Policy Terms and Conditions

MyHEALTH UAE

HAYAH

April International

1. OUR CONTRACT WITH YOU

1.1. These terms and conditions need to be read together with the policy cover page, the namelist, the benefits schedule, and any endorsement(s). All of these documents, together with the statements made in your application and any documents or statements submitted in connection with, or referred to in your application; make up the entire policy.

1.2. No change to the policy will be effective unless contained in a written endorsement signed by us.

1.3. Our administrator: MedNet UAE FZ L.L.C

2. FREE LOOK PERIOD

2.1. Please examine the policy carefully to make sure you have the cover you want. If you have any questions about the policy, please contact us or the person who arranged this policy for you. Within 30 days after delivery of this policy to you, you may return it to us for a full refund of any premium paid, provided that no claim has been made during this period. The policy will be deemed void from the effective date.

3. CO-INSURANCE AND DEDUCTIBLES

3.1. All expenses will be paid in excess of any deductible that applies and after we have applied any co-insurance percentage, also known as co-payment percentage.

4. WHERE ARE YOU COVERED?

4.1. This policy covers services rendered within the area of cover stated on the benefits schedule.

4.2. Services rendered outside the area of cover will, subject to the limit for Out of Area Cover shown on the benefits schedule, and for up to 30 days of treatment only if they are directly caused by sudden illness or injury occurring during the first 30 travel days of any trip outside the area of cover. This section does not apply to any trip:

4.2.1. commenced or continued against the orders or advice of any physician; or

4.2.2. undertaken in whole or in part for the purpose of obtaining medical care.

4.3. Treatment in the USA will be subject to pre-approval. Otherwise, 50% co-insurance may be applied. We may waive the co-insurance in our sole discretion based on the physician and services rendered.

5. WHO IS COVERED?

5.1. You and your dependants whose names appear on the namelist.

5.2 The maximum permitted age at the date of joining this policy is 65 years old.

6. PERIOD OF COVER

6.1. The minimum initial period of insurance is 12 months.

7. RENEWAL OF YOUR POLICY

7.1. Unless you have notified us in writing on or before the last day of the period of insurance that you do not wish to renew the policy, this policy will be automatically renewed by sending you a renewal policy prior to the last day of the period of insurance of your existing policy. The premium for your renewal policy will reflect the age of insured persons on the first day of the renewal period of insurance and other factors affecting the cost of insurance. Such renewal shall remain subject to the payment of the premium in accordance with the provisions of Paragraph 11. No free look period will apply to a renewal policy.

7.2. We reserve our rights to also change upon renewal either:

7.2.1. the terms, conditions, and benefits by giving you written notice of such changes not less than 30 days prior to the end of a period of insurance, provided that such change will apply to all policies of the same plan type; or

7.2.2. the premiums for you to reflect the risk associated with insuring you based on your country of residence, by sending you a written notice of such changes prior to the end of a period of insurance.

If after receiving notice under article 7.2 you do not wish to renew your policy, you must notify us prior to the last day of the period of insurance otherwise your policy will be renewed on the new terms and conditions. This clause shall not affect any rights we may have to cancel the policy or not offer renewal including, but not limited to, those provided for in the Material Changes paragraph.

8. WAITING PERIODS

8.1. Cover for the following benefits and disabilities will commence after an insured person has been continuously covered under the policy and any renewal thereof for the following time periods in respect of an insured person:

8.1.1. Inpatient and Outpatient maternity: 6 months prior to the date of service. This waiting period does not apply to newborn care. Applicable for Dubai policies only.

8.1.2. Complications of pregnancy: 366 days prior to the date of service, applicable for Dubai policies only. 6 months for care received in Abu Dhabi. 12 months outside Abu Dhabi;

8.1.3. Inpatient maternity & Complication of pregnancy: 6 months prior to the date of service for treatment in Abu Dhabi and 12 months for treatment received outside Abu Dhabi. Applicable for Abu Dhabi policies only;

8.1.4. Outpatient maternity and newborn care: no waiting period in Abu Dhabi and 12 months for treatment received outside Abu Dhabi. Applicable for Abu Dhabi policies only;

8.1.5. Enhanced outpatient maternity: 366 days prior to the date of service;

8.1.6. HIV/AIDS: coverage will apply only if signs or symptoms are present for the first time after three years continuous coverage under the policy and any renewal thereof;

8.1.7. Pre-existing and chronic conditions (Diabetes Mellitus, Arterial diseases, COPD, all cancers, neurosurgical and cerebrovascular conditions): 6 months prior to the date of service. Applicable for Abu Dhabi policies only; and

8.1.8. Major dental treatment: 6 months prior to the date of service.

8.2. If you have changed the cover for an insured person after the start of the first period of insurance, the benefits for any disability or service subject to a waiting period will be those shown on the benefits schedule for that disability or service on the first day of the waiting period, or those shown on the current benefits schedule, whichever is less.

9. NEWBORN ADDITIONS

9.1. A newborn infant or child below age 5 born to a mother who has been covered under the policy may be added to the policy by Medical Questionnaire. The insurance coverage will not be started before the application has been accepted by us. You must provide us with a Full Medical Underwriting application form so that we can add the child to the policy. The premium for the new enrolment must be paid according to section 12.

9.2. Our underwriting process will apply to an addition, and we may offer cover at terms we require. The cover must be equal to the cover provided to the mother.

10. ADDITIONS AND MODIFICATIONS

10.1. Dependants (other than newborns) can only be added at policy renewal unless there are exceptional circumstances which are agreed by us. To add dependants under this policy or to modify any details, please contact us. In the case of additions, any new joiner will be subject to medical underwriting.

10.2. You may change your cover at your renewal date. If you reduce your cover, you will not be subject to medical underwriting. However if you wish to increase your level of cover, you will be subject to medical underwriting and your eligibility and policy conditions may be changed. Existing waiting periods will be transferred across to your next policy year regardless of whether you upgrade your cover or not, however any new waiting periods on your upgraded cover will apply from the policy renewal date.

11. CANCELLATION

11.1. The minimum period of insurance is 12 months. If this policy is cancelled mid-term no premium refund will be made.

11.2. A pro-rated refund could be provided, if no claims incurred, if your visa is being cancelled, changed or where you have been added to another policy. In order to be eligible to a refund, you must provide us with evidence of your visa cancellation or change, or proof of your alternative insurance policy. Where your request for cancellation relates to a visa cancellation or change, we will provide 30 days cover after the date of the visa cancellation or change, meaning your refund will be calculated from the 31st day after your visa cancellation or change date. Refund will take place 45 days after last day of coverage.

