

Schedule of Benefits – Family Care Plan (AUH)

- MedNet is a specialized policy administrator on behalf of the Insurer
- In the tables below the Benefits applicable have been summarized for each product option
- Please refer to the Policy Wording and policy Schedule for full Benefit details and coverage definitions
- All Benefits shown are per insured person, per Period of Cover (One year)
- All limits and Co-payments are expressed in Arab Emirates Dirham
- The below summarized benefits, policy terms and conditions are recommendation on behalf of the Reinsurer in order to obtain the reinsurance cover only for the specific risk
- All benefits are as per the quoted MedNet Schedule of Benefits and standard policy terms and conditions.
- This quotation is valid for 30 days from the day of submission.
- The quote assumes insurance coverage for all applicants residing in UAE on valid resident visa along with their direct dependants (Spouse and Children) and no voluntary option is being exercised by any employee.
- This Schedule of benefits is applicable for Abu Dhabi/ Al Ain policies.
- VALUE ADDED TAX (VAT)
It is hereby declared and agreed that all premiums and any related charges are exclusive of Value Added TAX (VAT) or any other taxes. In the event VAT and /or any other taxes become applicable in connection with this policy, the same shall solely be borne by the insured/Policy holder.
Further payability of VAT element of a claim , if any , under this policy depends on the VAT registration status of the insured/claimant and /or whether VAT invoice is raised in the name of Orient Insurance PJSC or not .

SALIENT BENEFITS

Plan	Family Care
Annual Benefit Limit per person	AED 1,000,000/-
Geographical Scope of Coverage for Elective & Emergency Treatment	Worldwide
Coverage Criteria for Treatment outside UAE	Coverage outside UAE is limited to 90 days per treatment A single holiday or business trip may not exceed 90 days
	Silver Premium
	Silver Classic
	Green
Network Applicable	Silk Road
	Restrictions Applicable are:
	➤ Outpatient Treatments are restricted to Network Clinics only + Ruwais Hospital , Specialized Medical Care Hospital, Enjab Hospital For Day Care, Al Nakheel One Day Surgery Hospital, Oriana Hospital, , LLH Hospital (Main & Al Musaffah),Life Care Hospital (Main & Musaffah)& NMC Specialty Hospital
	Within UAE, Treatment availed through Free Access are only covered (Except for Emergency, Vaccination, Alternative Medicine and Psychiatric Treatment)

Underwriting terms and coverage criteria for Pre-existing, Chronic conditions

- Pre Existing conditions are covered from enrolment date, subject to declaration at inception and with individual medical underwriting
- Undeclared preexisting conditions will not be covered during the policy period and will be underwritten at renewal

INPATIENT TREATMENT

Coverage is up to the relevant Annual Benefit Limit per person/per policy year with pre-approval

Hospitalization Class	Private Room
Hospital Accommodation and related Services	Covered
Intensive care unit and coronary artery disease treatment	Covered
Consultant's, Surgeon's and Anesthetist's Fees	Covered
Various therapies including physiotherapy, chemotherapy, radiation therapy etc	Covered
Recipient Organ transplantation service, excluding any charges related to Donor	Covered
Use of hospital medical equipments (e.g. heart and lung support systems etc.)	Covered
Ambulance Services (in Medical Emergency only and if followed by admission)	Covered
Companion Room & Board expenses for Beneficiary below 16 years of age	Covered
The cost of accommodation of a person accompanying a beneficiary above 16 years of age in the same room in cases of medical necessity at the recommendation of the treating doctor and with prior approval	Covered maximum up to 100 AED per night Covered
Repatriation costs for the transport of mortal remains to the country of origin	Covered up to AED 7,500/-



OUTPATIENT TREATMENT

<p>Physician Consultation *available options</p>	<p>Physician Consultation with the following deductible/co-pay options</p> <ul style="list-style-type: none"> Physician Consultation with AED 50/- Deductible Physician Consultation with AED 50/- Deductible and 10% Copay on Pharmacy services
<p>Diagnostics and Laboratory Tests</p>	<p style="text-align: center;">Covered</p> <p>*Approval protocol for Free access at network providers will follow HAAD guidelines</p>
<p>Pharmaceuticals</p>	<p style="text-align: center;">Covered</p> <p>*Approval protocol for Free access at network providers will follow HAAD guidelines</p>
<p>Physiotherapy (Require pre-authorization)</p>	<p>Unlimited subject to medical necessity</p> <p>*Approval protocol for Free access at network providers will follow HAAD guidelines</p>
<p>Alternative Medicine Benefit covers: Osteopathy, Chiropractic, Homeopathy, Acupuncture, Ayurveda and Herbal Treatments</p>	<p style="text-align: center;">Covered up to AED 1,600/- PMPY (Per member per year)</p> <p style="text-align: center;">Only on reimbursement basis</p>
<p>Vaccination Covered as per MOH schedule (Require pre-authorization)</p>	<p>Covered both on *Free Access & reimbursement basis</p> <p>Reimbursements claims are settled at 100% of actual covered cost subject to maximum of 100% of Applicable Network rates</p> <p>*Free Access facility is available only within specific MedNet Vaccination Network Covered both on *Free Access & reimbursement basis</p>

