell

# Corporate Global Health Foundation Plan Agreement

For all Global Health Foundation employees  
whose period of cover starts on or after  
**1st January 2017**

## Welcome

This document explains what is and what is not covered by **your employer's plan** and how **your** claims will be administered.

Please take time to read this document along with **your employer's** master certificate and **your certificate of insurance** and **application form** as together they form the contract between **your employer, you** and **us**.

Certain words used within this document have a special meaning that **we** would like to draw to **your** attention:

**We/us/our** – means Dubai Insurance Company psc.

**Neuron** – means the Company whom **we** have appointed to administer and settle **your** network and reimbursement claims.

The **Assistance Service** – means the company whom **we** have appointed to provide **you** with 24-hour medical assistance while **you** are travelling outside of the UAE.

**You/your** – means **you** and all **insured persons** on this **plan**, as shown on **your certificate of insurance**.

**Plan holder** - means **your** company or **employer** who has the contract with **us**.

Throughout this document certain words and phrases are shown in bold type. The meanings of these are provided in the 'Definitions' section at the back of this document.

## Dubai Insurance Company psc

Dubai Insurance Company psc is the administrator and the **insurer** of **your** Corporate Global Health Foundation **plan**. Dubai Insurance Company psc is licensed by the UAE Insurance Authority under registration number 4.

## Neuron LLC

Neuron LLC is the company that will administer **your** Corporate Global Health Foundation **plan** claims.

## William Russell Limited

The creators of the Elite **plans** and the inspiration for **our** comprehensive benefits and customer experience with a personal touch.

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## Contact details

### Policy Administration:

Global Plans Team  
Dubai Insurance Company,  
PO Box 3027,  
Dubai, UAE

Enquiries T: +971 4 269 7708

Claims T: +971 4 269 7706

F: +971 4 269 1304

E: [enquiries@globalplans.ae](mailto:enquiries@globalplans.ae)

W: [globalplans.ae](http://globalplans.ae)

### For network and reimbursement claims:

Neuron LLC.  
PO Box 72071,  
Dubai, UAE

Helpline (toll free) T: 800 4408

Helpline (non-toll free) T: +971 4 341 4770

General F: +971 4 385 3699

In-patient F: +971 4 382 3610

Out-patient F: +971 4 382 3620

W: [neuron.ae](http://neuron.ae)

### Emergency Medical Assistance

#### Helpline:

24-hour emergency contact details:  
T: +44 1243 621155

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## The Corporate Global Health Foundation employee plan agreement

This **agreement** is subject to the terms, conditions and exclusions of the **master certificate of insurance** we issue to your **employer**. A copy of this is available from your **employer**.

The terms of this **agreement** apply to **you** and to all of your **eligible dependants** as stated in the schedule of **insured persons** on your **certificate of insurance**.

### Eligibility to join your employer's Corporate Global Health Foundation plan

Eligibility to join the **plan** is as agreed between **us** and your **employer** and is shown on your **employer's master certificate of insurance**.

If **you** are eligible to join, **you** must join within 30 days of becoming eligible to do so.

Your **eligible dependants** must also join the **plan** at the same time as **you** join it, or, within 30 days of becoming eligible to do so if they only become eligible to join at a later date.

If **you** or your **dependants** do not join within 30 days of becoming eligible to do so **we** may only offer cover subject to **special terms**.

### The purpose of your plan

Your **plan** provides **you** with cover for treating eligible medical conditions during your **period of cover**.

We will pay for the **reasonable and customary** cost of **medically necessary**, recognised **treatment** for medical conditions covered by your **plan**. We will only pay for such **treatment** if it is received during your **period of cover**, and provided your **premium** payments have been kept up to date by your **employer**.

Any reimbursement **we** make may be subject to an **excess** and/ or **co-insurance**, and certain benefits are subject to a benefit limit. Your **excess** amount will be stated on your **certificate of insurance**. Any **co-insurance** and benefit limits will be as stated in the **table of benefits** for your **plan type**.

### Your obligation to provide information relating to your own, and to your eligible dependants' medical history

We rely on the information **you** supply to **us** in your **application form** when **we** decide whether or not **we** need to apply **special terms**.

If your **application form** omits facts or contains materially incorrect or incomplete facts, **we** have the right to declare your Global Health **plan** void. Alternatively **we** may impose **special terms** on your particular **plan** which will apply from your **date of entry**.

If your state of health, or the state of health of any of your **eligible dependants** changes between the time **you** complete your **application form** and your **date of entry**, **you** must tell **us** in writing about the change, and **we** may only be able to accept your **application** with **special terms**.

### Pre-existing medical conditions and related conditions

Provided **you** have given **us** full and complete answers to the health questions in your **application form** in respect of all **insured persons**, and your **employer** has paid any additional **premium** that may have been charged, your Global Health Foundation **plan** covers **you** for **treatment** of **pre-existing medical conditions** and **related conditions**.

### Commencement of your cover

Your cover will commence from the **date of entry** stated on your **certificate of insurance**. We will not commence your cover until **we** have accepted your **application** and your **employer** has paid the **premium**.

### Eligible medical services providers

The Neuron network of **medical services providers** you are entitled to use is as stated on your **certificate of insurance** and on your **Neuron network card**.

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If **your** cover is restricted to the benefits of the Dubai Primary Benefits **plan you** will only be entitled to use a **medical services provider** within the **Ultra-Restricted network**. If **you** use a **medical services provider** that is not in the **Ultra-Restricted network** we will not reimburse **your** claim.

## Your area of cover

**Your** cover is restricted to the **area of cover** stated on **your certificate of insurance**. The available areas of cover and their corresponding territorial limits are:

### Area of cover: UAE

**Your** cover is restricted to **treatment** received:

- within the United Arab Emirates and provided by a **medical network provider you** are entitled to use, or
- within **your home country** if **your home country** is one of the following countries: India, Pakistan, Sri Lanka, Bangladesh, Nepal & Bhutan (**You** are not covered for **treatment** received in **your** home if **your home country** is not one of these countries).

### Area of cover: Regional

If **you** are covered by the Foundation Plus **plan, you** have international cover subject to the following restrictions and exclusions:

Excluded countries or areas:

- No cover at all is provided in the USA, Canada, any **Caribbean country or island**, and the **London area**.

Restricted countries/areas:

- For all countries/areas within the European Union, Andorra, Channel Islands, Gibraltar, Greenland, Iceland, Liechtenstein, Monaco, Norway, San Marino, Switzerland, Australia, Bali, China, Hong Kong, Japan, Macau, New Zealand, Singapore and Taiwan the cover **we** provide is restricted to **emergency treatment you** receive while on a temporary trip.

**Emergency treatment** means essential **treatment**, covered by **your plan**, and required if **you** suffer an **accident** or a sudden and unforeseen illness **you** have never suffered from before. Cover is only provided in accordance with the benefits of the **plan** stated on **your certificate of insurance** and no cover will be provided in respect of a **pre-existing medical condition** or **related condition**, or any condition specifically excluded on **your certificate of insurance**. **We** will not pay for **treatment** if **you** have travelled to a restricted country or region knowing that **you** would require **treatment**. **We** only pay for **treatment** that in **our** opinion was essential and could not reasonably have been delayed until **your** return to a country within **your area of cover**.

A temporary trip is a trip of not more than 90 days duration. Any trip of longer than 90 days will not be covered.

An emergency evacuation is not classed as a temporary trip. In the event that **you** suffer a **life-threatening condition** that cannot adequately be treated locally **you** will be evacuated to the nearest **hospital**, in a country other than an excluded or restricted country/area, capable of treating **your** condition.

The maximum benefit **we** will pay in respect of all **emergency treatment you** receive in restricted countries or regions during an annual **period of cover** is US\$50,000.

### Area of cover: Ultra-Restricted network

Cover is restricted to the **medical network providers** within the **Ultra-Restricted network** that are located in the United Arab Emirates.

## The benefits provided by each Corporate Global Health plan

The following **table of benefits** sets out the cover provided by each **plan type**. The **plan type** you have is as shown on **your certificate of insurance**. We will pay only for the **treatment** or services stated in the **table of benefits** relating to the **plan type** you have.

Where there is a lifetime benefit limit, this is the maximum amount we will pay in respect of that particular benefit during **your** lifetime.

Certain benefits in the **table of benefits** specify a **waiting period**. You must be covered by the same **plan** for the full duration of the specified **waiting period** before you can claim for that benefit. No benefit is payable for any **treatment** costs incurred during the **waiting period**.

The limits shown in the **table of benefits** are the maximum amounts we will pay after the application of any **excess** and **co-insurance**, and will be subject to the annual benefit limit and any other specified applicable benefit limit.

Each benefit limit in the **table of benefits** is expressed in US Dollars and United Arab Emirates Dirhams. The currency of the benefit limits that we will apply to **your plan** is shown on **your certificate of insurance**.

If **your plan type** is the Dubai Primary Benefits **plan**, which provides cover for **medically necessary treatment** at a **medical**

**services provider** within the **Ultra-Restricted network**, please refer to the **table of benefits** on pages 22-24 of this **agreement**.

In the event that cover in respect of any benefit set out in the Foundation or Foundation Plus Global Health **plan** is lower than the benefit provided under the **Dubai Health Authority Essential Benefits plan**, the cover provided under the **Dubai Health Authority Essential Benefits plan** shall apply.

If you have **your treatment** at a **medical services provider** which is not within the Neuron network stated on **your Neuron network card**, penalties will apply. Please refer to the 'Making a claim' section of this **plan agreement** for further information.

**IMPORTANT:** The **table of benefits** should be read in conjunction with the 'Costs not covered by **your plan**' section.

