

Cat A - NAS - RN Network + Medicare Group + American Hospital Group + Al Zahra Hospital

<u>BENEFITS PROPOSED</u>	<u>DESCRIPTION</u>
Health Insurance	
Maximum Annual Aggregate Limit (Per Person Per Year)	Covered up to AED 250,000/-
Geographical Area of Cover	UAE only
Territorial Limit in case of emergency in-patient treatment while traveling for a period not exceeding 90 days	UAE, Arab Countries, South East Asia, Philippines, Korea & Srilanka
Group Scheme	<u>As per policy limitations</u>
	The policy covers Students only
	Voluntary Selection not allowed
	All members to be covered must have UAE valid residence visa & must be permanent residents of UAE
	This plan is not applicable for Abu Dhabi/Al Ain visa holders
Pre- Existing and/or Chronic Conditions	Covered up to AED 150,000/-
In-Patient & Day Care Healthcare Services	
Subject to prior approval	
In-Patient Accommodation, subject to prior approval	Private room
Tests, diagnosis, treatments and surgeries in hospitals for non-emergency medical cases, subject to prior approval	Covered
Healthcare services for emergency cases	Covered
Transportation services for medical emergencies inside the Emirate of Dubai by a Licensed Ground Ambulance service	Covered, if followed by an inpatient admission
Accommodation for a person accompanying an insured child up to 16 years of age	Covered
Accommodation of an accompanying person in the same room in cases of critical condition as per recommendation of attending physician, subject to prior approval	Covered
Hospital Cash Benefit if Inpatient Treatment is received free of charge in a Government Hospital (Limited to maximum of 20 days)	Covered up to AED 300/-, no other benefit will be payable In respect of the period for which the cash benefit has been claimed.

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Out Patient Services	
Physician Consultation	Covered subject to 20% co-insurance with a maximum deductible AED 75/- <i>Deductibles for follow-up visits with the same doctor for the same medical condition not applicable within network within 7 days from the date of first visit.</i>
Laboratory tests services	Covered subject to 10% co-insurance
X-ray, MRI, CT Scan, Ultra Sound and Endoscopy diagnostic services	Covered subject to 10% co-insurance
Pharmaceuticals <i>Subject to prior approval for prescriptions which exceed AED 700/-</i>	Covered subject to 10% co-insurance
Physiotherapy <i>Subject to pre-authorization</i>	Covered maximum up to 20 sessions per person per year
Other Benefits	
Maternity	Covered as per attached Maternity Cover Benefits
New Born Cover (if the delivery is in UAE) Coverage of a pregnant female is extended by the insurer to provide the same benefits for a new born child of that female for a period up to 30 days from its date of birth. This cover is provided regardless of whether or not the new born is eventually enrolled as a dependent member under the insurer's policy	Covered for 30days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)
Dental	Not covered
Emergency Dental treatment due to accident (treatment of accidental injuries to sound natural teeth through violent external means within 7 days of the accident)	Covered
Optical	Not covered
Recipient Organ transplantation service, excluding any charges related to Donor	Covered
Travel Expenses	Travel expenses for the insured to Home country for a medically indicated inpatient preapproved treatment when the cost difference does have a serious impact/ (Cost in Home Country <50% of UAE R and C network rates) <u>Limited to following</u> <ul style="list-style-type: none"> • One Return Air Ticket to Beneficiary only • Case preapproved and referred by AIAW

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	<ul style="list-style-type: none"> Cost of the treatment in home country should be less than 50% of the applicable network rate
Alternative Medicines	Covered as per attached Alternative Benefits
Vaccination Covered as per MOH schedule <i>*Prior Approval is required for Free Access facility</i>	Covered
Covid 19 Cover	Covid 19 test cover for asymptomatic patients will be subject to results as Screening tests are not covered under the policy. In case of Positive test results, tests and treatment will be covered under the policy within UAE
Work related Accidents/ injuries	Not covered
Preventive services covered for members over 18 years of age <i>*Prior Approval is required for Free Access facility</i>	Diabetic Screening: Fasting Blood Sugar and HBA1C tests are covered once a policy year for eligible members
Cancer Screening and treatment (breast, cervical & colorectal)	Covered as per the guidelines laid out in the Cancer support program defined by DHA
Hepatitis C Virus Screening and treatment	Covered as per the guidelines laid out in the Hepatitis C support program defined by DHA
Excluded healthcare services except in cases of medical emergencies	
Diagnostic and treatment services for dental and gum treatment	Covered, subject to 20% coinsurance
Hearing and Vision aids, and vision correction by surgeries and laser	Covered, subject to 20% coinsurance
Claims Settlement Terms	
Network	
Within UAE :	100% of actual covered cost
Outside UAE within territory of coverage :	Approval for free access will be maximum up to 100% of applicable UAE Network rates
Reimbursement (Non Network)	
Within UAE:	80% of actual covered cost subject to maximum of 80% of Applicable UAE Network rates
Outside UAE within territory of coverage :	100% of actual covered cost subject to maximum of 100% of Applicable UAE Network rates
UAE Government hospitals:	100% of actual covered cost subject to maximum of 100% of Applicable UAE Network rates
The insurance will be linked to Emirates ID and no physical cards will be issued. Therefore, Emirates ID is mandatorily to be provided along with other mandatory requirements of DHA	
Telehealth services	List of providers attached

