Plans designed by William Russell

Personal Health Plan Agreement

Individuals & Families

For members with a personal health plan whose period of cover starts on or after **01 June 2020**

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DUBAI INSURANCE

Introducing your health plan

Welcome

We want to provide **you** with an insurance policy **you** can rely on, so it is important that **you** fully understand the scope of the cover **we** provide. This **agreement** explains what is and what is not covered by **your plan**, and how y**our claims** will be administered.

Please take time to read this **agreement** along with **your Certificate of Insurance** and **application form**. Together, these documents form the contract between **you** and **us**.

Certain words **we** use within this **agreement** have a special meaning to which **we** would like to draw **your** attention. For example: -

- **'We, us, our'** – means Dubai Insurance Company psc.
- **'You, your'** – means **you** and all **insured persons** on this **plan**, as shown on **your Certificate of Insurance**

These words appear in **bold** type, and **we** provide their precise meanings in the *Definitions* section of this **agreement**.

We are, of course, always at the end of a telephone to answer queries or deal with y**our claim**. **You** can find **our** contact details below.

Dubai Insurance Company

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

William Russell

William Russell Ltd. is the designer of **your plan** and the inspiration behind the benefits and member experience **we** provide to **you**. William Russell Ltd. is authorised and regulated by the UK Financial Conduct Authority under reference number 309314.

NextCare

NextCare Claims Management LLC is the company **we** have appointed to administer and settle **your** network and reimbursement **claims**.

Your right to cancel within 30 days

If **you** decide **your plan** does not meet **your** needs, simply contact **us** and advise **us** that **you** wish to cancel. Provided **we** receive **your** written instruction within 30 days of **your date of entry**, and provided no **claims** have been made, **we** will refund **your premium in** full.

If **we** receive **your** instruction to cancel **your plan** more than 30 days after **your date of entry**, the terms of **our** cancellation policy will apply.

Contact details

If you have an enquiry about your plan or insurance	**Phone** +971 4 269 7708 **Fax** +971 4 269 1304 **Email** enquiries@globalplans.ae
If you need to make a claim	**Phone** +971 4 270 8800 **Fax** +971 4 270 8329 **Email** nextcare@nextcarehealth.com **Web** nextcarehealth.com
If you need to contact our 24-hour emergency medical Assistance Service	**For emergency medical assistance please call the following number: -** +44 1243 621 155 **For non-emergencies, please contact us by email: -** william.russell@cegagroup.com
If you'd like to write to us	**Global Plans Team** Dubai Insurance Company psc. PO Box 3027 Dubai, UAE
If you'd like to write to NextCare	**NextCare Claims Management LLC** PO Box 80864 Dubai, UAE

Your plan agreement

This **agreement**, together with **your application form** and **your Certificate of Insurance**, make up the contract between **you** and **us**. 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**.

The purpose of your plan

Your plan provides **you** with benefit for the cost of treating eligible medical conditions which arise after **your date of entry**.

We will pay for the **reasonable and customary** costs of **medically necessary treatment** of 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.

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**.

Your obligation to provide information relating to you and your dependants' medical history

We rely on the information **you** supply to **us** in **your application form** when **we** decide whether or not to accept **your application**, and 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 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 **you** have paid any additional **premium** that may have been charged, **your plan** covers **you** for **treatment** of eligible **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 **we** have received payment of **your** full annual, half-yearly or quarterly **premium**.

Eligible medical services providers

The NextCare network of **medical services providers you** are entitled to use is as stated on **your Certificate of Insurance**, **your network card**, or **smartphone application**.

If **your** cover is restricted to the benefits of the **Primary Benefits plan**, **you** will only be entitled to use a **medical services provider** within **Restricted Network 3**. If **you** use a **medical services provider** that is not in **Restricted Network 3 we** will not reimburse **your claim**.

Your area of cover

The cover provided by **your plan** is restricted to the **area of cover** stated on **your Certificate of Insurance**. The **areas of cover,** and their corresponding territorial limits, are stated below.

Zone 1

Worldwide, excluding the United States of America.

USA cover options

The following option provides limited cover in the United States of America.

If **you** have the option for limited cover in the United States of America**,** it will be stated on **your Certificate of Insurance**.

Cover in the USA limited to temporary trips of up to 45 days (USA-45)

We will cover **you** in the United States of America for **temporary trips** of up to 45 days' duration from the date on which **you** enter the country. Any trip of longer than 45 days will not be covered, but there is no limit to the number of **temporary trips you** can make to the United States of America during any one **period of cover**.

The overall maximum amount **we** will pay in respect of **treatment you** receive in the United States of America is US$250,000 per **insured person**, per **period of cover**. Within this amount, **we** will pay: -

- up to US$100,000 for elective **treatment**; and
- up to US$250,000 for **accident & emergency treatment** of a condition that **you** have not previously suffered from prior to commencing **your temporary trip**.

We do not cover emergency evacuation to, from or within the United States of America, even if **you** have selected the USA-45 option.

Restricted Network 3

Cover is restricted to the **medical services providers** within **Restricted Network 3**, all of which are located within the United Arab Emirates.

What you're covered for

The following **table of benefits** sets out the cover provided by each **plan**. The **plan 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 **your plan**.

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**.

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 limits.

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**.

Wherever the term *Full cover* appears in the **table of benefits**, this means a full refund of **reasonable and customary** charges, less any **excess** or **co-insurance** applicable to **your plan**, and subject to any limits that are specified anywhere else in the **table of benefits** for the type of **treatment** or care **you** receive.

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** are optional. **You** are only eligible for these benefits if **you** have selected them and they are stated on **your Certificate of Insurance**.

There are certain benefits in the **table of benefits** for which **you** must obtain pre-authorisation. If **you** do not obtain pre-authorisation for these benefits, **we** will only pay 80% of the **reasonable and customary** cost of **treatment**.

The **table of benefits** should be read in conjunction with the *What you're not covered for* section of this **agreement**.

If cover in respect of any benefit of the Silver or Gold **plan** is lower than the benefit provided under the **DHA** Essential Benefits plan, the cover provided under the **DHA** Essential Benefits plan shall apply.

If **you** receive **your treatment** at a **medical services provider** which is not within the NextCare network stated on **your Certificate of Insurance**, **network card** or **smartphone application**, penalties will apply. Please refer to the *If you need to make a claim* section of this **agreement** for further information.

If **your plan** is the **Primary Benefits plan**, which provides cover for **medically necessary treatment** at **medical services providers** within **Restricted Network 3**, please refer to the table of benefits on pages 29-31 of this **agreement**.

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

	Silver	Gold
Annual benefit limit The overall maximum limit that each **insured person** can **claim** during any one **period of cover**.	US$2,500,000 or AED9,175,000	US$5,000,000 or AED18,350,000
Hospital costs Important notes: - • **You** must obtain pre-authorisation for all benefits in this section.		
Hospital accommodation The cost of a standard, private single room with an en-suite bath or shower room, when **you** are an **in-patient** or **day-patient**.	○ Private hospital room	○ Private hospital room
Hospital treatment **Treatment you** receive while **you** are an **in-patient** or **day-patient**, including surgeons' and anaesthetists' and **doctors'** fees, nursing care, drugs and surgical dressings, operating theatre charges and intensive care, pathology, X-rays, scans, **diagnostic tests** and physiotherapy. **We** will also pay for **pre-admission tests** that **you** undergo on an **out-patient** basis for **hospital treatment you** are scheduled to receive that is covered by **your plan**. **We** will also pay for **in-patient** surgical removal of impacted, buried or unerupted wisdom teeth. This is subject to a 12-month **waiting period** and covered only when the surgery is performed by a **medical doctor** (not a dentist) in a **hospital** (not a dental surgery) and under general anaesthetic.	○ Full cover	○ Full cover