OTHER SALIENT BENEFITS

Day care Treatment	Covered
Out Patient Surgery	Covered
Emergency Mental health Treatments	Covered
Hearing and vision aids, and vision correction by surgeries and laser	Covered only in cases of medical emergencies
Preventive services covered for members over 18 years of age *Prior Approval is required for Free Access facility	Diabetic Screening: Fasting Blood Sugar and HBA1C tests are covered once a policy year for eligible members
Emergency Dental treatment for accidental damage to natural teeth	Under this benefit the treatment required within three months following accidental damage to sound natural teeth caused by a violent external means when the treatment is given by a Physician, dentist or dental surgeon is covered. *No treatment will be covered after 3 months of the accident. **Treatment required as the result of the consumption of food or drink or any foreign bodies contained in such food or drink is not covered.
New Born baby coverage	Babies born in UAE - New Born charges covered under mother for 1st 30 days from birth Up to ABL of the mother Babies born outside UAE - New Born charges covered under mother for 1st 30 days from birth Up to ABL of the mother (Annual basic limit)
MedNet's Global Emergency Assistance services coverage through Assist America	<ul style="list-style-type: none"> ❖ No Financial limitations applicable under this benefit ❖ Worldwide Emergency Medical Evacuation ❖ Worldwide Hospital Admission Assistance ❖ Repatriation of mortal remains to home country from anywhere in the world, including country of residence. ❖ Medical Consultation, Evaluation, Referral & Monitoring ❖ Care of minor children & Compassionate visit <p>*For detailed information please refer Assist America Table of Benefit</p>

Maternity Benefits

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

- ❖ **Inside Abu Dhabi**- Combined In-patient outpatient limit up to the Annual Benefit limit of the policy.
- ❖ For Delivery inside Abu Dhabi a Deductible of AED 500/- is applicable as per HAAD.
- ❖ **Outside Abu Dhabi** - Combined Inpatient & Outpatient Limit of AED 10,000/-applicable.
- ❖ Same Out Patient Deductible as per the selected Plan will be applicable for Maternity Consultations also.

Free Access outside UAE

Approval for free access will be maximum up to 100% of UAE applicable NW rates

In Patient Treatment in Oman, Qatar, Kuwait & Bahrain
Lebanon, Jordan, KSA, India, Europe & USA
All other countries – on cash payment and settlement basis

CLAIMS SETTLEMENT TERMS (what is Paid by the Insurer)

	Free Access (Network)	Refer to addendum for details(Global cashless access sheet)	
Elective Treatment	Reimbursement* (Non Network)	Reimbursement in SEA	100% of Actual Covered Cost subject to maximum of 100% of UAE Applicable Network rates
		Reimbursement elsewhere within territorial scope of cover	80% of Actual Covered Cost subject to maximum of 80% of UAE Applicable Network rates *No Elective treatment reimbursement for Silk Road plan inside UAE.
Emergency Treatment	Free Access (Network)	100% of Actual Covered Cost	
	Reimbursement (Non Network)		



DENTAL BENEFIT

<p>Dental sublimit</p> <p>Emergency Dental & Gum treatments</p> <p>Annual Limit based on the plan selection - Covered - Worldwide</p> <p>*Refer Schedule Of Dental Benefit for further details on coverage</p> <p>**More annual limit options are available</p>	<p>AED 3,500/- for Silver Premium and Silver classic with 20% Co-Insurance AED 2,000 /- for Green and Silk road with 20% co-insurance</p>
	<p>Covered</p>
	<p>Free Access</p> <ul style="list-style-type: none"> ➤ Covered with Pre-authorization only ➤ Copayment 20% applicable
	<p>Reimbursement</p> <ul style="list-style-type: none"> ➤ Additional 20% Copayment applicable over Free access

SCHEDULE OF DENTAL BENEFIT

Services	Coverage eligibility
Dental Consultation	Covered
Tooth Extraction ✓ Simple Extraction ✓ Surgical Extraction	Covered
Scaling & Polishing	Covered
Tooth filling ✓ Amalgam filling ✓ Composite filling ✓ Glass Ionomer filling	Covered
Root Canal Treatment (R.C.T)	Covered
Crown	Covered if followed by an RCT
X- Ray ➤ Intra Oral { Bite wing/ Periapical / Occlusal} ➤ Extra Oral { Panoramic X-ray & Tomograms}	Covered

Medications

- Antibiotics
- Analgesics
- Antacids
- Enzyme preparations (Edema reductions)
- Vitamins (only with antibiotics)

Medications exclusion

- Mouth wash
- Tooth pastes
- Dentures cleaning agents
- Desensitizing agents
- Anti septic

Lab Work up

Anesthesia

Orthodontics

		Covered
		Not Covered
		Not Covered
L .Anesthesia		Covered
G. Anesthesia		Not Covered
		Not Covered

- * For further details, on the services included in the above table / or about any other services not included Kindly contact our Medical Call Centre (MCC) at 8004882/ 800MedNet.
- * Except for Scaling and Polishing, all other services are covered if medical necessity is established.