12. PREMIUM PAYMENT AND GRACE PERIOD

12.1. Full annual premium is required and must be collected.

12.2. We must receive your premiums on or before the Due Date stated on the Debit Note.

12.3. For all premium payments after the first (instalments), if the premium is not received on the Due Date, the policy will be suspended. i.e. cover for all beneficiaries will be suspended. If payment is made within 10 days following the Due Date, the policy will be reinstated. If the premium is not received before 11:59pm Dubai and Abu Dhabi time on the 10th day following the Due Date, the policy will be terminated.

12.4. If any of the premium payments due to not paid, we reserve the right to recover any claims already paid as per Section 20.

13. OWNERSHIP AND SUCCESSOR INSURED

13.1. Expenses will be paid to you or your legal representatives, whose receipt will discharge our liability for those expenses. We may, in our absolute discretion, pay expenses to a provider of services, unless you or your legal representative have instructed us in writing not to and we have not agreed to pay expenses to the provider prior to receiving such instruction.

13.2. If the policyholder should die during the period of insurance then (in the following order of priority), your surviving spouse or, if you leave no surviving spouse, the eldest insured person then covered by the policy (or their legal guardian, if a minor) will automatically become the policyholder.

13.3. Unless an endorsement states otherwise, we shall treat the policyholder as the absolute owner of this policy and we are not bound to recognise any other claim to, or interest in, this policy.

14. IN THE EVENT OF FRAUD OR NONDISCLOSURE

14.1. We may cancel your policy from inception and retain the premium if:

14.1.1. you or an insured person or anyone acting on your or an insured person's behalf provided false information to us, or failed to disclose information to us, in connection with your application or any application for addition of an insured person, upgrade, or reinstatement, and the misrepresentation or nondisclosure was fraudulent; or

14.1.2. any claim is in any respect fraudulent or if fraudulent means or devices are used by you or an insured person or anyone acting on your or an insured person's behalf to obtain benefits under this policy.

14.2. We reserve the right to re-underwrite your application if any claim is related to pre-existing conditions which were not stated in the application form. This can result in an exclusion of the undisclosed pre-existing condition and related treatment for the remaining period of insurance, or a loading on the premium for the remaining period of insurance or the cancellation of the policy.

14.3. If this policy is cancelled due to the event of fraud or nondisclosure after claims have been paid, or after we have provided a guarantee of payment to a provider of services, we reserve the right to cancel any amounts paid or guaranteed or claim the payment back from you according to section 20.

15. MATERIAL CHANGES

15.1. As a condition precedent to liability, you must inform us as soon as reasonably practicable of any change in your name, occupation, the country(ies) of which you hold a passport or citizenship, or your country of residence. Such a change may result in an adjustment of the applicable premium and, in certain cases, the termination of coverage without refund. If such notice is not given we will have no liability under this policy for expenses occurring after the date of such change.

15.2. You must inform us as soon as reasonably practicable of any change to your residential address or correspondence address. Until such notice is given we may continue to send correspondence to the last address given to us by you, and shall not bear any consequences if such correspondence is not received by you.

16. PROOF OF CLAIM AND COOPERATION

16.1. As a condition precedent to liability, all claims for reimbursement of expenses must include the following (the "required claim documents"):

16.1.1. bills and supporting documents showing the breakdown of expenses and the diagnosis of the condition treated;

16.1.2. evidence of payment by you, and

16.1.3. a claim form with all relevant sections completed

16.1.4. test results, medical reports signed off by your attending physician

16.2. All required claim documents must be received by us within 180 days from the date service was rendered or 45 days from the date policy is terminated. Where it is not reasonably possible to present the required claim documents to us within this period, they must be received by us within 365 days from the date you incurred the expense.

16.3. Claims can be submitted to us:

16.3.1. via the APRIL Easy Claim smartphone app

16.3.2. By email to claims.uae@hayah-april.com with copies of the supporting documents

- If you submit claims via Easy Claim or by email, you must retain a copy of the original documents and must send the original documents to us upon request or when required by our claim instructions.

16.4. You must fully cooperate with us and our appointed agents in connection with any claim. Your cooperation may include, but is not limited to, providing original documents upon request, or providing any consent we reasonably need to obtain information relevant to your claim from any source, including a physician or other medical provider, hospital, or an insurance company.

16.5. If we ask for cooperation, documents, information, or consent to obtain documents or information, it shall be a condition precedent to liability that you provide the requested cooperation, document, information, or consent in a timely manner.

16.6. Claims amount must be reasonable and customary. Any amount falls outside reasonable and customary may lead to out of pocket expenses. Pre-authorisation service is available to prevent this issue and it is recommended.

17. PROCESS TO OBTAIN PRE-AUTHORISATION outside the UAE

17.1. As indicated in the benefits schedule, some services require pre-authorisation, such as but not limited to:
- hospital benefits
- surgery performed while a day-patient in a clinic or in a physician's office
- active cancer treatment
- stem cell treatment
- rehabilitation treatment

17.2. Co-payment for pre-authorisation outside of the GCC and the USA:
- 30% co-payment for services not pre-authorised by us

The co-payment for services that are not pre-authorised will not apply where you can show the service was medically necessary due to an emergency and you or hospital contacted us within 24 hours after admission or as soon as reasonably possible.

17.3. Co-payment for planned hospitalisation or surgeries in the USA:
- 50% co-payment for services rendered outside our preferred USA network.

The co-payment for services that are rendered outside our preferred USA network will not apply where you can show the services were medically necessary due to an emergency and you or hospital contacted us within 24 hours after admission or as soon as reasonably possible.

17.4. To obtain pre-authorisation, you must submit your request via the April Easy claim smartphone app or via provider.uae@hayah-april.com at least 5 working days in advance before admission or treatment.

17.5. Upon receiving your request we will review the medical necessity and appropriateness of the requested service and within five working days will notify you of our decision to:
- grant pre-approval
- deny pre-approval / Request further information

17.6. Pre-approval may be partly given and partly denied. If within the five days pre-authorisation is not given or denied, or additional information is requested, then such service will not be subject to the co-payment applicable to services for which pre-authorisation was not maintained.

17.7. If we request further information you are required to provide any additional information we may require. Sections 16.4 and 16.5 of this policy apply.

17.8. Pre-authorisation is not a guarantee of benefits or eligibility and all services are subject to benefit limitations and other policy terms. Pre- authorisation may be revised or withdrawn if we determine later that the service is not covered or is not medically necessary. If pre-authorisation is given for a particular service, that pre-authorisation applies only to that service and further pre-authorisation must be obtained for other services even if related to the same disability.

17.9. If an extension of the length of stay is necessary, you must contact us before the pre-approved length of stay finishes. If you fail to do so any services rendered after the end of the planned admission period will be subject to the co-payment for services for which pre-authorisation was not obtained.

17.10. If pre-authorisation is denied you may appeal the decision, and we will make a further determination or request additional information within five days of receiving your appeal. Only one appeal is permitted per service.