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Silver	Gold
Hospital costs (continued) Important notes: - • **You** must obtain pre-authorisation for all benefits in this section.		
Parent accommodation The cost of one parent staying in **hospital** with a child under 18 years of age while the child is receiving eligible **treatment** covered by their **plan**.	Full cover	Full cover
Accommodation of an accompanying person Accommodation for an accompanying person in the same room in cases of critical conditions as recommended by the attending **medical doctor/specialist**.	Full cover	Full cover
Road ambulance The cost of a private road ambulance if **you** need **hospital treatment** covered by **your plan** and if it is **medically necessary** for **you** to travel to **hospital** by ambulance.	Full cover	Full cover
Hospital cash benefit Payable for each night spent in a **hospital** when **you** receive **treatment** eligible for cover by **your plan** for which no charge is made by the **hospital**. Benefit is paid for up to a maximum of 60 nights per **period of cover**. If you have selected an **excess**, it will not be applied to this benefit.	US$80 or AED294 per night	US$250 or AED918 per night
Cancer treatment Important notes: - • **You** must obtain pre-authorisation for all benefits in this section.		
Cancer treatment Cancer **treatment**, including chemotherapy, radiotherapy, immunotherapy, consultations, tests, scans, and drugs. **We** will also pay for restorative **dental treatment** following chemotherapy or radiotherapy.	Full cover	Full cover
Cancer genome tests The cost of tests to sequence the genes of cancer cells.	Up to US$6,000 or AED22,020 per **period of cover**	Up to US$6,000 or AED22,020 per **period of cover**
Cash benefit upon diagnosis of cancer (6-month waiting period) Payable if **you** are diagnosed with cancer. By *cancer* we mean the presence of tumours that consist of cells that are malignant, due to characteristics which can be shown microscopically. These cells can multiply and spread to other parts of the body uncontrollably (*eg* cancers such as breast cancer, lung cancer, bowel cancer, and cancers of the blood (also known as leukaemia). The following are not covered: - • non-melanoma skin cancer unless it has spread to lymph nodes or organs • prostate cancer unless it has spread to other glands or organs This benefit will not be paid if **you** were first diagnosed with any cancer before **you** were covered under the Gold **plan** for a period of six consecutive months.	No cover	US$5,000 or AED18,350 with a lifetime limit of one claim per **insured person**

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Silver	Gold
Cancer treatment (continued) Important notes: - • **You** must obtain pre-authorisation for all benefits in this section.		
Wigs Help towards the cost of a wig following chemotherapy covered by **your plan**.	Lifetime limit of US$150 or AED551	Lifetime limit of US$150 or AED551
Counselling Consultations with a registered psychologist/counsellor when **you** have received cancer **treatment** covered by **your plan**, up to a lifetime limit of 10 consultations. **We** do not cover any drugs prescribed under this benefit.	Lifetime limit of US$500 or AED1,835	Lifetime limit of US$500 or AED1,835
Dietitian Consultation with a registered dietitian when **you** have received cancer **treatment** covered by **your plan**, up to a lifetime limit of 2 consultations.	Lifetime limit of US$100 or AED367	Lifetime limit of US$100 or AED367
Organ, bone marrow or tissue transplants Important notes: - • **You** must obtain pre-authorisation for all benefits 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.		
Transplant and related treatment Costs incurred while hospitalised, including anti-rejection drugs, and all related **out-patient treatment** required prior to and after the transplant.	Full cover	Full cover
Donor costs Medical costs associated with the donor as an **in-patient** or **day-patient**.	Up to US$25,000 or AED91,750 per transplant	Up to US$25,000 or AED91,750 per transplant
Kidney dialysis Important notes: - • **You** must obtain pre-authorisation for all benefits in this section.		
Treatment for kidney dialysis while **you** are an **in-patient**, **day-patient** or **out-patient**.	Full cover	Full cover

Key | Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Silver	Gold
Reconstructive surgery Important notes: - • **You** must obtain pre-authorisation for all benefits in this section.		
A maximum of two surgeries per lifetime to restore **your** appearance after an **accident** or after surgery for cancer, provided the original **treatment** for the **accident** or cancer was paid for by **us**, and provided the reconstructive surgery takes place within two years of the **accident** or the original cancer surgery.	Full cover	Full cover
Congenital conditions or hereditary conditions Important notes: - • **You** must obtain pre-authorisation for all benefits in this section.		
Treatment for a **congenital condition** or hereditary condition (whether diagnosed as a **chronic condition** or not) and **treatment** for any **related condition**. This benefit does not extend to mental health treatment, complementary medicine or traditional Chinese medicine. There is no cover for **congenital conditions** or hereditary conditions if, prior to commencement of **your** cover, **you** have had any abnormal signs, symptoms or test results related to the **congenital condition** or hereditary condition (whether or not a specific diagnosis has been made). However, there may be some cover for newborn babies under the *maternity costs* section of the **table of benefits**. **Your** lifetime limit for this benefit will be reduced by any payments **we** have made under the emergency treatment for newborn babies benefit with respect to birth defects, **congenital conditions** or hereditary conditions. The lifetime limit shown applies irrespective of the number of **congenital conditions** and hereditary conditions.	Lifetime limit of US$40,000 or AED146,800	Lifetime limit of US$80,000 or AED293,600
Mental health treatment Important notes: - • **You** must obtain pre-authorisation for all benefits in this section. • All **treatment** must be administered under the direct control of a registered psychiatrist or psychologist. • **We** do not cover investigations or **treatment** related to phobias, hypnotherapy, postnatal depression or marriage counselling, or psycho-geriatric conditions including Alzheimer's disease or dementia.		
Lifetime mental health treatment limit The overall maximum limit to the amount that **you** can **claim** for all benefits in the *mental health treatment* section that are covered by **your plan** during **your** lifetime.	US$75,000 or AED275,250	US$100,000 or AED367,000
In-patient and day-patient mental health treatment **In-patient** and **day-patient treatment** received in a recognised mental health unit of a **hospital**.	Up to 30 days per **period of cover**	Up to 30 days per **period of cover**
Out-patient mental health treatment **Specialist** mental health consultations with a registered psychiatrist or psychologist when **you** have been referred by a **medical doctor**.	Up to 10 consultations per **period of cover**	Up to 10 consultations per **period of cover**

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Silver	Gold
HIV/AIDS treatment Important notes: - • **You** must obtain pre-authorisation for all benefits in this section.		
Treatment arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV-related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC) for a maximum period of 5 years. **We** do not provide cover if the virus was contracted before **your date of entry**.	Up to US$75,000 or AED275,250 per **period of cover**	Up to US$100,000 or AED367,000 per **period of cover**
Medical appliances Important notes: - • **We** will cover any eligible medical aids, prosthetic implants or prosthetic devices up to standard amounts for such devices in government/public **hospitals**.		
Medical aids Supplying, fitting or hiring instruments, apparatuses or devices which are medically prescribed as a medical aid to **you** (*eg* crutches, wheelchairs, orthopaedic supports/braces, orthotics, stoma supplies, compression stockings) when it immediately follows **in-patient**, **day-patient** or emergency ward **treatment** covered by **your plan**. **We** do not cover medical aids that form part of the care of a **chronic condition**, including (but not limited to) insulin pumps, reservoirs, glucose sensors, lancets, and quickset infusions. **We** do not cover unprescribed medical aids such as gym equipment, even if **you** have been advised to use such an aid.	Up to US$500 or AED1,835 per medical condition per **period of cover**	Up to US$1,000 or AED3,670 per medical condition per **period of cover**
Prosthetic implants Surgically-implanted, artificial body parts necessary to replace a joint or ligament, a heart valve, the aorta or an arterial blood vessel, a sphincter muscle, the lens or cornea of the eye, or to control urinary incontinence, or to act as a heart pacemaker, or to remove excess fluid from the brain. As part of this benefit, **we** will also pay for a knee brace if it is an essential part of a surgical operation for the repair to a knee ligament, and for a spinal support if it is an essential part of a surgical operation to the spine.	Full cover	Full cover
Prosthetic devices External prosthetic body parts, such as prosthetic limbs, fitted after the healing of an amputation covered by **your plan**.	Up to US$1,000 or AED3,670 per device	Up to US$1,500 or AED5,505 per device
Out-patient treatment Important notes: - • **You** must obtain pre-authorisation for certain benefits in this section.		
Primary medical care Visits to a GP or **doctor**, **specialist** consultations, prescribed drugs and dressings, pathology, scans, radiology and **diagnostic tests** received as an **out-patient**. **We** do not cover home visits.	Full cover	Full cover
Emergency ward treatment **Emergency treatment** that **you** have received at a **hospital**.	Full cover	Full cover
Out-patient surgical procedures Surgical procedures where it is not **medically necessary** for **you** to be admitted to **hospital** as an **in-patient** or **day-patient**.	Full cover	Full cover

