

# 2018

Changes to your  
Elite Health plan  
from renewal  
Employees

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## What's different for 2018

There will be quite a few changes to your plan from your renewal date. We have highlighted the key changes in the first part of this booklet.

- 1.1 Higher benefit limits
- 1.2 NextCare

## Changes to your benefits

The second part of this booklet outlines the improvements and changes we have made to your benefits from your renewal date.

- 2.1 Kidney dialysis
- 2.2 Cancer genome testing
- 2.3 Reconstructive surgery
- 2.4 Out-patient physiotherapy
- 2.5 Terminal illnesses

## Changes to your terms & conditions

The third and final part of this booklet outlines some changes we have made to the small print governing your plan. They are small changes, but it is important that you are aware of them before you renew.

- 3.1 Administrative changes
- 3.2 Artificial life maintenance
- 3.3 Circumcision
- 3.4 Dietitians
- 3.5 Learning and educational difficulties
- 3.6 Change to the definition of 'pre-existing medical conditions'
- 3.7 Change to the exclusion for vitamins, dietary supplements, and natural substances
- 3.8 Change to the out-of-network penalties

# What's different for 2018

We are always thinking about how we can improve our health plans and the service that we offer to our customers. We have made quite a few changes this year, and these will affect you from your plan renewal date. These changes are outlined for you in this booklet: please read it in conjunction with your 2018 plan agreement. The most important changes are highlighted for you on this page.

Your custom is very important to us, and we are here if you would like to discuss any of the changes we have made to your plan. You can find our contact details throughout this booklet.

## 1.1 Higher benefit limits

We have made some improvements to your benefits. We now cover kidney dialysis in full and we have increased your benefit limit for genome testing of cancers.

## 1.2 NextCare

We have appointed a company called NextCare to settle your network and reimbursement claims. They will be taking over from Neuron from your renewal date. This also means that, from your renewal date, the name of your medical network will be changing.

### What your medical network will be in 2018

2017	2018
Comprehensive	General Network Plus
Comprehensive (excluding American Hospital and Mediclinic Hospital)	General Network (excluding Mediclinic Hospital)
General Plus	General Network (excluding all hospitals and clinics in the Mediclinic group)

The changes are stated in full in the next part of this booklet. Please also refer to your 2018 plan agreement.

The number for the 24-hour emergency medical assistance helpline will remain +44 1232 621 155

# Changes to your benefits

This part outlines in full the changes to your benefits from your plan renewal date. Please read in conjunction with your 2018 plan agreement.

## 2.1 Kidney dialysis

We now cover kidney dialysis in full. Previously, we only covered up to 4 weeks of dialysis treatment.

## 2.2 Cancer genome testing

We have increased the benefit limit for cancer genome testing to US\$6,000 or AED22,020. Previously, the limit was US\$2,000 or AED7,340.

## 2.3 Reconstructive surgery

We have amended the wording for your reconstructive surgery benefit. You are now eligible for only two reconstructive surgeries per lifetime.

## 2.4 Out-patient physiotherapy

We have amended the wording for your out-patient physiotherapy benefit. We now require a medical report after your 6<sup>th</sup> session of physiotherapy. Previously, it was after your 10<sup>th</sup> session. After you have had 6 sessions, your doctor must provide us with a progress report if you need more physiotherapy treatment.

## 2.5 Terminal illnesses

We have revamped your terminal illnesses benefit to make it clearer and easier to understand. Your terminal illnesses benefit was previously set out as follows:

### Terminal illnesses

#### Silver

Lifetime limit of US\$50,000  
or AED183,500

#### Gold

Lifetime limit of  
US\$100,000 or AED367,000

#### Palliative and/or hospice care, and care for persistent vegetative state

On diagnosis of a terminal medical condition covered by your plan, all costs for treatment received on the advice of a medical practitioner or specialist for the purpose of offering relief of symptoms. This includes all hospital or hospice accommodation, and nursing care by a qualified nurse. All treatment and care received after you have been in a persistent vegetative state for a period of eight consecutive weeks due to an injury or illness covered by your plan.

