expacare

TOKIO MARINE NICHIDO

Dubai Choices Membership Guide

TMNF 2025

International healthcare for over 40 years

Contents

1. Introduction

We are pleased to offer a DHA compliant plan to residents of the UAE. **Our** plan is underwritten by Tokio Marine & Nichido Fire Insurance Company Ltd and reinsured by Lloyd's of London. **Our** Choices plan is available to individuals and groups who require more than the Essential Benefits Plan.

To fully understand **your** rights, responsibilities, what is covered and what is not covered, **you** must look at:

- this guide including the conditions detailed in sections 3 and 8
- **your insurance coverage details** where the **benefits** that apply to **you** are shown as well as any exclusions or limitations in **treatment** or **benefits** that are specific to **you**, or any **dependants** included under **your** membership.
- Membership Guide Supplement
- Any Addendum attached
- As with any healthcare insurance contract, there are 'exclusions'. These are conditions and **treatments** that are not covered and are listed in section 6 of this guide.

Words written in **bold** are important and have a specific meaning and they are defined in section 5 of this guide.

This guide covers **Group Policies**, **Corporate Advantage Plan Policies** and **Individual Policies**. Some terms vary between a **Group Policy**, a **Corporate Advantage Plan Policy** and an **Individual Policy**. Where this is the case, this has been clearly highlighted in this guide. Please also refer to **your insurance coverage details** for confirmation of the classification of **your** policy.

Our Commitment to You

We will make sure all the information **we** give **you** will be clear, fair and accurate.

We will always aim to be fair and reasonable.

We will also act promptly.

We will do everything **we** can to help **you** and **your dependants** get the most out of this important service by:

- Providing a 24-hour help line for medical emergencies
- Helping **you** find suitable healthcare providers in **your** area
- **Pre-authorising** certain **claims** so that **your** out-of-pocket expenses and financial worries are reduced as far as possible
- Negotiating direct settlement of **hospital** bills
- Providing an international **claims** management team who have the medical expertise needed to help **you** understand **your** local **doctor's** plan of care, and to support **you** in making important decisions about **your** healthcare in a foreign environment
- Processing **your claim** form as quickly as possible

2. Administration of Your Plan

2.1 The contract

This guide, in conjunction with **your** application form, **your insurance coverage details**, Membership Guide Supplement and any Addendum attached makes up the contract between **you/your Sponsoring Organisation** and **us**, with the purpose of providing **you** with **benefit** when **you** need medical **treatment**.

Where this is a **Group Policy** or **Corporate Advantage Plan Policy** it has been arranged through **your sponsoring organisation** who is approved by **us. Your sponsoring organisation** has agreed the rules of **your** membership and details of the insurance cover.

2.2 Membership eligibility

These rules apply to **your** eligibility to become a member of this plan (as the **insured person**), and that of **your dependants**.

- **Our** Plans are designed for **expatriates** unless otherwise agreed by **us** in writing.
- For a **Group Policy** and **Corporate Advantage Plan Policy you** must be an active employee or a **dependant** of a covered active employee of the **Sponsoring Organisation we** have the contract with.
- If **you** are 65 or over, **we** need to see **your** medical history and you will need to complete and return a Medical Questionnaire Form. If **you** are joining a **Corporate Advantage Plan Policy** or **Group Policy, you** need to provide proof of employment.
- **Your dependants** must be covered under the same plan **benefit you** have, as the **insured person**.
- **You** and **your dependants'** cover starts on the **start/enrolment date** shown on **your insurance coverage details**.
- The young adult rate (19-24 years) will apply to all **policyholders** or employees aged 24 and under.
- Membership may depend on local insurance licensing legislation in **your country of residence**.
- Subsequent changes in cover can only be made at renewal
- **You** are obliged to meet local legislation requirements in **your country of residence** at any time before and whilst **you** are a member of this plan.
- **You** are not eligible to join this plan if **you** are an American citizen and **you** live permanently in the USA.
- **We** must receive premiums before the **start/enrolment date** or the due date.
- **We** will tell **you** about any exclusions specific to **you** on **your insurance coverage details**.

2.3 Renewing your cover

This plan is a one-year contract renewable each year on the anniversary of the **start/enrolment date** by **you** if an **Individual Policy** and by **your sponsoring organisation** if a **Group Policy** or **Corporate Advantage Plan Policy** (the premium rates in force at the time **you** or **your sponsoring organisation** renew, and any changes **we** have given **you** or **your sponsoring organisation** written notice of, will apply). **We** will renew the plan when **we** receive the premium.

Changes in cover can only be made at renewal and must be advised to **us** in writing prior to the **renewal date**. Any changes requested will be subject to **Insurers'** acceptance.

A change in currency at renewal will require **you** to apply for a new policy.

Insurers reserve the right to amend or alter premiums and terms on individual cases.

2.4 Ending your cover

We may end **your** cover during the term of **your** plan for **you** (as the **insured person**) and **your dependants** in the following situations:

If **you**, **your dependants** or **your** agent:
- withhold relevant information or give **us** incorrect information
- make any false or fraudulent **claim**
- fail to provide any reasonable information **we** have asked for
- fail to pay the premiums due
- give threatening or abusive behaviour

If **you** or **your dependants**:
- move to the USA
- move back to **your home country** on a permanent basis.

In respect of a **Group Policy** or **Corporate Advantage Plan Policy** cover will end if:
- **Your sponsoring organisation** confirms **you** are no longer eligible for **group** membership
- **You** cease to be an employee of the **sponsoring organisation**

We may decide to discontinue the plan or any part of it. **We** have the right to alter the terms of membership and the contract at any time. In respect of a **Group Policy** or **Corporate Advantage Plan Policy**, **your sponsoring organisation** is responsible for telling **you** immediately if **your** cover has been cancelled.
We will not cancel **your** plan because of **your** age or health record.

If a policy is cancelled and a **claim** has been made then the full annual premium will be due. Any costs incurred in recovering due premiums will be the responsibility of the **policyholder**.

Any **claims** received after a refund will be declined.

2.5 Your cancellation rights

You should make any request for cancellation of a policy to **us** in writing. **You** have a right to cancel **your** policy if it does not meet **your** requirements or for any other reason within 14 days of the date **you** receive **your** policy documents or the inception date, whichever is the latest. If no **claim**s have been made **you** will receive a full refund.

You may cancel after the 14 days have expired. **You** may be entitled to a pro-rated refund if **you** have made no **claims**. No return of premium will be given in the event that any **claim** has been reported to the **Insurer**.

3. Plan Conditions

These conditions form an important part of **your** plan and it is important **you** read them carefully.

Any **benefit** referenced in these conditions is only available if it is shown on **your insurance coverage details**.

3.1 Dependants

Your dependants must be named on the **insurance coverage details** to qualify for **benefit**. If **you** would like **your** child to be added to **your** plan, **you** must give **us** the details. **We** do not add newborn babies unless **you** ask **us** to.

We can add **your** child to **your** policy from the date of birth if **you** give **us** the details within 7 days of the date of birth.
If **your** child is not added from their date of birth, they will be underwritten.

If the birth was not covered under the Maternity Level 1 or Maternity Level 2 module, benefit for **your** child will only start from the day the child is discharged from **hospital**.

3.2 Doctors' recognised qualifications

We have the right to withhold **benefit** for **treatment** by **doctors** who do not hold internationally recognised qualifications or training. For example, a school listed in the World Health Organisation's World Directory of Medical Schools.

3.3 Information that you provide to us – for consumer contracts

If **you** are an individual covered by this plan or an individual buying insurance outside **your** trade, business or profession, **you** must take reasonable care to answer all the questions asked by the **Insurer** and **us** in connection with **your** insurance, whether through a proposal form or otherwise, honestly and to the best of **your** knowledge, and provide complete and accurate answers. If **you** make a misrepresentation to the **Insurer** (whether innocently or otherwise), the **Insurer** may impose additional policy terms, or reduce a **claim** payment, or even to cancel the policy and refuse all **claims**. If **you** make a deliberate or reckless misrepresentation, the **Insurer** may cancel the policy and refuse all **claims**, and in these circumstances the **Insurer** will be entitled to retain any premium paid by **you**. **You** should note that failure to comply with a request at renewal to confirm or amend particulars **you** have previously given may amount to misrepresentation which could prejudice **your** insurance cover in whole or in part.
Where guidance is provided in relation to a question please ensure that **you** read this fully to ensure the correct answer is provided.
If **you** are in any way uncertain about any of the questions asked, please seek further clarification from **your** broker or from **us.**
If **you** become aware that information **you** have given **us** is inaccurate, **you** must inform **us** or **your** broker as soon as practicable.

3.4 Duty of Fair Presentation – for business contracts

If **you** are an individual purchasing or renewing insurance in connection with **your** business, trade or profession, or **you** are a **sponsoring organisation** purchasing or renewing a **Group Policy** or a **Corporate Advantage Plan Policy**, **you** must be aware of the duty of fair presentation. This obliges **you** to provide accurate answers to all questions. Failure to comply with this obligation may entitle the **Insurer** to decline **your claim**, pay a proportionate amount of **your claim** only, or cancel **your** policy.

The duty of fair presentation, in relation to questions asked by the **Insurer**, is a duty to provide to the **Insurer**:
- details of material circumstances which the **insured person** knows or ought to know, or
- failing that, answers which give the **Insurer** sufficient information to put a prudent **Insurer** on notice that it needs

to make further enquiries for the purposes of revealing those material circumstances.

A material circumstance is one which would influence the judgment of a prudent **Insurer** (not necessarily the **Insurer** in question) in determining whether to take the risk and, if so, on what terms. Examples of such circumstances could be any ongoing serious medical conditions, or planned or pending medical **treatment**. Please note that these examples are for illustrative purposes only and are by no means exhaustive or conclusive.

It is important to understand who in **your** business has "knowledge" for the purposes of this duty:

- If **you** are an individual buying cover in connection with **your** business, **you** will be presumed to know what **you** actually know and what is known by the individuals responsible for **your** insurance (such as **your** broker);
- If **you** are a corporate entity, **you** will be presumed to know what is known by the business's "senior management" and the individuals responsible for its insurance (such as **your** risk management team and **your** broker). Senior Management means those individuals who, in connection with the risks to be insured, play significant roles in the making of decisions about how the **insured person's** activities are to be managed.

We will seek to agree with the **Insurer** in advance of any placement whose "knowledge" counts for the purposes of the duty, and will in any event provide **you** with guidance on this.

Please note that **you** will be treated as knowing:

- material circumstances of which **you** (or the relevant persons identified above) have actual knowledge;
- material circumstances which **you** suspect but **you** have deliberately refrained from confirming or enquiring about; and
- material circumstances about which **you** ought to know (i.e. circumstances which should reasonably have been revealed by a reasonable search of information available to **you**).

