

## Table of Benefits - IND - (Enhanced Plan NE)

Insurance Plan	Plan C
Territorial Scope of Coverage	Worldwide
Aggregate Annual Limit	AED 1 Million
Medical Network	NEXTCARE RN
Room type	Private
Hospital Accommodation Intensive Care Unit	Covered 100%
Parent Accommodation for child under 18 years of age	AED 350 / day
Accommodation of an accompanying person in the same room as per recommendation of attending physician, subject to prior approval.	AED 350 / day
Home Nursing following inpatient treatment	Covered (on reimbursement) up to Maximum AED 5,000 per person per annum
Emergency road ambulance services to and from hospital by registered ambulance services provider	Covered
Deductible per Consultation (will not be applicable for follow-up within 7 days for same treatment and with same doctor)	10% up to AED 25/- for General Practitioners 20% up to AED 60/- for Specialists
Prescribed Drugs & Medicines	Covered up to AED 7,500 subject to 15% Co-Insurance
Diagonistics ( X-ray, MRI, CT-Scan, Ultra Sound & Endoscopy diagnostic services )	Covered subject to 10% Co-pay
Pre-existing & Chronic Conditions Subject to Medical Application Form (MAF)	Covered up to a limit of AED 150,000 per member per year.  No waiting period applies if evidence of continuity of coverage is provided; otherwise a waiting period of 6 months applies to the first scheme membership. All pre-existing medical conditions should be declared in the medical application form and is subject to medical underwriting Undeclared pre-existing conditions will not be covered during the policy period and will be underwritten at renewal.
<b>Claims Settlement Basis (after application of Copayments)</b>	
Wthin the Network	Direct billing available. Reimbursement is also possible but will be settled at 90% of the usual & customary rates of the selected Network.
Outside the Network in Countries where NEXtCARE is not present	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less

<b>Outside the Network in Countries where NEXtCARE is present</b>	Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less
<b>Cash Indemnity for In-Patient hospitalizations that are not submitted to the Insurance Company</b>	Covered on Reimbursement up to AED 250 per night and a maximum of 10 nights. The Cash Indemnity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.
<b>Vaccination for Children (as per DHA policies &amp; its updates) includes the vaccinations and inoculations for newborns</b>	Inside Network: 100% of Actual Cost Outside Network : Covered on Network UCR Rates
<b>Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only</b>	Covered as per terms, conditions and exclusions of the program defined by DHA
<b>HCV Hepatitis C virus infection</b> <b>Screening, Healthcare Services, Investigations and Treatments related to viral Hepatitis and associated complications related to Hepatitis C shall only be for members enrolled under Patient Support Program</b>	Covered as per terms, conditions and exclusions of the program defined by DHA
<b>Physiotherapy ( Subject to pre-approval)</b>	Physiotherapy covered up to 20 sessions per person
<b>Preventive services</b>	As per DHA Regulations
<b>Diagnostic and treatment services for dental and gum treatments( Emergency cases Only)</b> Dental emergency is any injury to your teeth or gums that can put you at a risk of permanent damage, such as Chipped or broken teeth, Knocked-out tooth ,Soft-tissue injuries and etc	Covered subject to 20% coinsurance
<b>Hearing and vision aids, and vision correction by surgeries and laser ( Emergency cases Only)</b> Hearing Emergencies include Object/insect in the ear , ruptued eardrum , sudden hearing loss and etc Vision Emergencies include bleeding or discharge from or around the eye, double vision and Loss of vision, total or partial, one eye or both etc.	Covered subject to 20% coinsurance
<b>Psychiatric Treatment</b>	Out Patient Covered up to Maximum AED 1,500/- per person per annum IN Patient Covered up to Maximum AED 6,000/- per person per annum
<b>Organ Transplant</b>	Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic & autologous bone marrow.
<b>Repatriation of Mortal Remains to Home Country</b>	Covered up to Maximum AED 10,000 per person per annum settled on Reimbursement basis with no co-pay

Second Medical Opinion	Not Covered
<p><b>In-patient Maternity Services:</b> (Requires prior approval from the insurance company or within 24 hours of emergency treatment)</p> <p><b>Subject to Medical Application Form (MAF)</b></p>	<p>Covered subject to 0% coinsurance, up to AED 12,500.</p> <p>In case of any condition developping into an emergency, the medically necessary expenses will be covered up to the annual aggregate limit.</p> <p>Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting</p> <p>Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.</p>

<p><b>Out-patient Maternity Services:</b> Initial investigations to include FBC and Platelets, Blood group, Rhesus status and antibodies, VDRL, MSU &amp; urinalysis, Rubella serology, HIV, Hep C (for high risk patients), GTT (if high risk), FBS, random s or A1c.</p> <p>Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols</p> <p>Subject to Medical Application Form (MAF)</p>	<p>Covered subject to 0% coinsurance, and a maximum of 12 visits and 6 ante-natal ultrasound scans</p> <p>Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting</p> <p>Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.</p>
<p><b>Dental Benefit:</b> Covers the following: Consultation &amp; X-Ray, Scaling, Tooth Extraction, Amalgam fillings, Temporary and/or permanent composite, fillings and root canal treatment only.</p>	<p>Covered up to AED 2,500/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement</p>
<p><b>Optical Benefit:</b> covers the following: Optical examinations conducted for the purpose of obtaining eye glasses or lenses</p> <p><b>In-Network:</b> Direct Billing <b>Out of Network:</b> Reimbursement</p>	<p>Covered up to subject to 20% Co-pay and up to AED 1,250 in total and up the following sub-limits: AED 300 for Frames - one pair per year AED 200 per pair per single vision lenses - once per year AED 250 per pair per bifocal or tri-focal vision lenses - once per year AED 300 for contact lenses per year</p>
<p><b>Alternative Medicines/ therapies</b> Covers the following: Chiropractic/ Osteopathy/ Homeopathy and Ayurvedic</p>	<p>Limited to AED 2,500 per person per annum</p>

Please note that in case benefits fall below the minimum required by DHA or the benefit which is not provided in this TOB and is required by DHA, then the cover under the policy will automatically increase/include the benefit to the same level as requested by DHA