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Silver	Gold
Out-patient treatment (continued) Important notes: - • **You** must obtain pre-authorisation for certain benefits in this section.		
Advanced diagnostic tests MRI and CAT (CT) scans performed on the advice of a **medical doctor** and PET scans performed on the advice of a **specialist**. **Your medical referral letter** will be required. **We** will pay for one consultation only to obtain the results of the **diagnostic test**. **You** must obtain pre-authorisation for all advanced **diagnostic tests**.	Full cover	Full cover
Complementary treatments **Treatment** by a chiropractor, osteopath, chiropodist, podiatrist, homeopath or acupuncturist on the advice of a **medical doctor**. **Your medical referral letter** will be required for any **treatment** by a chiropractor, osteopath, chiropodist or podiatrist. If **your** condition is (or becomes) a **chronic condition** and ongoing **treatment** is aimed at maintaining it rather than curing it, no further payments will be made. Cover is limited to the maximum number of **sessions** shown per **period of cover** in respect of all **treatment** types. **Treatment** must be performed by a **medical practitioner**. Medication provided by complementary therapists is not covered under this benefit.	Up to 10 **sessions** per **period of cover**	Up to 15 **sessions** per **period of cover**
Hormone replacement therapy When prescribed by a **medical doctor** following **your** diagnosis with premature ovarian failure (*ie* loss of ovarian function before the age of 40).	Maximum period of 12 months from the date of diagnosis	Maximum period of 18 months from the date of diagnosis
Traditional Chinese medicine Cover is limited to the maximum number of **sessions** shown per **period of cover**. **Treatment** must be performed by a **medical practitioner**.	Up to US$50 or AED184 per **session**, up to a maximum of 15 **sessions**	Up to US$50 or AED184 per **session**, up to a maximum of 20 **sessions**
Physiotherapy **Medically necessary** physiotherapy when **you** have been referred on the advice of **your medical doctor** to a physiotherapist who is registered to practice physiotherapy in the country where the **treatment** is administered. **You** must send **us your medical referral letter** in support of **your claim**. After **your** first 6 **sessions** of physiotherapy, if **you** need more **sessions you** must contact **us** for pre-authorisation. **We** will write to **your doctor** for a medical report in order to assess **your claim** further. After **your** first 6 **sessions**, **we** will not pay for any physiotherapy that **we** have not pre-authorised. If **your** condition is (or becomes) a **chronic condition** and ongoing **treatment** is aimed at maintaining rather than curing it, no further payments will be made.	Full cover	Full cover

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Silver	Gold
Well-being benefits		
DHA-mandated preventive health and well-being • Preventive screening for diabetes every three years for **insured persons** aged 30 and over, or every year for **insured persons** aged 18 and over who are considered high risk—as stipulated by the **DHA**. • Hepatitis C screening and **treatment** (to be followed as per the guidelines set out in the **DHA** Hepatitis C Support Programme) • Cancer screening and **treatment** (to be followed as per the guidelines set out in the **DHA** Cancer Support Programme) • Adult pneumococcal conjugate vaccine (as per guidelines set out by **DHA** for the adult pneumococcal vaccination)	Full cover	Full cover
Additional preventive health and well-being **Preventive health checks** and tests for adults, including: - • health screens (*eg* tests for cholesterol, high blood pressure, anaemia, lung/kidney/liver function, cardiac risk) • Papanicolaou (PAP) test • mammogram • flu jabs • **medically necessary** vaccinations • hearing test • eye examination	Up to US$500 or AED1,835 per **period of cover**	Up to US$700 or AED2,569 per **period of cover**
Well-child benefit Developmental check-ups for children up to six years old.	Full cover	Full cover
Child vaccinations Essential vaccinations and inoculations for children up to six years old, as stipulated by the **DHA**.	Full cover	Full cover
Chronic conditions		
Cover is provided in conjunction with the benefits listed elsewhere in the **table of benefits** for **your plan**, and is subject to the limits for those benefits. If, for example, **you** are claiming for mental health benefits, then this would be covered under the mental health treatment benefit section. The lifetime limit, benefit limits, maximum number of days of **treatment**, and maximum number of consultations for this particular benefit section will apply. There are three exceptions: - • physiotherapy is excluded when it is intended to treat a **chronic condition** • medical aids that form part of the care of a **chronic condition** (*eg* an insulin pump to inject insulin) are excluded • any claims relating to **congenital conditions** or hereditary conditions that are **chronic** will not be eligible under this benefit (however they may be covered under the **congenital conditions** or hereditary conditions benefit)	Full cover	Full cover

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Silver	Gold
Rehabilitation treatment Important notes: - • **You** must obtain pre-authorisation for all benefits in this section.		
Rehabilitation treatment you receive as an **in-patient**, carried out under the control and supervision of a **specialist** in a recognised **rehabilitation hospital or unit**, and only when it immediately follows **in-patient treatment** for illness or injury covered by **your plan**. This benefit is payable only when the admission takes place on the written recommendation of **your** treating **specialist** and the admission must take place immediately following **your** discharge from **hospital**.	Up to 15 days per medical condition	Up to 30 days per medical condition
Home nursing costs Important notes: - • **You** must obtain pre-authorisation for all benefits in this section.		
The medical services of a **qualified nurse** to treat **you** in **your** own home when it is **medically necessary** and relates directly to an illness or injury covered by **your plan**.	Up to 12 weeks per medical condition	Up to 12 weeks per medical condition
Lifetime care Important notes: - • **You** must obtain pre-authorisation for all benefits in this section.		
Lifetime limit for all lifetime care The overall maximum limit to the amount that **you** can **claim** for all benefits in the *lifetime care* section that are covered by **your plan** during **your** lifetime.	US$50,000 or AED183,500	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**.	Up to the lifetime limit for all lifetime care	Up to the lifetime limit for all lifetime care
Artificial life maintenance **Treatment you** require after **you** have already been on **artificial life maintenance** for 8 weeks.	Up to the lifetime limit for all lifetime care	Up to the lifetime limit for all lifetime care
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**.	Up to the lifetime limit for all lifetime care	Up to the lifetime limit for all lifetime care

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Silver	Gold
Dental costs Important notes: - • **You** are eligible for certain benefits in this section only if **you** have selected them and they are stated on **your Certificate of Insurance**. • All **dental treatment** must be carried out by a **dentist** in a **hospital** emergency room or dental surgery. • **Treatment** for damaged crowns, dentures, bridge work or false teeth is only covered under the Dental Plus benefit. • **We** do not cover orthodontic consultations or **treatment** of any kind.		
Emergency restorative treatment you receive as an in-patient **In-patient treatment** required to restore sound and natural teeth following an **accident** covered by **your plan**, provided that **treatment** is received within 15 days of the **accident**.	Full cover	Full cover
Emergency restorative treatment you receive as an out-patient **Out-patient treatment** required to treat or replace sound and natural teeth which are lost or damaged following an **accident**, provided that **treatment** is received within 72 hours of the **accident**.	Up to US$40,872 or AED150,000 per **period of cover**	Up to US$40,872 or AED150,000 per **period of cover**
Dental Basic **We** will pay for the following basic dental costs: - • screening (*eg* the checking for and/or the assessment of any diseased, missing and filled teeth including X-rays where necessary) twice per year • scaling and polishing and sealing (twice per year) • fillings (both composite and amalgam) • simple extractions • root canal **treatment** The Dental Basic benefit is optional on the Silver **plan**. It is included as standard on the Gold **plan**.	Up to US$1,000 or AED3,670 per **period of cover**, subject to a 20% **co-insurance** and a 6-month **waiting period** (if **you** have selected the Dental Basic option)	Up to US$1,500 or AED5,505 per **period of cover**
Dental Plus (12-month waiting period) **We** will pay for the following advanced dental costs: - • denture repair • full/partial dentures • dental bridges • crowns, inlays, and onlays • dental implants This benefit is optional on the Silver and Gold **plans**. Silver **plan holders** wishing to select Dental Plus must also select the Dental Basic option	Up to US$1,500 or AED5,505 per **period of cover**, subject to a 20% **co-insurance** (if **you** have selected the Dental Plus option)	Up to US$2,000 or AED7,340 per **period of cover**, subject to a 20% **co-insurance** (if **you** have selected the Dental Plus option)

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Silver	Gold
Maternity costs Important notes: - • Dependent children included in **your plan** are not eligible for these benefits. • **You** must obtain pre-authorisation for all benefits in this section. • **We** do not cover the **treatment** of any newborn child born following **assisted reproduction** (*eg* IVF) in the event of the birth occurring within 36 weeks of conception. • Any charges incurred during normal childbirth (including a **planned caesarean section**) will be paid from the routine **in-patient** maternity care and newborn care benefits. • **We** do not cover pregnancy test kits or pre-natal classes and doulas. • **We** do not cover termination of pregnancy or any **treatment** or investigations that arise as a result of complications relating to termination of pregnancy. • **We** do not cover breast pumps.		
Routine out-patient maternity care and newborn care **We** will pay for the following out-patient routine maternity costs: - • pre-natal tests and examinations, as per **DHA** policies • post-natal **treatments** and examinations, as per **DHA** policies • supplements and vitamins as recommended by a **medical doctor**	Full cover	Full cover
In-patient maternity care and newborn care **We** will pay for the following routine maternity costs: - • natural childbirth • childbirth by **planned caesarean section** • any **hospital** accommodation costs for the newborn baby • basic newborn healthcare (physical examination, vitamin K, hepatitis B vaccine, BCG vaccine, one hearing test, blood tests for PKU, congenital hypothyroidism and G6PD, prior to discharge from the **hospital**) • home birth, where a midwife is present The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. Any **hospital** or birthing centre accommodation costs will be limited to the cost of a standard **hospital** room. **Your** cover is limited to US$2,725 or AED10,000 per pregnancy in the first year of **your** health **plan**. After 12 months, **your** limit is extended to US$15,000 or AED55,050 per pregnancy.	Up to US$2,725 or AED10,000 per pregnancy	Up to US$2,725 or AED10,000 per pregnancy in the first year of **your plan** only — Up to US$15,000 or AED55,050 per pregnancy (12-month **waiting period**)
Complications of pregnancy and childbirth Emergency **in-patient** or **day-patient treatment** necessary as a direct result of a **complication of pregnancy** or childbirth that threatens the life of the mother. Childbirth by emergency caesarean section, including surgeons', anaesthetists', and theatre fees, and any additional accommodation charges incurred as the result of the surgical procedure, are also covered under this benefit. **We** do not provide cover under this benefit for complications arising from a pregnancy established through **assisted reproduction** (*eg* IVF) until after the standard 12-week scan, irrespective of how long **you** have been covered by **your plan**.	Up to US$40,872 or AED150,000 per **period of cover**	Full cover