This means that in some circumstances the responsible individuals will be required to make enquiries, and the information (and therefore the scope of those enquiries) may not necessarily be limited to that held by the business. **We** will provide advice and guidance on the nature and extent of searches that may be required to comply with the duty.

The duty of fair presentation continues up until the insurance has been concluded and 'resurrects' in the event of any amendment to the risk during the policy period or extension/renewal. It may also be that the terms of the policy include specific ongoing disclosure conditions or conditions which effectively extend certain disclosure obligations post inception of the policy.
In completing a proposal or claim form or any other material document relating to an insurance policy and in providing information to or for the **Insurer**, the accuracy and completeness of all answers, statements and/or information is the **policyholder's** own responsibility and it is of paramount importance that all relevant information is provided and that it is accurate. Should **you** so require, **you** may request that **we** assist **you** by providing examples of the sorts of matters which ought to be disclosed as being material or arguably material circumstances, in general terms, or specific to **your** risk from the knowledge **we** gain from working with **you** to understand **your** risk.

In the event that there is a breach of the duty of fair presentation, Insurers are generally limited to "proportionate remedies", linked to what they would have done if the risk had been fairly presented. This may result in the imposition of different terms, or the proportionate reduction of **claims** where a higher premium would have been charged. In circumstances where Insurers would not have entered into the contract on any terms they can avoid the contract and refuse all **claims**, but must return the premium. If the breach is deliberate or reckless Insurers can avoid the policy, refuse all claims and keep the premium.

If **you** are in any doubt as to the scope of the duty of fair presentation or whether a piece of information ought to be disclosed, please do not hesitate to contact **your** broker or **us.**

3.5 Local taxes

The **policyholder** is liable for any local taxes due on the insurance premium unless these taxes have been shown on **your** invoice and paid. In these cases **Insurers** will account to the local tax authorities for the tax due.

3.6 Medical advice

You are responsible for complying with any medical advice/ **treatment** given to **you** by **your doctor** or other treating healthcare professional.

3.7 Payments

We will only make premium refunds and **claims** payments when local and international regulation allows.

We are able to offer the choice of paying premiums on either an annual, a semi-annual or quarterly basis (frequency to be confirmed prior to renewal of the policy). An administration charge of 2% for semi-annual payments and 4% for quarterly payments will be applied.
These administration charges are not applicable when **Individual Policies** are issued to **policyholders** in the EEA.
In respect of **Individual policies**, if **you** do not live in the EEA and are paying for **your** insurance via instalments then **you** will not benefit from protections under the Consumer Credit Act or the Consumer Credit Sourcebook of the Financial Conduct Authority.

In the event that the value of **your claim**(s) exceeds the value of the remaining premium instalment payments, **we** may require the full annual premium to be paid before any further **claims** can be settled.

3.8 Pre-Authorisation of treatment or Benefits

See section 8 – claims conditions.

4. Benefits: what we can cover

As with any insurance contract, there are conditions attached to claiming **benefit**, so please look carefully at the **benefits** table, notes and plan conditions (section 3), along with the definitions (section 5) and exclusions (section 6). Together with **your insurance coverage details**, they define the **benefits** available

This plan is insured by Tokio Marine & Nichido Fire Insurance Co. Ltd, Registered by Insurance Authority, UAE and Dubai Health Authority, UAE. P.O. Bo 152, Dubai, U.A.E. The plan has been designed and developed by Expacare Limited. Authorised and Regulated in the UK by the Financial Conduct Authority. Registered Office: Bracknell Enterprise Centre, Easthampstead Road, Bracknell, Berkshire, RG12 1NF. Registered in England No. 01524095.

to **you** and **your dependants** under this plan.

We will only pay for eligible **treatment** received within the period of cover. The purpose of this plan is to provide **you** with **benefit** when **you** need medical **treatment**. **Benefits** are limited to the usual **reasonable and customary** charges (as determined by **us**) in the area where **treatment** is provided. **Your** covered **benefits** are set out in **your insurance coverage details**. To receive **benefit your doctor** or **we** must order services or items, and **our** medical advisor must consider them to be **medically necessary**.

We can make reasonable requests for information or proof to support **your claim**. **You** must send **us** a filled-in claim form with the relevant bills and receipts (please do not send photocopies or duplicate bills). **You** must supply this information or proof of **claim**. Please refer to sections 7 and 8 of this guide.

We cannot pay any **benefit** if **your** plan is not in force or the premiums are not paid up to date at the time **you** have **your treatment**.

All **benefits** are per **policy** period unless otherwise stated.

There is an overall **maximum benefit** for each **insured person** in each **certificate period**.

We will work out the **benefit** in the same currency in which **your** premium is paid.

Choices Core Plan (compulsory)

	Benefit Limits	Special Comments to Note
In-patient and day-patient hospital services including diagnostics and physicians', specialists' and anaesthetists' fees.	Full refund subject to **pre-authorisation**.	Maternity, psychiatric, cancer and chronic **treatment** are not covered by this **benefit**.
Medical and Surgical Support Services	Assistance in provider location and coordination of required surgery.	
Palliative care	Included in all **benefits** and limits shown on **your insurance coverage details**.	
Congenital cover	Up to USD 170,000 per lifetime	Includes diagnosis and all on going **treatment** up to the limit. **Out-patient treatment** of **birth defects** and **congenital conditions** will be subject to the **out-patient benefit** selected within the congenital limit. If no **out-patient benefit** is selected, there is no cover for **out-patient treatment** of **birth defects and congenital conditions**.
Emergency medical evacuation	Full refund including return tickets to the area evacuated from or back to **your home country** and transport costs for an **insured person** to accompany **you** if **medically necessary**, subject to **pre-authorisation**. Accommodation costs for the evacuated member only, immediately following discharge from **hospital** up to a maximum of 20 nights or until fit to fly (whichever is sooner). Covered up to USD 340 per night up to a maximum of 20 nights. **We** do not cover the costs of accommodation for any accompanying member.	We will only cover **emergency medical evacuation** from a landmass. Evacuation is excluded when it is required due to a condition for which benefit is not payable. Costs for evacuation that we did not **pre-authorise** are not covered.
Ambulance services	Full refund	
Rehabilitation facility as an alternative to post acute care (maximum 14 days)	Full refund up to 14 days, subject to **pre-authorisation**.	
Hospice care (maximum 6 weeks)	Full refund up to 6 weeks, subject to **pre-authorisation**.	
Repatriation of mortal remains or local burial costs	Up to USD 12,750 subject to **pre-authorisation**.	
Dental treatment following an accident (within 3 months of accident)	Full refund	**Dental treatment** following an **accident** which caused damage to the face and is received within 3 months of the **accident**. **Treatment** must be commenced as soon as possible, but no later than 5 days following the **accident**.
Post hospital out-patient treatment (follow up)	Full refund	
Out-patient surgery	Full refund	
In-patient psychiatric treatment	Up to USD 10,000 subject to **pre-authorisation.**	
Parent accommodation (if treatment of child under 18 requires hospitalisation)	Full refund	Accommodation for one parent to stay in **hospital** with a child under 18, where the medical **treatment** is being covered by **us**

Choices Core Plan (compulsory) (continued)

	Benefit Limits	Special Comments to Note
Surgical/medical prostheses and appliances	Full refund	**We** will pay for surgically implanted body parts (see definition of **prosthesis**) and **we** will pay for a knee brace if needed after an operation to repair a knee ligament, spinal support after a spinal fracture and /or spinal surgery and a walker boot after a fracture.
Mobility aids	Up to USD 850	Limited to crutches, wheelchairs or walkers.
CT, MRI and PET scans	Full refund	
Kidney dialysis	**In-patient** – Full refund up to six weeks **Day-patient / Out-patient** – up to USD 68,000	
Organ donor costs	Up to USD 51,000	
HIV and AIDS treatment	Up to USD 34,000	

Within the Core Plan, the following are benefits where the benefit limit increases depending on the level of out-patient cover selected:

	Extended Out-Patient	Advanced Out-Patient	Special Comments to Note
Overall maximum policy limit	Up to USD 5,000,000	Up to USD 10,000,000	
Out of geographic area cover for emergency treatment (maximum 6 weeks)	Up to USD 125,000	Up to USD 150,000	Does not include cover for any costs where the trip was made specifically for the purpose of, or with the intention of, getting surgery or medical help.
Nursing at home	Up to USD 8,500	Full refund	
Organ transplant (bone marrow, heart, kidney, liver, lung or skin transplants)	Up to USD 255,000	Up to USD 3,400,000	
Hospital cash benefit (per night, if you are treated for no charge) max 30 nights	Up to USD 425 per night	Up to USD 850 per night	

Cancer Treatment and Chronic Care (compulsory)

	Full Cover
Treatment of cancer (This includes the costs of medically necessary tests, scans, consultations and drugs (eg chemotherapy and radiotherapy). Palliative care is also included)	**In-patient and Out-patient treatment** – Full refund subject to **pre-authorisation**.
Monitoring and treatment of **chronic conditions**	**In-patient** - Full refund subject to **pre-authorisation.** **Out-patient** - **Out-patient treatment** and **prescriptions** for **chronic conditions** are subject to the **out-patient benefit** selected.
ATMPs for the **treatment** of cancer or chronic **conditions**.	Up to USD 500,000 per lifetime. For **in-patient** and **out-patient treatment**. Up to one course of **treatment** per condition, per lifetime. Subject to **pre-authorisation**

Choices Option 1 : Dubai Module (1 of the 3 options must be selected)

* Dubai Module Maternity 1 and Dubai Module Maternity 2 are only available on Individual Plans or Corporate Advantage Plans after their first renewal date.