Cover is up to the lifetime limit for your plan.

This change is based on research we have undertaken into genome testing technology around the world.

From your renewal, we have renamed this benefit as the **lifetime care benefit**. We have also re-written some of the benefits within this section. This section now reads as follows:

### Lifetime care

#### Silver

Lifetime limit of US\$50,000 or AED183,500

#### Gold

Lifetime limit of US\$100,000 or AED367,000

#### Hospice and palliative care

On diagnosis of a terminal medical condition covered by your plan, all costs for treatment received on the advice of a medical practitioner or specialist for the purpose of offering relief of symptoms. This includes all hospital or hospice accommodation, and nursing care by a qualified nurse.

Cover is up to the lifetime limit for your plan.

#### Artificial life maintenance

Treatment you require after you have already been on artificial life maintenance for 8 weeks.

Cover is up to the lifetime limit for your plan.

#### Persistent vegetative state and neurological damage

Treatment you require after you have been in hospital for 8 weeks for permanent neurological damage or if you are in a persistent vegetative state.

Cover is up to the lifetime limit for your plan.

Your new lifetime care benefit looks very different, but, in practice, all we have done is group together in one place various terms & conditions that already featured in different places in your plan agreement.

# Changes to your terms & conditions

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## 3.1 Administrative changes

The following changes affect when you must contact us about your treatment, and how much time you have to submit your claims.

### When you are admitted to hospital in an emergency

If you are admitted to hospital in an emergency and it is not reasonably possible for you to contact us in advance of your admission, we will consider your claim provided you contact us within 24 hours of your admission. If you do not contact us within 24 hours, we may decline your claim, or subject your claim to 20% co-insurance.

### The time limit for submitting reimbursement claims

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. We will not pay any invoices received by us more than 12 months after the treatment date.

## 3.2 Artificial life maintenance

We have added the following exclusion regarding artificial life maintenance:

*You are not covered for artificial life maintenance, other than any benefit you are eligible for under the lifetime care benefit.*

## 3.3 Circumcision

We have added the following exclusion regarding circumcision:

*You are not covered for treatment related to circumcision, unless it is required for treatment of an acute medical condition covered by your plan.*

## 3.4 Dietitians

We have added the following exclusion regarding dietitians:

*You are not covered for treatment or advice by a dietitian or nutritionist. Please note however this may be covered following a diagnosis of cancer. Please see the dietitian benefit within the cancer treatment section of the table of benefits.*

## 3.5 Learning and education difficulties

We have added the following exclusion regarding learning and education difficulties:

*You are not covered for learning and educational difficulties, including, but not limited to, dyslexia and speech disorders.*

## 3.6 Change to the definition of 'pre-existing medical condition'

We have added 'joint replacements' to the list of conditions that are excluded if you have had a joint replacement at any time before your date of entry.

### **3.7 Change to the exclusion for vitamins, dietary supplements, and natural substances**

Previously, this exclusion read as follows:

#### **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.*

From your renewal, the exclusion reads as follows:

#### **Vitamins, dietary supplements, natural substances, and creams**

*You are not covered for commercially available substances that can be purchased without prescription, including, but not limited to, vitamins, minerals, organic substances, moisturisers, oils, creams, or other pharmaceutical products, unless medically necessary or specified under the routine maternity care and childbirth benefit within the maternity costs benefits section of the table of benefits.*

### **3.8 Change to the out-of-network penalties**

Previously, we applied an out-of-network penalty only if you had the General network and you received your treatment at a medical services provider in the UAE that was not listed as being in the General network.

Now, an out-of-network penalty shall be applicable if you have the General network or General Plus network, and you receive treatment at a medical services provider in the UAE that is not listed as being in your network.

The out-of-network penalty will be 20% if you have the General network, and 25% if you have the General Plus network.

If you have eligible treatment outside of the UAE, no out-of-network penalty shall apply.

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