Where the term 'Full cover' appears, this means full refund of **reasonable and customary** charges, less any **excess** applicable to **your plan**, and subject to any **co-insurance**, any annual benefit limits, any **session** limits shown in the **table of benefits**, any exclusions in **your certificate of insurance**, or any limits in other benefits elsewhere in the **table of benefits** applying to **your** claim.

















**Key** ○ Full cover within annual plan benefit limit ○ Partial or limited cover ○ No cover

Cover	Foundation	Foundation Plus
<b>Annual benefit limit</b>		
The overall maximum limit that each <b>insured person</b> can claim during any one <b>period of cover</b> .	US\$150,000 or AED550,972	US\$250,000 or AED918,287
<b>Hospital costs</b> Important note: <b>You</b> must obtain pre-authorisation for all benefits included in this section.		
<b>Hospital accommodation</b> The cost of a standard single room with an en-suite bath or shower room, when <b>you</b> are an <b>in-patient</b> or <b>day-patient</b> .	<span style="color: green;">○</span> Full cover	<span style="color: green;">○</span> Full cover
<b>Hospital treatment</b> <b>Treatment</b> you receive while <b>you</b> are an <b>in-patient</b> or <b>day-patient</b> , including surgeons' and anaesthetists' and <b>doctors'</b> fees, nursing care, drugs and surgical dressings, operating theatre charges and intensive care, pathology, X-rays, scans, <b>diagnostic tests</b> and physiotherapy. <b>We</b> will also pay for <b>pre-admission tests</b> that <b>you</b> undergo on an <b>out-patient</b> basis for <b>hospital treatment</b> you are scheduled to receive that is covered by <b>your plan</b> . <b>We</b> will also pay for <b>in-patient</b> surgical removal of impacted, buried or unerupted wisdom teeth. This is subject to a 12-month <b>waiting period</b> and covered only when the surgery is performed by a <b>medical doctor</b> (not a <b>dentist</b> ) in a <b>hospital</b> (not a dental surgery) and under general anaesthetic.	<span style="color: green;">○</span> Full cover	<span style="color: green;">○</span> Full cover



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**Key**  Full cover within annual plan benefit limit  Partial or limited cover  No cover

Cover	Foundation	Foundation Plus
<b>Hospital costs (continued)</b>		
<b>Parent accommodation</b> The cost of one parent staying in <b>hospital</b> with a child under 18 years of age while the child is receiving eligible <b>treatment</b> covered by their <b>plan</b> .	 Full cover	 Full cover
<b>Accommodation of an accompanying person</b> Accommodation for an accompanying person in the same room in cases of critical conditions as recommended by the attending <b>medical doctor/specialist</b> .	 Cover up to US\$27 or AED100 per night	 Cover up to US\$136 or AED500 per night
<b>Road ambulance</b> The cost of a private road ambulance if <b>you</b> need <b>hospital treatment</b> covered by <b>your plan</b> and if it is <b>medically necessary</b> for <b>you</b> to travel to <b>hospital</b> by ambulance.	 Full cover	 Full cover
<b>Organ, bone marrow or tissue transplants</b> Important notes: <b>You</b> must obtain pre-authorization for all benefits included in this section. We only cover transplants carried out in internationally accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO (World Health Organisation) guidelines. We do not cover any costs associated with the acquisition of the organ.		
<b>Transplant and related treatment</b> Costs incurred while hospitalised, including anti-rejection drugs, and all related <b>out-patient treatment</b> required prior to and after the transplant.	 Full cover	 Full cover
<b>Donor costs</b> Medical costs associated with the donor as an <b>in-patient</b> or <b>day-patient</b> .	 Cover up to US\$25,000 or AED91,750 per transplant	 Cover up to US\$25,000 or AED91,750 per transplant
<b>Kidney dialysis</b> Important note: <b>You</b> must obtain pre-authorization for this benefit.		
Short-term kidney dialysis of up to 4 weeks, if <b>you</b> need this immediately before or after a kidney transplant operation covered by <b>your plan</b> . We will also pay for dialysis for up to 4 weeks if this is needed temporarily for sudden kidney failure resulting from a disease or injury, covered by <b>your plan</b> , which affects another part of <b>your</b> body. We do not cover regular or long-term kidney dialysis.	 Full cover	 Full cover
<b>Reconstructive surgery</b> Important note: <b>You</b> must obtain pre-authorization for this benefit.		
Surgery to restore <b>your</b> appearance after an <b>accident</b> or after surgery for cancer, provided the original <b>treatment</b> for the <b>accident</b> or cancer was paid for by <b>us</b> , and provided the reconstructive surgery takes place within two years of the <b>accident</b> or the original cancer surgery.	 Full cover	 Full cover
<b>Psychiatric and psychotherapy treatment</b> Important note: <b>You</b> must obtain pre-authorization for this benefit.		
The limit shown applies to <b>in-patient</b> , <b>day-patient</b> and <b>out-patient</b> psychiatric and psychotherapy <b>treatment</b> in combination. All psychiatric and psychotherapy <b>treatment</b> must be under the direct control of a registered psychiatrist or psychotherapist. <b>In-patient</b> and <b>day-patient treatment</b> must be received in a recognised psychiatric or psychotherapy unit of a <b>hospital</b> . <b>You</b> must be referred by a <b>medical doctor</b> for <b>out-patient</b> psychiatric or psychotherapy <b>treatment</b> .	 Cover up to US\$1,362 or AED5,000 subject to 30% <b>co-insurance</b> per <b>period of cover</b>	 Cover up to US\$1,362 or AED5,000 subject to 30% <b>co-insurance</b> per <b>period of cover</b>











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**Key**  Full cover within annual plan benefit limit  Partial or limited cover  No cover

Cover	Foundation	Foundation Plus
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## Everyday medical costs

Important note: **Co-insurance** will not apply to **out-patient** follow-up visits that occur within 7 days of **treatment** covered by **your plan**.



<p><b>Primary medical care</b> Visits to a GP or <b>doctor</b>, <b>specialist</b> consultations, pathology, scans, radiology and <b>diagnostic tests</b> received as an <b>out-patient</b>.</p>	 Cover subject to 10% <b>co-insurance</b>	 Cover subject to 10% <b>co-insurance</b>
<p><b>Emergency ward treatment</b> <b>Emergency treatment</b> that you have received at a <b>hospital</b>.</p>	 Cover subject to 10% <b>co-insurance</b>	 Cover subject to 10% <b>co-insurance</b>
<p><b>Out-patient surgical procedures</b> Surgical procedures that do not require <b>in-patient</b> or <b>day-patient</b> treatment.</p>	 Cover subject to 10% <b>co-insurance</b>	 Cover subject to 10% <b>co-insurance</b>
<p><b>Advanced diagnostic tests</b> MRI and CAT (CT) scans performed on the advice of a <b>medical doctor</b> and PET scans performed on the advice of a <b>specialist</b>. <b>Your medical referral letter</b> will be required. <b>We</b> will pay for one consultation only to obtain the results of the <b>diagnostic test</b>.</p>	 Cover subject to 10% <b>co-insurance</b>	 Cover subject to 10% <b>co-insurance</b>
<p><b>Physiotherapy</b> Physiotherapy performed on the advice of a <b>medical doctor</b>. <b>Your medical referral letter</b> will be required. After the 6th <b>session</b>, if you need more <b>sessions</b>, you must contact <b>us</b> for pre-authorization and <b>we</b> will require a further <b>medical referral letter</b>. If <b>your</b> condition becomes a <b>chronic condition</b> and ongoing <b>treatment</b> is aimed at maintaining it rather than curing it, no further payments will be made.</p>	 Cover subject to 10% <b>co-insurance</b>	 Cover subject to 10% <b>co-insurance</b>

## Well-being benefits

Important note: All claims within this section are on a reimbursement only basis - please see the 'How to claim back **your** eligible **treatment** costs' section on page 13.









<p><b>Preventive health screenings</b> Preventive screening for diabetes and other screenings as stipulated by the DHA every three years for <b>insured persons</b> aged 30 and over, or every year for <b>insured persons</b> aged 18 and over who are considered to be high risk.</p>	 Full cover	 Full cover
<p><b>Child vaccinations</b> <b>Insured persons</b> who are children may use this benefit to pay for essential vaccinations and inoculations for children (including newborns) as stipulated in the DHA policies and its updates.</p>	 Full cover	 Full cover

## Pre-existing medical conditions

<p><b>(6 month waiting period)</b> <b>Pre-existing medical conditions</b>, including <b>pre-existing chronic conditions</b>. The <b>waiting period</b> includes any consecutive time the <b>insured person</b> had health cover within the UAE immediately prior to their <b>date of entry</b>, providing there has been no break in cover.</p>	 Cover up to US\$40,872 or AED150,000 per <b>period of cover</b>	 Cover up to US\$40,872 or AED150,000 per <b>period of cover</b>
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**Key**  Full cover within annual plan benefit limit  Partial or limited cover  No cover