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Silver	Gold
Maternity costs (continued) Important notes: - • Dependent children included in **your plan** are not eligible for these benefits. • **You** must obtain pre-authorisation for all benefits in this section. • **We** do not cover the **treatment** of any newborn child born following **assisted reproduction** (*eg* IVF) in the event of the birth occurring within 36 weeks of conception. • Any charges incurred during normal childbirth (including a **planned caesarean section**) will be paid from the routine **in-patient** maternity care and newborn care benefits. • **We** do not cover pregnancy test kits or pre-natal classes and doulas. • **We** do not cover termination of pregnancy or any **treatment** or investigations that arise as a result of complications relating to termination of pregnancy. • **We** do not cover breast pumps.		
Treatment for newborn babies **We** will pay the following costs for treatment that **your** newborn baby receives during their first 30 days of life: - • **DHA**-mandated **treatment your** newborn baby receives as an **out-patient** (including consultations, tests, procedures, vaccinations, and medication). **We** will pay the following costs for treatment that **your** newborn baby receives during their first 90 days of life: - • Emergency **treatment your** newborn baby receives as an **in-patient** or **day-patient** (including **treatment** of birth defects and congenital or hereditary conditions) for any medical conditions they develop during their first 90 days of life. • Accommodation costs for one parent to stay with the newborn baby if the baby is hospitalised. • Any hospital accommodation costs for the newborn baby. The limits shown apply to each pregnancy, regardless of the number of children born.	Up to US$40,872 or AED150,000 per pregnancy	Up to US$100,000 or AED367,000 per pregnancy
Expat benefits Important notes: - • **You** are eligible for certain benefits in this section only if **you** have selected them and they are stated on **your Certificate of Insurance**. • **You** must obtain pre-authorisation for all benefits in this section. • All **claims** for benefits in this section are on a reimbursement-only basis. Please see the *If you need to make a claim* section of this **agreement**.		
24-hour medical assistance helpline If **you** have a medical emergency which requires immediate medical assistance, **you** must contact **our** 24-hour helpline (provided by CEGA) at +44 (0) 1243 621 155 or william.russell@cegagroup.com.	Full cover	Full cover
Medevac Basic If **you** (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 **your plan** which requires immediate **in-patient treatment** that cannot be adequately provided locally, the **Assistance Service** will arrange for **you** to be moved by air and/or by surface transportation to the nearest **hospital** within **your area of cover** where appropriate medical **treatment** is available. **We** do not cover any other costs under this benefit such as hotel accommodation charges. **We** do not cover emergency evacuation to, from or within the United States of America. The **Assistance Service** retains the absolute right to decide whether **your** medical condition is eligible for evacuation, where **you** are evacuated to, and the means and method of the evacuation.	Full cover	Full cover
Return airfare Following an emergency evacuation covered by **your plan**, **we** will pay for **your** economy return airfare to **your country of residence**.	Full cover	Full cover

Key — Full cover within annual benefit limit | Partial or limited cover | No cover | Optional cover

	Silver	Gold
Expat benefits (continued) Important notes: - • **You** are eligible for certain benefits in this section only if **you** have selected them and they are stated on **your Certificate of Insurance**. • **You** must obtain pre-authorisation for all benefits in this section. • All **claims** for benefits in this section are on a reimbursement-only basis. Please see the *If you need to make a claim* section of this **agreement**.		
Travel expenses of a companion The transportation costs of another person to accompany **you** on **your** emergency evacuation, and their economy-class ticket back. If it is not possible for them to accompany **you** on **your** medical evacuation because of the method of evacuation, **we** will pay either for their economy-class round-trip airfare on a scheduled flight, or their suitable round-trip surface transportation, whichever is the most appropriate.	Full cover	Full cover
Accommodation expenses of a companion If **your** companion is then staying with **you** while **you** are hospitalised following **your** emergency evacuation, **we** will pay towards the costs of their hotel accommodation (limited to a maximum of 15 nights per **period of cover**).	Up to US$96 or AED352 per night	Up to US$250 or AED918 per night
Compassionate home visit (12-month waiting period) If a **close family member** dies during **your period of cover** and after **you** have been insured by **your plan** for a continuous period of 12 months, **we** will pay for **your** economy-class round-trip airfare to attend the funeral. **Your** travel must take place within 28 days of the date of death.	Lifetime limit of one claim per insured person	Lifetime limit of one claim per insured person
Repatriation of mortal remains If **you** die as the result of a condition that is covered by **your plan** while **you** are outside **your country of nationality**, **we** will pay for **your** body or ashes to be transported to **your country of nationality** or **country of residence**. This benefit is not available if a **claim** is made for the burial or cremation benefit at the place where **you** died.	Full cover	Full cover
Burial or cremation If **you** die as the result of a condition that is covered by **your plan** while **you** are outside **your country of nationality**, **we** will pay for **you** to be buried or cremated at the place where **you** died. This benefit is not available if a **claim** is made under the repatriation of mortal remains benefit. **We** do not provide cover under this benefit if **you** die in **your country of nationality**. **We** do not provide cover under this benefit for the costs of a religious practitioner.	Up to US$1,600 or AED5,872	Up to US$1,600 or AED5,872
Medevac Plus The following benefits apply in addition to those under the Medevac Basic benefit. Evacuation if **you** (or any child covered by the newborn benefit within its first 90 days of life) need **advanced diagnostics** or cancer **treatment** such as radiotherapy or chemotherapy that cannot be adequately provided locally. All eligible evacuations will include repatriation to **your country of nationality** if it is within **your area of cover**, or to **your country of residence**. **We** do not cover emergency evacuation or repatriation to, from or within the United States of America. If **you** request repatriation to **your country of nationality** or to **your country of residence**, it may, in some cases, not be appropriate immediately due to **your** medical condition. In such cases, **we** will first evacuate **you** to the nearest place within **your area of cover** where appropriate **treatment** is available. Once **you** have been stabilised, **we** will then repatriate **you** to **your country of nationality** if it is within **your area of cover**, or **your country of residence**. If **you** are evacuated to a country which is not **your country of residence** and not **your country of nationality**, and **you** do not have anyone to accompany **you**, **we** will pay the economy-class round-trip airfare to have one companion flown from anywhere in the world to be with **you** while **you** receive **your treatment**. **We** will also pay up to US$150 per day (for a maximum of 30 days per **period of cover**) towards their hotel accommodation expenses whilst **you** have **your treatment**, or until the date on which **you** return to your **country of nationality** or your **country of residence** (whichever is the sooner). The Medevac Plus benefit is optional on all **plans.**	Full cover (if **you** have selected the Medevac Plus option)	Full cover (if **you** have selected the Medevac Plus option)

What you're not covered for

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

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.

We will also not pay for the fees and charges listed below. **You** will be responsible for them.

- fees for the completion or providing of **claim** forms or any other medical reports or forms such as **medical referral letters**, even if **we** have requested them
- 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
- VAT and tax charges

Addictive conditions or disorders, and alcohol, drug, and solvent abuse

You are not covered for **treatment** related to: -

- addictions (such as alcohol or drug addiction) or substance abuse (such as alcohol, drug or solvent abuse)
- any illness or injury caused directly or indirectly as a result of any such abuse or addiction
- any illness or injury caused 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

You are not covered for **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**. Patch testing is limited to one patch testing investigation over the lifetime of **your plan**. **Your medical referral letter** will be required.

Alternative treatment and therapies

You are not covered for 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.

Artificial life maintenance

You are not covered for **artificial life maintenance**, other than any benefit **you** are eligible for in the *lifetime care* section of the **table of benefits**.

Birth control, sexual problems and gender reassignment

You are not covered for **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

You are not covered for investigations or **treatment** related to any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material whatsoever, including the combustion of nuclear fuel.