17.11. Particular provisions applicable to certain medical conditions:

17.11.1. In the case of treatments related to sleep disorders (for children and adults), our medical team retain sole discretion to determine whether a proposed treatment or surgical procedure is related to a sleep disorder, including but not limited to sleep apnea and chronic snoring, in both pediatric and adult cases. This determination may be made even in the absence of a formal sleep study. The absence of diagnostic testing shall not preclude the classification of a treatment as sleep disorder-related if clinical indicators and medical judgment support such a conclusion.

17.11.2. In cases of surgical procedures involving septoplasty and/or rhinoplasty, these procedures must be subject to a mandatory Second Medical Opinion (SMO) review conducted by Teladoc. Coverage will only be granted if the procedure is deemed medically necessary by both our medical team and Teladoc's SMO panel. Standardized clinical questions will be incorporated into the SMO report to ensure consistency and transparency in decision-making.

18. RIGHT TO EXAMINE AN INSURED PERSON

18.1. As a condition precedent to liability we are entitled to require an insured person to undergo a medical examination at our expense by a physician of our choosing. If an insured person dies, we are entitled to require a post-mortem examination at our expense unless forbidden by law.

19. CLAIMS AGAINST THIRD PARTIES OR OTHER INSURANCE

19.1. If another medical or accident insurance covers you for expenses relating to a disability also covered by this policy, you should claim for such source or insurance first and we will only be liable for the excess of the amount recoverable from such other source or insurance. Amounts paid by another source or insurance are applicable to your policy deductible should you have any, and provided that a proof of payment is submitted to us.

19.2. If another person or entity may have liability for your expenses, including but not limited to a third party who is responsible for an injury, you must take all steps necessary to secure reimbursement from that other person or entity.

19.3. You must not negotiate, settle, compromise, release or otherwise discharge any claim you may have against any third party who may have liability relating to your expenses without our prior written agreement. Failure to obtain our prior written agreement will result in us having no liability under this policy for expenses which might have been recoverable from that third party.

19.4. In the event of any payment under this policy, we shall be subrogated to your or any insured person's rights of recovery against any other person or entity. We may take proceedings in your name, but at our expense, to recover any amount we pay under this policy. Neither you nor any insured person shall do anything likely to prejudice such recovery, and instead shall take all reasonable steps to assist us in obtaining such recovery.

19.5. Should you declare on the application form not having any other health insurance with another company when it is actually proven that you had one at the time of inception, it will be considered as a fraud and we will reserve the right not to pay any claims.

20. RIGHT OF RECOVERY

20.1. If we pay, guarantee, or authorise payment of, expenses, or if you obtain treatment through our direct billing network, and we later determine that you were not entitled to that payment for any reason, we reserve the right to claim the payment back from you.

20.2. If you have not paid the premiums as per section 12, we may deduct amounts from any claims or any sum then due or which at anytime thereafter may become due to you under this policy, until the said outstanding have been fully satisfied. Exercise by us of our rights here shall be without prejudice to any other rights or remedies available to us under this policy, or otherwise howsoever, at law or in equity.

21. COMPLAIN PROCEDURE SECTION

21.1. We aim to provide the best service possible service. However, if an insured person has any complaint regarding the standard of service received under this policy, the following procedure is available to resolve the situation:
The insured person should write to the Complaints Team either on the website at https://hayah.com/contact-us or by mail at HAYAH Insurance Company P.J.S.C., Sheikh Sultan Bin Hamdan Building, Corniche Road. P.O. Box 63323, Abu Dhabi, United Arab Emirates, with full details of the subject of the complaint, relevant documentary materials which may support your complaint, your full name and how we may contact you (i.e. full address, telephone number, email address).
If we cannot give you a final decision within 4 weeks from the date we receive your complaint, we will explain why and tell you when we hope to reach a decision.

22. GOVERNING LAW AND JURISDICTION

22.1. This policy is governed by, and is to be interpreted according to, the laws of Dubai Special Administrative Region (for Dubai policies) or the laws of Abu Dhabi (for Abu Dhabi policies) and subject to the exclusive jurisdiction of the Dubai and Abu Dhabi courts.

23. SANCTIONS AND COMPLIANCE WITH LAWS

23.1. This insurance does not apply to the extent that trade or economic sanctions or other similar laws or regulations prohibit the coverage provided by this insurance. In addition, your coverage may be denied or will cease if you are or become the subject of trade or economic sanctions.

23.2. We reserve the right not to accept applications for cover or to cease providing cover if, in our opinion, doing so would expose us to the risk of breaching any applicable laws or regulations, including international economic sanctions, laws, or regulations.

23.3. For the avoidance of doubt, we shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit under this policy to the extent that the provision of such cover, payment of such claim, or provision of such benefit would expose us to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union ("EU"), United Kingdom ("UK"), United States of America ("USA"), France ("FR"), or any jurisdiction applicable to us.

24. ARBITRATION PROCEDURE

24.1. We take the concerns of our customers very seriously. Any affected person or stakeholder may register a complaint by either visiting our website: https://hayah.com/contact-us or sending us a letter or email at contact@hayah.com or contacting us via telephone call on 800-HAYAH to register their complaint.

25. EXCLUSIONS

This policy does not cover the following treatments, medical conditions, services or procedures. Any adverse consequences or complications thereof, are not covered, unless otherwise indicated in the benefits schedule:

25.1. Pre-existing conditions and any related, associated or consequential disabilities which were not disclosed to us before the period of insurance and which we have not agreed in writing to cover under this policy.

25.2. Treatment which is covered by insurance or a source of indemnity other than this policy.

25.3. Treatment outside your area of cover as stated on your benefits schedule except to the extent Out of Area Cover is provided for in your benefits schedule.

25.4. Travel expenses incurred to obtain medical treatment other than in the course of an emergency medical evacuation we have approved in advance, or which has been approved by the emergency assistance provider.

25.5. Treatment, care or a test which is not medically necessary.

25.6. Hospital inpatient treatment for convalescence, rehabilitation, supervision or which in the opinion of our medical advisor, could be properly treated as an outpatient;

25.7. Medicine, treatment or investigations that are not related to the diagnosis, or that are unrelated to signs and symptoms indicated in the medical certificate.

25.8. Services which have not been prescribed by your attending physician unless otherwise stated on the benefits schedule.

25.9. Routine physical examinations or medical check-ups, unless specifically covered under the benefits schedule or as per the guidelines set by Dubai Ministry of Health or Dubai Health Authority (DHA) or The Abu Dhabi Department of Health (DOH).

25.10. Investigations, treatments or preventive measures intended to relieve symptoms possibly related to ageing, perimenopause or menopause.

25.11. Hormone replacement therapy, unless specifically covered under the benefits schedule.

25.12. Dental services, except where specifically covered under the Dental Benefits section on the benefits schedule.

25.13. Emergency Dental Treatment related directly or indirectly to biting, chewing or teeth grinding.

25.14. Reconstructive surgery except when required as a direct result of a disability covered under this policy.

25.15. Treatment involving transplant or harvesting of stem cells, unless specifically covered under the Stem Cell Treatment benefit in the benefits schedule.