Cover	Foundation	Foundation Plus
<p><b>Terminal illnesses</b> Important note: <b>You</b> must obtain pre-authorisation for this benefit.</p>		
<p><b>Palliative and/or Hospice care, and care for persistent vegetative state</b> On diagnosis of a <b>terminal medical condition</b> covered by <b>your plan</b>, all costs for <b>treatment</b> received on the advice of a <b>medical practitioner</b> or <b>specialist</b> for the purpose of offering relief of symptoms. This includes all <b>hospital</b> or hospice accommodation, and nursing care by a <b>qualified nurse</b>. All <b>treatment</b> and care received after <b>you</b> have been in a persistent <b>vegetative state</b> for a period of eight consecutive weeks due to an injury or illness covered by <b>your plan</b>.</p>	<p> Cover up to US\$40,872 or AED150,000 per <b>period of cover</b></p>	<p> Cover up to US\$40,872 or AED150,000 per <b>period of cover</b></p>
<p><b>Emergency dental treatment</b></p>		
<p>Diagnostic and <b>treatment</b> services required for dental and gum <b>treatment</b> in a medical emergency. All <b>dental treatment</b> must be carried out by a <b>dentist</b> in a <b>hospital</b> emergency room or dental surgery.</p>	<p> Cover subject to 20% <b>co-insurance</b></p>	<p> Cover subject to 20% <b>co-insurance</b></p>
<p><b>Emergency optical or auditory treatment</b></p>		
<p>Hearing, vision aids and surgical/laser vision correction required in a medical emergency.</p>	<p> Cover subject to 20% <b>co-insurance</b></p>	<p> Cover subject to 20% <b>co-insurance</b></p>
<p><b>Maternity costs</b> Important notes: Dependant children included in <b>your plan</b> are not eligible for these benefits. <b>We</b> do not cover the <b>treatment</b> of any newborn child born following <b>assisted reproduction</b> (e.g. IVF) in the event of the birth occurring within 36 weeks of conception. Any charges that would have been incurred as the result of normal childbirth (including <b>planned caesarean section</b> if this was scheduled) will be paid from the 'Routine maternity care and childbirth' benefit and cannot be claimed under any other benefit. Any subsequent additional surgeons', anaesthetists' and theatre fees that occur as a result of a complication which necessitates an emergency surgical procedure will be covered under the 'Childbirth necessitating an emergency surgical procedure' benefit. <b>We</b> do not cover pregnancy testing. <b>We</b> do not cover pre-natal classes or doulas. <b>We</b> do not cover termination of pregnancy or any <b>treatment</b> or investigations that arise as a result of complications relating to termination of pregnancy.</p>		
<p><b>Routine maternity care and childbirth</b> <b>We</b> will pay for the following routine maternity costs:</p> <ul style="list-style-type: none"> <li>• pre-natal tests and examinations</li> <li>• post-natal <b>treatments</b> and examinations</li> <li>• natural childbirth</li> <li>• childbirth by <b>planned caesarean section</b></li> <li>• home birth</li> <li>• supplements and vitamins as recommended by a <b>medical doctor</b></li> </ul> <p>The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. Any <b>hospital</b> accommodation costs will be limited to the cost of a standard room.</p>	<p> Cover up to US\$2,725 or AED10,000 per pregnancy</p>	<p> Cover up to US\$2,725 or AED10,000 per pregnancy</p>



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**Key**  Full cover within annual plan benefit limit  Partial or limited cover  No cover

Cover	Foundation	Foundation Plus
<b>Maternity costs (continued)</b>		
<p><b>Complications of pregnancy</b>  <b>In-patient</b> or <b>day-patient treatment</b> necessary as a direct result of a <b>complication of pregnancy</b>.                      We do not provide cover under this benefit for childbirth. Childbirth is however covered elsewhere within this section.                      We do not provide cover under this benefit arising from a pregnancy established through <b>assisted reproduction</b> (e.g. IVF) until after the standard 12-week scan, irrespective of how long <b>you</b> have been covered by the <b>plan</b>.</p>	<p> Cover up to US\$40,872 or AED150,000 per <b>period of cover</b></p>	<p> Cover up to US\$40,872 or AED150,000 per <b>period of cover</b></p>
<p><b>Cover for newborn babies</b>                      We will pay the following costs during <b>your</b> baby's first 90 days of life:</p> <ul style="list-style-type: none"> <li>• <b>treatment your</b> newborn baby receives as an <b>in-patient</b> or <b>day-patient</b> (including <b>treatment</b> of birth defects and congenital or hereditary conditions)</li> <li>• accommodation costs for one parent to stay with the newborn baby if the baby is hospitalised</li> <li>• any <b>hospital</b> accommodation costs for the newborn baby</li> <li>• basic newborn healthcare (physical examination, Vitamin K, hepatitis B vaccine, BCG vaccine, one hearing test, and blood tests for PKU, congenital hypothyroidism and G6PD)</li> </ul> <p>The limits shown apply to each pregnancy, regardless of the number of children born.</p>	<p> Cover up to US\$40,872 or AED150,000 per pregnancy</p>	<p> Cover up to US\$100,000 or AED367,000 per pregnancy</p>
<b>Pharmacy</b>		
<p>Pharmacy for all conditions covered by <b>your plan</b>.</p>	<p> Cover up to US\$2,000 or AED7,340, subject to 30% <b>co-insurance</b> per <b>period of cover</b></p>	<p> Cover up to US\$2,000 or AED7,340, subject to 30% <b>co-insurance</b> per <b>period of cover</b></p>
<b>Medevac</b>		
<p>If <b>you</b>, (or any child covered by the newborn benefit within its first 90 days of life) have a life-threatening or limb-threatening condition covered by <b>your plan</b> which requires immediate <b>treatment</b> that cannot be adequately provided locally the <b>Assistance Service</b> will arrange for <b>you</b> to be moved by air and/or by surface transportation, to the nearest <b>hospital</b> within <b>your area of cover</b> where appropriate medical <b>treatment</b> is available.                      We do not cover any other costs under this benefit such as hotel accommodation charges.                      We do not cover emergency evacuation or repatriation to the USA.                      The <b>Assistance Service</b> retains the absolute right to decide whether <b>your</b> medical condition is eligible for evacuation, where <b>you</b> are evacuated to and the means and method of the evacuation.</p>	<p> Full cover</p>	<p> Full cover</p>

## Costs not covered by your plan

The following are not covered by **your plan**, as well as any exclusions given within the **table of benefits**. Other benefits, as given within the **table of benefits**, may also be restricted or excluded depending on **your plan type**.

All conditions, tests, **treatments** or increased **treatment** costs **you** incur because of complications that occur directly or indirectly as a consequence of **treatment** of any excluded condition will also not be covered.

As well as the exclusions stated below, **we** also do not cover the following fees:

- fees for the completion, or providing of, claim forms or medical reports
- bank charges incurred as a result of **us** transferring money
- losses **you** may incur due to fluctuations in exchange rates
- charges incurred as the result of payment errors that arise as the result of **you** having provided **us** with incorrect information
- administration, registration, or cancellation fees charged by **hospitals, doctors**, or other providers of medical services
- any charges made by **your** bank or credit card company

### Addictive conditions/disorders and alcohol, drug and solvent abuse

**Treatment** related to:

- addictions (such as alcohol or drug addiction) or substance abuse (such as alcohol, drug or solvent abuse)
- any illness or injury needed directly or indirectly as a result of any such abuse or addiction
- any illness or injury needed directly or indirectly as a result of being under the influence of any substance (such as alcohol, drugs or solvents)

### Allergy testing and/or desensitisation

**Treatment** related to:

- allergy testing by hair analysis
- allergy desensitisation or food neutralising injections

**We** will only pay for patch testing if **you** have been referred by a **medical doctor** and this is limited to one patch testing investigation over the lifetime of **your plan**. **Your medical referral letter** will be required.

### Alternative treatment and therapies

Alternative **treatments** and therapies, including, but not limited to, aqua physiotherapy, bone-setting, colonic irrigation, hydrotherapy, Intervertebral Differential Dynamics (IDD), kinesiology, naturotherapy, Ayurveda and massage therapy.

### Birth control, sexual problems and gender reassignment

**Treatment** directly or indirectly arising from or connected with:

- contraception or sterilisation

- sexual problems (including impotence and decreased libido)
- gender reassignment

### Chemical exposure and contamination

**Treatment** costs directly or indirectly related to **treatment** for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material whatsoever, including the combustion of nuclear fuel.

### Congenital conditions

**Treatment** related to any **congenital condition**. Please note however they may be covered for newborn babies under the 'Cover for newborn babies' benefit.

### Complementary medicine

Consultations or **treatment** performed by a chiropractor, osteopath, homeopath acupuncturist, a therapist using acupuncture or traditional Chinese **medical practitioners**.

### Convalescence, rehabilitation, nursing homes and health spas/hydros

- **hospital** accommodation if the reason **you** are hospitalised is for the purpose of convalescence, **rehabilitation** or supervision
- relaxation or rest **treatments**, or **treatments** in nature cure clinics, health spas and health hydros
- private beds registered as nursing homes attached to such establishments or a **hospital** where the **hospital** has effectively become **your** home or permanent abode
- home nursing

### Cosmetic surgery and treatment

Investigations or **treatment** related to:

- cosmetic or aesthetic **treatment** to enhance **your** appearance, even when medically prescribed
- the removal of fat or surplus tissue
- breast enlargement or reduction
- sclerotherapy for spider veins, **treatment** of superficial varicose veins
- Botox, dermal fillers, or **treatment** of vitiligo or any skin pigmentation disorder

### Criminal activity

**Treatment** arising from or related to injuries sustained while **you** are engaged in a criminal, illegal or unlawful act.

### Dental treatment

Dental, gum, oral or orthodontic consultations or **treatment** of any kind, unless covered under the 'Emergency **dental treatment**' benefit.

## Experimental drugs and treatments

**Treatment** which is experimental, or has not been proven to be effective. This includes, but is not limited to:

- **treatment** that is provided as part of a clinical trial
- **treatment** that is not consistent with internationally recognised guidelines. Internationally recognised guidelines means guidelines issued by the Dubai Health Authority, the United Arab Emirates Ministry of Health, the US Federal Drugs Administration, the European Medicines Agency or the UK National Institute for Health and Clinical Excellence (NICE) in the UK

## Eyesight

- **treatment** to correct **your** eyesight, such as laser **treatment**, refractive keratotomy and photorefractive keratotomy
- spectacles, and other visual aids, **treatment** of strabismus (squint) or amblyopia (lazy eye)
- sight tests

Please note that some/all of the above may be covered in a medical emergency under the 'Emergency optical or auditory **treatment**' benefit.