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**.

Consultations or investigations when you are not present

You are not covered for consultations or investigations where **you** are not present, without prior agreement from **us**. This includes, for example, interviews by medical practitioners with other medical practitioners or with family members.

Convalescence, rehabilitation, nursing homes, and health spas or hydros

You are not covered for: -

- **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

Other than **treatment you** are eligible for under the rehabilitation **treatment** benefit.

Cosmetic surgery and treatment

You are not covered for 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

You are not covered for **treatment** arising from or related to injuries sustained while **you** are engaged in a criminal, illegal or unlawful act.

Dietitian

You are not covered for **treatment** or advice by a dietitian or nutritionist (unless covered under **your plan** under the dietitian benefit in the *cancer treatment* section of the **table of benefits**).

Drugs prescribed for out-patient mental health treatment

You are not covered for drugs prescribed for **out-patient** mental health **treatment**.

Experimental drugs and treatments

You are not covered for **treatment** or medicine which in **our** reasonable opinion is experimental or unproven based on generally accepted current clinical evidence and generally accepted medical practice.

Eyesight

You are not covered for: -

- **treatment** to correct **your** eyesight, such as laser **treatment**, refractive keratotomy and photorefractive keratotomy
- upgraded lenses as part of an eye operation, such as cataract surgery
- spectacles, and other visual aids, **treatment** of strabismus (squint) or amblyopia (lazy eye)
- sight tests (unless covered under **your plan** in the *well-being benefits* section of the **table of benefits**)

Failure to follow medical advice

You are not covered for: -

- **treatment** arising from or related to **your** unreasonable failure to seek or follow medical advice and/or prescribed **treatment**, or **your** unreasonable delay in seeking or following such medical advice and/or prescribed **treatment**
- complications arising from ignoring such advice

Foetal surgery

You are not covered for surgery undertaken on a child while it is in its mother's womb.

Genetic testing or genetic engineering

You are not covered for genetic testing or genetic engineering, other than **treatment you** are eligible for under the cancer genome tests benefit in the *cancer treatment* section of the **table of benefits**.

Hearing

You are not covered for: -

- **treatment** for or arising from deafness caused by maturing or ageing
- **treatment** for or arising from deafness caused by a **congenital condition** if either the abnormality was diagnosed, or **you** were showing signs or symptoms of the abnormality, before **your date of entry** (unless covered under **your plan** under the emergency treatment for newborn babies benefit in the *maternity costs* section of the **table of benefits**)
- hearing aids
- hearing tests (unless covered under **your plan** in the *well-being benefits* section of the **table of benefits**)

Infertility, IVF, and assisted reproduction

You are not covered for: -

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

Learning and educational difficulties

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

Nasal septum deviation

You are not covered for **treatment** related to nasal septum deviation and nasal concha resection.

Natural changes as a result of ageing

You are not covered for: -

- **treatment** to relieve the symptoms commonly associated with physiological or natural changes as a result of ageing *eg* menopause or puberty
- bone densitometry
- reproductive hormone testing, reproductive hormone therapy or hormone replacement therapy (unless covered under **your plan** under the hormone replacement therapy benefit in the *out-patient treatment* section of the **table of benefits**)

Persistent vegetative state and neurological damage

You are not covered for **treatment** received after: -

- **you** have been in a **vegetative state** for a period of eight weeks
- **you** have sustained permanent neurological damage and remained in **hospital** for a period of eight weeks

Except for any **treatment you** are eligible for under the *lifetime care* section of the **table of benefits**.

Preventive surgery

You are not covered for surgery when no physical signs or symptoms are shown, or no diagnosis has been made.

Professional sports and motorised racing as an amateur or a professional

You are not covered for **treatment** for an illness or injury related to: -

- participation in (including training for or practising for) any kind of professional sport or professional racing (by professional, **we** mean sport where **you** are being paid to participate and/or **you** are receiving sponsorship or other benefits as a result of **your** participation)
- participation in (including training for or practising for) any kind of racing (whether amateur or professional) which involves the use of a motorised vehicle

Scalp conditions

You are not covered for: -

- **treatment** specifically related to scalp conditions, including, but not limited to, alopecia
- wigs (unless covered under **your plan** in the *cancer treatment* section of the **table of benefits**)

Search and/or rescue

You are not covered for: -

- 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

You are not covered for second or subsequent opinions from a **medical doctor**, **medical practitioner** or **specialist** or for duplicate tests for the same condition.

Self-inflicted injuries

You are not covered for **treatment** of self-inflicted injuries or **treatment** of any injury or illness directly or indirectly caused by self-inflicted injuries.

Sleep disorders

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

Stem-cell harvesting

You are not covered for stem cell harvesting other than prior to a stem cell transplant, or any **treatment** undertaken in anticipation of, prior to, or following such harvesting.

Sundry medical supplies

You are not covered for non-prescribed items such as hot and cold packs and support bandages, unless these are required as a result of **treatment** received during a medical emergency.

Travel costs

You are not covered for travel costs including airfares and hotel accommodation (unless covered under **your plan** in the *expat benefits* section of the **table of benefits**).

Treatment by a related party

You are not covered for **treatment** provided by and/or under the control of and/or on referral from: -

- any family member, including, but not limited to, a spouse, 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, 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, other than any **treatment** available to **you** under the routine maternity care and childbirth benefit in the *maternity costs* section of the **table of benefits**.

War and terrorism

You are not covered for **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 a government, in a country or region that the British Foreign & Commonwealth Office has advised its citizens to leave, or advised its citizens against all travel to, unless **you** are an **innocent bystander**.

Weight-related conditions and eating disorders

You are not covered for 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

If you need to make a claim

As stated in the **table of benefits**, there are certain benefits and **treatments** for which **you** must obtain pre-authorisation.

If **you** need to claim for a benefit or **treatment** for which **you** must obtain pre-authorisation, **you** must contact NextCare or the **Assistance Service** in advance of starting **your treatment** and give them all the information they require to assess if **your** proposed **treatment** will be eligible for cover under **your plan**. If **your** proposed **treatment** is eligible for cover, NextCare or the **Assistance Service** will pre-authorise all eligible expenses. **We** will not pay for any **treatment** costs or expenses that have not been pre-authorised by NextCare or the **Assistance Service** in advance.

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

1. Contact NextCare

You can only claim for **treatment** that is covered under the terms of **your plan**. Before **you** undergo a course of **treatment** **we** strongly recommend that **you** call NextCare, who can advise **you** whether the proposed **treatment** will be covered by **your plan**. The contact details for NextCare can be found at the beginning of this **agreement**.

2. Check that the medical provider you want to use is part of the network you are entitled to use

The name of the NextCare network **you** are entitled to use is as stated on **your Certificate of Insurance**, **network card** or **smartphone application**. To check that the **hospital**, **out-patient** clinic or **pharmacy** that **you** want to use is part of the NextCare network stated on **your** card, please go to nextcarehealth.com.

If the provider **you** intend to use is within the NextCare network stated on **your network card**, please go to **Step 3.1** below

If the provider **you plan** to use is not within the NextCare network stated on **your network card**, please go to **Step 3.2** below.

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

3.1 If the medical provider is within the NextCare network you are entitled to use

When **you** attend **your** appointment, please present **your network card** or Emirates ID card (which also contains **your** NextCare details) to the **medical services provider**. The **medical services provider** will ask **you** to show an official form of photographic ID, which **you** must provide before **treatment** can take place.

Certain procedures and tests require authorisation by NextCare before the clinic or **hospital** can proceed with them. All **medical services providers** within the NextCare network are aware of these requirements and will contact NextCare 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 services provider** in respect of each **doctor's** consultation, or each visit to a **dentist**.

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

If **your claim** is for **treatment** that is not covered by **your plan**, **you** will be invoiced for the ineligible costs that NextCare has settled.

Our right to withdraw the NextCare service at any time

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

3.2 If the medical provider is not within the NextCare network you are entitled to use

Customers with a Silver or Gold plan

If **you** have **your treatment** at a **medical services provider** in the UAE that is not listed as being in **your** network, an **out-of-network penalty** will apply. However, if **you** receive eligible **treatment** outside of the UAE no **out-of-network penalty** will apply.

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

Customers with a Dubai Primary Benefits plan

There is no cover for **treatment you** receive outside the **Restricted Network 3**. **You** will only be reimbursed for eligible **treatment you** receive within the **Restricted Network 3**.

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 either by NextCare if **you** are in the UAE, or by the **Assistance Service** if **you** are travelling outside the UAE.

Please contact NextCare or the **Assistance Service** as soon as **you** know that **you** need **in-patient** or **day-patient treatment**. **You** must let them know that **you** need **in-patient** or **day-patient treatment** at least 48 hours in advance of **your admission**. This gives them sufficient time to contact the **hospital** to obtain the necessary medical information.

