

Family Care Plan - NE

Simply Better			
Benefits	Limits in AED	Limits in AED	
Annual Aggregate Limit	Option to chose from - 150,000, 250,000, 500,000, 750000, 1,000,000	Option to chose from - 150,000, 250,000, 500,000, 750000, 1,000,000	
Overarching total limit for all benefits and sub-limits. Geographical Scope of Coverage for Elective & Emergency Treatment	Worldwide	Worldwide	
Coverage Criteria for Treatment outside UAE	Coverage outside UAE is limited to 90 days per treatment	Coverage outside UAE is limited to 90 days per treatment	~
Applicable Network	A single holiday or business trip may not exceed 90 days GOLD	A single holiday or business trip may not exceed 90 days Silk Road - Out Patient treatment restricted to Clinics Only	S
Applicable Network	GOLD	From 10 PM to 8AM Out Patient treatments access is available at Network Hospitals	
		.,	u
MAF Required	Yes	Yes	u
Underwriting terms and coverage criteria for Pre-existing, Chronic conditions:	 All pre-existing medical conditions should be declared in the Medical Application Form and is subject to medical underwriting. 	All pre-existing medical conditions should be declared in the Medical Application Form and is subject to medical underwriting.	m
conditions.	All declared Pre-existing and Chronic conditions are covered with a sub limit of AED	All declared Pre-existing and Chronic conditions are covered with a sub limit of AED	m
	150,000/-	150,000/-	
	Undeclared pre-existing conditions will not be covered during the policy	Undeclared pre-existing conditions will not be covered during the policy	m
Access for OP	period and will be underwritten at renewal. Clinics & Hospital	period and will be underwritten at renewal. Out Patient treatment restricted to Clinics Only	
Referral procedure	Direct SP access	Direct SP access	е
IP Co-insurance	Nil	Nil	
OP Co-insurance - Consultation	Option to chose from - 20% max 50 per consultation or 20% max 75 per consultation	Option to chose from - 20% max 50 per consultation or 20% max 75 per consultation	~
Discounting Co. income of the Annual	O-Min to the section 200/ 100/ 200/	Oakian Aa ahaan faran 00/ 100/ aad 200/	r
Diagnostics Co-insurance (Lab / Rad/ Physio) Pharmacy Limit	Option to chose from - 0%, 10% and 20% Covered	Option to chose from - 0%, 10% and 20% Covered	
Pharmacy Co-insurance	Option to chose from - 0%, 10%, 20% and 30%	Option to chose from - 0%, 10%, 20% and 30%	V
Maternity (for married Females)	10,000 for normal and C-Section	10,000 for normal and C-Section	-
Pre Existing and Chronic Conditions	Covered upto 150,000	Covered upto 150,000	
Dental	Covered subject to the following: • Sub-limit: AED 3,500	Covered subject to the following: • Sub-limit: AED 3,500	
	Sub-limit: AED 3,500 Coinsurance: 20%	Sub-limit: AED 3,500 Coinsurance: 20%	
	In-Patient Benefit		
Coverage is up	to the relevant Annual Benefit Limit per person/per policy	year with pre-approval	
Hospitalization - Room Type	Private Room	Private Room	
Hospital Accommodation and related Services	Covered	Covered	
Intensive care unit and coronary artery disease treatment	Covered	Covered	
Consultant's, Surgeon's and Anaesthetist's Fees Various therapies including physiotherapy, chemotherapy, radiation	Covered Covered	Covered Covered	
various therapies including physiotherapy, chemotherapy, radiation therapy etc	Covered	COVERED	
Recipient Organ transplantation service, excluding any charges related to	Covered	Covered	
Donor			
Use of hospital medical equipments (e.g. heart and lung support systems etc.)	Covered	Covered	
Ambulance Services (in Medical Emergency only and if followed by	Covered	Covered	
admission)	COVERCE	Covered	
Companion Room & Board expenses for Beneficiary below 16 years of age	Covered	CoveredCovered maximum up to 100 AED per night	
The cost of accommodation of a person accompanying a beneficiary below 16 years of age in the same room in cases of medical necessity at	Covered maximum up to 100 AED per night		
the recommendation of the treating doctor and with prior approval			
are recommendation of the deating doctor and with prior approval			
Repatriation costs for the transport of mortal remains to the country of	Covered up to AED 7,500/-	Covered up to AED 7,500/-	
origin			
	Out-Patient Benefit		
Physician Consultation	Covered with Co-pay of 20% max 50 per consultation	Covered with Co-pay of 20% max 50 per consultation	
Diagnostics and Laboratory Tests	Covered with 0% co-pay per invoice	Covered with 0% co-pay per invoice	
Diagnostics and Laboratory Tests Pharmaceuticals	Covered with 0% co-pay per invoice Covered with 0% co-pay per invoice	Covered with 0% co-pay per invoice Covered with 0% co-pay per invoice	