## Foetal surgery

Surgery undertaken with the intention of ruling out any foetal anomaly.

## Hearing

- **treatment** for or arising from deafness caused by maturing or ageing
- **treatment** for or arising from deafness caused by a congenital abnormality if either the abnormality was diagnosed, or **you** were showing signs or symptoms of the abnormality, before **your date of entry** - please note however that this may be covered for newborn children during their first 90 days of life under the 'Cover for newborn babies' benefit
- hearing aids
- hearing tests

Please note that some/all of the above may be covered in a medical emergency under the 'Emergency optical or auditory **treatment**' benefit.

## HIV/AIDS

**Treatment** or testing for, or arising from, or related to Human Immunodeficiency Virus (HIV), or Acquired Immune Deficiency Syndrome (AIDS), or AIDS related complex (ARC), and/or similar infections or illnesses and injuries, including any condition which is related to, or results from HIV or AIDS, no matter how caused.

## Infertility, IVF and assisted reproduction

- testing or diagnosis related to infertility
- infertility **treatment**, **assisted reproduction** (e.g. IVF **treatment**), including establishing pregnancy

## Nasal septum deviation

**Treatment** related to nasal septum deviation and nasal concha resection.

## Pregnancy and childbirth

Any investigations or **treatment** related to pregnancy and childbirth, unless covered under the 'Complications of pregnancy' benefit.

## Professional sports and motorised racing as an amateur or a professional

**Treatment** for an illness or injury related to:

- participation, to include training for or practising for, in any kind of professional sport or professional racing (by professional **we** mean sport where **you** are being paid to participate)
- participation, to include training for or practising for, in any kind of racing (whether amateur or professional) which involves the use of a motorised vehicle

## Psychiatric conditions

Any investigations or **treatment** of any psychiatric condition, or investigations or **treatment** of any condition caused by or relating to any psychiatric condition. This includes, but is not limited to, eating disorders, psycho-geriatric conditions, phobias, hypnotherapy, marriage counselling and postnatal depression.

## Scalp conditions

- **treatment** specifically related to scalp conditions, including, but not limited to, alopecia
- wigs

## Search and/or rescue

- search and/or rescue operations, including, but not limited to, mountain rescue or rescue from ski slopes or pistes
- evacuations from offshore installations such as oil rigs, or from any type of sea going vessel such as a ship, ferry or yacht

## Second opinions or duplicate tests

Second or subsequent opinions from a **medical doctor**, **medical practitioner** or **specialist** or for duplicate tests for the same condition.

## Self-inflicted injuries

**Treatment** of self-inflicted injuries or **treatment** of any injury or illness directly or indirectly caused by self-inflicted injuries.

## Sleep disorders

**Diagnostic tests** for or **treatment** of any sleep related disorder, including, but not limited to, insomnia, snoring and sleep apnoea.

## Stem cell harvesting

Stem cell harvesting other than prior to a stem cell transplant, or any **treatment** undertaken in anticipation of, prior to, or following such harvesting.

## Surgical or medical appliances and prostheses

- supplying, fitting or hiring physical aids and devices (for example crutches, splints, walking sticks and wheelchairs)
- unprescribed aids such as gym equipment, even if **you** have been advised to use such an aid
- preparation for, or the fitting of artificial limbs
- hot and cold packs and support bandages

## Travel costs

Travel costs including airfares and hotel accommodation unless specifically covered under the 'Medevac' benefit.

## Treatment by a related party

**Treatment** provided by and/or under the control of and/or on referral from:

- any family member, including, but not limited to, a spouse, partner, parent, brother, sister, child, grand-parent, grand-child, uncle or aunt
- any **medical services provider, medical practitioner or specialist** where the **insured person** has a financial interest and/or a professional interest, including, but not limited to, **employees, employers, consultants and owners**

## Vitamins, dietary supplements and natural substances

Naturally available substances that can be purchased without prescription, including, but not limited to, vitamins, minerals and organic substances unless **medically necessary**.

Please note however these may be covered under the 'Routine maternity care and childbirth' benefit.

## Making a claim

If **you** need to seek medical advice or **treatment**, please follow these steps:

### Step one: Contact Neuron

**You** can only claim for **treatment** that is covered under the terms of **your plan**, so before **you** undergo a course of **treatment we** strongly recommend that **you** call Neuron who can advise **you** whether the proposed **treatment** will be covered by **your plan**. The contact details for Neuron can be found in the 'Contact details' section at the front of this **agreement**.

### Step two: Check that the medical provider you want to use is part of the network you are entitled to use

The name of the Neuron network **you** are entitled to use is as stated on **your certificate of insurance** and on **your Neuron network card**. To check that the **hospital, out-patient** clinic or pharmacy **you** want to use is part of the Neuron network on **your card**, please go to [neuron.ae](http://neuron.ae).

If the provider **you plan** to use is within the Neuron network

## War and terrorism

**Treatment** arising directly or indirectly from war, foreign enemy hostility, terrorism, rebellion, civil war, revolution, military coup, riot, strike, martial law, state of siege, or attempted overthrow of government unless **you** are an **innocent bystander** who is not in a country or region within a country that the British Foreign and Commonwealth Office has advised its citizens to leave.

## Weight-related conditions and eating disorders

Investigations or **treatment** related to:

- obesity, or which is necessary because of obesity
- weight monitoring or control, such as slimming classes, aids and drugs
- bariatric surgery, or complications resulting from bariatric surgery
- eating disorders of any kind, such as anorexia nervosa or bulimia

stated on **your Neuron network card** please go to 'Step three (a): If the provider is within the network **you** are entitled to use' below. If the provider **you plan** to use is not within the Neuron network stated on **your Neuron network card**, please go to 'Step three (a): If the provider is not in **your Neuron network**' below.

Please also refer to the 'General points relating to making a claim' at the end of this section.

### Step three (a): If the provider is in the network you are entitled to

When **you** attend **your** appointment please present **your Neuron network card** to the **medical network provider** who will also ask **you** to show another form of photographic ID such as **your** passport, and/or Emirates ID card, which **you** must provide before **treatment** can take place.

Certain procedures and tests require authorisation by Neuron before the clinic or **hospital** can proceed with them. All **medical network providers** within the Neuron network are aware of these requirements and will contact Neuron directly for the necessary pre-authorisation.

## If your plan has an excess

If **your plan** has an **excess**, you must pay the **excess** amount to the **medical network provider** in respect of each **doctor's** consultation, or each visit to a **dentist**.

The **medical network provider** will submit the invoices for **your** consultation and **treatment** (less the **excess** amount you have paid if applicable) to Neuron for settlement.

**IMPORTANT NOTE:** If **your** claim is for **treatment** that is not covered by **your plan** you will be invoiced for the ineligible costs that Neuron has settled.

## Our right to withdraw the Neuron Service at any time

We reserve the right to withdraw the Neuron service from **you** at any time. If **we** do, **you** must immediately return to **us** your **Neuron network card** and the **Neuron network card(s)** issued to each of **your** dependants.

## Step three (b): If the provider is not in your Neuron network

### If you are covered by the Dubai Primary Benefits plan

There is no cover for **treatment** you receive outside the **Ultra-Restricted network**. You will only be reimbursed for eligible **treatment** you receive within the **Ultra-Restricted network**.

### If your plan is Foundation or Foundation Plus

If **you** have the General or **General Plus network** a 35% **out of network penalty** will apply when **you** have **your treatment** at a **medical services provider** in the UAE which is not listed as being in **your** network.

## If you are making a claim for in-patient or day-patient treatment

All **in-patient** and **day-patient hospital treatment** must be pre-authorised by Neuron if **you** are in the UAE, or by the **Assistance Service** if **you** are travelling outside the UAE.

Please contact Neuron or the **Assistance Service** as soon as **you** know **you** need to have **in-patient** or **day-patient treatment** so they can contact the **hospital** to obtain the necessary paperwork to enable them to assess **your** claim.

**You** will need to complete a claim form and **you** may be required to complete a consent form for the **hospital** to release details to Neuron or the **Assistance Service**. Once Neuron or the **Assistance Service** have received all information required from the **hospital** and **yourself** (to include any additional information that may be requested) they will advise **you** if the proposed **treatment** will be covered by **your plan**.

Please note, if **you** contact Neuron or the **Assistance Service** less than 48 hours in advance of **your** admission they may be unable to authorise **your treatment** in time and **you** may be required to pay for the **treatment yourself** and submit a claim for reimbursement.

If **you** are admitted to **hospital** in an emergency and it is not reasonably possible for **you** to contact Neuron or the **Assistance Service** in advance of **your** admission, **your** claim will be

considered, provided **you** contact them within 72 hours of **your** admission. If **you** do not contact them within 72 hours, **your** claim will be declined.

## If you are making a claim for out-patient treatment

Although most **out-patient treatment** does not need to be pre-authorised in advance by Neuron or the **Assistance Service**, we recommend that **you** do contact them before undergoing any **treatment** to ensure that the **treatment** is covered by **your plan**.

## How to claim back your eligible treatment costs

If **you** are claiming for a medical condition, **you** will need to download a claim form from Neuron's website, please go to [neuron.ae](http://neuron.ae) to download the form.

Please complete section A of the claim form and sign the Patient's Consent and Declaration section at the end of the form. Please take the claim form with **you** when **you** visit **your doctor** and ask him or her to complete and sign section B and C of the claim form.

Scan the completed claim form and the fully itemised invoices for the **treatment** you have received, and send to [reimbursement.claims@neuron.ae](mailto:reimbursement.claims@neuron.ae).

Neuron can only reimburse **your** claim when they have fully itemised invoices which give a breakdown of the **treatment** and medical services **you** have received, and any drugs **you** have been prescribed.