When **you** contact NextCare or the **Assistance Service**, they will ask **you** to complete a pre-authorisation form and a consent form that permits the **hospital** to release the necessary medical information to them. Once NextCare or the **Assistance Service** has received all the medical information that they require, both from the **hospital** and **yourself** (including any other information **we** might need), they will advise **you** if the proposed medical **treatment** will be covered by **your plan**.

If **you** contact NextCare or the **Assistance Service** less than 48 hours in advance of **your** admission, they may be unable to pre-authorise **your treatment** in time. This means **you** may have to pay for the **treatment yourself** and submit a **claim** for reimbursement to NextCare or the **Assistance Service** later. In some instances, they may decline **your** reimbursement **claim** or they may subject **your** reimbursement **claim** to a 20% **co-insurance**.

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

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 NextCare 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

The best way to submit **your claim** for eligible **treatment** costs is through the NextCare smartphone application or the myNextCare portal.

Alternatively **you** can download a claim form from NextCare's website.

Please complete Section A of the claim form and sign the Patient's Consent and Declaration sections 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@nextcarehealth.com.

NextCare 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 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: -

- If **you** are claiming for the well-being benefit, please send NextCare the fully itemised invoices for which **you** are claiming reimbursement, together with **your** bank account details.
- If **you** are claiming for the compassionate home visit benefit please send NextCare a copy of the death certificate of **your close family member**, together with a copy of the invoice for **your** round-trip airfare, stating the class of travel, and **your** bank account details.

Claims for which a medical referral letter is required

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

Supplying the information required to process your claim

NextCare can accept the information required to process **your claim** via the NextCare smartphone application or the myNextCare portal.

Alternatively, scan **your** itemised invoices, receipts, **medical referral letter** (when required), and **your** fully completed claim form and email them all to reimbursement.claims@nextcarehealth.com. Please always retain the original copies of everything for a period of 12 months as NextCare reserve the right to receive these documents before they assess **your claim**. NextCare 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. NextCare will not pay any invoices they receive more than 12 months after **your treatment** date.

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

If you have optional USA cover and you seek treatment in the USA

All **treatment you** receive in the United States of America must be pre-authorised in advance by **us** or by the **Assistance Service**. **We** will not pay for any **treatment** in the United States of America that has not been pre-authorised.

If **we** instruct a local agent to arrange the billing or cost adjustment of **your** medical **treatment** expenses in the United States of America, any fees charged by the local agent will be deducted from the USA benefit limit available under **your plan**, as stated in the *Your area of cover* section of this **agreement**.

Paying your claims

NextCare 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 dirham only) or bank transfer. If **you** provide incorrect payment details and **we** cannot recover the payment, **we** will not make the payment again to **you**.

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

Exchange rates

NextCare 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) 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**, **network card** or smartphone application is the amount each **insured person** will have to pay towards the cost of their **treatment**. The **excess** is taken per medical condition, per **period of cover**.

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 Certificate of Insurance**, **network card** or smartphone application.

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

If **you** have a **plan** which has an **excess** per **claim**, this is the amount **you** will have to pay each time **you** make a new **claim** for **treatment** of a condition that is covered by **your plan.** If **you** subsequently suffer a new occurrence of that condition, this will be treated as a new **claim**, and **we** will apply the **excess** again to that new **claim**. If your course of **treatment** spans two **periods of cover**, **we** will apply the **excess** again when **your plan** renews.

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

NextCare 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, NextCare will not be able to assess **your claim**.

NextCare 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** NextCare may ask for further medical information and if they do, the cost of providing this information must be borne by **you**. NextCare is unable to return original documents such as invoices or medical letters, but they will send **you** copies upon request.

If NextCare 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 NextCare has made any settlement on **your** behalf, **you** will be responsible for repaying NextCare 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 **you** only receive a proportion of **your claim** for damages then **you** must repay to **us** the same proportion of **our** costs.

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.

Other information about your plan

Plan premiums

The **plan premiums** are age-related and will increase as **you** get older. The **plan premiums** are not guaranteed for the duration of **your plan** and are subject to annual review. The **plan premiums** are also dependent upon **your country of residence**. **You** must tell **us** if **your country of residence** changes.

All **premiums** are payable in advance of the **premium due date** as shown on **your** invoice. **Premiums** must be paid in the **plan** currency.

You may pay **your premiums** annually by cheque or bank transfer.

If insurance **premium** tax or any similar charge is levied by the government in **your country of residence**, **you** must also pay to **us** the amount of such tax.

Premiums must be paid directly to **us**. If **you** pay **your premiums** to anyone else such as an intermediary or insurance broker, then that person is acting on **your** behalf as **your** agent. **We** are not responsible for any **premiums** paid to any third party.

Unpaid or late premiums

We will automatically cancel **your** cover if **you** fail to pay **your premium** on or before the **premium due date** for any reason.

We may allow **your** cover to continue without **you** having to complete a new **application form** and health declaration if **you** pay 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 **you** have paid the **premium** due. This also applies to **treatment** that **we** have already pre-authorised.

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

Enhancing your cover

You may apply to enhance **your** cover at any time by completing a new **application form**, and the enhanced cover will be subject to **medical underwriting**.

If **we** accept **your application** for enhanced cover, **we** will issue an invoice for the increased **premium**. **Your** enhanced cover will commence from the date **we** receive **your premium**, provided it is received within 30 days of the date of **your application**.

If **you** apply to reduce **your excess**, **we** will continue to apply **your** previous **excess** to any **claim** for any condition that first manifests itself after **your** original **date of entry** to **your** previous **plan**, but before the date **your excess** is reduced.

If **we** accept **your application** for enhanced cover, all conditions that existed prior to the date on which **your** cover is enhanced will be restricted to the level of cover that **you** held immediately prior to that date, even if **you** have previously held a higher level of cover.

Reducing your cover

If **you** wish to reduce the cover under **your plan** in any way, **you** must tell **us** in writing and **we** will make the change from **your** next **renewal date** only.

We may refuse any request to change **your excess** to a per annum basis.

If **you** wish to cancel the optional Dental Basic, Dental Plus or Medevac Plus benefits, they will be cancelled for all **insured persons** on **your plan**.

Changing your plan currency

Once cover under **your plan** has commenced, **you** cannot change **your plan** currency.

However **you** can cancel **your plan** and apply for a new **plan**. **You** will have to complete a new **application form** which will be subject to **medical underwriting**.

Adding dependants to your plan

You may apply for cover on behalf of **your** spouse.

You may also apply for cover for **your eligible** dependent children provided 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**.

Adding newborn babies to your plan

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 make payment of their **premium**, within 30 days of their date of birth. If **you** have been insured with **us** for a continuous period of twelve 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** (the **plan holder's) plan**.

If **you** wish **your** child to have cover that is enhanced in any way in comparison to **your** (the **plan holder's)** cover, **we** will require an **application form**, and **your** child's **application** will be subject to **medical underwriting**.

If **you** do not inform **us** about the birth of **your** child within 30 days of their birth, and/or **you** do 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**.

In the event of the death of an insured person

If **you** (the **plan holder**) die, provided no **claim** has been made on **your plan**, **we** will refund any **unused premium** from **your** date of death.

If **you** (the **plan holder**) have **eligible dependants** insured under **your plan**, as the contract is between **us** and **you** as the **plan holder**, **we** will have to transfer **your eligible dependants** on to their own **plan**.

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.

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** as the **plan holder** on their behalf.

If an insured **eligible dependant** dies, please inform **us** as soon as possible. If they have made no **claim** on their **plan**, any **unused premium** from their date of death will be refunded. However if the deceased **insured person** had made a **claim**, no **premium** refund will be made.

Divorce and separation

If **you** (the **plan holder**) 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** continue to be paid up to date, **we** will continue to cover **your** insured ex-spouse as before. 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 eligible to be included in **your plan** from the **renewal date** following their marriage/birthday.

However, **your** child may apply to continue their cover on their own **plan**, at the applicable adult **premium** rate, provided they send **us** their completed **application form** and **we** receive the appropriate **premium** within 30 days of **your renewal date**.

If they 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 any enhancement in their cover 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 country of 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 country of nationality**, **you** must tell **us** straight away.

If **you** return to **your country of nationality**, **you** may continue to renew **your plan** provided that the local laws in **your country of nationality** permit **us** to offer **you** cover, and provided that **we** agree to offer cover in that country. **We** reserve the right to refuse to offer cover in certain countries.

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.

Provided there have been no **claims** made, **we** will refund any **unused premium**. If a **claim** has been made by any **insured person**, no **premium** refund will be paid.