25.16. The cost of purchasing an organ for transplantation.

25.17. External prosthesis except when required as a direct result of a disability first occurring during a period of insurance.

25.18. Purchase or rental of any devices including but not limited to prostheses, corrective devices, or durable medical equipment other than surgical implants, external prosthesis or medical appliances shown on the benefits schedule as covered by this policy.

25.19. Treatment, care or tests directly or indirectly related to:

25.19.1. Major and minor assisted conception, contraception, sterilisation, fertility or infertility, prior history of miscarriages, hypogonadism or testosterone deficiency, sexual dysfunction, or abortion other than for therapeutic reasons;

25.19.2. Complications of pregnancy following major and minor assisted conception, other than services claimed under Maternity Benefits where specifically provided on the benefits schedule;

25.19.3. Pregnancy or childbirth, other than services claimed under Maternity Benefits where specifically provided on the benefits schedule. For the purposes of this exclusion, the post-partum period is deemed complete 45 days after delivery of the baby;

25.19.4. Elective caesarean section prior to the 38th week of term;

25.19.5. Sexually transmitted disease;

25.19.6. Gender reassignment therapy and surgery;

25.19.7. HIV/AIDS except when contracted during a treatment covered by this policy;

25.19.8. Cosmetic treatment, surgery or any direct or indirect complications or consequences related to cosmetic procedures;

25.19.9. Refractive defects of the eye other than services claimed under Dental and Optical Benefits where specifically provided for on the benefits schedule;

25.19.10. Artificial life maintenance including mechanical ventilation where such treatment will not or is not expected to result in your recovery or to restore you to your previous state of health;

25.19.11. Terminal illness other than as provided by the hospice or palliative treatment benefit as shown on your benefits schedule;

25.19.12. Any treatment for weight loss or weight problems, other than the consultations and medicines provided by a dietician claimed under the Complementary Medicine Benefit (among others, claim related to bariatric procedures, diet pills or supplements, health club memberships, diet programs and residential eating disorder programs will not be covered);

25.19.13. Obstructive sleep apnea, sleeping disorders and snoring;

25.19.14. Contact lenses, spectacle lenses, spectacle frames, sunglasses, eyesight tests for long or short sightedness and treatment related to refractive error other than services claimed under Optical Benefits where specifically provided for on the benefits schedule;

25.19.15. LASIK surgery;

25.19.16. Lenses other than monofocal lens following a cataract surgery;

25.19.17. Preventive treatment except to the extent specifically stated in the benefits schedule;

25.19.18. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes other than services claimed under Check-up benefits where specifically provided on the benefits schedule;

25.19.19. Dandruff and complications regarding hair loss;

25.19.20. Congenital and hereditary conditions other than services claimed under the Congenital and Hereditary Conditions benefit where specifically provided on the benefits schedule;

25.19.21. Experimental investigations and treatment;

25.19.22. Use of robotic surgery where it is not medically necessary and a conventional alternative is available. In such cases, reimbursement will be limited to the reasonable and customary cost of the equivalent conventional treatment.

25.19.23. The usage of non-medically necessary ultrasound scans, other than 2D ultrasounds (applicable when Maternity benefits are purchased in the benefits schedule);

25.19.24. Non-western or non-allopathic treatment except to the extent specifically stated in the Complementary Medicine and Traditional Chinese Medicine section of the benefits schedule;

25.19.25. Personality disorders, attention deficit disorders, autism, ADHD, stress, eating disorders, behavioural or developmental disorders other than where specifically provided on the benefits schedule under the Outpatient Behavioural and Developmental Disorders benefit (if any);

25.19.26. Outpatient treatment of mental and nervous conditions other than services claimed under the Outpatient Mental and Nervous Conditions benefit where specifically provided on the benefits schedule;

25.19.27. Services by a psychologist or counsellor other than where specifically provided on the benefits schedule;

25.19.28. Suicide or self-inflicted injury or illness, or any related attempt whether self-inflicted or agreed with other persons, even though you are fully conscious or have a mental disorder, including those accidentally caused by any chemical or toxin substances intake or medication overdose;

25.19.29. Any loss or injury arising from your actions while under the influence of alcohol, addictive or psychoactive drugs, or narcotic drugs to the extent of being unable to properly control your mind;
The term "under the influence of alcohol" in the event of a blood test refers to a blood/alcohol level of 150 mg/dL or 0.15% and over;

25.19.30. Any loss or injury arising from your own act: while under the influence of drugs or narcotics and incapable of staying conscious;

25.19.31. Any loss or injury arising from your own act: while under the influence of liquor and incapable of staying conscious, in the absence of any measurement or blood alcohol content testing;

25.19.32. Abuse of alcohol, illegal drugs, or medicines not prescribed to the insured person by a physician or taken in excess of prescribed quantities;

25.19.33. Drug addiction, smoking, alcoholism, or use of any psychoactive substances;

25.19.34. Smoking cessation, including but not limited to consultations, treatments, products, therapies, medications, and any other services or interventions aimed at quitting smoking;

25.19.35. Injury related to participation in professional sports on a full time or part time basis; disability as a result of participation in mountaineering or trekking above 3,000 metres; caving or potholing; downhill off-piste skiing and snowboarding; riding on a snowmobile; motor sports on land; boating in vessels designed to travel at 30 knots or more; diving in excess of 12 metres below the surface of the water; rock climbing involving ropes or pitons; hunting; ice hockey; parachute jumping; wrestling; polo; water skiing or wake-boarding; boating activities beyond 5 kilometres from a coastline; aviation activities other than as a fee-paying passenger on a regular scheduled airline or licensed chartered aircraft or deliberate exposure to exceptional danger except in an effort to save human life;

25.19.36. Any loss or injury arising whilst boarding, leaving or travelling as a passenger in an aircraft which does not have a license for carriage of passengers and does not operate as a commercial airline;

25.19.37. Any loss or injuries arising whilst driving under the influence of alcohol or driving without a legal or valid driving license in accordance with local regulations;

25.19.38. Any loss or injuries arising whilst driving a motorcycle without wearing a helmet or without a legal or valid motorcycle driver's license in accordance with local regulations;

25.19.39. Purchase or rental of prostheses, corrective devices, hearing aids, or durable medical equipment other than surgical implants, external prostheses, medical appliances or hearing aids benefits shown on the benefits schedule as covered by this policy.

