

**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**

<b>Insurance Plan</b>	<b>Silver</b>
<b>Territorial Scope of Coverage</b>	Worldwide
<b>Aggregate Annual Limit</b>	AED 1 Million
<b>Medical Network</b>	<b>NEXTCARE RN3 (Out-patient is restricted to Clinics Only)</b>
<b>Room type</b>	Semi-Private
<b>Parent Accommodation for child under 18 years of age</b>	AED 150 / day
<b>Accommodation of an accompanying person in the same room as per recommendation of attending physician, subject to prior approval.</b>	AED 150 / day
<b>Home Nursing following inpatient treatment</b>	Not covered
<b>Emergency road ambulance services to and from hospital by registered ambulance services provider</b>	Covered
<b>Deductible per Consultation (will not be applicable for follow-up within 7 days for same treatment and with same doctor)</b>	<b>Covered with Nil Copay</b>
<b>Prescribed Drugs &amp; Medicines</b>	<b>Covered up to AED 5,000 subject to 0% Co-Insurance</b>
<b>Diagnostics ( X-ray, MRI, CT-Scan, Ultra Sound&amp; Endoscopy diagnostic services )</b>	<b>Covered subject to 0% Co-pay</b>
<b>Pre-existing &amp; Chronic Conditions</b>	<p>Pre-existing &amp; Chronic Conditions Subject to Medical Application Form (MAF)</p> <p>Covered up to a limit of AED 150,000 per member per year.</p> <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</p>

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	<p>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>
<p><b>Claims Settlement Basis (after application of Copayments)</b></p> <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.</p> <p>Reimbursement is also possible but will be settled at 80% of the usual &amp; customary rates of the selected Network.</p> <p>Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual &amp; 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 &amp; customary rates of the network, whichever is less.</p>
<p><b>Cash Indemnity for In-Patient hospitalizations that are not submitted to the Insurance Company</b></p>	<p>Covered on Reimbursement up to AED 200 per night and a maximum of 10 nights.</p> <p>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>
<p><b>Vaccination for Children (as per DHA policies &amp; its updates) includes the vaccinations and inoculations for newborns</b></p>	<p>Inside Network: 100% of Actual Cost</p> <p>Outside Network : Covered on Network UCR Rates</p>
<p><b>Cancer Treatment</b></p> <p><b>Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only</b></p> <p><b>(Only For Dubai Visa Holders)</b></p>	<p>Covered as per terms, conditions and exclusions of the program defined by DHA</p>

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<p><b>HCV Hepatitis B and C Virus Infection</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  (Only For Dubai Visa Holders)</p>	<p>Covered as per terms, conditions and exclusions of the program defined by DHA</p>
<p><b>Influenza Vaccine</b></p>	<p>Covered once per Annum on reimbursement only  Limited to the cost of the vaccine and its administration only</p>
<p><b>Adult Pneumococcal Conjugate Vaccine</b>  (Only For Dubai Visa Holders)</p>	<p>Covered as per DHA Adult Pneumococcal Conjugate Vaccination guidelines</p>
<p><b>Symptom Checker</b></p>	<p>Covered - Please refer to Nextcare app</p>
<p><b>Physiotherapy</b> ( Subject to pre-approval)</p>	<p>8 sessions per member per annum</p>
<p><b>Preventive services</b></p>	<p>As per DHA Regulations</p>
<p><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</p>	<p>Covered subject to 20% coinsurance</p>
<p><b>Hearing and vision aids, and vision correction by surgeries and laser ( Emergency cases Only)</b>  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.</p>	<p>Covered subject to 20% coinsurance</p>
<p><b>Psychiatric Treatment</b></p>	<p>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.</p>

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<p style="text-align: center;"><b>Organ Transplant</b></p>	<p>Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost</p> <p>Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic &amp; autologous bone marrow.</p>
<p style="text-align: center;"><b>Repatriation of Mortal Remains to Home Country</b></p>	<p style="text-align: center;">Not Covered</p>
<p style="text-align: center;"><b>Second Medical Opinion</b></p>	<p style="text-align: center;">Not Covered</p>
<p style="text-align: center;"><b>In-patient maternity services</b></p> <p>(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 <b>AED 10,000</b> 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 the annual aggregate limit. 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>

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<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. Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols. Subject to Medical Application Form (MAF)</p>	<p>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.</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>Not Covered</p>
<p><b>Optical benefit</b> covers the following: Optical examinations conducted for the purpose of obtaining eye glasses or lenses <b>In-Network:</b> Direct Billing <b>Out of Network:</b> Reimbursement</p>	<p>Not Covered</p>
<p><b>Alternative Medicines/ therapies</b> Covers the following: Chiropractic/ Osteopathy/ Homeopathy and Ayurvedic</p>	<p>Not Covered</p>