If Switzerland is or becomes your country of residence

Under the terms of this **agreement** cover is not available to **you** if Switzerland is or becomes **your country of residence**, irrespective of **your** nationality. If Switzerland becomes **your country of residence you** must tell **us**. **Your** cover will automatically terminate from the renewal date after **you** take up residence in Switzerland.

If the USA is or becomes your country of residence

Under the terms of this **agreement** cover is not available to **you** if the United States of America is or becomes **your country of residence**, irrespective of **your** nationality. If the United States of America becomes **your country of residence you** must tell **us**. **Your** cover will automatically terminate from the date on which **you** take up residence in the United States of America.

Provided there have been no **claims** made, **we** will refund any **unused premium**. If a **claim** has been made by any **insured person**, no **premium** refund will be paid.

Renewing your plan

You may continue to renew **your plan** each year regardless of **your** age or state of health, or the number or value of **claims you** have made. **We** will not cancel **your plan** unless **we** are entitled to do so under **our** cancellation policy.

Prior to **your plan renewal date we** will send **you** a renewal invitation invoice by email stating **your premiums** for **your** new **period of cover**.

Your premium for each new **period of cover** will be determined by the following: -

- **your** age at the start of **your** new **period of cover**

- **your** gender
- the ages of **your eligible dependants** at the start of their new **period of cover**
- the number of eligible children **you** insure
- **your plan**
- **your area of cover**
- **your excess** amount
- **your co-insurance**
- **your country of residence**

Other factors may affect **your** renewal **premiums**, such as general changes **we** make to **our premiums** annually, and changes to the discounts and loadings **we** apply to **excesses**, to the child **premium** discounts, and to the surcharge for instalment **premiums**.

We may also change the methods of payment **we** offer.

Your premiums may also be affected by the introduction of or increase to insurance **premium** tax or other tax, levy or charge applicable in **your country of residence**.

We may also change the benefits offered by **your plan** and/or **your excess** amount. If **we** do, **we** will write to **you** before **your renewal date** to confirm these benefit changes and/or change in **excess** amount. Any changes **we** make to **your** benefits or **excess** amount will come into effect from the **renewal date** of **your plan**.

From time to time **we** may decide to discontinue the **plan you** are a member of, and/or change the **excess** amount available. If this happens, **we** will transfer **your** membership to another similar **plan**.

Paying your renewal premium

You must pay **your** renewal **premium** on or before the due date.

If **you** do not pay **your** renewal **premium** within 30 days of the **premium due date**, **we** will cancel **your plan** from midnight on the day before **your premium due date**.

We may allow **your** cover to continue without **you** having to complete a new **application form** and health declaration if **you** pay 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 **you** have paid the **premium** due. This also applies to **treatment** that **we** have already pre-authorised.

If **you** do not wish to renew **your plan you** must inform **us** in writing as soon as **you** receive **your** renewal **premium** invoice and prior to **your renewal date**.

Premium discounts for children

When **you** have **eligible** dependent children included in **your** (the **plan holder's**) **plan**, the child **premium** discounts will be applied as follows: -

- the discount for the oldest child insured on **your plan** is 0%
- the discount for the second oldest child insured on **your plan** is 10%
- the discount for the third oldest child, and any subsequent children, insured on **your plan** is 15%

If a child leaves **your plan**, **we** will recalculate the **premiums** for the remaining children with effect from the date on which the child leaves. This means that the **premium you** pay will always be based on the actual number of children **you** insure.

Child-only plans

A **premium** loading applies when **you**, as the **plan holder**, are not an **insured person**. In such cases, each child's **premium** will be increased by 20%.

Cancelling your plan

If **you** wish to cancel **your plan**, or if **you** want to cancel cover for one of **your dependants**, **you** must instruct **us** in writing by letter, email or fax. **We** will cancel cover from the date we receive **your** written instructions, or from a date in the future that **you** have specified. **We** will not cancel cover from a date prior to **us** receiving **your** written instruction to cancel.

If **you** are eligible for direct billing services, **we** will cancel **your** cover from the date on which **we** receive **your** returned membership card.

We will only make a refund in respect of **unused premium** if no claim has been made. If a claim has been made by any **insured person**, no **unused premium** will be refunded in respect of that **insured person**.

When we can cancel your plan

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

- **you** do not pay **your premium** and other charges such as insurance **premium** tax or VAT within 30 days of any **premium due date**
- **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
  - working with another party to provide false information to **us**
  - changing original documents

If **we** cancel **your plan** for any of the above reasons **we** will not refund any **premium you** have paid to **us**. **We** may also report the matter to the relevant authorities, if appropriate.

We may also cancel **your plan** from the date on which **you** are no longer a resident of the UAE.

We have the right to cancel **your** plan from **your renewal date** if you move to a country where **we** are unable to offer continued cover due to compliance, and/or legal reasons.

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**.

Your responsibilities as the plan holder

It is **your** responsibility to: -

- ensure that all **premiums** are paid when they are due
- 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 **country of nationality**

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 **you** and the **insurer** relating to the provision of private medical insurance.

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 administrating **your plan** and processing **claims**. By taking out a **plan** with **us**, **you** agree to **us** processing **your** personal information and sensitive personal information (*eg* medical records).

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**.

How to make a complaint

Each one of **our** members is important to **us**. **We** believe that **you** have the right to professional customer service of the highest quality at all times. If you think **we** have fallen short of this standard, please follow the procedures outlined below.

If **you** are not happy with the service **you** have received, **you** may write to **us** at any time at the following address: -

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

Phone +971 4 269 7708
Fax +971 4 269 1304
Email enquiries@globalplans.ae

We will acknowledge receipt of **your** complaint within 2 working days. **We** will investigate **your** complaint and send a response to **you** within 4 weeks of the receipt of your complaint. If **we** are unable to provide **you** with a final response within this time period, **we** will write to **you** advising **you** of when **we** will be able to respond. **We** will endeavour to send a final response to **you** within 8 weeks of the receipt of **your** complaint. If **we** are unable to provide **you** with a final response within this time period, **we** will write to **you** again explaining why and advising **you** of when **you** may expect a final response.

Applicable law

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

The Primary Benefits plan

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

You may claim under either **your plan** or the **Primary Benefits plan**, but **you** cannot claim under both **plans** for the same **treatment** or medical services.

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 limits.

Wherever the term *Full cover* appears in the **table of benefits**, this means a full refund of **reasonable and customary** charges, less any **excess** or **co-insurance** applicable to **your plan**, and subject to any limits that are specified anywhere else in the **table of benefits** for the type of **treatment** or care **you** receive.

The **table of benefits** should be read in conjunction with the *What you're not covered for* section of this **agreement**.

The **Primary Benefits plan** provides cover for **treatment** you receive at a **medical services provider** within the **Restricted Network 3** only. If **you** receive **treatment** at a **medical services provider** that is not part of the **Restricted Network 3**, **you** cannot make a claim under this **table of benefits**.

Key ○ Full cover within annual benefit limit ○ Partial or limited cover

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

Key ○ Full cover within annual benefit limit ○ Partial or limited cover

	Primary Benefits plan
Cover for everyday medical care	
Emergency ward treatment **Emergency treatment** that **you** receive at a **hospital**.	○ Full cover
Out-patient surgical procedures	○ Cover subject to 20% **co-insurance**
GP and specialist consultations **Co-insurance** will not apply to follow up visits that occur within 7 days of **treatment** covered by **your plan**.	○ Cover subject to 20% **co-insurance**
Prescribed drugs and dressings	○ Cover up to AED1,500 subject to 30% **co-insurance** per **period of cover**
Radiology and diagnostic services Radiology and diagnostic services received as an **out-patient** in a network **hospital**. **You** must obtain pre-authorisation of radiology and diagnostic services except in cases of medical emergency.	○ Cover subject to 20% **co-insurance**
Physiotherapy Up to 6 **sessions** undertaken within 3 months of the date of a **medical referral letter**. If **your** condition becomes a **chronic condition** and ongoing physiotherapy is aimed at maintaining, rather than curing it, no further payments will be made.	○ Cover up to 6 **sessions**, subject to 20% **co-insurance** per **period of cover**
Well-being benefits Important notes: - • **You** must obtain pre-authorisation for all benefits in this section.	
For insured persons who are adults **Preventive health services** as stipulated by the **DHA**, for all adults including **eligible dependants** under **your plan**.	○ **Preventive health services** stipulated by the **DHA** only
For insured persons who are children Essential vaccines and inoculations as stipulated in the **DHA** Immunization Guidelines for newborn babies and children who are insured as dependants under **your plan**.	○ Essential vaccines and inoculations stipulated by the **DHA** only
If you need treatment for pregnancy and childbirth	
Medical emergency **Treatment** that is necessary as a result of a medical emergency arising from pregnancy or childbirth, excluding **planned caesarean section**.	○ Full cover
Routine maternity care and childbirth Only the following services 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 **Restricted Network 3 network**. • Pre-natal tests and examinations, as per **DHA** policies • Post-natal **treatments** and examinations, as per **DHA** policies	○ Cover subject to 10% **co-insurance**

Key ● Full cover within annual benefit limit ● Partial or limited cover

	Primary Benefits plan
If you need treatment for pregnancy and childbirth (continued)	
Emergency ward treatment	● Cover up to AED7,000, subject to 10% **co-insurance**
Planned caesarean section	● Cover up to AED10,000, subject to 10% **co-insurance**
Medically necessary termination of pregnancy	● Cover up to AED10,000, subject to 10% **co-insurance**
Cover for newborn babies During **your** child's first 30 days of life, **we** will pay for BCG vaccine, hepatitis B and neonatal screening tests (PKU), sickle cell screening, congenital hypothyroidism and congenital adrenal hyperplasia.	● Full cover
If you need emergency dental treatment	
Diagnostic and **treatment** services required for dental and gum **treatment** in a medical emergency.	● Cover subject to 20% **co-insurance**
If you need emergency optical or auditory treatment	
Hearing, vision aids and surgical/laser vision correction required in a medical emergency.	● Cover subject to 20% **co-insurance**

Definitions

This section explains what **we** mean by certain emboldened 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.