25.20. The following services, whether or not recommended or prescribed by a physician:

25.20.1. Harvesting of stem cells for future, unplanned or unknown treatments;

25.20.2. Any service rendered while an insured person is an inmate of a prison, jail or any correctional facility including halfway houses or similar facilities, or while a patient of any mental institution;

25.20.3. Services or treatment while a bed patient at any facility that is not a hospital, including an institution such as an intermediate care facility or nursing home;

25.20.4. Vitamins, nutritional supplements, chelation therapy, bioresonance therapy or diagnosis, or colonic hydrotherapy;

25.20.5. Custodial or maintenance care or rest cures;

25.20.6. Mental and nervous conditions or behavioral and developmental disorders, except for benefits shown on the benefits schedule;

25.20.7. If Dental and Optical Benefits are included in the benefits schedule:

25.20.8.1 Dental treatment utilising gold caps, gold onlays and precious stones; and

25.20.8.2 Orthodontic treatment that is commenced from the age of 16.

25.20.8. House calls, delivery of medicine or other items, or any service rendered at a person's home, office, hotel room, or similar place other than services claimed under Maternity Benefits where specifically provided for on the benefits schedule; Telehealth services are not part of this exclusion and will be covered provided that they are reasonable and customary and medically necessary;

25.20.9. Sleep medication, chelation therapy, bioresonance therapy or diagnosis, colonic hydrotherapy, as well as non-medicated pharmaceutical products, including but not limited to: pharmaceutical expenses, cosmetics, hygiene products, sunscreens and/or moisturisers, make-up, comfort care products, vitamins and minerals (except when medically prescribed in the case of a proven deficiency), probiotics, food supplements, dietetic products, baby foods, and mineral water;

25.20.10. Any inoculations and vaccinations other than services claimed under the vaccination benefit where specifically stated on the benefits schedule as covered by the policy;

25.20.11. Dental examination and treatment for cosmetic or decorative purposes unless specifically stated in the benefits schedule (applicable only when Dental benefits are covered under the policy);

25.20.12. Disability suffered while serving as a member of a police force or military unit of any country or international authority, or due to participation in war (whether declared or undeclared), civil war, invasion, insurrection, revolution, use of military power, usurpation of government or military power, or any known or suspected terrorist act, utilization of nuclear weapons, chemical or biological weapons of mass destruction;

25.20.13. Participation in any illegal or criminal act or contravening clear and absolute government advisories to avoidance of disability.

25.20.14. While you are committing a felony or while you are being arrested, under arrest or escaping the arrest,

25.20.15. While engaging in a brawl / fight or taking part in initiating and / or inciting a brawl / fight;

25.20.16. Disability as a result of exposure:

- To Ionising radiation or contamination by radioactivity from any nuclear fuel or form any nuclear waste form the combustion of nuclear fuel;
- The radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof;
- Any weapon of war employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.
- Any weapon of war employing chemical or biological force or matter

25.21. All expenses:

25.21.1. Which are not reasonable and customary;

25.21.2. Incurred in Iran or Cuba;

25.21.3. For medical certificates or administrative fees such as a charge for providing a claim form or medical records;

25.21.4. Incurred outside the period of insurance or in any period for which the appropriate premium has not been paid;

25.21.5. Incurred during the period of insurance for drugs and/or medical services consumed or provided once the period of insurance has ended; or

25.21.6. For services performed or items sold by you, your parents, your children, or any entity in which you, your parents, or your children either are an employee or director or have a greater than 1% ownership interest.

DEFINITIONS

A. **ACCIDENT OR ACCIDENTAL:** A sudden, unexpected and specific event, external to the body, beyond one's control, and directly leading to physical injury, which occurs at an identifiable time and place.

A. **ACTIVE CANCER TREATMENT:** A course of treatment intended to affect the growth of the cancer by shrinking the cancer, stabilising it or slowing the spread of disease, and not given solely to relieve symptoms or to prevent a recurrence. It also includes the first consultation with the oncologist after the last treatment in the last planned course of active cancer treatment, and any associated diagnostic scans and tests.

B. **BEHAVIOURAL OR DEVELOPMENTAL DISORDER:** A disability classified in categories F53 and F59 to F98 of the International Classification of Diseases 10th Revision (2025 version).

B. **BENEFITS SCHEDULE:** The schedule(s) showing each of the benefits available under this policy and the limit available for those benefits.

C. **CHRONIC CONDITION:** A disease, illness or injury that has one or more of the following characteristics:

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

C. **CO-INSURANCE PERCENTAGE:** The share of expenses for which you are liable, shown on the benefits schedule.

C. **COMPLICATIONS OF CHILDBIRTH:** Any complications that arise during the delivery stage including emergency C-section. The coverage of the complication of childbirth is applicable to the mother and child.

C. **COMPLICATIONS OF PREGNANCY:** Only the complications that arises during the antenatal stage of pregnancy are covered. Any claims related to wholly or partially or arising directly or indirectly during the delivery stage, including complications arising from the delivery stage, shall not be covered. The coverage of the complication of pregnancy is applicable to the mother only.

C. **COMPLEMENTARY MEDICINE :** Therapeutic services rendered by one of the types of practitioner listed in the Complementary Medicine and Traditional Chinese Medicine section of the benefits schedule, other than yourself or someone related to you by blood, marriage or adoption, who is qualified by education and training and, if required or permitted to be licensed or registered by the laws of the place where service took place, is licensed or registered in that place, and who in performing such services is acting within the scope and training of that discipline.

C. **CONFINEMENT:** A medically necessary overnight stay as a registered bed patient in a hospital.

C. **CONGENITAL CONDITION:** Any condition classified as a congenital anomaly in the International Classification of Diseases 10th Revision (2025 version).

C. **COSMETIC TREATMENT:** Surgery, chemical treatment, or other procedures performed to reshape or modify structures of the body or physical appearance, including treatment of any medical condition which arises in any way from cosmetic procedures.

C. **COUNTRY OF RESIDENCE:** The geographical country in which the policyholder or insured person, as the case may be, spends the greatest amount of time during the period of insurance.

C. **CUSTODIAL OR MAINTENANCE CARE:** Care provided mainly:

a. for personal needs, comfort or convenience for which specialised medical training or skills are not necessary; or
b. to maintain, rather than improve, a physical or mental function, or to provide a protected environment, including physician-prescribed bed rest.

D. **DEDUCTIBLE:** An amount shown on the benefits schedule corresponding to a benefit available under this policy. We are entitled to deduct this amount from any payment of expenses.

D. **DENTAL TREATMENT:** Evaluation, diagnosis, prevention, and surgical or non-surgical treatment of diseases, disorders and conditions of the oral cavity, maxillofacial area and the adjacent and associated structures.

D. **DENTIST:** A properly qualified practitioner other than yourself or someone related to you by blood, marriage or adoption, who is licensed by the competent authorities of the country in which treatment is provided to render dental treatment, and who in rendering such treatment is practicing within the scope of his or her licensing and training.