Please retain **your** original invoices for up to 12 months. **Your** original claim form and invoices may be requested for auditing purposes.

Claim forms are not required however when **you** are claiming for the following benefits:

Well-being and dental claims: If **you** are claiming for the well-being benefit, or the dental benefit please send Neuron the fully itemised invoices for which **you** are claiming reimbursement, together with **your** bank account details.

## Claims for which a medical referral letter is required

If **you** are claiming for **out-patient** physiotherapy, **out-patient** psychiatric or psychotherapy **treatment**, or an MRI or CAT (CT) scan **you** must also send Neuron **your medical referral letter**. If **you** are claiming for a PET scan, **you** must also send Neuron **your specialist's medical referral letter**.

## Supplying the information required to process your claim

Neuron can accept the information required to process **your** claim via email. Simply, scan in PDF format **your** itemised invoices, receipts, **medical referral letter** (when required) and **your** fully completed claim form and email them all to [reimbursement.claims@neuron.ae](mailto:reimbursement.claims@neuron.ae). Please always retain the original copies of everything for a period of 12 months as Neuron reserve the right to receive these documents before they assess **your** claim. Neuron may also require them at any time for auditing purposes. Or, **you** can send the information required to process **your** claim by post.

**You** must submit **your** claim within 6 months of **your treatment** date, unless it was not reasonably possible for **you** to submit the claim within this time.



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Neuron will not pay fees charged by a **medical practitioner**, or anyone else, for completing a claim form.

## Paying your claims

Neuron will deduct any **excess** and/or **co-insurance** amount, as well as any other ineligible items, and then settle the balance to **you** by cheque (available in United Arab Emirates Dirhams only) or bank transfer.

Neuron will only make payment to **you**.

## Exchange rates

Neuron will settle **your** claim in the currency in which **you** pay **your premium** unless **you** instruct otherwise. If they have to make a currency conversion, they will use the historic exchange rate (provided by [xe.com](http://xe.com)) applicable on the date of each separate invoice **you** submit. However if they have placed a Guarantee of Payment they will use the exchange rate applicable on the date they placed the guarantee.

## Excesses, co-insurance and benefit limits

The **excess** shown on **your certificate of insurance** and **your Neuron network card** is the amount **you** will have to pay towards the cost of **your treatment**.

If **your plan** has an **excess** and/or **co-insurance**, **you** must pay this before leaving the **medical services provider**.

The total **excess** and **co-insurance** for **out-patient treatment** received in the UAE is subject to a maximum of 20% of the total **treatment** cost. Details of this are given on **your Neuron network card**.

If **your plan** has an **excess** and the benefit **you** are claiming for has **co-insurance** and/or limits, Neuron will apply the **co-insurance** first, then the **excess**, then the limit.

If **your claim** is for the **treatment** of a **chronic condition**, AIDS/HIV, or for **out-patient** follow-up consultations and/or tests for cancer and the **treatment** continues into a new **period of cover**, Neuron will treat it as a new claim. In these circumstances Neuron will re-apply the **excess** at **your plan renewal date** and each subsequent **plan** renewal until the claim is finished.

If **your claim** is in respect of the well-being benefits, **your excess** will be applied once per **period of cover**.

The **excess** will also be applied to **your** claim in respect of each visit **you** make to a **dentist**.

## General points relating to making a claim

Neuron may need to ask for additional information to enable them to assess **your** claim, such as further medical reports or tests, or an independent medical examination. If **you** do not agree to supply them with any reasonable additional medical information they ask for, Neuron will not be able to assess **your** claim.

Neuron will not pay for **treatment** which in their opinion is inappropriate based on established medical and clinical practice and they are entitled to conduct a review of **your treatment** when it is reasonable for them to do so.

If **you** require ongoing **treatment** Neuron may ask for further medical information and if they do, the cost of providing this information must be borne by **you**. Neuron is unable to return

original documents such as invoices or medical letters, but they will send **you** copies upon request.

If Neuron or the **Assistance Service** pre-authorise costs which subsequently turn out to have been related to a condition which is not covered by **your plan**, **you** will be responsible for all the costs incurred, and if Neuron has made any settlement on **your** behalf, **you** will be responsible for repaying Neuron the amount they have paid.

## Illness or injury caused by a third party

If **you** are claiming for an illness or injury that was caused by some other person or organisation (a third party) **you** must let **us** know in writing straight away, or tell **us** on **your** claim form. **We** will then pay benefit in accordance with the terms of this **agreement** provided that **you** take all necessary steps **we** ask **you** to take to assist **us** in recovering **our** costs from the person or organisation at fault (such as through their insurance company) the cost of the **treatment** paid for by **us**, plus interest, at **your** own expense.

If **you** pursue a personal claim for damages against the third party, **you** must provide **us** with the full name and address of the solicitor handling the action. **We** will then contact the solicitor to register **our** interest and seek to recover **our** own costs, plus interest, in addition to any damages that **you** may recover or be awarded. **We** reserve the right to appoint **our** own solicitor to act on **your** behalf in this matter and to take over the conduct of the action.

If **you**, or any **insured person**, are able to recover from the third party (whether or not through legal action) compensation that includes any **treatment** costs **we** have paid, **you** must repay that amount to **us**. Any interest that **you** or any **insured person** may also have been awarded that relates to the recovered **treatment** costs **we** have paid for must also be repaid to **us**. If costs which subsequently turn out to have been related to a condition which is not covered by **your plan**, **you** will be responsible for all the costs incurred, and if Neuron has made any settlement on **your** behalf, **you** will be responsible for repaying Neuron the amount they have paid.

## If you are covered by another insurance plan

If **you** have any other insurance that covers the same costs as **we** do, **we** will only pay **our** proportionate share of the claim. In this event, **you** must provide **us** with full details of the other insurance, including the name and address of the other insurer, their policy and claim number and any other relevant information, when **you** first submit **your** claim. **We** will then contact the other insurance company to ensure that **we** only pay **our** proportion of the claim. This may involve **us** sending **your** personal information regarding **your** claim to the other insurer.

**We** will also allow sums paid by another insurer to be offset against the **excess** payable under **your plan** with **us**, subject to receiving confirmation from the other insurer of any amounts already paid by them, and subject to the **treatment** costs being eligible for cover under **your plan** with **us**.

## General information about your plan

### Premiums

#### Plan premiums

**Your employer** is responsible for paying the **premium**. We must be in receipt of the **premium** before we will commence **your** cover.

**Your plan** will only remain in force while **you** are employed by **your employer**. We will not pay for any **treatment** expenses incurred after **your** cover has ended, even it was previously authorised.

#### Unpaid or late premiums

We will automatically cancel **your** cover if **your employer** fails to pay the **premium** on or before the **premium due date**.

We may allow **your** cover to continue without **you** having to complete a new **application form** and health declaration if **your employer** pays the outstanding **premium** within 30 days of the **premium due date**. During this 30 day period we will not accept any claims for **treatment** incurred on or after the **premium due date** until **your employer** has paid the **premium** due. This also applies to **treatment** that we have already pre-authorised.

If **your employer** does not pay the **premium** within 30 days of the **premium due date**, we will cancel the **plan** from midnight on the day before the **premium due date**. Once we have cancelled **your plan**, **your employer** will have to reapply for cover and **you** will have to complete a new **application form**, which will be subject to **medical underwriting**.

### Making changes

#### Changing your cover

Any changes to **your** cover must be requested by **your employer**, and may be subject to further requirements such as requiring **you** to complete a new **application form** which will be subject to **medical underwriting**. We cannot accept requests from **you** to change cover for **you** or **your** dependants.

#### Adding dependants to your plan

If the **plan** includes cover for **employees'** dependants **you** may apply for cover on behalf of **your** spouse.

**You** may also apply for cover for **your** eligible dependant children, if they are under 18 years old, or under 25 years old if they are in continuous full-time education. We reserve the right to request proof of a child being in full-time education.

We will not commence cover for a new eligible dependant until we have accepted their **application** and we have received payment of their **premium** from **your employer**.

#### Adding newborn babies to your plan

If the **plan** includes cover for **employees'** dependants **you** may add **your** newborn child to **your plan**, without any **medical underwriting**, provided **you** notify **us** of their full name and date of birth, and **your employer** pays the additional **premium** required, within 30 days of their date of birth. If **you** have been

insured with **us** for a continuous period of ten months or more at the date of birth, the **date of entry** can be backdated to their date of birth. The child's cover will be restricted to the cover provided by **your employer's plan type**.

If **you** do not inform **us** about the birth of **your** child within 30 days of their birth, and/or **your employer** does not pay the additional **premium** within 30 days of their date of birth, **you** will have to make a new **application** for **your** child to be added to **your plan**, and this **application** will be subject to **medical underwriting**.

Newborn children who have been born as a result of **assisted reproduction treatment** and born within 36 weeks of conception are always subject to **medical underwriting**.

If **your** newborn child is not added to **your plan** they may still have some cover under **your plan** for their first 90 days of life. Please see the 'Cover for newborn babies' benefit for full details.

### In the event of the death of an insured person

If **you** (the **employee**) die and have **eligible dependants** insured under **your plan**, they will no longer be entitled to be insured on **your employer's plan** and will be removed from the date of **your** death. However, they may apply to be insured on their own individual **plan**, provided they are over the age of 18 years.

To enable **us** to do this we will require a new **application form** which must be completed and returned to **us** within 30 days of **your** date of death. Provided we receive the new **application form**, and provided **premiums** continue to be paid up to date, we will continue their cover as before but subject to **our** Individual **premium** rates.

If **your eligible dependants** want to continue with cover that is enhanced in any way in comparison to their previous cover, they will have to complete a new **application form** and this new **application** will be subject to **medical underwriting**.

If **your eligible dependants** are under the age of 18, their legal guardian will have to sign the **application form** on their behalf.