	Dubai Module - Basic	Dubai Module - Maternity 1*	Dubai Module - Maternity 2*	Special Comments to Note
Companion hospital accommodation	Up to USD 30 per night - see note 1	Up to USD 30 per night - see note 1	Up to USD 30 per night - see note 1	
Maternity - outpatient antenatal	Up to 8 visits - 10% co-pay applies - see note 2	Up to 8 visits - see note 2	Up to 8 visits - see note 2	We will not pay for ending a pregnancy unless there is an immediate life threat to the mother.
Maternity care (routine)	In-patient only. Up to USD 2,800. 10% co-pay applies	Up to USD 11,050	Up to USD 25,500	
Maternity care (with complications)	In-patient only. Up to USD 2,800. 10% co-pay applies	Up to USD 22,100	Up to USD 68,000	
Maternity care (emergency surgery)	Up to USD 17,000	Full refund	Full refund	
Newborn care	Up to 60 days from birth - see note 3	Up to USD 119,000 within first 60 days of life	Up to USD 153,000 within first 60 days of life	
Vaccinations and inoculations for newborns and children	Full refund - see note 4	Full refund - see note 4	Full refund - see note 4	
Preventative services	Diabetes test every 3 years - see note 5	Diabetes test every 3 years - see note 5	Diabetes test every 3 years - see note 5	
Emergency dental treatment	Full refund - see note 6	Full refund - see note 6	Full refund - see note 6	20% co-pay applies
Hearing and optical	Full refund - see note 6	Full refund - see note 6	Full refund - see note 6	20% co-pay applies
IVF (In Vitro Fertilisation)	✗	✗	Up to USD 4,250 per cycle, 3 cycles per lifetime.	50% co-pay applies. 2 year waiting period applies from the date IVF is included on your plan.
DHA Mandatory Screening and Treatment of Breast, Cervical and Colorectal Cancer	See Note 8	See Note 8	See Note 8	
DHA Mandatory Screening and Treatment of Hepatitis B and C	See Notes 7 & 8	See Notes 7 & 8	See Notes 7 & 8	
Disease Management Program	Covered	Covered	Covered	

Notes:

Within the UAE, any condition developing into a medical emergency will be covered up to USD 41,000 - where the policy benefit limit exceeds USD 41,000, the higher limit applies. Emergency is defined as a situation that calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of danger threatening that person's life.

1. The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage.
2. On the Dubai Basic Module all care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals.

   On all Plans initial investigations to include: FBC and Platelets; Blood group, Rhesus status and antibodies; VDRL; MSU & urinalysis; Rubella serology; HIV; Hep C offered to high risk patients; GTT if high risk; FBS , random s or A1c for all due to high prevalence of diabetes in UAE. Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols. 3 ante-natal ultrasound scans. Where a plan co-pay is selected a maximum of 10% will apply to this benefit
3. On the Dubai Basic Module cover is restricted to: BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia). Plan co-pay does not apply to this benefit.
4. Essential vaccinations and inoculations as stipulated in the DHA's policies are covered under this benefit. Plan co-pay does not apply to essential vaccinations and inoculations.
5. Preventative services covers one diabetes test every three years for members aged 30 and over. Annual Diabetes tests are available to members aged 18 and over, if they are deemed as high risk. Plan co-pay does not apply to this benefit.
6. Diagnostic and treatment services for dental and gum treatments, Hearing and vision aids, and vision correction by surgeries and laser are covered under this benefit in the event of a medical emergency following an accident. Emergency has been defined as a situation that calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of danger threatening that person's life.
7. Diagnostic and treatment services for Hepatitis B and C shall be covered as per the Policy Terms, Conditions and Guidelines of the program defined by DHA.
8. Screening for breast/cervical/colorectal cancer or Hepatitis B and C is covered within the network offered for high-risk cases as defined in the guidelines approved by the DHA and subject to a written preapproval.

   Cancer treatments covered as per the Policy Terms, Conditions and Guidelines of the program defined by DHA.

   The above would apply for existing residents and new residents in Dubai who were not diagnosed with breast/cervical/colorectal cancer or Hepatitis B and C before entering the country. Members are eligible to enrol in the support program only after 1st year of residence (cancer) or after 1st visa renewal (Hepatitis B and C).

   Enrolment into the Patient Support Program upon confirmation of diagnosis would entitle members to discounted rates at Centers of Excellence.

   Should any of these conditions / symptoms of these conditions exist before the date of the application and the insured failed intentionally to declare it thereby not giving the Insurer a chance to assess the risk appropriately, the treatment shall be excluded from coverage.

Choices Option 2: Out-Patient Treatment (1 of the 2 options must be selected)

The Benefit Limit increases depending on which level of cover is selected.

	Extended Out-Patient	Advanced Out-Patient	Special Comments to Note
Out-patient option limit	Subject to overall maximum policy limit	Subject to overall maximum policy limit	
Consultations and diagnostic services with doctors or specialists	Full refund	Full refund	This includes telephone consultations.
Out-patient psychiatric treatment	Up to USD 2,800	Up to USD 3,400	Subject to **pre-authorisation**.
Prescription drugs	Up to USD 8,500	Full refund	Excludes medication for **cancer**, maternity and psychiatric conditions.
Vaccinations	Within prescription benefit	Within prescription benefit	Essential vaccinations and inoculations as stipulated in the DHA's policies (including influenza, adult pneumococcal conjugate and shingles) are covered under this benefit. Plan co-pay does not apply to essential vaccinations and inoculations.
Hormone replacement therapy (HRT) for menopausal conditions	Within prescription benefit	Within prescription benefit	
Physiotherapy	Full refund	Full refund	Over 7 sessions subject to **pre-authorisation**.
Occupational therapy	Up to 7 sessions	Up to 14 sessions	
Complementary therapies	Up to USD 1,275	Full refund	Over 7 sessions subject to **pre-authorisation.** Provides cover for acupuncture, ayurveda, chiropractic, homeopathy, kinesiotherapy and osteopathy.
Traditional Chinese medicine and bone-setting	Up to USD 1,275	Up to USD 2,550	
Developmental disorders	Up to USD 340	Up to USD 340	Up to 3 visits for an initial assessment and subject to an overall limit of USD 340
Rehabilitation for alcohol and drug addiction (lifetime limit).	✗	Up to USD 17,000 over your lifetime subject to **pre-authorisation.**	**In-patient treatment** is also covered under this **benefit**. A 1 year waiting period applies.

Choices Option 3: Dental, Wellness and Optical (1 of 3 options must be selected)

Dental, Wellness and Optical				
	Dental Basic	Dental & Wellness	Dental, Wellness & Optical	Special Comments to Note
Dental treatment	Up to USD 140 - 30% co-pay applies	Up to USD 1,275 – 20% co-pay applies	Up to USD 2,550 – 20% co-pay applies	
Wellness benefit	✗	Up to USD 850	Up to USD 1,275	A 1 year waiting period applies to this benefit (unless waived on **your insurance coverage details**). Benefit only available to insured members over the age of 18.
Optical	✗	✗	Full refund for one eye examination per **certificate period. Prescription** glasses / contact lenses subject to a limit of USD 204 per **certificate period**.	Only available where the **insured person's prescription** has changed since their previous eye test.

✗ Not covered

5. Definitions

This section explains what **we** mean by certain words or phrases in **your** plan documents in relation to the **benefits** on **your** plan. Words written in bold are important and have a specific meaning.

5.1 Accident, accidental, accidentally
Accident, accidental, accidentally means a sudden, unexpected, unintentional event that happens at an identifiable time and place, is outside **your** control and causes injury or illness.

5.2 Ambulance
Ambulance means a vehicle designed for medical transport and used by staff members who are trained in **emergency** medical services to transport **you** locally in an **emergency**. **Ambulance** services are only covered if shown on **your insurance coverage details**.

5.3 Anaesthetist
Anaesthetist means a **doctor** or nurse trained, accredited and legally able to handle anaesthetics and to carry out related procedures.

5.4 Artificial life maintenance/life support
Artificial life maintenance/life support is the use of medical technology to support or replace vital bodily functions, where **you** are unresponsive, unable to breathe independently and unable to feed independently.

5.5 ATMPs
Advanced Therapy Medicinal Products is a medicinal product which is either: a gene therapy, a somatic cell therapy, or a tissue engineered product.

5.6 Benefit
Benefit means the payment **we** make under **your** plan for expenses **you** incur, when as a result of a coverable event, **you** need **treatment**, **emergency medical evacuation**, or **you** qualify for a cash **benefit** or have a **wellness** or dental check.

See also section 4 – **Benefits**: what **we** cover for terms and conditions.

5.7 Birth defects and congenital conditions
Birth defects and congenital conditions means any abnormality, deformity, disease, illness or injury present at birth (whether diagnosed or not), hereditary conditions, problems caused by things that happened before the baby was born (for example, the effects of a drug) or problems due to an early or abnormal birth.

5.8 Cancer Treatment
Cancer treatment includes the costs of **medically necessary** tests, scans, consultations and drugs (eg chemotherapy and radiotherapy). **Cancer treatment** is only covered if shown on **your insurance coverage details**. All **treatments** for cancer are payable only from this **benefit**.

5.9 Certificate period
Certificate period means the dates on **your insurance coverage details** that show the **start date** and end date of the period for which **your benefit** cover is in force.

5.10 Chronic conditions or chronic illness
Chronic conditions or chronic illness means a disease, illness or injury which has no known cure and/or which is likely to continue or to keep recurring and/or which needs prolonged supervision, monitoring or **treatment** and/or which requires **you** to be specially trained or rehabilitated and/or for which the **treatment** has become **palliative**. Monitoring and treatment of **chronic conditions** is only covered if shown on **your insurance coverage details**.

5.11 Claim
Claim means a request that **we** provide **benefit** for **treatment**. For how to make a **claim** see Section 7,'Making a **Claim**'.

5.12 Complementary therapies
Complementary therapies means the following types of **treatment**:

- Acupuncture
- Chiropractic
- Homeopathy
- Osteopathy
- Kinesiotherapy
- Ayurveda

The providers of **complementary therapies** must be licensed or legally qualified to practise in the country in which the therapy is provided, and must be ordered by **your doctor** for **you** to receive **benefit**. If **your doctor** orders more than seven **complementary therapy** visits, **we** will need a **treatment** plan from **your therapist**, and any further **treatment** must be agreed in writing by **us**. **Complementary therapies** are only covered if shown on **your insurance coverage details**.

5.13 Congenital cover
Congenital cover is only available for **birth defects and congenital conditions** that have not been diagnosed, symptomatic and that the **insured person** was not aware of prior to joining the plan. Any congenital condition diagnosed or symptomatic within 60 days of birth would be covered under **Newborn Care** only. **Congenital cover** is only covered if shown on **your insurance coverage details**.

5.14 Consultant
Consultant means a **doctor** licensed in the country where **you** receive **treatment**, who has certification in a specialised area of medicine. The certification must be for training beyond a general medical degree.

5.15 Co-payment
Co-payment means the specified percentage of money **you** have to pay towards the cost of certain services each and every time **you claim**. The terms of **your co-payments** are shown on **your insurance coverage details.**

5.16 Corporate Advantage Plan Group (CAP)
A Group of 1-4 employees. Underwriting is on a **Simplified Medical Underwriting (SMU)** basis.

5.17 Corporate Advantage Plan Policy
Corporate Advantage Plan Policy means a Choices plan issued by **Us** to a **Corporate Advantage Plan Group**.