D. **DEPENDANT:** Your spouse under the law of your country of residence or your de facto partner. Each of your unmarried children, stepchildren or adopted children who are under twenty- three (23) years of age for all or part of the period of insurance. Any children above twenty- three (23) years of age will be required to provide supportive certificate of studying.

D. **DIAGNOSTIC SCANS AND TESTS:** Medically necessary tests and procedures, including surgery on the skin and subcutaneous tissue to treat an illness, prescribed by an attending physician, other than surgery following a confirmed diagnosis of cancer. This benefit also includes -unless otherwise stated on the benefits schedule: laboratory tests and pathology, CT scan, PET Scan, MRI, ultrasound, ECG, endoscopic exams, such as laryngoscopy, nasopharyngoscopy and otoscopy (not including invasive endoscopic examinations), and x-ray.

D. **DISABILITY:** An illness or injury, and any symptoms, sequelae, or complications thereof. In the case of injury, it means all injuries arising from the same event or series of contiguous events.

E. **EFFECTIVE DATE:** The date specified on the namelist as the date on which the period of insurance in respect of any insured person commences under this policy.

E. **EMERGENCY:** A sudden change in your health as a result of an accident or acute exacerbation of a disability which requires immediate medical or surgical intervention within 24 hours to avoid permanent damage to your life or health.

E. **EMERGENCY ASSISTANCE PROVIDER:** APRIL Assistance

E. **EXPENSES:** Amounts you incur during the period of insurance for a medically necessary service and which fall within the categories of benefits shown on the benefits schedule.

E. **EXPERIMENTAL TREATMENT:** Treatment and drugs are deemed experimental if they have not been approved by the European Medicines Agency (EMA), and the Food and Drug Administration (FDA) despite the treatment is approved by the local governance. Approved treatment and drugs should be used within the terms of a valid license, it means that off-label drug will be considered as experimental. Surgery, procedures are deemed experimental if they have not been recommended by international clinical guidelines and used within their indication. Clinical consensus is not considered as an international clinical guideline. Should these agencies or guidelines have conflicting views or provide no guidance, APRIL medical team will make a decision based on published medical articles which are using a rigorous scientific method (including randomized controlled trial) to prove the safety and efficacy of the treatment and drug. This definition also includes medical equipment, technique or approach used for purposes other than those defined under their license or which is undergoing study, research or testing.

E. **EXTERNAL PROSTHESIS:** An artificial body part prescribed by an attending physician as part of treatment relating to a disability covered by this policy.

F. **FULL MEDICAL UNDERWRITING:** means that you provide us with a detailed medical history on the Full Medical Underwriting Application Form to enable us to decide whether to accept or decline your application and whether we need to apply any specific exclusions or loadings to your policy.

F. **FOLLOW UP CANCER CARE:** Specialist consultations, laboratory tests and pathology, CT scans, PET Scans, MRIs, ultrasounds, endoscopic exams, and x-rays ordered by a specialist with the aim of detecting the existence of newly formed or previously un-detected cancer cells, and medicines and drugs given to prevent recurrence of cancer.

H. **HEREDITARY CONDITIONS:** An illness caused by a genetic abnormality passed down from the parents' genes. Cancers that are present in combination with other symptoms of the hereditary condition are included in this definition.

H. **HIV/AIDS:** Infection with the Human Immunodeficiency Virus and any mutation thereof and/or Acquired Immune Deficiency Syndrome ("AIDS") and any symptoms relating thereto or illnesses arising therefrom. AIDS includes any cancer or infection in an HIV-infected person who, on or at any time before the date of service, had a CD4 T-cell count below 200 cells per microliter. HIV/AIDS costs may only be claimed under the HIV/AIDS section of the benefits schedule, and no other type of benefit under this policy provides coverage in connection with HIV/AIDS.

H. **HOME COUNTRY:** The country of the passport or identity document of insured persons listed on the application or notified to us under the terms governing material changes. For any dependant who does not hold a passport, it will be the home country of the employee of their policyholder.

H. **HOSPICE OR PALLIATIVE TREATMENT:** A program of medical, psychological, social, and spiritual care provided to persons who have been diagnosed as suffering from a terminal illness. Treatment must be prescribed by a physician and provided by a hospital or institution licensed by the competent medical authorities of the country in which care is provided and which, in providing care, is practicing within the scope of its license. Hospice or palliative treatment costs may only be claimed under the hospice or palliative treatment section of the benefits schedule, and no other type of benefit under this policy provides coverage in connection with hospice or palliative treatment.

H. **HOSPITAL:** An institution licensed by the competent medical authorities of the country in which it is located to provide care and treatment of sick and injured persons as bed patients and which:

a. has full diagnostic, therapeutic and surgical procedures; and
b. provides 24 hour a day nursing services by registered graduate nurses; and is supervised by a staff of physicians; and
c. Is not primarily a clinic, an intermediate care facility or nursing home, a mental institution, a home for the aged, or a place for alcoholics or drug addicts.

H. **HOSPITAL ROOM AND BOARD:** Room and board and general nursing care, subject to the following accommodation levels as stated on the benefits schedule.

SINGLE OCCUPANCY ROOM – The base class of rooms having one (1) patient bed per room with an en-suite bath or shower room. Standard private room does not include higher-tier accommodations and luxury rooms such as suites, VIP rooms, or deluxe rooms.

DOUBLE OCCUPANCY ROOM – A class of room having two (2) patient beds per room and shared bath or shower room, whether both beds are occupied or not.

WARD – A class of room having three (3) or more patient beds per room, whether all beds are occupied or not.

Room Category Coverage and Penalties: If a member is admitted to a higher category room than entitled to, a 50% co-payment penalty will be applied.

- In Hong Kong and Singapore, this penalty will be applied to the entire hospital bill.
- In other countries, the 50% penalty will be applied to all items impacted by the room type selected. This approach accounts for regional variations in healthcare practices and costs.

H. **HYPNOSIS:** also referred to as guided hypnosis, is a form of psychotherapy that uses relaxation, extreme concentration, and intense attention to achieve a heightened state of consciousness or mindfulness.

H. **HYPNOTHERAPIST:** Qualified Hypnotherapists and Psychologists can administer hypnosis to individuals.

I. **ILLNESS:** A physical condition, including symptoms, sequelae, or complications, marked by a pathological deviation from the normal healthy state during the period of insurance.

I. **INJURY:** Identifiable physical damage to your body which is caused by an accident solely and independently of any other causes, is not intentionally self-inflicted, and does not result from illness.

I. **INSURED PERSON:** The person/persons identified on the namelist.

I. **INTENSIVE CARE UNIT:** A class of room dedicated to the constant, close monitoring of the vital body functions of critically ill patients, which provides a high ratio of nursing staff to patients, and which has full facilities for the resuscitation of patients. This definition also includes a coronary care unit which has facilities not less comprehensive than those described above.