If an insured eligible dependant dies, please inform **us** as soon as possible.

### Divorce and separation

If **you** have **your** spouse included under **your plan** and **you** become separated or divorced, we will have to transfer **your** insured spouse on to their own **plan**. To enable **us** to do this we will require **your** spouse to complete a new **application form** which must be completed and returned to **us** within 30 days of **your** date of divorce or separation.

Provided we receive the new **application form**, and provided **premiums** are paid by the new **plan holder**, we will continue to cover **your** insured ex-spouse as before, but subject to **our** individual **premium** rates. If **your** ex-spouse wants to continue with cover that is enhanced in any way in comparison to their previous cover, they will have to complete a new **application form** and this new **application** will be subject to **medical underwriting**.

## When a child dependant is no longer eligible to be covered under your plan

If one of **your** children has married, or has reached the age of 18 (or the age of 25 if they are in full time education) they will no longer be able to be included on the **plan** from the **renewal date** following their marriage/birthday. However, they may apply to be insured on their own individual **plan**.

To enable **us** to continue their cover as before **we** will require a new **application form** which must be completed and returned to **us** within 30 days of **your renewal date** along with the appropriate **premium** due, which will be subject to **our** individual **premium** rates.

If **your** child wants to continue with cover that is enhanced in any way in comparison to their previous cover, they will have to complete a new **application form** and this new **application** will be subject to **medical underwriting**.

If **we** do not receive **your** child's **application form** and **premium** within 30 days of **your renewal date**, their cover will automatically cease from midnight on the day before **your renewal date**. If they subsequently wish to apply for cover, they will have to complete a new **application form** and this new **application** will be subject to **medical underwriting**.

## Changing your address, country of residence or nationality

**You** must inform **us** if **you** change **your** address and provide **us** with the new details.

If **you** change **your country of residence** or **you** change **your home country** or nationality, **you** must tell **us** straight away.

## If your place of residence is no longer the UAE

**We** can only cover **you** under the terms of this **agreement** if **your** place of residence is the UAE. If **you** are no longer resident in the UAE **you** must tell **us**. One of **our** insurance partners may be able to offer **you** similar cover under an alternative **plan**.

## If you become a resident in Abu Dhabi

Under the terms of this **agreement** cover is not available to **you** if **you** become resident in Abu Dhabi, irrespective of **your** nationality. If **you** become resident in Abu Dhabi during **your** annual **period of cover** **you** must tell **us**. **Your** cover will automatically terminate from the date on which **you** take up residence in Abu Dhabi.

## If you leave your employment

If **you** leave **your** employment **you** are no longer eligible to be included on **your employer's plan** and **you** will be removed on the date **your** employment ceases. In some circumstances **you** may be allowed to continue cover with **us** on an individual **plan** with no additional **medical underwriting**, but subject to **our** individual **premium** rates. If **you** would like more information about this then please contact **us**.

## Other information

### When we can cancel your plan

**We** have the right to cancel **your plan** immediately if:

- **your employer** does not pay **your premium** and other charges such as insurance **premium** tax within 30 days of any **premium due date**
- **your** employment with the **employer** ceases (and **you** have not submitted an **application form** and paid the required **premium** within 30 days of the date on which it ceased)
- **you** are no longer eligible to be included in the **plan** or **you** move to a country other than the UAE
- **you** have not provided **us** with medical information **we** have requested to enable **us** to assess a claim or any potential claim that may arise in the future
- **you** have not repaid to **us** fully any ineligible claim payments **we** have invoiced **you** with
- **you**, any **insured person** or any person acting on **your** behalf has made any threatening or abusive comment, or used any unacceptable language towards **us** or any member of **our** staff, or any service provider acting on **our** behalf, whether verbally (including any telephone conversation) or in writing (including any electronic communication)
- **we** reasonably suspect that any **insured person** has misled **us** or attempted to mislead **us**, whether intentionally or carelessly, either at the time of joining or when making a claim, by:
  - making a claim under this policy knowing it to be dishonest, intentionally exaggerated or fraudulent in any way
  - providing **us** with incomplete or false information; or
  - working with another party to provide false information to **us**; or
  - changing original documents

If **we** cancel **your plan** for any of the above reasons **we** may also report the matter to the relevant authorities, if appropriate.

## When we may apply special terms to your plan

**We** have the right to apply **special terms** to **your plan** if **you** give **us** inaccurate or incomplete information. Such **special terms** will be applied from **your date of entry**.

## Applicable law

The law of Dubai shall apply to **your plan**.

## Our liability under this plan

**Our** liability under this **plan** is limited to paying for **treatment** or services in respect of eligible claims under this **plan**. The choice of provider of the **treatment** or services for which **you** are claiming under this **plan** is **your** responsibility. **We** make no representations or recommendations regarding the availability and standard of any **treatment** or services offered or provided by any **hospital** or **medical services provider**.

**We** will not be held liable to **you** or any **insured person** for any loss, harm or damage of any description resulting from lack of availability or from a defect in the quality of any **treatment** or service offered or provided by any **hospital** or **medical services provider**. This **plan** represents the whole and only **agreement** between **your employer** and the **insurer** relating to the provision of **your** private medical insurance.

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## Your responsibilities as an employee

It is **your** responsibility to:

- inform **us** if **your** personal details, or the personal details of any **insured person**, change
- keep **us** advised of **your** current email address
- inform **us** if **you** change **your** address, country of residency or **home country**

## Complaints procedure

**We** want to provide **you** with a first class standard of service at all times. If **you** feel that **our** service has been poor or **you** feel that any decision **we** make about a claim is unfair and not in accordance with the terms of this **agreement**, please let **us** know.

**You** may telephone or write to **us** at:

Global Plans Team  
Dubai Insurance Company,  
PO Box 3027,  
Dubai, UAE

T: +971 4 269 7708

F: +971 4 269 1304

E: [dubaiclaims@globalplans.ae](mailto:dubaiclaims@globalplans.ae)

The time it takes **us** to resolve **your** complaint will depend on how complex it is and how much investigation **we** have to do. **We** will always try to resolve **your** complaint as quickly as possible,

## Definitions

This section explains what **we** mean by certain words and phrases bolded in this **agreement**.

### Accident

A sudden, unexpected, unusual, specific, violent, external event which occurs at a single identifiable time and place independently of all other causes, which results directly, immediately and solely in physical bodily injury which results in a loss. In no event shall the contracting of any disease and/or illness (including, but not limited to, heart attack, stroke or cancer), nor the injection or ingestion of any substance, be considered an **accident**. An event which directly or indirectly exacerbates a previously existing physical bodily injury shall not be considered an **accident**.

### Acute medical condition

A disease, injury or illness that is likely to respond quickly 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.

### Agreement

This booklet, the **agreement** should be read in conjunction with the **master certificate of insurance** issued to **your employer**, **your** completed and signed **application form** and **your certificate of insurance**.

keeping **you** informed of **our** progress. **We** will acknowledge **your** complaint promptly, and tell **you** who is dealing with **your** complaint so contacting **us** is easier.

**We** will then fully investigate **your** complaint and send **you** a detailed written report about **our** findings. **We** will clearly explain the reasons behind **our** decision and what action **we** will take to put things right, if appropriate.

## Data protection notice

**We** think it is important for all **our** customers to be made aware of what information **we** hold about them and to have the reassurance of knowing that **we** comply with the laws of Dubai in respect of the processing of **your** personal data.

**We** will use **your** information (including information provided about **your eligible dependants**) for the purposes of underwriting and administering **your plan** and processing claims. By taking out a **plan** with **us**, **you** agree to **us** processing **your** personal information and sensitive personal information (e.g. health information). **We** will also use **your** information for statistical data analysis, management information and fraud prevention purposes.

If **you** wish to make a claim on **your plan**, this will invariably mean that **you** will have to provide **us** with information regarding **your** medical condition which **we** will then process in order to administer **your** claim.

## Application/Application form

The **application form** **you** have completed and signed on behalf of **yourself** and on behalf of any **eligible dependants** for whom cover is requested. Please note that on some occasions an alternative form such as a health declaration or an upgrade form may be required to be completed instead of a full **application form**. **We** will advise **you** when this is the case. The alternative form will then be classed as the **application/application form** for the purpose of this **agreement**. Information on previously completed **application forms**, if applicable, may also be used by **us** for underwriting and claims assessment reasons.

## Area of cover

The territorial limits of **your plan**.

## Assistance Service

The emergency assistance company contracted by **us** to provide assistance services to **plan** members at the time of **your** claim. The contact details for the **Assistance Service** can be found in the 'Contact details' section at the front of this **agreement**.

## Assisted reproduction

The use of medical techniques, including, but not limited to, in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI), gamete intrafallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine



insemination (IUI) with ovulation induction, received during the 3 month period prior to conception.

## Caribbean country or island

All countries in the Caribbean region including the West Indies and all islands surrounded by or bordering the Caribbean Sea.

## Certificate of insurance

The confirmation of **your** insurance cover issued by **us**. It confirms the **plan type your employer** has chosen, the Neuron network you are entitled to use, the **plan** currency, **your area of cover, period of cover, date of entry, renewal date, excess amount, special terms, your country of residence, your home country**, and the schedule of **insured persons**. The schedule of **insured persons** lists the persons insured by **us** under **your employer's agreement with us**. If there are any changes to the details on **your certificate of insurance we** will issue **you** with a new one confirming the changes.

## Chronic condition

A disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- it needs ongoing or long-term control or relief of symptoms
- **you** need to be rehabilitated or specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back

## Close family member

**Your** spouse, civil partner, a co-habiting partner, parent, brother, sister, child or grand-child.

## Co-insurance

A contribution that **you** must make towards the eligible costs of **your** claim.