5.18 Counsellor
Counsellor means a mental-health professional with specialist training in treating mental illness. That training must be recognised by a licensing authority and professional organisations in the country where the counsellor practices.

5.19 Country of residence
Country of residence means the country **you** normally live in outside **your home country**.

5.20 CT, MRI and PET scans
Computerised tomography (CT), Magnetic resonance imaging (MRI) and positron emission tomography (PET) scans ordered by a treating **Specialist**. **CT, MRI and PET scans** are only covered if shown on **your insurance coverage details**.

5.21 Day-patient, day-care and day-case surgery
Day-patient, day-care and day-case surgery means surgical **treatment**, involving a period of recovery from anaesthetic of less than eight hours, but medical observation and anaesthetic recovery in a **hospital** bed is needed.

5.22 Deductible
See definition of 'Excess'.

5.23 Dental treatment
Dental treatment means **treatment** that mainly involves teeth, their roots and surrounding tissue. Cover includes preservation, relief of pain, two check-ups per **certificate period**, two scale and polishes per **certificate period**, simple fillings, X-rays, **treatment** of gums, operative and gnathological procedures and dentures. Dentures include restoration of the function of dental prostheses and installation of new prostheses, crowns, bridges, implants and pivot teeth.

Dental treatment shall also include orthodontic **treatment** of insured children up to (but not including) the age of 18.

Dental treatment cover is only available to **insured person**s and **dependants** who have attended for **dental** inspection and concluded all necessary **treatment** in the twelve month period immediately prior to claiming **Dental treatment benefit** under the plan for the first time.

Treatment of Temporomandibular Joint Syndrome/Disorder is covered under this **benefit**.

Dental treatment is only covered if shown on **your insurance coverage details**.

5.24 Dental treatment following an accident
Dental treatment following an **accident** means **treatment** to restore teeth that have been lost or damaged following an extra-oral impact that caused injury to **your** face, where the medical **treatment** has been covered by **us. Dental treatment** relating to damage caused by eating, drinking, chewing or general wear and tear are not covered under this **benefit**. **Dental treatment following an accident** is only covered if shown on **your insurance coverage details**.

5.25 Dentist
Dentist means a person, who is trained, qualified and licensed to practice dentistry by the licensing authority of the country in which **you** receive **your treatment**.

5.26 Dependant
Dependant means **your** husband or wife or partner **you** live with, and any unmarried children, stepchildren, foster children and legally adopted children aged 24 and under at the point of joining or renewing.

They will be removed from cover on the **renewal date** following their 25th birthday.

5.27 Developmental disorders
Developmental disorders means the identification of developmental, behavioural or learning problems, including but not limited to attention deficit hyperactivity syndrome, speech disorders or dyslexia and physical **developmental disorders**. Treatment related to **developmental disorders** is only covered if shown on **your insurance coverage details**.

5.28 DHA plan
A plan registered with the Dubai Health Authority where **you** reside in the UAE or have a requirement for a Dubai Visa.

5.29 Diagnostic services
Diagnostic services means tests to identify the cause of **your** symptoms or illness or the extent of **your** injuries.

Your doctor must order **out-patient diagnostic services**.

Diagnostic services are only covered if **out-patient** consultations and **diagnostic services** is shown on **your insurance coverage details**.

5.30 Doctor, general practitioner (GP) or physician
Doctor means a person who is registered and licensed to practice in the country where **you** receive **treatment**.

5.31 Emergency
Emergency means an unforeseen or sudden occurrence, especially demanding immediate action.

5.32 Emergency medical evacuation
Emergency medical evacuation means **medically necessary** and available transport and care (during the transport) to move an **insured person** from **hospital** who has a critical, life/limb threatening medical condition which requires immediate **in-patient treatment** to the most suitable medical facility, if the necessary facilities are not available locally. This **benefit** only applies within **your Geographic area/area of cover**. **We** have the right to decide where the **insured person** is transported. **Emergency medical evacuation** is only covered if shown on **your insurance coverage details**.

5.33 Excess
Excess means the amount of covered expenses **you** have to pay during the period of the insurance contract before **we** pay any **benefit**. This is sometimes called a '**deductible**' or '**co-payment**'.

Your excess and the date **your** cover began are shown on **your insurance coverage details**. A new **excess** applies at the beginning of each new **certificate period**.

5.34 Expatriate
Expatriate means an individual who is living and/or working outside their **home country** for more than 6 months of the year.

5.35 Full Medical Underwriting (FMU)
Note: this definition is only applicable to an **Individual Policy** unless otherwise stated on **your insurance coverage details**

Full Medical Underwriting (FMU) means, upon completion of a specifically designed medical questionnaire **we** will assess an individual's pre-existing medical history and may apply exclusions. Alternatively **we** may decline to offer cover altogether. An exclusion on the policy will mean that **we** are unable to provide cover for anything that is directly or indirectly, related to or caused by the excluded condition. At point of joining, as well as at point of **claim**, it may be necessary for **us** to request further information from **your doctor** to assess eligibility in relation to the exclusion. Written confirmation of any exclusions will be provided and outlined in **your** individual membership certificate. It is essential that **you** give all the information that **you** are asked for. **Your claims** may be declined if the information **you** provide is incorrect, or incomplete.

5.36 Geographic area (sometimes called area of cover)
Geographic area means the specified area of the world in which **your benefits** apply, and for which the appropriate premium has been paid.

- Area 1 is Europe, including Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Channel Islands, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Georgia, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland, Italy, Isle of Man, Kosovo, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Moldova, Monaco, Montenegro, North Macedonia, Norway, Poland, Portugal, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain (including the Balearics and Canary Islands), Sweden, Switzerland, The Netherlands, Turkey, Ukraine, United Kingdom and the Vatican City.
- Area 2 is worldwide excluding USA, Bermuda and all islands of the Caribbean
- Area 3 is worldwide.
- South East Asia - including Brunei, Cambodia, Christmas island, E. Timor, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand and Vietnam.
- See also '**out of geographic area cover**' definition.

5.37 Group
Group means five or more employees employed by the same employer/**sponsoring organisation** or who are members of the same organisation.

5.38 Group Policy (Business contract)
Group Policy means a plan issued by **Us** to a **Group**.

5.39 Guarantee of Payment (GOP)
Guarantee of payment means a financial guarantee between **us** and a medical provider which enables **us** to settle costs directly with a provider. **Our GOP** does not replace any contract which will exist between **you** and the medical provider.

5.40 HIV and AIDS treatment
HIV and AIDS **treatment** includes costs directly related to or caused by HIV (Human Immunodeficiency Virus) or AIDS (Acquired Immune Deficiency Syndrome) for **medically necessary** tests, scans, consultations, drugs (eg antiretroviral therapy (ART)) and **hospital** admissions.

Treatment of HIV and AIDS is only covered if shown on **your insurance coverage details**.

5.41 Home country
Home country means any country for which **you** hold a passport.

5.42 Hospice
Hospice means an organisation providing services for patients whose disease cannot be cured.

Hospice care may be as an **in-patient** or **out-patient** at home, or at a centre for controlling pain and other symptoms, and provides psychological, social and spiritual support for the patient and patient's family during the last stages of life.

Hospice benefit is offered as an alternative to eligible **hospital treatment** or **nursing at home**.

Hospice care is only covered if shown on **your insurance coverage details**.

5.43 Hospital
Hospital means a healthcare facility licensed as a **hospital** in the country where it operates, and providing acute medical, surgical or psychiatric care (or all three). The facility must provide constant supervision by a **doctor** and a qualified nurse licensed in the country where the **hospital** operates.

5.44 Hospital cash benefit
Hospital cash benefit means a sum **we** pay to **you** for each night, or if **you** are a **Day-patient**, each day **you** spend in **hospital**, for **treatment we** would normally cover, but where no charge is made. **Hospital cash benefit** is only covered if shown on **your insurance coverage details**.

5.45 Hospital services
Hospital services means medical and surgical services provided under the direction of a **doctor** to an **insured person** who has been registered as a **hospital in-patient** or **Day-patient** and is limited to:

- Accommodation (a single room with an en-suite bathroom; does not include deluxe rooms)
- Meals
- Nursing care
- Drugs and dressings
- Operating theatre and 'consumables' (such as surgical gowns and drapes)
- Intensive care
- Laboratory and pathology
- X-rays
- Other imaging services including CT, MRI and PET scans
- Ancillary services (including physical therapy) and medical social services

Hospital services do not include maternity and childbirth care, psychiatric, cancer or chronic **conditions and illnesses**.

Hospital Services are only covered if **In-patient** and **Day-patient** hospital services are shown on **your insurance coverage details**.

5.46 Individual Policy (Consumer contract)
Individual Policy means a plan issued by **Us** to an individual, and any **dependants**.

5.47 In-patient treatment
In-patient treatment means **treatment** for which it is **medically necessary** for **you** to stay in **hospital** overnight or for more than eight hours.

5.48 Insurance Coverage Details
This is issued by **us** and shows the **benefits**, limits, exclusions and **co-pays/excesses** that apply to **you**. **Your insurance coverage details** must be read in conjunction with this membership guide.

5.49 Insured person
In respect of **Individual Policies** only (Consumer Contracts), **insured person** means the **policyholder** or their **dependant we** have confirmed **benefit** cover for, and who **we** have also issued an **insurance coverage details** to.

In respect of **Group Policies** only (Business Contracts), **insured person** means an employee or their **dependant we** have confirmed **benefit** cover for, and who **we** have also issued an **insurance coverage details** to.

5.50 Insurer
Tokio Marine & Nichido Fire Insurance Company Ltd.
The name of the **Insurer** is shown on **your insurance coverage details**.

5.51 Kidney Dialysis
We will pay for up to six weeks of kidney dialysis if needed immediately before a kidney transplant that **we** are covering, or for sudden kidney failure due to an illness or injury somewhere else in **your** body. **Kidney dialysis** is only covered if shown on **your insurance coverage details**.

5.52 Lifetime Benefit
Lifetime benefit means the maximum amount that the plans will ever pay for **your claims** whilst **you** are insured with **us.**

5.53 Maternity care (routine)
Maternity care (routine) means **treatment**, prescriptions and services relating directly to normal pregnancy and childbirth. A normal pregnancy is a pregnancy in the womb that, through vaginal delivery, results in a live baby, weighing 2.27kg or more.

An elective Caesarean section that is not **medically necessary** is covered under this **benefit** subject to all usual **reasonable and customary** costs of a vaginal delivery.

Maternity care (routine) does not include ending a pregnancy unless there is an immediate life threat to the mother.

Maternity care (routine) is only covered if shown on **your insurance coverage details**.

Costs relating to a pregnancy resulting from IVF are only covered under this benefit unless **we** have contributed to the costs of IVF.