I. **INTERMEDIARY:** The authorised agent, broker or financial advisor who arranged this cover.

I. **INTERMEDIATE CARE FACILITY OR NURSING HOME:** A place devoted to providing support services for individuals requiring medical, nursing, or custodial or maintenance care in a residential setting.

I. **INVASIVE ENDOSCOPIC EXAMINATION:** The following endoscopies: arthroscopy, colonoscopy, cystoscopy, enteroscopy, laparoscopy, mediastinoscopy, sigmoidoscopy, thoracoscopy/pleuroscopy, upper gastrointestinal endoscopy, ureteroscopy.

K. **KIDNEY DIALYSIS:** Hemodialysis and peritoneal dialysis. Kidney dialysis expenses may only be claimed under the kidney dialysis section of the benefits schedule, and no other type of benefit under this policy provides coverage in connection with kidney dialysis.

M. **MAJOR ASSISTED CONCEPTION:** The use of surgical methods to increase the number of eggs during ovulation or to bring a human sperm and an egg, or eggs, close together, thereby increasing the chance of conception. This include but is not limited to Intra-uterine insemination (IUI), In vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI).

M. **MAJOR DENTAL TREATMENT :** Surgical removal of impacted, buried, or unerupted teeth/roots or odontomes; treatment of disorders of the temporomandibular joint (TMJ); orthodontic treatment commenced below the age of 16; dental implants; apicoectomy; dentures (new/repair of old); gold, amalgam, composite or porcelain crowns and bridges; treatment by a dentist of illnesses of the oral mucosa and directly related laboratory tests or pathology services; antibiotics or medicines for pain management for which a prescription is required for purchase and which have been prescribed by a dentist; periodontics, deep oral prophylaxis or root planing.

M. **MEDICAL APPLIANCES:** The following items and their accessories if prescribed by a physician for a disability: cranial helmets, nebulisers, oxygen pumps and masks, hearing aids, corrective splints, insulin pumps, infusion pumps, glucose monitors and lancets, orthotics/ orthopaedic braces, supports (addition) and boots; tracheo-esophageal voice prosthesis, compression stockings, arch support, and consumable diabetes or ostomy supplies.

M. **MEDICAL CHECK-UP:** Consultations and tests that are undertaken without any clinical signs or symptoms being present.

M. **MEDICALLY NECESSARY:** Possessing an identifiable relationship to either a covered disability or symptom(s) of a disability which if existing would be covered under the policy. It refers to necessary and appropriate medical treatment, services or supplies, i.e.:

a. a therapeutic service required to treat or prevent permanent damage to life or health where you have an illness or injury; or
b. a diagnostic service to determine whether therapeutic services are necessary, where you have active symptoms, the cause of which are unknown, but which are suggestive of an illness or injury, or
c. a treatment or service required for reasons other than the comfort or convenience of you or physician.

The term "appropriate" shall mean taking patient safety and cost effectiveness into consideration. It also includes the appropriateness of the type of service (outpatient/daypatient/inpatient) based on the medical standard. When specifically applied to inpatient request, we reserve the right to decline an inpatient stay for a procedure or treatment that is commonly prescribed as outpatient/daypatient.

M. **MEDICINES AND DRUGS:** Medicines and drugs for which a physician's prescription is required for purchase, and which have been dispensed by a physician's office or by a licensed pharmacist after having been prescribed by a physician.

M. **MENTAL AND NERVOUS CONDITION:** Any condition classified in categories F01 – F09, F20 – F48, F54 and F99 of the International Classification of Diseases 10th Revision (2025 version).

M. **MINOR ASSISTED CONCEPTION:** The use of oral or injected medication to induce or regularise the menstrual cycle in order to increase the chance of conception.

M. **MINOR DENTAL TREATMENT:** Dental checkup; x-ray, gold or amalgam or composite or porcelain inlays/onlays/fillings; routine tooth cleaning, scaling, and prophylaxis (including when done by an oral hygienist); root canal treatment; simple extractions; and application of sealants.

M. **MOBILITY AIDS:** Crutches, canes, walkers, manual wheelchairs and non-motorised knee scooters.

N. **NAMELIST:** A section of the policy identifying the insured persons covered under this policy.

N. **NEWBORN CARE:** We will pay for treatment of any eligible medical conditions (including congenital disorders) rising up to and including 30 days from birth. We will also pay for BCG, Hepatitis B, Vit K and other neo-natal screening tests, including; Phenylketonuria, Congenital Hypothyroidism, Sickle cell screening, Congenital adrenal hyperplasia, G6PD and hearing tests.
In the event of multiple births, the new born care benefit limit shown on the mother's policy is the maximum aggregate amount that can be claimed for, regardless of the number of babies born.

N. **NEWBORN INFANT:** A child under 28 days of age.

N. **NURSERY CARE :** includes (i) accommodation for the child, (ii) customary examinations required to assess the integrity and basic function of the child's organs and skeletal structures (these essential examinations are carried out immediately following birth) and, (iii) further preventive diagnostic procedures, such as routine swabs, blood typing , and hearing tests, if they occur before the child's discharge and if they are performed within 7 days from the childbirth.

O. **ORAL HYGIENIST:** A properly qualified employee of a dentist who is licensed, if required, by the competent medical authorities of the country in which treatment is provided to render services such as cleaning and anesthesia, and who is rendering such treatment at the direction of, and under the direct supervision of a dentist.

O. **ORGAN TRANSPLANTATION:** A Transplantation of a cornea, kidney, heart, liver, lung or bone marrow from one human to another.

P. **PARENTAL ACCOMMODATION:** A fee for an additional bed in the same room for a parent or legal guardian staying with a dependant child covered under this policy who is admitted as an inpatient in a hospital for the treatment of a covered disability.

P. **PERIOD OF INSURANCE:** The period starting at 00:00 a.m. UAE time on the first day shown on the policy cover page and ending at 11:59pm UAE time on the last day shown on the policy cover page. If an insured person has been added to the policy mid-year, it means the period shown on the namelist in respect of that insured person. If this policy is renewed, the effective date shown on the renewal endorsement will be first day of the new period of insurance.

P. **PHYSICIAN:** A doctor of western medicine (e.g. complementary and alternative medicines practitioners excluded) other than yourself or someone related to you by blood, marriage or adoption, who is licensed by the competent medical authorities of the country in which treatment is provided, and who in rendering such treatment is practicing within the scope of his or her licensing and training.

P. **PHYSIOTHERAPY:** Treatment of a disability by physical methods such as manipulation and mobilisation, Transcutaneous Electrical Neural Stimulation, heat treatment, and exercise rather than by drugs or surgery. Treatment must be performed by a physiotherapist, other than yourself or someone related to you by blood, marriage or adoption, acting within the scope and training of the physiotherapy discipline and who, if required or permitted to be licensed or registered by the laws of the place where service took place, is licensed or registered in that place.

