

Marjan

(DUBAI & NORTHERN EMIRATES VISA HOLDERS)

Territorial Scope of Coverage	Worldwide
Aggregate Annual Limit	AED 1 Million
Medical Network	NAS – WN (OP restricted to Clinics)
Room type	Semi-Private
Parent Accommodation for child under 18 years of age	AED 150 / day
Accommodation of an accompanying person in the same room as per recommendation of attending physician, subject to prior approval.	AED 150 / day
Home Nursing following inpatient treatment only if it is medically necessary and advised by a medical practitioner	Not Covered
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 15/- for General Practitioners 20% up to AED 25/- for Specialists
Prescribed Drugs & Medicines Annual Limit	Covered up to AED 5,000 subject to 15% Co-Insurance
Diagnostics (X-ray, MRI, CT-Scan, Ultra Sound& Endoscopy diagnostic services)	Covered subject to 10% Co-pay

Claims Settlement Basis (after application of Copayments)

Within the Network

Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.

Outside the Network in Countries where NAS 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

Outside the Network in Countries where NAS is present

Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less

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 from any other individual plan- without any break 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. (All adverse findings on health declarations would be priced on each case basis). In case of misrepresentation insurer reserves the right to cancel the policy and refund the premium less paid claims.

Any form of Cancer shall fall within the definition of Chronic conditions. Waiting period of 6 months shall apply in line with regulatory mandates. If cancer or any other chronic condition manifested after the policy start date, a waiting period of 6 months from policy start date shall apply.

Cash Indemnity for In-Patient hospitalizations that are medically necessary and otherwise covered under the policy but are not submitted to the Insurance Company

Covered on Reimbursement up to AED 200 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.

Vaccination for Children (as per DHA policies & its updates) includes the vaccinations and inoculations for newborns

Inside Network: 100% of Actual Cost
Outside Network : Covered on Network UCR Rates

Cancer Treatment Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only (Only For Dubai Visa Holders)

Covered as per terms, conditions and exclusions of the program defined by DHA

HCV Hepatitis C Virus Infection 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 (Only for Dubai Visa Holders)

Covered as per terms, conditions and exclusions of the program defined by DHA

Adult Pneumococcal Conjugate Vaccine (Only for Dubai Visa Holders)

Covered as per DHA Adult Pneumococcal Conjugate Vaccination guidelines

Physiotherapy (Subject to pre-approval) (Only if medically necessary and advised by medical practitioner)

6 sessions per member per annum

Preventive services

As per DHA Regulations

Diagnostic and treatment services for dental and gum treatments (Emergency cases Only)
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

Hearing and vision aids, and vision correction by surgeries and laser (Emergency cases Only)
Hearing Emergencies include Object/insect in the ear , ruptured 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

Psychiatric Treatment (in case if medically necessary and advised by medical practitioner)

Not Covered

Organ Transplant

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.

Repatriation of Mortal Remains to Home Country

Not Covered

Second Medical Opinion

Not Covered

**In-patient maternity services
(requires prior approval from the
insurance company or within 24
hours of emergency treatment)
Strictly Subject to Medical
Application Form (MAF)**

Covered subject to 10% coinsurance, up to AED 7,000 for normal delivery and up to AED 10,000 for medically necessary C-Section, termination and complications. In case of any condition developing into an emergency, the medically necessary expenses will be covered up to Annual Limit. Pregnancy at time of application should be declared in the medical application form every year and is subject to medical underwriting. Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed. An undeclared pregnancy, known or unknown to Insured at the time of buying policy, will be considered as pre-existing and all pregnancy related op and IP claims would be subjected to charge of additional annual premium or cancellation of policy with recovery of all already settled claims

**Out-patient maternity services:
Initial investigations to include FBC
and Platelets, Blood group, Rhesus
status and antibodies, VDRL, MSU &
urinalysis, Rubella serology, HIV, Hep
C (for high risk patients), GTT (if high
risk), FBS, random s or A1c.
Visits to include reviews, checks and
tests in accordance with DHA
Antenatal Care Protocols.
Strictly Subject to Medical
Application Form (MAF)**

Covered subject to 10% coinsurance, and a maximum of 10 visits and 4 ante-natal ultrasound scans. Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting. Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed. An undeclared pregnancy, known or unknown to Insured at the time of buying policy, will be considered as pre-existing and all pregnancy related op and IP claims would be subjected to charge of additional annual premium or cancellation of policy with recovery of all already settled claims

Dental benefit

Covers the following: Consultation & X-Ray, Scaling, Tooth Extraction, Amalgam fillings, Temporary and/or permanent composite, fillings and root canal treatment only.

Not Covered

Optical benefit

covers the following: Optical examinations conducted for the purpose of obtaining eye glasses or lenses

In-Network: Direct Billing

Out of Network: Reimbursement

Not Covered

Alternative Medicines/ therapies

Covers the following: Chiropractic/ Osteopathy/ Homeopathy and Ayurvedic (on reimbursement basis)

Not Covered

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