5.54 Maternity care (emergency surgery)
Maternity (emergency surgery) means any emergency surgical procedure required as a direct result of pregnancy or childbirth complications, including but not limited to;

- unplanned medically necessary caesarean section if there is an immediate life threat to the mother or baby
- ending a pregnancy if there is an immediate life threat to the mother
- miscarriage requiring immediate surgical treatment

Cover includes the costs of surgeon, anaesthetist and hospital services directly relating to the surgical procedure.
If the condition that complicates the pregnancy is excluded, then the portion of the costs relating to that exclusion will not be covered. Costs of a vaginal delivery are not covered under this **benefit**.

Maternity care (emergency surgery) is only covered if shown on **your insurance coverage details.**

5.55 Maternity care (with complications)
If **you** are eligible for **maternity care (with complications) benefit**, no **benefit** for **Maternity care (routine)** is payable. Maternity care (with complications) means **treatment**, prescriptions and services relating directly to pregnancy and childbirth where there is an abnormal pregnancy or delivery where the health of the mother or child (or both) is at risk due to a condition resulting from, or made worse by pregnancy.

A Caesarean section is covered under this **benefit** as long as it is considered to be **medically necessary** by **our** medical advisor. If the condition that complicates the pregnancy is excluded (for example a **congenital condition**), then the portion of the costs relating to that exclusion will not be covered.

Maternity care (with complications) is only covered if shown on **your insurance coverage details**.

5.56 Maximum benefit (or overall maximum benefit)
Maximum benefit (or overall maximum benefit) means the maximum amount of **benefit you** can receive each **certificate period** for all causes under this plan. The **maximum benefit** applies individually to each person named on an **insurance coverage details**.

5.57 Medical History Disregarded (MHD)
Note: this definition is only applicable to a Group Policy.

Medical History disregarded means that any pre-existing medical conditions will be covered providing that all material circumstances, including but not limited to any planned/pending **in-patient treatment** or serious medical condition, have been disclosed to and accepted by the **Insurer** and they fall within the terms and conditions of the plan (where MHD underwriting is offered to **your sponsoring organisation** by **Us**).

MHD is subject to acceptance of completed relevant forms and submission of full membership listing.

5.58 Medical necessity/medically necessary
Medical necessity/medically necessary means **treatment** of bodily injury, sickness, disease or pregnancy that, in the opinion of **our** medical advisor, is necessary to maintain or restore the health of the patient or foetus.

5.59 Mobility Aids
Mobility Aids are limited to crutches, wheelchairs or walkers. The costs of which are covered immediately following **treatment** relating to an **accident** or injury, or **hospital** admission that has been paid for by **us**. **Mobility Aids** are only covered if shown on **your insurance coverage details**.

5.60 Newborn Care
Treatment received during the first 60 days following birth including costs relating to **birth defects and congenital conditions**. **Newborn Care** is only covered if shown on **your insurance coverage details**.

5.61 Nursing at home
Nursing at home means an organised medical care programme provided by a **qualified nurse** in **your** home.

Nursing at home services must:
- be ordered by **your doctor** immediately after **you** leave **hospital** and be directly related to the illness or injury **you** went into **hospital** for; or
- be ordered by **your doctor** instead of going into **hospital** and **you** must be unable to leave home without help or special transport (or both).

Nursing at home is only covered if shown on **your insurance coverage details**.

5.62 Obesity
Obesity that is sufficient to prevent normal activity or to cause the onset of a pathological condition.

5.63 Occupational therapy
Occupational therapy means the **treatment** of people with a physical illness using activity that is designed and adapted to prevent disability and help the person to be independent. **Occupational therapy** must be ordered by **your doctor** and does not include educational training. **Occupational therapy** is only covered if shown on **your insurance coverage details**.

5.64 Optical benefit
This **benefit** shall provide cover for one eye examination per **insured person**, per **certificate period** by a registered Optometrist or an Ophthalmologist.

This **benefit** will additionally cover costs for one pair of prescription glasses, contact lenses or prescription sunglasses to correct vision where the **insured person's** prescription has changed since their previous eye test.

Optical is only covered if shown on **your insurance coverage details**.

5.65 Organ Donor costs
We will cover the medical costs related to an organ donor for an eligible organ transplant, where the **insured person** is the organ recipient. Eligible costs relate to the harvesting of the organ only. **Organ donor costs** are only covered if shown on **your insurance coverage details**.

5.66 Organ transplant
Organ transplant means the surgical **treatment** of a disease by replacing a diseased organ with a healthy one from a donor. Only bone marrow, heart, kidney, liver, lung or skin transplants are included in this **benefit**. **Organ transplant** is only covered if shown on **your insurance coverage details**.

5.67 Out of geographic area cover for emergency treatment
Out of geographic area cover for emergency treatment provides a limited **benefit** for **treatment** outside **your geographic area of cover** for unforeseen events and until fit to travel only.

Cover will only be available for a maximum aggregate period of 6 weeks spent outside the **area of cover**, irrespective of the number of trips. **Treatment** must commence within that period. **Treatment** is limited to an aggregate total of 6 weeks per policy year.

Out of geographic area cover is only covered if shown on **your insurance coverage details**. The **benefit** will not exceed that payable inside **your** area of cover.

5.68 Out-Patient
Out-patient means **treatment** in a **hospital** or other recognised **treatment** facility, where the patient has not been admitted as an **in-patient** or **Day-patient**.

5.69 Out-patient surgery
Out-patient surgery means a procedure carried out under local or general anaesthetic in a **doctor's** surgery requiring an incision. **Out-patient surgery** is only covered if shown on **your insurance coverage details**.

5.70 Palliative Care
Treatment and medical services provided for the care of patients with life-limiting or incurable illnesses for the purpose of relieving symptoms and improving quality of life. **Palliative care** is covered under the plans, subject to all **benefits** and limits shown on **your insurance coverage details**. **Palliative care** is only covered if shown on **your insurance coverage details**.

5.71 Physician
See definition of '**Doctor**'.

5.72 Physiotherapy
Physiotherapy means **treatment** provided by physical **therapists** who are licensed or legally qualified to practice in the country in which the therapy is provided.

If **your doctor** orders more than seven **physiotherapy** visits, **we** will need a **treatment** plan from **your** physiotherapist, and any further **treatment** must be agreed in writing by **us.**

Physiotherapy is only covered if shown on **your insurance coverage details**.

5.73 Policyholder
In respect of an **Individual Policy**, **Policyholder** means the lead applicant whose name in which the Insurance Policy is held.
In respect of a **Corporate Advantage Plan Policy** or **Group Policy**, **Policyholder** means the **sponsoring organisation**.

5.74 Post-hospital out-patient treatment
Post-hospital out-patient treatment means follow-up **treatment** that is related to an eligible **claim** for an **in-patient hospital** stay.

Post-hospital out-patient treatment must be taken within the three months after **you** were discharged from **hospital**.
Post-hospital out-patient treatment is only covered if shown on **your insurance coverage details**.

5.75 Pre-authorisation/ pre-authorised

Pre-authorisation/pre-authorised means the process by which an **insured person** contacts **us** for approval before receiving specified types of medical care. Note: The **benefits** that require **pre-authorisation** are clearly listed on the **benefit** table and in section 8 – **claim** conditions.

For how to **pre-authorise** see section 8.1 **pre-authorisation** of **claims**.

5.76 Pre-existing conditions

Pre-existing conditions means any known medical condition (or related condition) that has, in the five years immediately before **your start date**, or the **start date** of a **dependant**, one or more of the following characteristics:

- it has been diagnosed
- it has needed medical **treatment** (including drugs, special diets and injections).
- medical advice has been asked for, including check-ups.
- medical advice should have been asked for if recognised clinical advice had been followed.
- it has undiagnosed symptoms, whether recognised or not.

5.77 Prescription drugs

Prescription drugs means:

- medications prescribed by a **doctor** and which are **medically necessary**. This includes **medically necessary** Hormone Replacement Therapy (HRT) for menopausal conditions.

Prescription drugs and HRT are only covered if shown on **your insurance coverage details**.

5.78 Professional sport

Professional sport means a sport for which **you** are being paid to take part.

5.79 Prostheses/Prosthesis

Prosthesis means:

- Breast implants, within two years of breast cancer surgery that **we** have covered. With bilateral implants, surgery must be completed in one procedure
- Heart valves
- Artificial blood vessels
- Artificial sphincter muscles
- Corneal and lens replacements in the eye
- Devices that act as pacemakers for the heart
- Shunts (channels) designed to remove excess fluid from the brain
- Artificial joints or ligaments

Prostheses are only covered if surgical/medical prostheses and appliances is shown on **your insurance coverage details**.

5.80 Psychiatric treatment (including prescription medication)

Treatment of mental illness, psychiatric disorder, anxiety or depression.

Psychiatric treatment must be under the direct supervision of the **psychiatrist** or **psychologist** or **counsellor**, have been referred by a **doctor** and follow a specified plan of care that **we** have **pre-authorised**. Any **treatment** after **your** first consultation must be **pre-authorised**.

Psychiatric treatment is only covered if shown on **your insurance coverage details**.

5.81 Psychiatrist

Psychiatrist means a medical **doctor** with specialist training in treating mental illness. That training must be recognised by a licensing authority and professional organisations in the country where the psychiatrist practices.

5.82 Psychologist

Psychologist means a mental-health professional who has a graduate degree in clinical psychology from an accredited university and has had at least two years of supervised experience as a practising psychologist.

5.83 Qualified nurse

Qualified nurse means a nurse who has graduated from a recognised training programme and is registered with the statutory nursing organisation of the country in which he or she practises.

5.84 Reasonable and Customary

Reasonable and customary means **benefits** are limited to the usual **reasonable and customary** charges (as determined by **us**) in the area where **treatment** is provided. This means **we** are unable to cover charges above the usual amount that medical practitioners, other healthcare professionals and/or **treatment** facilities charge for that **treatment** in the same country or region.

5.85 Rehabilitation facility

Rehabilitation facility means:

- a facility licensed under the regulations of the country in which it operates; and
- is designed for patients who no longer need acute **hospital** care; and
- where the patient needs access to 24-hour medical or qualified nursing care; and
- a facility which also provides basic healthcare and help with activities of daily living for people who cannot care for themselves because of their medical or mental disability; and
- **Your** stay in this type of facility must be part of **your** recovery immediately after coming out of **hospital**.

5.86 Rehabilitation for alcohol and drug addiction

Rehabilitation for alcohol and drug addiction means therapy, **treatment** and/or **hospital** admission specifically designed for the purpose of curing addictions.