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No Financial limitations applicable under this benefit Worldwide Energency Medical Evacuation Worldwide Hospital Admission Assistance Repatriation of mortal remains to home country from anywhere in the world, including country of residence.	No Financial limitations applicable under this benefit Worldwide Emergency Medical Evacuation Worldwide Hospital Admission Assistance Repatriation of mortal remains to home country from anywhere in the
 Worldwide Hospital Admission Assistance Repatriation of mortal remains to home country from anywhere in the 	- Worldwide Hospital Admission Assistance
- Repatriation of mortal remains to home country from anywhere in the	
	world, including country of residence.
- Medical Consultation, Evaluation, Referral & Monitoring	- Medical Consultation, Evaluation, Referral & Monitoring
- Care of minor children & Compassionate visit	- Care of minor children & Compassionate visit
*For detailed information please refer Assist America Table of Benefit	*For detailed information please refer Assist America Table of Benefit
Additional Benefits	
Normal Delivery expenses are covered up to a sub limit of AED	- Normal Delivery expenses are covered up to a sub limit of AED
10,000/-	10,000/-
 Medically necessary Caesarean Section and complication expenses 	- Medically necessary Caesarean Section and complication expenses
are covered up to a sub limit of AED 10,000/-	are covered up to a sub limit of AED 10,000/-
Any Medical Emergency expenses related to Maternity will be	- Any Medical Emergency expenses related to Maternity will be
covered up to a sublimit of AED 150,000/-	covered up to a sublimit of AED 150,000/-
Out Patient eligible Maternity expenses are covered up to Annual	- Out Patient eligible Maternity expenses are covered up to Annual
limit	limit
- 10% co-payment applicable on all Maternity treatments, including out-	- 10% co-payment applicable on all Maternity treatments, including out-
	patient Maternity consultation (no Deductible applies)
	The following screening tests are covered as per DHA Antenatal care
	protocol:
	o FBC and Platelets
	o Blood group, Rhesus status and antibodies
	o VDRL
	o MSU & urinalysis
	o Rubella serology
o HIV	o HIV
o Hepatitis C offered to high risk patients	o Hepatitis C offered to high risk patients
o GTT, if high risk	o GTT, if high risk
o FBS, Random blood sugar OR HbA1C	o FBS, Random blood sugar OR HbA1C
o Ultrasonography: 3 scans	o Ultrasonogranhy: 3 scans
1	5 4 50 0 500 / 0100
Covered up to AED 2,500/- PMPY	Covered up to AED 2,500/- PMPY
**Only on reimbursement basis	**Only on reimbursement basis
Covered both on *Free Access & reimbursement basis	Covered both on *Free Access & reimbursement basis
	Reimbursements claims are settled at 100% of actual covered cost subject to
of 100% of Applicable Network rates	maximum of 100% of Applicable Network rates
*Free Access facility is available only within specific MedNet Vaccination Network	*Free Access facility is available only within specific MedNet Vaccination Network
Covered with Annual sub-limit of AED 3,500	Covered with Annual sub-limit of AED 3,500
Con Record	Additional Benefits Normal Delivery expenses are covered up to a sub limit of AED 10,000/- Medically necessary Caesarean Section and complication expenses are covered up to a sub limit of 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% co-payment applicable on all Maternity treatments, including out-patient Maternity consultation (no Deductible applies) The following screening tests are covered as per DHA Antenatal care protocol: o FBC and Platelets o Blood group, Rhesus status and antibodies o VDRL o MSU & urinalysis o Rubella serology o HIV o Hepatitis C offered to high risk patients o FBS, Random blood sugar OR HbAIC o LIUtrasonogranbu-3 scans. Devered up to AED 2,500/- PMPY **Only on reimbursement basis* overed both on *Free Access & reimbursement basis* eimbursements claims are settled at 100% of actual covered cost subject to maximum f 100% of Applicable Network rates Free Access facility is available only within specific MedNet Vaccination Network

CLAIMS SETTLEMENT TERMS (what is Paid by the Insurer)				
	Covered (Out-side UAE: covered maximum up to 100% of UAE applicable network rates)	Covered (Out-side UAE: covered maximum up to 100% of UAE applicable network rates)		
	Reimbursement in SEA: - 100% of actual covered cost subject to maximum of 100% of UAE applicable network rates	Reimbursement in SEA: - 100% of actual covered cost subject to maximum of 100% of UAE applicable network rates		
Elective Treatment	Reimbursement elsewhere within territorial scope of cover*: - 80% of Actual Covered Cost subject to maximum of 80% of UAE Applicable Network rates	Reimbursement elsewhere within territorial scope of cover*: - 80% of Actual Covered Cost subject to maximum of 80% of UAE Applicable Network rates		
	*No Elective treatment reimbursement for Silk Road Network inside UAE.	*No Elective treatment reimbursement for Silk Road Network inside UAE.		
Emergency Treatment	100% of Actual Covered Cost	100% of Actual Covered Cost		