MATERNITY COVER (IN & OUT PATIENT)

(Inpatient Maternity Treatments are subject to Prior Approval)

Cover	Limit & Benefits
<p>Inpatient & Outpatient coverage includes:</p> <ul style="list-style-type: none"> ✓ Pre & Post natal treatments ✓ Normal delivery ✓ Medically necessary Caesarean Section ✓ Maternity related Complications ✓ Medically necessary legal terminations 	<ul style="list-style-type: none"> ➤ Normal Delivery expenses are covered up to a sub limit of: <ul style="list-style-type: none"> Cat A : AED 7,000/- ➤ Medically necessary Caesarean Section, complications and for medically necessary termination are covered up to a sub limit of : <ul style="list-style-type: none"> (All limits include co-insurance) Cat A : AED 10,000/- ➤ Any Medical Emergency expenses related to Maternity will be covered up to a sublimit of AED 150,000 ➤ Out Patient eligible Maternity expenses are covered up to Annual limit ➤ 10% copayment applicable on all Maternity treatments including out-patient Maternity consultation (no Deductible applies) ➤ Maximum Out-patient visits to Network providers as follows: <ul style="list-style-type: none"> Cat A : 10 visits ➤ The following screening tests are covered as per DHA Antenatal care protocol: <ul style="list-style-type: none"> ▫ FBC and Platelets ▫ Blood group, Rhesus status and antibodies ▫ VDRL ▫ MSU & urinalysis ▫ Rubella serology ▫ HIV ▫ Hepatitis C offered to high risk patients, where recommended ▫ GTT, if high risk, where recommended ▫ FBS, Random s or A1c for all due to high prevalence of diabetes in UAE ▫ Ultrasonography: <ul style="list-style-type: none"> Cat A : 10 scans ▫ Any other tests as per DHA antenatal care protocols

Compulsory to enroll all members under the scheme and not selectively.

ALTERNATIVE MEDICAL TREATMENT COVER

Cover to include the following alternative medical treatments:

- Acupuncture
- Herbal Treatment
- Chiropractic treatment
- Osteopathy
- Chiropody
- Ayurvedic treatment
- Homeopathy

Deductible : 20% of claimed amount with a minimum of Dhs 100 per claim.

Claims Settlement : Only on a reimbursement basis on submission of all original documents (claim form & receipts)

Annual Limit per person :
Cat A - Covered up to 2,500 per person/year

UAE VACCINATION SCHEDULE

Period	Vaccination
Birth	BCG Hepatitis-B
End of month 2	Pentavent (Diphtheria, Pertusis, Tetanus, H.influenza-B, Hep-B) 1 Inactivated poliovirus vaccine 1 Pneumoloccal Conjugate Vaccine 1 Rotavirus 1 , 5
End of month 4	Pentavent (Diphtheria, Pertusis, Tetanus, H.influenza-B, Hep-B) 2 Oral Polio 2 Pneumoloccal conjugate vaccine 2 Rotavirus 1 , 5
End of month 6	Pentavent (Diphtheria, Pertusis, Tetanus, H.influenza-B, Hep-B) 3 Oral Polio 3 Pneumoloccal Conjugate Vaccine 3 Rotavirus 5
End of month 12	MMR (Measles, Mumps, Rubella) 1 Varicella
End of month 18	Tetravent (Diphtheria, Pertusis, Tetanus, H.influenzae-B) Oral Polio 4 Pneumococcal Conjugate Vaccine 4
5 – 6 years	DPT (Diphtheria, Pertusis, Tetanus) Oral Polio MMR (Measles, Mumps, Rubella) Varicella