Rehabilitation for alcohol and drug addiction is only covered if shown on **your insurance coverage details**.

5.87 Rehabilitation Treatment

Rehabilitation treatment means **treatment** received at a recognised **rehabilitation facility** as an alternative to post-acute care.

Your doctor must agree a care plan with **us** and **your** stay in

this type of facility must be part of **your** recovery after coming out of **hospital**, after which **you** should be independent again and be able to return home.

Rehabilitation treatment is only covered if **Rehabilitation Facility** is shown on **your insurance coverage details**.

5.88 Renewal date
Renewal date means the date on which **your** cover is due for renewal.

5.89 Repatriation of mortal remains and local burial
Repatriation of mortal remains and local burial means if **you** die outside **your home country** and within **your area of cover**, either:
- the cost of preparing **your** body for burial and cremation in **your** country of death, or:
- the costs of preparing **your** body and the reasonable costs of transporting **your** body to **your home country**.

We will identify reasonable transport costs. **Repatriation of mortal remains and local burial** is only covered if shown on **your insurance coverage details**.

5.90 Responsible person
Responsible person means an immediate family member (husband, wife, child or parent) or legal representative who has power of attorney to act for the **insured person** if they are too ill or have died.

5.91 Simplified Medical Underwriting
Simplified Medical Underwriting may be offered to a **Corporate Advantage Plan Group** by **Us**, subject to acceptance of a completed company application form and employee application forms. Each applicant must complete a short medical declaration which will be reviewed by **us.** Medical exclusions may be applied to the policy which will exclude cover for particular (and related) medical conditions and these will be confirmed by **us** in writing. **Claims** for any pending/planned **in-patient treatment** or serious condition that the **insured person**(s) was aware of at the time of inception date, which was not disclosed to and accepted by the Underwriters will also be excluded from cover.

5.92 Specialist
See definition of '**Consultant**'.

5.93 Sponsoring organisation
Note: this definition is only applicable to a **Group Policy** or **Corporate Advantage Plan Policy** (Business Contracts).

Sponsoring organisation means **your** employer, or the **Group** that **you** belong to. The plan is arranged through **your sponsoring organisation**, which is approved by **us.** The rules of **your** membership and details of insurance cover have been agreed between **your sponsoring organisation** and **us.**

5.94 Start/enrolment date
Start date means the enrolment date of **your** cover under this plan as shown on **your insurance coverage details**.

5.95 Therapist
Therapist means an acupuncturist, chiropractor, osteopath, homeopath, kinesiotherapist or physiotherapist who is licensed by a regulatory organisation in the country in which **you** receive **treatment**, and who is practising within his or her licence and training.

5.96 Traditional Chinese Medicine and Bone-Setting
The providers of Traditional Chinese Medicine and Bone-Setting must be licensed or legally qualified to practise in the country in which the therapy is provided. **Treatment** with **Traditional Chinese Medicine and Bone-Setting** is only covered if shown on **your insurance coverage details**.

5.97 Treatment
Treatment means the method a **doctor** or other licensed health practitioner uses to diagnose, relieve or cure a disease, illness or injury. The **treatment** must be provided in line with the generally accepted standards of medical practice of **our** medical advisors and **our** medical advisors must consider the **treatment** to be **medically necessary**.

5.98 Us, we, our
Us, we, our means the **Insurer** (Tokio Marine & Nichido Fire Insurance Co Ltd), the plan designer and developer (Expacare Limited) and the claims and assistance service provider MedNet Global Healthcare Solutions LLC.

5.99 Vaccinations
Vaccinations means that **you** are covered for the following vaccinations when prescribed by a **doctor** if this **benefit** appears on **your insurance coverage details**:
- tetanus
- diphtheria
- polio
- pertussis
- haemophilus influenzae type B
- meningococcal B and C
- pneumococcal disease
- rotavirus
- MMR (combined vaccine only)
- HPV vaccine
- hepatitis A & B
- typhoid
- shingles vaccine
- BCG (tuberculosis)
- COVID-19 - **You** will be covered for this vaccination in the event that the COVID-19 vaccination is not available free of charge in **your country of residence**
- influenza
- adult pneumococcal conjugate

Essential vaccinations and inoculations as stipulated in the DHA's policies are covered under this benefit. Plan co-pay does not apply to this benefit. **Vaccinations** are only covered if shown on **your insurance coverage details**.

5.100 Wellness
Wellness means cover is provided for one full medical examination including the **doctor's** consultation, per **certificate period** to a maximum limit as shown on the **insurance coverage details**. This **benefit** is only available to adult members who have maintained one year of continuous cover with this **benefit** unless waived on **your insurance coverage details**.

We will only cover the following:
- Bodily measurements
- Blood pressure
- Urinalysis and stool exam
- Dietary counselling
- Blood test
  - Blood type
  - Anaemia
  - Liver, kidney, pancreas, thyroid function test
  - Arteriosclerosis
  - Diabetes
  - Gout
  - Calcium
  - Hepatitis
  - AIDS
  - Cholesterol
- Tumour markers: liver, lung, prostate, digestive system
- Chest X-ray (front)
- ECG
- Pulmonary function test
- Serum helicobacter test
- Abdominal ultrasound
- Mammogram or breast ultrasound
- Cervical cancer check-up
- Prostate check-up
- Sexually Transmitted Infection tests

Wellness is only covered if shown on **your insurance coverage details**.

5.101 You, your, yours, yourself
You, your, yours, yourself means any persons named on the **insurance coverage details**.

6. Exclusions: what we don't cover

The following services, medical conditions, activities and their related expenses are not **benefits** that **we** cover under this plan, unless disclosed to and accepted by the Underwriters in writing prior to policy inception/renewal. Please read this section, the **benefit** table, the **insurance coverage details** and the definitions section to make sure **you** understand what is not covered.

All exclusions apply in relation to treatment sought outside of Dubai.

The following exclusions do not specifically apply to **treatment** received in Dubai. However, all **treatment** must be **medically necessary** and **reasonable and customary** as per the terms of the policy.

Within Dubai, any cover relating to the following exclusions will be restricted to an overall aggregate limit of AED 150,000 and subject to any **benefit** limits of the policy.

Exclusions:
- Acting against medical advice
- Doctors home visits
- Eating disorders
- Fees for police reports
- Liability of third parties
- Medical opinion
- Negligence
- Removal of healthy tissue
- Sexually Transmitted Infections
- Temporomandibular Joint Syndrome/Disorder

6.1 Acne
You are not covered for the costs and expenses relating to the **treatment** of acne (with the exception of nodular acne, cystic acne or a prescribed course of antibiotics)

6.2 Acting against medical advice
You are not covered for medical or other costs or expenses **you** incur if **you** act against the advice given by **your** treating **doctor** or **our** medical adviser.

6.3 Alcohol and drug abuse
You are not covered for costs or expenses resulting from dependency on or abuse of alcohol, drugs, or other addictive substances including, but not limited to smoking cessation. **You** are not covered for any **accident** or injury sustained as a result of being under the influence of alcohol or recreational drugs.

6.4 Area of Cover
We will not pay for any **treatment** received outside **your geographic area** unless it is covered by the **out of geographic area benefit**.

6.5 Artificial life maintenance/life support
You are not covered for more than 90 days of **artificial life maintenance/life support** per event, unless in the opinion of our medical advisors and the treating **doctor** a recovery to **your** previous state of health is expected.

6.6 ATMPs
You are not covered for any **treatments** using **ATMPs**, unless the **ATMP** benefit is shown on **your insurance coverage details**.

6.7 Benefits in the US
No cover will be available in the US from the day on which the **insured person** / member becomes a US resident.

6.8 Birth defects and congenital conditions
We do not pay for diagnostics and/or **treatment** of **birth defects and congenital conditions** or illnesses that have been diagnosed, were symptomatic or that the **insured person** was aware of prior to joining the plan outside of the **Newborn Care benefit**.

6.9 Complications from excluded conditions
We do not pay for any increased medical expenses **you** incur because of complications caused by anything that is excluded under this plan.

6.10 Cosmetic treatment
You are not covered for costs or expenses relating to cosmetic or aesthetic **treatment** (whether or not for psychological purposes).

We will pay for reconstructive surgery which is required to restore appearance/function following an **accident** or illness, which **we** have covered and which is required within twelve months of the **accident**/illness occurring.

6.11 Cost of shipping medication
You are not covered for the cost of shipping (including customs duty) on medication.

6.12 Dangerous activities or circumstances
You are not covered for any **benefit**, **treatment**, costs or expenses incurred in connection with:
- naval, military or air force service or operations.
- winter sports (other than on-piste skiing, skating and curling).
- any form of motor powered racing
- scuba diving below a depth of 10m, rock climbing or mountaineering , potholing, parachuting, or horse riding in any kind of race.
- hunting - Unless disclosed to and accepted by the underwriters in writing prior to policy inception/renewal.
- air travel, except as a passenger or crew in a properly licensed multiengine aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial concern.
- hang gliding
- deliberate exposure to exceptional danger (except in an attempt to save human life)
- the **insured person's** own criminal act.
- the **insured person** being under the influence of drugs or narcotics that are not lawfully available, unless prescribed for the **insured person** by a duly qualified medical practitioner and taken in accordance with the prescription other than for the **treatment** of addiction.
- or being subject of any search, rescue or recovery activities.

6.13 Dental care
You are not covered for any dental care unless these **benefits** are included on **your insurance coverage details**. However **we** will pay for **dental treatment following an accident** (see **dental treatment following an accident** in section 5 of this guide).

6.14 Deposits
We do not pay for any deposits **you** have made until a **claim** is settled.

6.15 Developmental disorders and/or Neurodiverse conditions
You are not covered for **treatment** of developmental, behavioural or learning problems such as but not limited to attention deficit hyperactivity syndrome, speech disorders or dyslexia and physical developmental problems, regardless of age.

6.16 Doctors' home visits
We will not pay for **doctors'** or **therapists** home visits unless **you** have a medical condition that prevents travel for medical **treatment**.

6.17 Eating disorders
You are not covered for costs or expenses relating to eating disorders such as, but not limited to, anorexia nervosa and bulimia.

6.18 Emergency medical evacuation
You are not covered for any costs of **emergency medical evacuation** that **we** did not **pre-authorise** and arrange.

We do not cover the costs of accommodation for any accompanying member.

We will not pay for **emergency medical evacuation** that is not from a landmass or where due to a condition for which **benefit** is not available under **your** plan.

6.19 Excess, deductible or co-payment
You are not covered for the amount of the **excess**, **deductible** or **co-payment** that is shown on **your insurance coverage details**.