## Congenital condition

Whether hereditary or not, any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not, or any deformity arising during the antenatal stages of pregnancy, or caused during childbirth.

## Country of residence

The country in which **you** are habitually resident as specified on **your application form** or subsequently advised to **us** in writing.

## Date of entry

The date on which cover for **you**, and each of **your eligible dependants**, first commenced. **Your date of entry** is as stated on **your certificate of insurance**.

## Day-patient

A patient admitted to a **hospital** or **day-patient** unit for a medical procedure which for medical reasons could not have been performed on an **out-patient** basis and which requires them to occupy a **hospital** bed for a period of medically supervised recovery, but it is not **medically necessary** for them to occupy a bed overnight.

## Dental treatment

Dental procedures undertaken by **your dental practitioner** which are **medically necessary** for the maintenance and/or restoration of oral health, and are provided in accordance with accepted standards of dental practice.

## Dentist/Dental practitioner

A qualified person legally carrying out this profession in the country in which he or she is located.

## Diagnostic tests

Investigations, such as x-rays or blood tests to diagnose the cause of **your** symptoms.

## Doctor

See **Medical doctor**.

## Dubai Health Authority Essential Benefits plan

The minimum benefits required under health insurance **plans** in the Emirate of Dubai, in accordance with the laws of Dubai and circulars and guidelines issued by the Dubai Health Authority, a summary of which is set out in the **table of benefits** for the Dubai Primary Benefits **plan** on pages 22-24 of this **agreement**.

## Eligible dependants

**Your** spouse and **your** unmarried children (i.e. **your** son, daughter, step-son, step-daughter, adopted children and children subject to legal guardianship) provided the unmarried children are aged less than 18 years old, or less than 25 years old if in continuous full-time education. If a child is adopted or the subject of legal guardianship **we** may require proof. **We** may also require proof of a dependent child being in full time education.

## Emergency caesarean section

A caesarean section, which has been scheduled to take place less than 24 hours in advance.

## Emergency treatment

Essential **treatment** that is immediately required as a result of medical emergency that presents a serious threat to the health of the **insured person**, or to the health of an unborn foetus of a mother insured on **your plan**, or (within the first 90 days of life) to the health of a newborn child of a mother insured on **your plan**.

## Employee

**You**, the member of the Corporate Global Health Foundation **plan** provided by **your employer**.



# Corporate Global Health Foundation Plan Agreement 2017

## Employer

The **plan holder** specified as **your company/employer on your certificate of insurance**.

## Excess

The amount stated as the **excess on your certificate of insurance and your Neuron network card**. **Your excess** will be applied to each consultation that **you** have with a **medical doctor** where a charge is made, and to each visit **you** make to a **dental practitioner**.

## General network

The **medical services providers** listed as being within Neuron's **General network**. For a list of these **medical services providers** go to [neuron.ae](http://neuron.ae).

## General Plus network

The **medical services providers** listed as being within Neuron's **General Plus network**. For a list of these **medical services providers** go to [neuron.ae](http://neuron.ae).

## Home country

**Your** country of origin, for which **you** hold a passport. If **you** hold more than one passport **your home country** will be the country **you** have declared on **your application form**.

## Hospital

An establishment which is legally licensed as a medical or surgical **hospital** under the laws of the country in which it is situated.

## Innocent bystander

Someone who is not involved with, participating in or reporting on war, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, or attempted overthrow of government, or any acts of terrorism, or actively participating in operations countering any such activities.

## In-patient

A patient who is admitted to **hospital** and who occupies a bed overnight or longer for medical reasons.

## Insured person

**You** and any **eligible dependants** specified in **your certificate of insurance** as being included in the **plan**.

## Insurer

The insurance company that provides the insurance cover for **your plan**. The **insurer** is Dubai Insurance Company psc.

## Life-threatening condition

A critical medical condition covered by **your plan**, which in the opinion of the **Assistance Service** constitutes a life-threatening situation which requires immediate **in-patient treatment**.

## London area

Any address in the United Kingdom within the E, EC, N, NW, SE, SW, W or WC postcode areas.

## Master certificate of insurance

The **certificate of insurance** issued to **your employer** which together with this Corporate Global Health Foundation **employee plan agreement** and **certificate of insurance** contains the terms, conditions and exclusions that apply to **you** and **your eligible dependants**.

## Medical doctor

A person who is legally qualified in medical practice following attendance at a recognised medical school (as listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation) to provide medical **treatment** and who is licensed to practise medicine in the country where the **treatment** is received.

## Medically necessary

**Treatment** that is medically appropriate and necessary to treat a condition that is covered under the terms and conditions of this **agreement**, and which is consistent with internationally recognised guidelines. Internationally recognised guidelines means guidelines issued by the Dubai Health Authority, the United Arab Emirates Ministry of Health, the US Federal Drugs Administration, the European Medicines Agency or the UK National Institute for Health and Clinical Excellence (NICE) in the UK.

## Medical network provider

A **hospital, out-patient clinic, medical practitioner** or pharmacy who are part of the Neuron network of medical providers **you** are entitled to use for **treatment** that is covered by **your plan**. The Neuron network of medical providers **you** are entitled to use is as stated on **your certificate of insurance** and on **your Neuron network card**.

## Medical practitioner

A person who has full registration under the Medical Acts of the country where they practice and who specialises in nursing, homeopathy, acupuncture, orthopaedic medicine, osteopathy, chiropractic, chiropody, podiatry, or physiotherapy **treatment**, and to whom **you** have been referred by a **medical doctor**.

## Medical referral letter

A letter from **your medical doctor** or **specialist** which refers **you** to another **medical practitioner** for **treatment** covered by **your plan**. We will only pay for **treatment** when the start date of **your treatment** is within 3 months of the date of **your medical referral letter**.

## Medical services provider(s)

A **hospital, out-patient clinic, medical practitioner, dental practitioner, optician** or pharmacy.

## Medical underwriting

The process of **you** providing and **us** assessing the health and medical information **we** ask for to decide the terms under which **we** will accept **your application** for cover, or for enhanced cover. Based on the information **you** give **us**, **we** may decide to place **special terms** on **your** cover.

## Neuron network card

**Your** personal Global Health Foundation membership card that will state **your plan type** and the Neuron network **you** are entitled to use. It will also state any **excess** that applies to **your plan**.

## Neuron network provider

A medical service provider which is part of the Neuron network of medical service providers **you** are entitled to use for **treatment** that is covered by **your plan**. The Neuron network of medical service providers **you** are entitled to use is as stated on **your certificate of insurance** and on **your Neuron network card**.

## Out of network penalty

The **co-insurance** **we** will apply to **your** claim settlement amount when **you** have **your treatment** at a **medical services provider** who is not a **Neuron network provider** **you** are entitled to use.

## Out-patient

A patient who attends a **hospital** consulting room, emergency room or **out-patient** clinic, when it is not **medically necessary** for them to be admitted as a **day-patient** or an **in-patient**.

## Out-patient surgical procedure

An **out-patient** procedure where one or more of the following is **medically necessary**:

- general or local anaesthesia or intravenous sedation
- manipulation or relocation of a fractured bone or dislocated joint by a **medical doctor**
- invasive surgical procedures
- invasive diagnostic procedures involving intra-arterial cannulation
- the use of endoscopic equipment

## Period of cover

A period of 12 months from **your date of entry** or from any subsequent **renewal date**. **Your period of cover** is as shown on **your certificate of insurance**.

## Plan/Plan type

The Corporate Global Health Foundation **plan**, or Foundation Plus **plan**, or the Dubai Primary Benefits **plan** on which **you** and **your eligible dependants** are covered.

## Plan holder

The company or **employer** as stated on **your certificate of insurance**.

## Planned caesarean section

A caesarean section which has been scheduled to take place more than 24 hours in advance, whether this be for medical or elective reasons.

## Post-hospital treatment

**Medically necessary** follow-up consultations, physiotherapy, **diagnostic tests** and/or **treatment** required on an **out-patient** basis following **in-patient** or **day-patient treatment** covered by **your plan** and received within the 90 day period following the date **you** are discharged from **hospital**.

## Pre-existing medical conditions

Any disease, illness or injury, whether the condition has been diagnosed or not before **your date of entry**, for which:

- **you** have received medication, advice or **treatment**; or
- **you** have experienced symptoms

## Premium

The amount(s) **your employer** is required to pay to **us** annually for **your insurance plan**.

## Premium due date

The date on which **your premium** is due to be paid by **your employer**.

## Preventive health checks

Health tests, screening and/or clinical procedures specifically designed for disease prevention and early detection.

## Preventive health services (DHA)

Preventive services stipulated by the Dubai Health Authority, including initial diabetes screening.

## Qualified nurse

A nurse whose name is currently on any official register of nurses maintained by a statutory nursing registration body within the country where **treatment** is provided.

## Reasonable and customary

The charge that would typically be made for **your treatment** by medical service providers in the country where **you** receive **your treatment**. If the cost of **your treatment** is not **reasonable and customary**, **we** will only pay up to the amount which is typically charged in that country. In the event of a dispute, **we** will identify the amount typically charged for **your treatment** by medical service providers in the country where **you** receive it, by obtaining three quotations and taking a mean average of these three quotations.

## 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.

## Rehabilitation hospital or unit

A medical facility licensed under the regulations of the country in which it operates and designed for patients who no longer need acute **hospital** care but who still require medical or nursing supervision and/or assistance with activities of daily living because of their medical disability.

## Related condition

Any disease, illness or injury that is caused by a **pre-existing medical condition** or results from the same underlying cause as a **pre-existing condition**.

## Renewal date

The **renewal date** of **your employer's plan** as shown on **your certificate of insurance**.

## Session

A single continuous consultation during which time **you** may receive advice, **treatment** and/or prescribed medication.