Advanced diagnostics

Diagnostic magnetic resonance imaging (MRI), computed tomography (CT), and positron emission tomography (PET).

Agreement

The contents of this document, read in conjunction with **your** completed and signed **application form** and **your Certificate of Insurance**. Together, these items make up **your plan** contract with **us**.

Application or 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** or **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**.

Artificial life maintenance

When **you** require medical equipment that assists or replaces important bodily functions, including mechanical ventilation, percutaneous endoscopic gastronomy (PEG), and nasal feeding.

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 at the beginning of this **agreement**.

Assisted reproduction

The use of medical techniques, including, but not limited to, in-vitro fertilisation (IVF) with or without intracytoplasmic sperm injection (ICSI), gamete intra-fallopian 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.

Certificate of Insurance

The confirmation of **your** insurance cover issued by **us**. It confirms the **plan you** have bought, the NextCare network **you** are entitled to use, the currency **you** selected, **your area of cover**, **period of cover**, **date of entry**, **renewal date**, **excess** amount, **special terms**, **your country of residence**, **your country of nationality**, and the schedule of **insured persons**. The schedule of **insured persons** lists the persons insured by **us** under **your 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

Claim

A course of **treatment** for a specific illness, injury, medical condition, dental condition or pregnancy, or the use of a benefit in the *Expat benefits* section of the **table of benefits**.

Close family member

Your spouse, parent, brother, sister, child or grandchild.

Co-insurance

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

Complications of pregnancy

Treatment received for a medical condition which arises because of the antenatal or postnatal stages of pregnancy.

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 nationality

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

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** 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 clinically necessary for the maintenance and/or restoration of oral health, and are provided in accordance with accepted standards of dental practice.

Dentist or dental practitioner

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

DHA

Acronym for the Dubai Health Authority.

Diagnostic tests

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

Doctor

See **medical doctor**.

Eligible dependants

Your spouse and **your** unmarried children (*ie* **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 must take place immediately and cannot be planned.

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**.

Excess

The amount stated as the **excess** in **your Certificate of Insurance** or **network card**. **Your excess** will be applied to each consultation **you** have with a **medical doctor**, each pre-natal check, each therapy session (physical or mental) where a charge is made, and each visit **you** make to a **dental practitioner**. If a follow up consultation is required within 7 days of the initial **treatment**, a further **excess** will not be applicable.

General network

The **medical services providers** listed as being within NextCare's **General network**. For a list of these **medical services providers** go to nextcarehealth.com.

General Plus network

The **medical services providers** listed as being within NextCare's **General Plus network**. For a list of these **medical services providers** go to nextcarehealth.com.

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**.

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 necessary** and appropriate. The **treatment** must be: -

- essential to diagnose or treat a patient's condition, illness or injury;
- consistent with the patient's symptoms, diagnosis or **treatment** of the underlying condition;
- in accordance with generally accepted medical practice and professional standards of medical care at the time;
- required for reasons other than the comfort or convenience of the patient or his or her physician
- proven and been demonstrated to have medical value, with international medical and scientific evidence of the effectiveness and safety of the **treatment**;
- considered to be the most appropriate type and level of **treatment** taking patient safety and cost effectiveness into consideration;
- provided at an appropriate facility, in an appropriate setting, and at an appropriate level of care for the **treatment** of the patient's medical condition;
- provided only for an appropriate duration of time.

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, traditional Chinese 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 that is part of the medical network **you** are entitled to use for **treatment** covered by **your plan**. The medical network **you** are entitled to use is stated on **your Certificate of Insurance**, **network card** or **smartphone application**.

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.

Network card

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

Out-of-network penalty

The additional **co-insurance we** will apply to **your claim** settlement amount when **you** receive **your treatment** at a **medical services provider** that **you** are not 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 venous 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**.

Pharmacy

A **medical services provider** qualified and licensed to prepare and dispense medicine under the laws and regulations of the country in which it is located.

Plan

The Silver **plan**, Gold **plan** or **Primary Benefits plan** on which **you** and **your eligible dependants** are covered.

Plan holder

The person stated as the **plan holder** on the **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**.

Pre-admission tests

An **out-patient** assessment during which **your** health is assessed in order to confirm that **you** are medically fit to undergo the planned **treatment** and that **you** are sufficiently prepared for it. The assessment may include an electrocardiogram, blood and/or urine tests and a chest x-ray.

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) **you** are required to pay to **us** for **your** insurance **plan**.

Premium due date

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

Preventive health checks

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

Preventive health services

Health tests, screening and/or clinical procedures specifically designed for disease prevention and early detection that are stipulated by the **DHA**, including initial diabetes screening.

Primary Benefits plan

In accordance with the laws of Dubai and the various circulars and guidelines issued by the **DHA**, the **Primary Benefits plan** is the **insurer's** equivalent to the **DHA** Essential Benefits plan, which sets out the minimum benefits required for private health insurance plans in the Emirate of Dubai. The **table of benefits** for the **Primary Benefits plan** is set out on pages 29-31 of this **agreement**.

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 services providers** in the country where **you** receive **your treatment**, and for the **medically necessary** length of stay required. 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. If the length of stay is not **reasonable and customary**, **we** will only pay for the **medically necessary** length of stay required.

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 medical condition**.

Renewal date

The anniversary date of **your plan** as shown on **your Certificate of Insurance**, normally the anniversary of **your** original **date of entry** to the **plan**.

Restricted Network 3

The **medical services providers** listed as being within NextCare's **Restricted Network 3**. For a list of these **medical services providers** go to nextcarehealth.com.

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 **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 in this **agreement** that sets out the benefits covered by each **plan**.

Temporary trip

A trip for business and/or recreational purposes, which has a defined return date and is for a period that is no longer than the maximum duration specified for **your** USA cover option. If **your treatment** extends beyond the end of **your** trip's specified return date, **your cover** will cease at the end of the term defined in **your** USA cover option wording. For example, if **you** have selected the USA-45 option and **you** are on a 30-day trip to the United States

of America, which becomes extended to 60 days, **your** cover in the United States of America will cease 45 days after **your** date of entry to the United States of America.

Terminal medical condition

A condition that has become incurable and all the **treatments** given are to prolong life.

Treatment

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

Unused premium

The amount of **premium** that is attributable to the period from the date after the date of cancellation, up to the date before the next **premium due date**.

In the event of a refund of **unused premium** being eligible, the **unused premium** amount refunded (using an annually paid **plan** as an example) will be the annual **premium** paid divided by 12 and multiplied by the number of whole calendar months remaining in the **period of cover**. If the **plan** is cancelled part way through a month, an additional amount, equal to one twelfth of the annual **premium** paid, multiplied by the proportion of days without cover in the calendar month of cancellation will also be paid.

For example, if the annual **premium** for an **insured person** is US$3,000, the **period of cover** is 1st January to 31st December 2020, and the **insured person** leaves the **plan** on 27th September 2020, the **unused premium** will be US$775, as: -

- ((US$3,000 / 12) x 3) = US$750 for the three whole months without cover (October, November and December); added to -
- ((US$3,000 / 12) x 0.1) = US$25 for the three days in September without cover (the 0.1 calculated in this example by dividing 3 (the days in September without cover, *ie* the 28th, 29th and 30th) by the total number of days in September (30))

Us, we, our

Dubai Insurance Company psc.

Vegetative state

A state where there is no sign of awareness or any cognitive function, even if the person can open their eyes and/or breathe unaided. If the person is in a **vegetative state** for a continuous period of eight weeks, they will be considered to be in a persistent **vegetative state**.

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**.

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