We will treat any arrangement with or any offer by a provider to charge **us** a higher fee to cover the amount of the **excess**, **deductible** or **co-payment** as fraud and **we** will take legal action.

6.20 Experimental treatment and drugs
You are not covered for **treatment** that in **our** reasonable opinion is experimental, not scientifically recognised or not proved to be effective based on established medical practice. **We** use the UK as a guide.

6.21 Eyes and Ears
You are not covered for routine eyesight tests, eyeglasses or contact lenses, unless optical benefit is shown on **your insurance coverage details**. **You** are not covered for routine hearing tests, hearing aids or cochlear implants. **We** do not pay for any **treatment** or eye surgery related directly or indirectly to refractive errors including myopia, hyperopia, astigmatism or presbyopia.

6.22 Face transplants
We do not pay for the costs and expenses related to face transplants.

6.23 Fees for police reports
You are not covered for charges where a police report is required.

6.24 Foetal surgery
We do not cover the costs of surgery on a child whilst in its mother's womb except as part of the **maternity care (with complications) benefit**.

6.25 Hair loss
We do not pay for **treatment** of hair loss. **We** will, however, pay for an initial consultation to assess the underlying cause.

6.26 HIV or AIDS treatment
You are not covered for **treatment** of Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by or related to Human Immunodeficiency Virus (HIV) (or both) unless **HIV and AIDS treatment** is shown on **your insurance coverage details**.

6.27 Hospitals, nursing homes, convalescence homes, health hydros, and nature cure clinics
You are not covered for:
- **treatment** received in nursing homes, convalescence homes, health hydros, nature cure clinics or similar establishments.
- convalescence or where **you** are in **hospital** for the purpose of supervision.
- extended nursing care if the reason for the extended nursing care is due to age related infirmity and/or if the **hospital** has effectively become **your** home.

6.28 Liability of third parties
We shall not be liable to **you** for any loss, damage, illness and/or injury of any nature that may have occurred, arising from any act or omission carried out directly or through a third party, in connection with, or in the provision of the services as described in this document.

6.29 Local burial
We will not pay for the costs relating to burial or cremation in **your home country**.

6.30 Medical exclusions
We will not pay for any **treatment** relating to medical exclusions that have been applied to **your** policy. **We** will confirm any excluded medical conditions that will apply in **our** offer to **you** or **your sponsoring organisation**. Any medical exclusions applied to **your** policy may be reviewed upon **your** request and only at renewal. The **Insurer**'s decision of the review is final.

6.31 Medical History Disregarded (MHD)
Note: this exclusion is only applicable to a Group Policy.
You are not covered for any **claims** related to any material circumstances, including but not limited to planned/pending **in-patient treatment** or serious medical condition, that the **insured person(s)** was aware of at the time of **start/enrolment** date but which was not disclosed to and accepted by the **Insurers**.

6.32 Medical opinion
After initial diagnosis **we** will cover costs for a second opinion (if this is necessary). **We** will not pay for any subsequent medical opinion.

6.33 Negligence
You are not covered for cost or expenses arising from an **accident** caused by **you**, where there has been failure to take reasonable care or precautions.

6.34 Nursing at home
We will not pay for assistance with daily activities, age related infirmity, convalescence or where **you** require **nursing at home** for the purpose of supervision.

6.35 Obesity
You are not covered for the costs of **treatment** of, or related to, **obesity**.

6.36 Out of geographic area cover
We will not pay for **treatment**, costs or expenses where the purpose of the trip was specifically for the purpose of, or with the intention of, getting surgery or medical help.

6.37 Pregnancy
You are not covered for costs and expenses:
- relating to pregnancy or childbirth (other than ectopic) unless **maternity care benefits** are shown on **your insurance coverage details**.
- of terminating a pregnancy unless there is an immediate life threat to the mother.

Important Note: pregnancies and childbirth will not be covered under the **hospital services** section or any other part of this plan

6.38 Prescription drugs
We will not pay for drugs and items that are considered non-prescription or 'over the counter' e.g. paracetamol, supplements, vitamins or bandages. **We** use the UK as a guide.

6.39 Professional sports
We will not pay for **treatment**, costs or expenses resulting from injuries or illness arising from **you** taking part in any form of professional sport whether recreationally or in a professional capacity.

6.40 Removal of healthy tissue
You are not covered for the costs and expenses arising from or relating to removing fat or surplus healthy tissue from any part of the body. **You** are not covered for the removal or reduction of breast tissue.

6.41 Removal and transportation of donor organ
We will not pay any costs in relation to the search or cross-border transport of a donor organ.

6.42 Reproductive treatment
You are not covered for costs and expenses relating to:
- testing or diagnosing of infertility and fertility.
- contraception or birth control.
- fertility **treatment** (unless IVF **benefit** is shown on **your insurance coverage details**).

6.43 Routine examinations, health screening
You are not covered for costs and expenses relating to routine medical examinations including issuing medical certificates, health screening examinations or tests to rule out the existence of a condition for which **you** do not have any symptoms, unless these **benefits** are shown on **your insurance coverage details**.

6.44 Sanction Limitation
We will not provide any cover or pay any **claim** or provide any **benefit** to the extent that the provision of such cover, payment of such **claim** or provision of such **benefit** would expose **us**, **our** parent company or **our** ultimate controlling entity to any such sanction, prohibition or restriction under the United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or the United States of America.

6.45 Self-inflicted injuries or attempted suicide
You are not covered for costs and expenses resulting from self-inflicted injury, suicide or attempted suicide or the **insured person** being in a state of insanity.

6.46 Sexual problems and sex change
You are not covered for costs and expenses relating to sexual problems including impotence, or a sex change.

6.47 Sexually Transmitted Infections
You are not covered for costs and expenses resulting from the **treatment** of sexually transmitted infections.

6.48 Sleep studies and/or sleep disorders
You are not covered for costs and expenses related to but not limited to snoring, sleep apnoea or insomnia; including sleep studies or corrective surgery.

6.49 Surgical or medical appliances or equipment

You are not covered for costs and expenses connected with supplying, fitting or hiring of physical aids, corrective devices, medical appliances or equipment other than those specifically listed within the **benefit** table.

(Exclusion examples: mouth guards, insoles or self-testing equipment).

6.50 Temporomandibular Joint Syndrome/Disorder

You are not covered for any costs or expenses for the diagnosis and/or **treatment** of Temporomandibular Joint Syndrome/Disorder or related disorders, unless **dental treatment benefit** is shown on **your insurance coverage details**.

6.51 Travel/accommodation costs

You are not covered for transport or accommodation expenses **you** incur during trips made specifically to get medical **treatment** unless these costs are for an **emergency medical evacuation** that **we pre-authorised**.

6.52 Treatment by a family member

You are not covered for the costs of **treatment** by a family member or for self-therapy.

6.53 Unauthorised claims

We require **pre-authorisation** for a number of **benefits**. **Pre-authorisation** must be obtained to receive **benefit** for the following services:

- **Emergency medical evacuation**
- **Hospital treatment** as an **in-patient**
- All **maternity care** including newborn care
- **Hospice** care
- **Psychiatric treatment**
- **Rehabilitation for alcohol and drug addiction**
- **Cancer treatment**
- **Repatriation of mortal remains or local burial costs**
- Over 7 sessions of **Physiotherapy**
- **Rehabilitation treatment** as an alternative to acute care
- Over 7 sessions of **complementary therapy**
- **Out of geographic area cover for emergency treatment**

If **you** have not **pre-authorised**, **we** will only pay up to 80% of what **we** consider to be **reasonable and customary** towards **your claim**. **You** are not covered for any costs of **emergency medical evacuation** that **we** did not authorise and arrange.

6.54 War, nuclear and radioactive contamination

You are not covered for costs or expenses which arise directly or indirectly from or are attributable to:

- weapons of mass destruction, including chemical, biological or nuclear contamination.
- nuclear reactions or nuclear fallout.
- radioactive contamination.
- **We** do not pay for **treatment** of any condition directly or indirectly from or as a consequence of war, acts of foreign 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, unless **you** are an innocent bystander.

6.55 Weight management

You are not covered for the costs and expenses relating to weight management.

7. Making a claim

How to Make a Claim

We have made claiming as easy as **we** can, and the process is set out on the claim form. Claim forms can be found on **our** website. Please also refer to the "Your Guide to Making a Claim" document on **our** website. Please send **us your** complete **claim** as quickly as **you** can, but no later than 6 months after **you** started **your treatment**. If any required information is submitted later than 6 months following the start of **treatment**, **we** will not pay the **claim**.

You must send **us** a filled in claim form with the relevant bills and receipts (please do not send photocopies or duplicate bills).

Processes for making **claims**, **pre-authorisation** and **guarantees of payment** are different if **you** have purchased a DHA plan. Please refer to 'Your Guide to Making a Claim' document sent with **your** Membership Guide for further details.

7.1 How you can contact us

You can contact **us** at any time, day or night.

Full contact details can be found on **your** membership card, claim form, 'Your Guide to Making a Claim' document and on **our** website.

7.2 What information you need to supply to us

Refer to the 'Your Guide to Making a Claim' document which can be found on **our** website for full details.

It is important for **you** to know that **we** are only able to reimburse medical expenses when **we** have received:

- a completed claim form
- invoices (including a full breakdown of the costs of treatment received)
- any additional information deemed necessary by **our** medical advisors to complete **our** assessment. This may include clinical photographs
- if **claims** have been paid by **you**, **we** will also require proof of payment.

We must receive the above information within 6 months of the **treatment** date.

These invoices and documents become **our** property and **we** reserve the right to store them in any durable medium.

It is important to note that **you** should retain all original copies of forms and invoices as **we** reserve the right to request these documents for audit purposes and request that **you** keep these for a minimum of 6 months after the treatment date.

Your documents and invoices should be sent to the address shown on **your** claim form. **We** strongly recommend that **you** keep copies of these documents in case the originals are lost in transit.

We reserve the right to request that **you** attend a **specialist/ doctor** of **our** choice for a second opinion.

If **your** course of **treatment** exceeds 6 months, please ensure **you** obtain and submit an interim invoice.

If **you** are claiming for more than one medical condition, a separate claim form must be completed annually for each condition.

Wherever possible please use the claim form which **we** have provided in order to apply for reimbursement of expenses. This form must be signed by the person providing the service or **treatment** - Section B (e.g. **doctor**) and by the claimant - Section A (or the parent or guardian if the claimant is a child).

The claim form is available to download from **our** website.

If **you** are claiming **hospital cash benefit** a certificate confirming the **in-patient treatment**, the diagnosis, the date of admission and discharge will be required.

7.3 Claims Payments

We will normally reimburse invoices in the invoice currency.