## Specialist

A **medical practitioner** who is fully registered by the regulatory body of the country in which he or she practices following attendance at a recognised medical school (as listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation). They must be on a **specialist** register appropriate for the condition for which **treatment** is sought. Where regulation demands, the **medical practitioner** must also have a licence to practice. **We** reserve the right to withhold or remove recognition of any **specialist** for reasons such as suspension of registration, fraud or unreasonable charges.

## Special terms

Any restrictions or **premium** adjustments **we** may apply to **your plan**. Any **special terms** relating to **your plan** will appear on **your certificate of insurance**.

## Table of benefits

The table beginning on page 5 which sets out the benefits covered by the Foundation and Foundation Plus **plan type** or the table set out on pages 22-24 for the Dubai Primary Benefits **plan**.

## Terminal medical condition

A condition that has been diagnosed as incurable with death from the condition or complications of the condition possible within 12 months of diagnosis.

## Treatment

Surgical or medical services (including **diagnostic tests**) that are needed to diagnose, relieve or cure a disease, illness or injury.

## Ultra-Restricted network

The **medical services providers** listed as being within Neuron's **Ultra-Restricted network**. For a list of these **medical services providers** go to [neuron.ae](http://neuron.ae).

## Us, we, our

Dubai Insurance Company psc.

## Waiting period

When specified, the amount of time **you** must be covered by the same **plan** before **you** can claim for that benefit. No benefit is payable for any **treatment** costs incurred during the **waiting period**. When a **waiting period** is not specified there is no **waiting period** applicable.

## You, your, yourself

Any and all persons named in the schedule of **insured persons** on **your certificate of insurance**.

## The benefits provided by the Dubai Primary Benefits plan







The following **table of benefits** sets out the cover provided by the Dubai Primary Benefits **plan**.

Where the term full cover appears, this means full refund of **reasonable and customary** charges, less any **excess** applicable to **your plan**, and subject to any **co-insurance** and/or any benefit limits and/or number of **session** limits shown in the Dubai Primary Benefits **plan table of benefits**.

If **your plan type** is Elite Silver or Elite Gold **you** may claim under either **your plan** or under the Dubai Primary Benefits **plan**, but **you** cannot claim under both **plans** for the same **treatment** or medical services. The limits shown in the Dubai Primary Benefits **plan table of benefits** are the maximum amounts **we** will pay after the application of any **excess** and **co-insurance**.












**IMPORTANT:** The Dubai Primary Benefits **plan** provides cover for **treatment** that is received at a **hospital** or medical facility within the **Ultra-Restricted network** only. If **you** receive **treatment** at a **hospital** or medical facility that is not part of the **Ultra-Restricted network** **you** cannot claim under the Dubai Primary Benefits **plan** for any expenses **you** incur.

**Key**  Full cover within annual plan benefit limit  Partial or limited cover  No cover

Cover	Dubai Primary Benefits
<b>Annual benefit limit</b>	
The overall maximum limit that each <b>insured person</b> can claim during any one <b>period of cover</b> .	AED150,000
<b>Cover when you are admitted to hospital</b> Important note: <b>You</b> must obtain pre-authorisation for all benefits included in this section.	
<b>Hospital accommodation charges</b> <b>Hospital</b> accommodation charges limited to the cost of a standard single room with an en-suite bath or shower room, when <b>you</b> are an <b>in-patient</b> or <b>day-patient</b> .	 Full cover
<b>In-patient and day-patient treatment</b> <b>Treatment</b> <b>you</b> receive while <b>you</b> are an <b>in-patient</b> or <b>day-patient</b> , including surgeons', anaesthetists' and <b>doctors'</b> fees, nursing care, drugs and surgical dressings, theatre charges and intensive care, pathology, x-rays, scans, <b>diagnostic tests</b> and physiotherapy.	 Full cover
<b>Parent accommodation charges</b> The cost of one parent staying in <b>hospital</b> with a child under 16 years of age while the child is receiving eligible <b>treatment</b> covered by their <b>plan</b> .	 Cover up to AED100 per night
<b>Accommodation of an accompanying person</b> Payable for accommodation of an accompanying person in the same room in cases of critical conditions as recommended by the attending <b>medical doctor/specialist</b> .	 Cover up to AED100 per night
<b>Road ambulance</b> The cost of a private road ambulance if <b>you</b> need <b>in-patient</b> or <b>day-patient treatment</b> for which <b>you</b> are covered by <b>your plan</b> , and if it is <b>medically necessary</b> for <b>you</b> to travel to the <b>hospital</b> by local road ambulance.	 Full cover
<b>If you need psychiatric care</b> Important note: <b>You</b> must obtain pre-authorisation for this benefit.	
<b>Emergency treatment of a psychiatric condition</b> All <b>treatment</b> must be administered under the direct control of a registered psychiatrist. <b>We</b> do not provide cover under this benefit if the <b>treatment</b> is not required in a medical emergency.	 Full cover

# Corporate Global Health Foundation Plan Agreement 2017






**Key**  Full cover within annual plan benefit limit  Partial or limited cover  No cover

Cover	Dubai Primary Benefits
<b>Cover for everyday medical care</b>	
<b>Emergency ward treatment</b> Emergency treatment that you have received at a <b>hospital</b> .	 Full cover
<b>Out-patient surgical procedures</b>	 Cover subject to 20% <b>co-insurance</b>
<b>GP and specialist consultations</b> Co-insurance will not apply to follow up visits that occur within 7 days of <b>treatment</b> covered by your plan.	 Cover subject to 20% <b>co-insurance</b>
<b>Prescribed drugs and dressings</b>	 Cover up to AED1,500 subject to 30% <b>co-insurance</b> per <b>period of cover</b>
<b>Radiology and diagnostic services</b> Radiology and diagnostic services received as an <b>out-patient</b> in a network <b>hospital</b> . You must obtain pre-authorisation of radiology and diagnostic services except in cases of medical emergency.	 Cover subject to 20% <b>co-insurance</b>
<b>Physiotherapy</b> Up to 6 <b>sessions</b> undertaken within 3 months of the date of a <b>medical referral letter</b> . If your condition becomes a <b>chronic condition</b> and ongoing physiotherapy is aimed at maintaining, rather than curing it, no further payments will be made.	 Cover for up to a maximum of 6 <b>sessions</b> , subject to 20% <b>co-insurance</b> , per <b>period of cover</b>
<b>Well-being benefits</b> Important note: You must obtain pre-authorisation for all benefits included in this section.	
<b>For insured persons who are adults</b> Preventive health services as stipulated by the Dubai Health Authority (DHA), for all adults including eligible dependants under your plan.	 DHA stipulated preventive services only
<b>For insured persons who are children</b> Essential vaccines and inoculations, as stipulated in the Dubai Health Authority Immunization Guidelines, for newborns and children insured as dependants under your plan.	 DHA stipulated vaccines and inoculations only
<b>If you need treatment for pregnancy &amp; childbirth</b>	
<b>Medical emergency</b> Treatment that is necessary as a result of a medical emergency arising from pregnancy or childbirth, excluding planned caesarean section.	 Full cover
<b>Routine maternity care and childbirth</b> The following services only are covered under this benefit: Full blood count and platelets, mid-stream urine test and analysis, blood group, Rhesus status and antibodies, VDRL, Rubella serology, HIV, Hepatitis C (for high risk patients only), glucose tolerance (for high risk patients only), full blood sugar, 3 prenatal ultrasound scans, 8 visits to a Primary Healthcare Centre in the <b>Ultra-Restricted network</b> .	 Cover subject to 10% <b>co-insurance</b>
<b>Natural childbirth</b>	 Cover up to AED7,000 subject to 10% <b>co-insurance</b>



# Corporate Global Health Foundation Plan Agreement 2017

**Key**  Full cover within annual plan benefit limit  Partial or limited cover  No cover

Cover	Dubai Primary Benefits
<b>If you need treatment for pregnancy &amp; childbirth (continued)</b>	
<b>Planned caesarean section</b>	 Cover up to AED10,000 subject to 10% <b>co-insurance</b>
<b>Medically necessary termination of pregnancy</b>	 Cover up to AED10,000 subject to 10% <b>co-insurance</b>
<b>Cover for newborns</b> During <b>your</b> child's first 30 days of life, <b>we</b> will pay for BCG vaccine, hepatitis B and neonatal screening tests (PKU), sickle cell screening, congenital hypothyroidism and congenital adrenal hyperplasia.	 Full cover
<b>If you need emergency dental treatment</b>	
Diagnostic and <b>treatment</b> services required for dental and gum <b>treatment</b> in a medical emergency.	 Cover subject to 20% <b>co-insurance</b>
<b>If you need emergency optical or auditory treatment</b>	
Hearing, vision aids and surgical/laser vision correction required in a medical emergency.	 Cover subject to 20% <b>co-insurance</b>

# We're here to help

The Global Plans team, part of Dubai Insurance Company, is a leading provider of international health, life and income protection insurance in the UAE. We have developed a range of world-class insurance products, each designed to provide protection for expatriate life and international living in Dubai and beyond.

As the oldest insurer in Dubai, we are respected for our fairness, honesty and outstanding personal service.

To us, you're a customer, not a potential claimant or a policy number. From your first contact with the Global Plans Team, you'll deal with a named advisor, each one an expert within a dedicated team.

We appreciate the importance of always being able to contact someone who understands your policy, your needs, and your circumstances.

We truly are here to help.

## For more information

call us on +971 4 269 7708  
or visit [globalplans.ae](http://globalplans.ae)

## Global Plans Team

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Dubai, UAE

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**[globalplans.ae](http://globalplans.ae)**

The Global plans are designed by William Russell Ltd., and issued and insured by Dubai Insurance Company psc., who are licensed by the UAE Insurance Authority, registration number 4.