P. **POLICYHOLDER:** An individual or organization that enters into an insurance contract with the insurer and pays the insurance premium. The policyholder has an insurable interest in the insured person. The policyholder may also be the insured person or the beneficiary.

P. **PRE-AUTHORISATION:** Means the determination by us that a service is medically necessary and appropriate, including consideration of the need for the proposed level of care and the availability of alternatives.

P. **PRE-EXISTING CONDITION:** Any disability:

a. which existed before the period of insurance and which presented signs or symptoms of which you were aware or should reasonably have been aware of; or
b. for which you have sought or received treatment, medication, advice or diagnosis in the 24 months before the period of insurance; or
c. which you knew to exist before the period of insurance and whether or not you sought or received treatment, medication, advice, or diagnosis for it.

P. **PRE-TERM BIRTH:** Birth of a living child before 37 weeks of pregnancy are completed.

P. **PREVENTIVE (PROPHYLACTIC) SURGERY:** refers to surgical procedures performed to remove tissues, organs, or glands that have a high probability of becoming cancerous in the future, aimed at reducing the risk of future health issues. This includes, but is not limited to, procedures such as mastectomy or prophylactic oophorectomy when a parent, grandparent, sibling, or child has been diagnosed with a disease that is part of a hereditary cancer syndrome (such as breast cancer or ovarian cancer) confirmed by a genetic test. The surgery should be prescribed by a qualified medical professional and approved as medically necessary by our Medical Team or a qualified physician approved by us.

P. **PREVENTIVE TREATMENT:** Treatments that prevent occurrence or recurrence of a disability, injury or illness, rather than treating a disability.

P. **PROFESSIONAL FEES:** Surgeon's fees, anaesthetist fees, dietician fees, general nursing fees, physiotherapist fees, speech therapist fees and attending physician fees.

P. **PSYCHOLOGIST OR PSYCHOTHERAPIST:** A psychologist / psychotherapist other than yourself or someone related to you by blood, marriage or adoption,
who is licensed by the competent medical authorities of the country in which treatment is provided or in which the psychologist / psychotherapist finished the study, and who in rendering such treatment is practicing within the scope of his or her licensing and training.

R. **REASONABLE AND CUSTOMARY:** An amount comparable to that charged by others of similar professional standing in the same locality , for the same class of hospital room, for a person of similar sex and age, for a similar disability, without regard to ability to pay or the availability or adequacy of insurance. Where an insured person stays in a hospital room above
the hospital room and board level shown on the benefits schedule, reasonable and customary charges will be limited to comparable charges for the highest class of room for which the insured person is covered.

R. **RECONSTRUCTIVE SURGERY:** Surgery performed to improve the function or appearance of abnormal structures of the body caused by a disability.

R. **REFERRAL:** A dated, written letter or note from an attending physician prior to commencement of treatment identifying you, the disability to be treated and the reasons for treatment.

R. **REHABILITATION CENTRE:** A facility specifically licensed to care for people who have suffered neurological, musculoskeletal, orthopaedic and other serious medical conditions and are not yet able to care for themselves at home. It must be:

- a unit within a hospital or a separate facility having accommodation for bed patients;
- organised to provide an intensive rehabilitation program to inpatients;
- under supervision of a physician; and
- staffed full-time by nurses working under the supervision of a registered nurse.

R. **REHABILITATION TREATMENT:** Treatment following a disability upon referral by an attending specialist to restore normal form/near to normal form or function to the body. In addition to room and board and general nursing fees, the following additional costs incurred while admitted to the rehabilitation centre will be covered under this benefit:

- occupational therapy fees
- special treatment room fees
- speech therapy fees

Rehabilitation centre services must be certified by a specialist as medically necessary. The factors to be considered in making such certification must include, but are not necessarily limited to,

- the type and severity of the illness or injury, and the insured person's overall state of health and prior treatment history;
- the amount of therapy expected to be performed every day;
- the risk of deterioration or non-recovery of function if therapy is not completed; and
- the extent to which the insured person will be able to perform activities of daily living during the rehabilitation period.

In all cases we reserve the right to require re-authorisation of rehabilitation centre services at any time upon notice to the insured.

S. **SEXUALLY TRANSMITTED DISEASE:** Illness classified as an infection with a predominantly sexual mode of transmission in the International Classification of Diseases 10th Revision (2025 version).

S. **STEM CELL TREATMENT:** Treatment for a disability where an immediate advantage compared to other forms of treatment can be identified and verified by us. It does not include preventive treatment.

S. **SUDDEN ILLNESS OR INJURY:** Either

- a disability occurring wholly and exclusively during the first 30 travel days or 90 travel days (application to members being on the core option only) of any trip outside your area of cover; or
- a disability existing prior a trip outside your area of cover which had not required any advice (other than routine follow-up), treatment or any new/changed medication in the 30 days prior to the time you commenced your journey.

In the case of an injury, the accident must occur during the trip in which treatment is obtained. Sudden illness or injury does not include any disability of which symptoms existed prior to the start of the trip and which would have caused a reasonable person to seek medical care, and it does not include pregnancy or complications of pregnancy.

S. **SURGERY:** Cutting or destruction of tissue performed by a physician involving the use of surgical instruments, ultrasound, heat, cold, or radiation. It also includes reduction of broken bones or manipulation of a joint under anaesthesia, when performed by a physician.

S. **SURGICAL IMPLANTS:** A device or devices which are surgically implanted to form a permanent or long-term part of the body but does not include external prosthesis.

T. **TERMINAL ILLNESS:** An illness that is approaching its final stages, for which treatment can no longer be expected to cure and will lead to death (life expectancy being a matter of months). In all circumstances, treatments for Terminal illnesses must be pre-approved by us. We reserves the right to consider any treatment for a Terminal Illness as Palliative and to apply the corresponding limits of your Benefit Schedule.

T. **TERRORIST ACT:** An act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist act can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of a terrorist act can either be acting alone, or on behalf of, or in connection with any organisation(s) or government(s).

T. **THERAPEUTIC ABORTION:** The termination of a pregnancy that is deemed medically necessary if there is an underlying or life-threatening condition which will endanger the mother's physical health or if there is a fetal abnormality.

T. **TRAVEL DAYS:** Successive 24-hour periods between the time you first arrive at an international border of a country outside your country of residence, and the time you next arrive at an international border of a country within your area of cover.

U. **UNITED STATES OF AMERICA (USA):** The United States of America (including its territories and possessions).

W. **WAITING PERIOD:** A period during which related insurance benefits shall not be covered, including benefits for claims filed after the waiting period but medical expenses or consequences of medical treatment have been incurring during the waiting period.

W. **WAR:** War, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

W. **WE, US, OUR:** HAYAH Insurance Company P.J.S.C.

Y. **YOU, YOUR:** The policyholder and/or insured person and/or his or her dependants named on the namelist.

MH DB 2026/01

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