However **we** can reimburse invoices in currencies other than the invoice currency. The preferred currency for payment should be specified on the claim form.

Normally reimbursement will be made to **you**. However, **we** can make reimbursement directly to the party issuing the invoice. This may be useful in emergencies or if particularly high sums are involved. If payment is to be made to a party other than **yourself** this should be indicated on the claim form (Section A).

We are unable to re-issue a cheque that was originally issued more than 2 years ago.

We will not be responsible for any bank charges (other than those charged by **our** own bank) or foreign exchange currency variances which may be applied during the claims process.

Any **claims** paid incorrectly must be reimbursed to **Us** by the **Sponsoring Organisation** in the case of a **Group Policy** or **Corporate Advantage Plan Policy** and insured member in the case of an **Individual Policy**.

We will only pay for eligible **treatment** received within the period of cover and the **geographic area** of cover shown on **your insurance coverage details**. The purpose of this plan is to provide **you** with **benefit** when **you** need medical **treatment**. **Benefits** are limited to the usual **reasonable and customary** charges (as determined by **us**) in the area where **treatment** is provided.

7.4 If you or your sponsoring organisation have chosen an excess on your plan

To reduce premiums **your** policy may require **you** to pay an **excess**. For an **Individual Policy** the type and level of **excess** will be selected by **You** at the time of taking out or renewing **your** plan. In the case of a **Group Policy** or **Corporate Advantage Plan Policy** your **sponsoring organisation** will select the type and level of **excess** at the time it takes out or renews the plan.

An **excess** is the amount **you** pay towards the costs of a **claim** for any **insured person** on **your** plan. Some **benefits** carry an additional automatic **excess** or **co-payment**. Any **excess** is charged in the same currency as **your** premium.

The **excess you** have selected will be clearly shown on **your insurance coverage details**.

Over and above the optional plan **excesses** there are also additional **excesses** and **co-payments** on certain **benefits**, in particular dental (**co-payment**). When a **claim** is made for these **benefits**, these **benefit excesses** / **co-payments** are deducted in addition to any plan **excess** that may apply.

Please remember that any **benefit excess** applies for each **certificate period**. This means that if **you** are claiming over **your renewal date**, the **excess** will apply twice.

You need to submit **your** claim form and bills, even if the **excess** is greater than the fees **you** are claiming for, so **we** can apply **your excess** correctly. When **you** make a **claim**, **we** will reduce the amount **we** pay **you** until the **excess** is used up. **Excesses** are only taken from eligible **claims** and so count towards any **benefit** limits.

7.5 Fraudulent Claims

If the **insured person** makes a fraudulent **claim** under this insurance contract, the **Insurer**:

- Is not liable to pay the **claim**; and
- May recover from the **insured person** any sums paid by the **Insurer** to the **insured person** in respect of the **claim**; and
- May by notice to the **insured person** treat the contract as having been terminated with effect from the time of the fraudulent act.

If the **Insurer** exercises its right to terminate the contract,

- the **Insurer** shall not be liable to the **insured person** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to the **Insurer's** liability under the insurance contract (such as the occurrence of a loss, the making of a **claim**, or the notification of a potential **claim**); and,
- The **Insurer** need not return any of the premiums paid.

Fraudulent **claims** – group insurance
If this insurance contract provides cover for any person who is not a party to the contract ("an **insured person**"), and a fraudulent **claim** is made under the contract by or on behalf of an **insured person**, the **Insurer** may exercise the rights set out as above as if there were an individual insurance contract between the **Insurer** and the **insured person**. However, the exercise of any of those rights shall not affect the cover provided under the contract for any other **insured person**.

8. Claims Conditions

Processes for making **claims**, **pre-authorisation** and **guarantees of payment** are different if **you** have purchased a DHA plan. Please refer to 'Your Guide to Making a Claim' document sent with **your** Membership Guide for further details.

8.1. Pre-authorisation of claims

You must contact MedNet Global Healthcare Solutions LLC to request **pre-authorisation** and must be in receipt of confirmation from **us** in writing before **treatment** takes place.

The minimum information required in order for **us** to give **pre-authorisation** is:

- Medical diagnosis
- Name of treating facility and **doctor**
- Estimated cost of surgery
- Estimated length of stay

Pre-authorisation must be obtained to receive **benefit** for the following services:

- **Emergency medical evacuation**
- **Hospital treatment** as an **in-patient**
- All **maternity care** including newborn care
- **Hospice** care
- **Psychiatric treatment**
- **Rehabilitation for alcohol and drug addiction**
- **Cancer treatment**
- **Repatriation of mortal remains or local burial costs**
- Over 7 sessions of **Physiotherapy**
- **Rehabilitation treatment** as an alternative to acute care
- Over 7 sessions of **complementary therapy**
- **Out of geographic area cover for emergency treatment**

You should inform **us** at least 5 days before admission or any **treatment**. In an **emergency you** (or someone acting for **you**) should notify **us** within 24 hours of **hospital** admission. Upon contacting us, **you** will be advised which documents **we** require in order for **us** to authorise **your claim**. **We** will decline part of **your claim** if **we** have not **pre-authorised** these **benefits**.

If **you** have not **pre-authorised**, **we** will only pay up to 80% of what **we** consider to be **reasonable and customary** towards **your claim**.

You are not covered for any costs of **emergency medical evacuation** that **we** did not **pre-authorise** and arrange.

8.2 Guarantee of Payment (GOP)

If **you** require **in-patient treatment**, which must be **pre-authorised**, **we** can arrange to settle the costs directly with the **hospital**. This would normally involve **us** providing a **GOP** to the **hospital**, which the **hospital** accepts.

A **GOP** may also be provided to medical facilities where the value of **out-patient treatment** exceeds GBP300 (or equivalent) and if the facility is prepared to accept **our GOP**.

All necessary documentation relating to **GOP**s for non-emergency **treatment** must be received at least 5 days before the admission date to allow time for the 'guarantee' to be placed. In an **emergency you** (or someone acting on **your** behalf) should notify **us** within 24 hours of the **hospital** admission.

GOPs can only be placed where **treatment** is due to take place within 30 days of notification. **GOP**s will not be placed where **treatment** is due to take place after the expiry of the plan.

GOPs are placed in good faith and if later found to be for **treatment** that is not eligible for cover then payment must be refunded by **you**.

We will settle eligible charges directly. Any costs not covered (including excesses which are not paid by the member), which remain unpaid, will result in future **GOP**s being declined.

In situations where a **hospital** does not accept **our GOP**, **treatment** can either be sought at an alternative **hospital** or **you** would need to pay for the **treatment** and submit a reimbursement **claim** to **us** for these costs.

8.3 If your claim is covered by more than one insurance plan

If at the time of any **claim(s)** covered by this plan there is any other insurance covering the same liability, the indemnity afforded by this plan will not apply except in the event that any limits afforded by such other insurance have been exceeded. Any amount in excess of such limit will be subject to the Limit of Liability as stated in the Membership Guide and on **your Insurance coverage details**. This process helps to keep down the cost of **your** insurance.

In these circumstances (where the originals have been submitted to another Insurer) it will be sufficient to send us duplicates of the invoices and documents. **We** will also require **you** to provide contact details for the other Insurer.

8.4 If your illness or injury was caused by someone else

If **you** are claiming for an injury or illness caused by another person (or other people), **you** must tell **us** immediately. **We** have the right to ask **you** to help **us** include the amount of **benefit you** are claiming from **us** in **your claim** against another person. This help may result in **us** prosecuting, defending or settling any **claim** in **your** or **your dependants**' name for **our benefit**.

8.5 Access to Medical Reports Act 1988

We may request reasonable information in support of **your claim** and this includes medical reports. The Access to Medical Reports Act requires that **we** advise **you** of **your** principle rights under this Act.

Option 1

You may withhold **your** consent to an application for a report. However, this may prevent **our** proceeding with **your claim**.

Option 2

You may consent to the application but indicate that **you** wish to see the report. **Your doctor** will allow 21 days for **you** to see and approve it before it is supplied to **us.** If **your doctor** has not heard from **you** within 21 days, he or she will assume that **you** do not wish to see the report and that **you** consent to it being supplied.

When **you** see the report if there is anything in it in which **you** consider incorrect or misleading **you** can request (it must be in writing) that the **doctor** amend the report but he or she is not obliged to do so. If the **doctor** refuses to amend it **you** may:

- Withdraw consent for the report to be issued
- Ask the **doctor** to attach to the report a statement setting out **your** views
- Agree to the report being issued unchanged

Note: The **doctor** is not obliged to show **you** any parts of the report which he or she considers might cause serious damage to **your** physical or mental health or that of others, or which would reveal information about a third party who has supplied the **doctor** with information about **your** health unless the third party consents.

In those circumstances the **doctor** will so inform **you** and **your** access to the report will be appropriately limited.

Option 3
You may consent to the application for the report but indicate that **you** do not wish to see the report before it is supplied. Should **you** change **your** mind after the application is made and so notify the **doctor** in writing she/he should allow 21 days to elapse after such notification so that **you** may arrange to have access to the report (if the report has not already been supplied before **you** change **your** mind).

Option 4
Whether or not **you** decide to seek access to the report before it is supplied **you** have the right to seek access to it from the **doctor** at any time up to 6 months after it was supplied.

Your doctor may charge a fee to cover the supply of a medical report, which is not covered by **your** plan.

8.6 Arbitration
Any differences of medical opinion on the results of an **accident** or illness will be settled between two medical experts appointed, in writing, by the two sides to the dispute. Any differences of opinion between the two medical experts will be referred to an umpire who will have been appointed, in writing, by the two medical experts at the time of their appointment.

9. Data Protection Fair Processing Notice

In **your** dealings with **us you** may provide information that includes data that is known as personal data.

The personal data **we** collect will include data relating to **your** name, address, email address, IP address, date of birth, nationality, country of residence, occupation, credit card details and medical information.

We will process **your** personal data to allow **us** to administer **your** health insurance policy and any associated claims and for actuarial analysis.

It will also be used to manage future communications between ourselves in relation to **your** policy and **claims**.

We will only use **your** data for the purpose for which it was collected. **We** will only grant access to or share **your** data where **we** are required or entitled to do so by law under lawful data processing. This is within **our** firm or other firms associated with **us**, **our** authorised partners, **your** broker if **you** have appointed one, third party service providers such as insurers, assistance companies and claims administration providers.

If **you** require further information on how **we** process **your** data, please contact **us**.

International healthcare you can rely on from a team you can trust

- Flexible plans for Individuals, Families and Companies
- Global expertise and infrastructure with over 40 years experience
- Clients can choose where they are treated and who treats them
- Emergency evacuation included on all plans
- Emergency assistance available 24/7

expacare