



Table Of Benefits	
Plan Type	INPATIENT and OUTPATIENT
Territorial Limit for Elective treatment	UAE, GCC, Indian Sub-continent and Philippines subject to Reasonable and Customary charges of applicable network tariff rates in UAE
Territorial Limit for Emergency treatment while on Holidays or on official duty (Maximum 60 days during single journey)	Worldwide excluding USA and Canada subject to Reasonable and Customary charges of applicable network tariff rates in UAE
Annual Maximum Limit per person	AED 150,000
Hospital cost band	NLGC CHROME
Pre-existing/Chronic conditions Limit for Inpatient and Outpatient	20% of annual limit for first 6 months in case of first scheme enrollment. Members who were previously insured, will be covered up to annual limit subject to the proof of previous medical insurance cover.
In Patient Benefits within applicable network	
Hospital Accommodation and Services	Semi-private room at network hospital but limited to AED 300 outside the network
ICU	Covered in full subject to prior approval
Consultant's, Physician's, Surgeon's and Anesthetist's Fees	Covered in full subject to prior approval
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full subject to prior approval
Laboratory	Covered in full subject to prior approval
Medications	Covered in full subject to prior approval
Organ transplantation and related expenses excluding donor's expenses	Covered if insured is recipient however the expenses incurred in procurement of organ is excluded
Nursing at Home, for recovery and in lieu of a hospital stay up to a maximum of 14 days per admission or procedure	AED 2500 per person subject to prior approval ^{See note 2}
Hospital Cash Benefit if Inpatient Treatment is received free of charge in a Government Hospital in UAE only	Maximum AED 250 per day subject to 60 Days PPPY
Parental accommodation for child less than 16 years of age	Maximum AED 250 per day
The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	Maximum AED 250 per day
Ground ambulance services in UAE	Covers the reasonable expenses in transporting the insured member to the nearest medical facility in the event of medical emergency
Work related injury	Covered over and above medical expenses payable under workmen's compensation policy on reimbursement basis only
Transportation expenses for Inpatient treatment abroad	- Treatment is taken more economically in these countries - obtaining prior approval from the insurance company/TPA
Out Patient Benefits within applicable network	
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full ^{See note 1}
Laboratory	Covered in full ^{See note 1}
Medications	Covered with a limit of AED 7,500 per year Restricted to only formulary drugs
Physiotherapy Charges	Maximum of 8 sessions per year Subject to pre approval
Accidental damage to natural teeth	Covered in full ^{See note 1}
Preventive services	Diabetes screening: Every 3 years from age 30 High risk individuals annually from age 18
Vaccines and immunizations	Essential vaccinations and inoculations for newborns and children as stipulated by Federal MOH
Deductible per each and every claim (1 free follow up within 7 days relating to same illness and same provider) for Consultant's, Physician's, Surgeon's and Anesthetist's Fees	20% copay subject to a maximum of AED 15 per claim

Conditions covered for medical emergencies	
Diagnostic and treatment services for dental and gum treatments	Covered in full
Hearing and vision aids, and vision correction by surgeries and laser	
Where any maternity condition develops life threatening (either to the mother or to the new born) medically necessary expenses will be covered	Covered up to AED 150,000 PPPY
Additional Benefits	
Passive war risk	Covered ^{See note 1}
Repatriation Benefit on Death By Any Cause (For members up to the age of 65 years)	AED 7,000 based on actuals
Adult Pneumococcal Conjugate Vaccine	Covered as per DHA Adult Pneumococcal Conjugate Vaccine guidelines
Hepatitis C Virus screening and treatment	Covered as per guidelines laid out by DHA in the Hepatitis C support program
Cancer screening and treatment	Covered as per guidelines laid out by DHA in the Cancer support program
Second Medical opinion - is a rider aiming at assisting the insured member with a second medical opinion in order to determine or reconfirm the diagnosis and decide on the appropriate treatment protocols for a medical condition	Covered ^{See note 1}
Maternity Benefit	
Inpatient & Outpatient coverage includes: 1. Pre & post natal treatments 2. Normal delivery 3. Medically necessary Caesarean section 4. Maternity related complications 5. Medically necessary legal terminations Inpatient Maternity Treatments are subject to prior approval	<ol style="list-style-type: none"> 1. Normal Delivery expenses are covered up to a sublimit of AED 7,000 / - 2. Medically necessary Caesarean section and complication expenses are covered up to a sublimit of AED 10,000 / - 3. Any condition develops which becomes an emergency, the medically necessary expenses will be covered up to the AED 150,000/- 4. 10% copayment applicable on all Maternity treatments, including out-patient Maternity consultation (no Deductible applies) 5. The following screening tests are covered as per DHA antenatal care protocol: <ul style="list-style-type: none"> • FBC and Platelets • Blood group, Rhesus status and antibodies • VDRL • MSU & urinalysis • Rubella serology • HIV • Hep C offered to high risk patients • GTT if high risk • FBS , random sugar or HbA1c • Visits shall include reviews, checks and tests in accordance with DHA Antenatal Care Protocols • 3 ante-natal ultrasound scans
New born cover	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)

