

NOTICE TO EMPLOYEES AND DEPENDANTS COVERED UNDER THEIR EMPLOYER'S CORPORATE GLOBAL HEALTH PLAN

CHANGES TO YOUR PLAN FROM RENEWAL

It is important that you read and understand all the changes that are being made.

Changes to the plan type we can offer you

As a consequence of the new Dubai Health Authority (DHA) regulation mandate, a number of amendments have been made to your Global Health plan to ensure that this is compliant with the new requirements.

Pre-existing conditions

Insurers are no longer permitted by the DHA to exclude pre-existing medical conditions. In a very small number of cases it has therefore been necessary for us to restrict the benefits available to employees (or their dependants) - who currently have pre-existing conditions that are excluded from cover. These members will be transferred to a new plan our Dubai Primary Benefits plan. If, exceptionally, you or someone on your plan (an insured member) is affected by this, it will be shown on your employer's renewal invoice. More information is available later in this document under the heading Cover for Pre-existing medical conditions and removal of personal medical exclusions and in the new plan agreement.

Our Elite Platinum, Elite Bronze, Essential Care and Essential Care Plus plans will no longer be available. If your employer currently holds one of these plans, with the exception of any insured member being listed as covered under the Dubai Primary Benefits plan mentioned above, your employer will be offered one of our alternative plans, as follows:

- Global Health Elite Platinum plan holders, offered renewal under our Elite Gold plan
- Global Health Elite Bronze plan holders, offered renewal under our Elite Silver plan
- Global Health Essential Care Plus plan holders, offered renewal under our Elite Silver plan
- Global Health Essential Care plan holders, offered renewal under our Elite Silver plan

If you currently have an Elite Gold or Elite Silver plan you will remain on an Elite Gold or Silver plan but with the enhanced benefits of our new cover, which have been designed to comply with DHA regulations.

The plan type you have been offered will be confirmed on your employer's renewal invoice.

Changes to Benefits

Included with these renewal documents you will find a Table of Benefits Comparison. This comparison table shows you details of the benefits that are available on your current plan compared with those that will be available on the plan that you are being offered at renewal. The table is designed to provide an overview of the changes in the benefits provided by the plans and you should refer to the respective Global Health plan agreements for full details of the benefits provided under each plan.

Cover for Pre-existing medical conditions and removal of personal medical exclusions

Pre-existing medical conditions are medical conditions that existed prior to an insured member's date of entry to the plan. Under some plans, these conditions are presently excluded from cover and you can find more detail of the interpretation of pre-existing conditions on your current individual Certificate of Insurance.

In addition, cover for some of the members may currently be subject to personal medical exclusions. These too will relate to medical conditions that existed prior to them joining the plan. If you or your dependants have cover that is subject to personal medical exclusions, these exclusions are shown on your current Certificate of Insurance as Special Terms.

With effect from the renewal date of your plan, treatment related to pre-existing conditions will no longer be excluded from cover. As this has the potential to cause a significant increase in the insurance risk, in some cases it will now be necessary to apply a premium increase (premium loading). In a very small number of cases, it will be necessary to restrict the cover for the individual to that provided under our Dubai Primary Benefits plan. Our Dubai Primary Benefits plan provides the basic minimum level of cover required under the new regulations introduced by Dubai Health Authority.

If any insured member has personal medical exclusions, these exclusions will be removed with effect from the renewal date and will not appear on your Certificate of Insurance for your new period of cover. However, as part of your revised terms, one of the following will apply:

- “ exclusion removed with no premium loading
- “ exclusion removed and a premium loading applied
- “ cover restricted to the Dubai Primary Benefits plan with no premium loading
- “ cover restricted to the Dubai Primary Benefits plan and a premium loading applied

These changes will be applicable with effect from the plan renewal date and will be applied to any treatment you or your dependants receive after that date. Any restrictions to the Dubai Primary Benefits plan will also be shown on the insured person's Certificate of Insurance once the plan has been renewed.

Your Neuron network of medical services providers

Your plan entitles you to use a Neuron network of medical services providers in the UAE to receive treatment that is eligible under the terms of your plan.

It is important that only medical services providers who are within the Neuron network are used, because a change in the plan agreement **has introduced financial penalties** where members use a medical services provider in the UAE that is not in the elected Neuron network. The network you are entitled to use will be shown on the Master Certificate of Insurance and the member's individual Certificate of Insurance and details of providers in that network can be found on the Neuron website, www.neuron.ae. More information about how to claim can be found in the attached Global Health Elite plan agreement.

Before you seek any treatment we advise you to contact Neuron to check that the proposed treatment is covered by your plan. If you have treatment that is not covered by your plan and Neuron pays the medical services provider for this treatment we will invoice you for the ineligible costs that Neuron has settled and you must repay us without delay.

Financial penalties that you will incur if you use a medical services provider outside of the Neuron network you are entitled to use

A 20% out of network co-insurance will apply if you, or one of your dependants, receive treatment at a medical services provider who is not listed as being in your Neuron network. This means that if you choose to receive treatment at a medical services provider who is not in your Neuron network, you will be required to contribute 20% towards the eligible cost of the medical services received. However no out of network co-insurance will apply if you have the Comprehensive network, or in respect of treatment received at a medical services provider outside of the UAE, but within your area of cover.

Changes to Excess Levels

There are new regulations regarding the amount of excess that can apply to health cover and our plans are altered to offer the following:

- ~ Nil excess
- ~ Excess of \$15/AED55
- ~ Excess of \$30/AED110

This excess will be applied at each consultation you have with a medical doctor where a charge is made for their services, or each time you visit a dental practitioner.

If your employer currently has a plan with an excess other than one of those listed above it will be changing to \$15/AED55 per visit excess from the renewal date.

Administrator of reimbursement claims

As well as administering your network claims, Neuron LLC will now also administer your reimbursement claims.

Supplying the information required to process your claim

We are now able to accept the information required to process your claim, as outlined in the agreement, via email regardless of the size of the claim (previously this was only acceptable for claims under AED 2,000 or equivalent).