

Annexure 1 - Enhanced Individual Medical Takaful Plan Table of Benefits

This table of benefits shall supersede other terms and conditions expressed in the policy wherever applicable

Takaful Plan	Rhodium
Territorial Scope of Coverage	Worldwide
Aggregate Annual Limit	AED 1 Million
Medical Network	NEXTCARE GN+
Room type at the Hospital	Private
Parent Accommodation for child under 18 years of age	AED 450 / day
Accommodation of an accompanying person in the same room as per recommendation of attending physician, subject to prior approval	AED 450 / day
Home Nursing following inpatient treatment	Covered (on reimbursement) up to Maximum AED 7,500 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)	Covered with Nil Copay
Prescribed Drugs & Medicines	Covered up to AED 15,000 subject to 0% Co-Insurance
Diagnostics (X-ray, MRI, CT-Scan, Ultra Sound& Endoscopy diagnostic services)	Covered subject to 0% Co-pay
Pre-existing & Chronic Conditions	Pre-existing & Chronic Conditions Subject to Medical Application Form (MAF) Covered up to a limit of AED 150,000 per member per year.

	<p>All pre-existing medical conditions should be declared in the medical application form and is covered without waiting period subject to medical underwriting, policy terms, conditions, benefits, and exclusions.</p> <p>Newly diagnosed medical condition, during the policy period will not have a waiting period and is subject to policy terms, conditions, benefits, and exclusions</p> <p>Undeclared pre-existing conditions will not be covered during the policy period and will be underwritten at renewal subject to policy terms, conditions, benefits, and exclusions</p>
Claims Settlement Basis (after application of Copayments)	
<p>Within the Network</p> <p>Outside the Network in Countries where NEXtCARE is not present</p> <p>Outside the Network in Countries where NEXtCARE is present</p>	<p>Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.</p> <p>Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less.</p> <p>reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less.</p>
Cash Indemnity for In-Patient hospitalizations that are not submitted to the Insurance Company	<p>Covered on Reimbursement up to AED 300 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.</p>
Vaccination for Children (as per DHA – Dubai Health Authority policies & its updates) includes the vaccinations and inoculations for newborns	<p>Inside Network: 100% of Actual Cost Outside Network: Covered on Network UCR Rates</p>
Cancer Treatment Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only	<p>Covered as per terms, conditions and exclusions of the program defined by DHA</p>
HCV Hepatitis B and 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	<p>Covered as per terms, conditions and exclusions of the program defined by DHA</p>

Influenza Vaccine	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only
Adult Pneumococcal Conjugate Vaccine	Covered as per DHA Adult Pneumococcal Conjugate Vaccination guidelines
Symptom Checker	Covered - Please refer to Nextcare app
Physiotherapy (Subject to pre-approval)	20 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	Out Patient Covered up to Maximum AED 10,000/- per person per annum IN Patient Covered up to Maximum AED 10,000/- per person per annum 20% coinsurance payable by the insured per visit for Out-Patient services.
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	Covered up to Maximum AED 20,000 per person per annum settled on Reimbursement basis with no co-pay

<p style="text-align: center;">Second Medical Opinion</p>	<p>This benefit gives members access through NEXtCARE mobile application to world renowned providers to re-evaluate their earlier diagnosis, medical history and treatment plan for non-emergency cases.</p>
<p style="text-align: center;">In-patient maternity services</p> <p style="text-align: center;">(requires prior approval from the insurance company or within 24 hours of emergency treatment)</p> <p style="text-align: center;">Subject to Medical Application Form (MAF)</p>	<p>Covered subject to 10% coinsurance, up to AED 20,000. In case of any condition developing 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 style="text-align: center;">New born Cover</p> <p>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</p> <p style="text-align: center;">Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia) prevent</p>
<p style="text-align: center;">Out-patient maternity services:</p> <p>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.</p> <p style="text-align: center;">Subject to Medical Application Form (MAF)</p>	<p>Covered subject to 10% coinsurance, and a maximum of 15 visits and 8 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 style="text-align: center;">Dental benefit</p> <p>Covers the following: Consultation & X-Ray, Scaling, Tooth Extraction, Amalgam fillings, Temporary and/or permanent composite, fillings and root canal treatment only.</p>	<p style="text-align: center;">Covered up to AED 3,000/-</p> <p style="text-align: center;">subject to 20% Co-pay</p> <p style="text-align: center;">In-Network: Direct Billing</p> <p style="text-align: center;">Out of Network: Reimbursement</p>

<p style="text-align: center;">Optical benefit</p> <p>covers the following: Optical examinations conducted for the purpose of obtaining eyeglasses or lenses</p> <p style="text-align: center;">In-Network: Direct Billing</p> <p style="text-align: center;">Out of Network: Reimbursement</p>	<p>Covered subject to 20% Co-pay and up to AED 1,500 in total and up the following sub-limits:</p> <p style="padding-left: 40px;">AED 350 for Frames - one pair per year</p> <p>AED 250 per pair per single vision lenses - once per year</p> <p style="padding-left: 40px;">AED 300 per pair per bifocal or tri-focal vision lenses - once per year</p> <p style="padding-left: 40px;">AED 350 for contact lenses per year</p>
<p style="text-align: center;">Alternative Medicines/ therapies</p> <p>Covers the following: Chiropractic/ Osteopathy/ Homeopathy and Ayurvedic</p>	<p>Limited to AED 2,500 per person per annum subject to 20% Copay</p>