Claims Settlement for Elective & Emergency Medical Treatment	
Elective Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	<p>Inside network - Covered, even for outside UAE as per network.</p> <p>Outside network - Covered (Reimbursement subject to maximum of the Published Tariff. Pharmacy encounters submitted as reimbursement will be paid with 15% Co-Insurance)</p>
Emergency Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	<p>Inside network - Covered, even for outside UAE as per network.</p> <p>Outside network: Covered (Reimbursement subject to maximum of the Published Tariff. Pharmacy encounters submitted as reimbursement will be paid with 15% Co-Insurance)</p>

Other Conditions

Premium payment warranty	100% upon delivery of cards
Pre-authorization requirements	As per annexure
Exclusions	As attached (Standard Exclusion of DHA Applicable)
Claims submission period (Reimbursement)	Within 60 days of availing the treatment

Notes

- Coverage is subject to annual maximum limit and sub limits per person. Maximum age at entry shall be 60 years of age.
- For non-emergency inpatient treatments, at the discretion of the insurer and subject to pre-authorization.
- Treatment for emergency conditions shall not require pre-authorization, but such cases are to be notified to the company within 48 hours of the emergency treatment.
- Terms and conditions are as per policy wording.
- This benefit schedule is not applicable for members (visa holders) based in the emirate of Abu Dhabi.
- National Life & General Insurance Company or its TPA reserves the right to include/exclude/upgrade banding/degrade banding of any clinic at anytime from the designated provider network list.
- Any ongoing pregnancy cases, at the time of policy inception, shall be informed to the insurer prior to the policy confirmation
- Direct billing shall be provided only at the listed hospital network and the reimbursement at non designated clinics and hospitals will be based on Reimbursement published Tariff for Elective & Emergency Treatment. Pharmacy encounters submitted as reimbursement will be paid with 15% Co-Insurance
- The above terms are not applicable for employees holding Dubai Visa having a gross monthly salary of less than AED 4000. Should this assumption be incorrect, we reserve the right to withdraw this quotation or cancel the policy (if issued) since inception.
- The Benefits and Network applicable to the policy, which are negotiated and confirmed before communication of the policy shall not be modified/alterd under any circumstances during the policy period
- VAT (Value Added Tax) computed on Gross Premium at the rate stipulated as per the applicable VAT laws and regulations applicable at the time of inception of the policy shall be fully borne by the Insured. The VAT amount as per the tax invoice issued becomes payable and shall be collected in full immediately, irrespective of the agreed payment terms for the underlying premium.
- Census variation of more than 10% between the quotation and cover confirmation would be subject to revision of the whole quotation.

Addition Clause

The insured may add Primary insured and/or their Dependents to the Policy subject to:

- *Compliance to regulatory requirements, if any and their timelines.*
- *Submission of completed addition request form/template, issued by Insurer or other mode acceptable to the insurer.*
- *Submission of other documents (eg. Health declaration, Passport copy, Visa copy etc.), wherever applicable, as informed/requested by the Insurer.*
- *The addition shall be effected from the date of the receipt of the request for addition.*
- *The premium payable for additions shall be on prorated basis.*

Deletion Clause

The insured may at any time, upon completing and sending the insurer the relevant request form, to delete Primary insured and their Dependents from the Policy subject to:

- Submission of completed deletion request form, issued by Insurer or other mode acceptable to the insurer
- Return of Membership cards and other materials facilitating Treatment prior to the deletion date

The deletion shall be effected from the date of the receipt of the request for deletion. In the event of not returning the membership cards or loss of membership card, the insured shall make good of the loss/liability incurred by insurer in respect of any claim occurring after the deletion date or due to loss of membership card.

- The Premium refund relating to any approved deletion shall be calculated in accordance with the following Conditions:

Insured members will be refunded proportionately for the period remaining from the deletion date until the Expiry date reduced by 20% of the annual premium

- No refund will be payable if Membership cards and other materials facilitating Treatment are not returned.

The amount of refund will be reduced proportionately if the return of Membership cards and other materials Facilitating Treatment is delayed. In addition, insured will be the sole and fully liable party towards the Provider and/or Insurer in respect of any expenses incurred by the deleted Insured member from his deletion date, until the Membership card and other materials facilitating Treatment are returned.

- Covered benefits arising from Accident or Illness occurring during the Policy period for your Insured member Shall cease immediately upon his deletion from the Policy.