• **SANCTION LIMITATION AND EXCLUSION CLAUSE**

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

- The schedule of benefit above will override the General Exclusion list below only in the clauses which has been either specified in both the documents or only mentioned in the Schedule of Benefit.
- For HAAD regulated Insurance policies, the Schedule of Benefits and General Exclusion list will always comply with HAAD regulations.

Exclusion for Health Authority Abu Dhabi HAAD

(Applicable for residents/ work permits within Abu Dhabi & Al Ain)

1. Healthcare Services, which are not medically necessary
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Domiciliary care; private nursing care; care for the sake of travelling.
4. Custodial care includes Non- Medical treatment services; or Health- related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
5. Services which do not require continuous administration by specialized medical personnel.
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
7. Healthcare Services and associated expenses for replacement of an existing breast implant. Cosmetic operations which improve physical appearance and which are related to an Injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body. Breast reconstruction following a mastectomy for cancer is covered.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medically non-approved experimental, research, investigational healthcare services, treatments, devices and pharmacological regimens.
10. Healthcare Services that are not performed by Authorized Healthcare Service Providers, apart from Healthcare Services rendered in a Medical Emergency.
11. Healthcare services, treatments & associated expenses for alopecia, baldness, hair falling, dandruff or wigs.
12. Supplies, Treatment and services for smoking cessation programs and the treatment of nicotine addiction.
13. Non-medically necessary Amniocentesis
14. Treatment, services and surgeries for sex transformation, sterility and sterilization
15. Treatment and services for contraception



16. Treatment and services related to fertility / sterility (treatment including varicocele / polycystic ovary / ovarian cyst / hormonal disturbances / sexual dysfunction).
17. Prosthetic devices and consumed medical equipment, unless approved by the insurance company
18. Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports activities
19. Growth hormone therapy.
20. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
21. Mental Health diseases, in-patient and out-patient treatments, unless the condition is a transient mental disorder or an acute reaction to stress.
22. Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency).
23. Preventive services, including vaccinations, immunizations, allergy testing and desensitization; any physical, psychiatric or psychological examinations or testing during these examinations.
24. Services rendered by any medical provider relevant of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent or child.
25. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during treatment.
26. Healthcare services for adjustment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, by any means, except treatment of fractures and dislocations of the extremities.
27. Healthcare services and treatments) by acupuncture; acupressure, hypnotism, rolfing, massage therapy, aromatherapy, homeopathic treatments, and all forms of treatment by alternative medicine.
28. All Healthcare services & Treatments for in-vitro fertilization (IVF), embryo transport; ovum and male sperms transport
29. Elective diagnostic services and medical treatment for correction of vision
30. Nasal septum deviation and nasal concha resection.
31. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related test/treatment or procedure.
32. Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A.
33. Birth defects, Congenital diseases for newborn &/or Deformities unless life-threatening.
34. Healthcare services for Senile dementia and Alzheimer's disease
35. Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation services.
36. Circumcision healthcare services.
37. Inpatient treatment received without prior approval from the insurance company including cases of Medical Emergency which were not notified within 24 hours from the date of admission.
38. Any inpatient treatment, tests and other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health
39. Any test or treatment, for purpose other than medical such as tests related for employment, travel, licensing or insurance purposes.

40. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions) and all equipment not primarily intended to improve a medical condition or injury, including but not limited to air conditioners or air purifying systems, arch supports, convenience items / options, exercise equipment and sanitary supplies.
41. More than one consultation or follow up with a medical specialist in a single day unless referred by a physician.
42. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient.
43. Services and educational program for handicaps.
44. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
45. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type
46. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
47. Injuries resulting from natural disasters (including but not limited to) earthquakes, tornados and any other type of natural disaster.
48. Injuries resulting from criminal acts or resisting authority by the Insured Person.
49. Healthcare services for patients suffering from AIDS and its complications.
50. Healthcare services for work illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, as amended, and applicable laws in this respect.
51. All cases resulting from the use of alcohol, drugs and hallucinatory substances.
52. Any test or treatment not prescribed by a doctor.
53. Injuries resulting from attempted suicide or self-inflicted injuries.
54. Diagnosis and treatment services for complications of exempted illnesses.
55. All healthcare services for internationally and locally recognized epidemics.
56. Venereal sexually transmitted diseases.

