

# Individual Medical Policy for dependents - DMed

## Table of Benefits

| Type of Benefit                             | Basic plan   |
|---|--|
| Annual limit                                | 150,000 AED  |
| Geographical scope of coverage              | UAE + Home country*<br>*Home country coverage is applicable upon 100% of UAE UCR (Usual, Customary and Reasonable)<br>*Only Inpatient will be covered in home-countries (Outpatient treatment NOT Covered)   |
| Network                                     | NEXtCARE PCP Clinics for outpatient services<br>NEXtCARE RN3 Hospitals for Inpatient and emergency services  |
| Pre-existing conditions-existing conditions | Treatment for chronic and pre- existing conditions excluded for first 6 months of first scheme membership. After 6 months Covered to the annual policy limit <b>subject to Declaration Renewal:</b> is subject to underwriting. Any claimed /declared condition will be covered after renewal confirmation |

## Outpatient services

20% coinsurance payable by the insured

Services are provided in authorized out-patient clinics of hospitals, clinics and health centers called PCP clinic

### Referral procedure:

In respect of Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA, or another competent UAE authority will be payable by the insurer. This process does not apply for obstetricians' consultation.

| Benefit                           | Cover   |
|-----------------------------------|---|
| Laboratory test services          | Covered   |
| Radiology diagnostic              | In cases of non-medical emergencies, the insurance company's prior approval is required for MRI, CT scans and endoscopies     |
| Physiotherapy treatment services  | Prior approval of the insurance company is required.<br>20% coinsurance payable per session<br>Maximum 6 sessions per year.   |
| Mental Health                     | Outpatient counselling  |
| Coverage up to limit of AED 800/- | Outpatient: 30% coinsurance payable by the insured per visit<br>No coinsurance if a follow-up visit is made within seven days |



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| <b>Inpatient services</b>   |  |
|---|--|
| 20% coinsurance payable by the insured with a cap of 500 AED payable per encounter and an annual aggregate cap of 1000 AED. Above these caps the insurer will cover 100% of treatment.  |  |
| In-patient treatment at authorized hospital (RN3)   |  |
| The insured should first consult a general practitioner (or equivalent as designated by DHA-who is licensed by DHA or another competent UAE authority)) at outpatient PCP clinic that will refer him / her to respective RN3 Hospital (within the designated Network) -with diagnosis- for advice, treatment provided by a specialist or consultant for inpatient treatment when medical surgical intervention is recommended. no cost will be payable for referral |  |
| In-patient services will be received in rooms of two or more beds   |  |
| Ground transportation services in the UAE provided by an authorized party for medical emergencies   |  |
| Benefit   | Cover  |
| Tests, diagnosis and /or treatments related to surgeries in hospitals   | Prior approval Required from the insurance company / TPA   |
| Emergency treatment   | Approval required from the insurance company within 24 hours of admission to the authorized hospital |
| Healthcare services for emergency cases   | Prior approval required from the insurance company   |
| (Where a pre-existing or chronic condition develops into an emergency within the 6-month exclusion period this must be covered up to the annual aggregate limit)  | Prior approval required from the insurance company   |
| <b>Companion accommodation:</b>   |  |
| The cost of accommodating a person accompanying an insured child up to the age of 16 years  | Maximum 100 AED per night  |
| 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 100 AED per night  |
| Cancer Treatment:<br>Screening, healthcare services, investigations and treatments only for members who are enrolled under "Patient Support Program" only<br>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.  | Covered as per terms, conditions and exclusions of the program defined by DHA                        |



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|   |                                       |   |
|---|---------------------------------------|---|
| Repatriation costs for the transport of mortal remains to the country of origin | Coverage up to limit of AED 5000/-    | Repatriation costs for the transport of mortal remains to the country of origin |
| Dialysis  | Covered to a limit of AED 60,000/-    | Outpatient: 20% coinsurance payable by the insured per visit                    |
| Organ transplantation   | Coverage up to limit of AED 100,000/- | Outpatient: 20% coinsurance payable by the insured per visit                    |

### Medication

Cost of drugs and medicines up to an annual limit of 2,500 AED (including coinsurance).

30% payable by the insured in respect of each and every prescription.

No cover for drugs and medicines in excess of the annual limit Restricted to a list of formulary products where available

### Preventive Services, Vaccines and immunizations

Essential vaccinations and inoculations for new-born and children as stipulated in the DHA's policies and its updates in the assigned facilities (currently the same as Federal MOH).

Preventive services as stipulated by DHA to include initially diabetes screening

Frequency restricted to: Diabetes: Every 3 years from age 30 High risk individuals annually from age 18

The DHA has to notify authorized insurance companies of any preventive services that will be added to the basic package at least three months in advance of the implementation date and the newly covered preventive services will be covered from that date

### Maternity Benefits

Where any condition develops which becomes an emergency, the medically necessary expenses will be covered up to the annual aggregate limit- **subject to declaration.**

Any pregnancy not declared at the time of this application's coverage will be at the sole discretion of the insurer. The insurer has the right to not cover any maternity claims to any undeclared pregnancy

Pregnancy, which arises within forty calendar days from the date of this application; coverage will also be at the discretion of the insurer.

That applies for new cases

| Benefit   | Cover  |
|---|--|
| <b>Out-patient ante-natal services</b>  | Requires prior approval from the insurance company |
| <p>10% coinsurance payable by the insured 8 visits to PHC;<br/>           All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals<br/> <u>Initial investigations to include:</u></p> <ul style="list-style-type: none"> <li>• FBC and Platelets</li> <li>• Blood group, Rhesus status and antibodies</li> </ul> |  |



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| <ul style="list-style-type: none"> <li>• VDRL</li> <li>• MSU &amp; urinalysis</li> <li>• Rubella serology</li> <li>• HIV</li> <li>• Hep C offered to high risk patients</li> <li>• GTT if high risk</li> <li>• FBS, random s or A1c for all due to high prevalence of diabetes in UAE</li> </ul> <p>Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols 3 ante-natal ultrasound scans</p> |   |  |  |
|---|---|--|--|
| <b>In-patient maternity services</b>  |   | Requires prior approval from the insurance company or within 24 hours of emergency treatment |  |
| <p>10% coinsurance payable by the insured</p> <p>Maximum benefit 10,000 AED Normal Delivery and for medically necessary C-section, complications and for medically necessary termination (All limits include coinsurance)</p>   |   |  |  |
| Benefit   |   | Cover  |  |
| <b>Newborn cover</b>  |   | Cover for 30 days from birth BCG, Hepatitis B and neo-natal screening test                   |  |
| <b>Dental Benefit</b>   | Severe restorative and periodontal treatment only | Coverage up to limit of AED 500/-  | <p>Outpatient: 30% coinsurance payable by the insured per visit</p> <p>No coinsurance if a follow-up visit is made within seven days</p> |

### Excluded healthcare services

(except in cases of medical emergencies only)

| Service   | Condition   |
|---|---|
| Diagnostic and treatment services for dental and gum treatments       | In case of emergency only -Subject to 20% coinsurance |
| Hearing and vision aids, and vision correction by surgeries and laser | In case of emergency only -Subject to 20% coinsurance |



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## **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.

- \* **Nextcare is a specialized policy administrator on behalf of the Insurer The below table explains all the benefits in this policy and how to avail the service.**
- \* **The Policy Wording include full Benefit details, coverage definitions and exclusions All Benefits shown are per insured person, per one-year coverage.**
- \* **All limits and Co-payments are expressed in Arab Emirates Dirham.**
- \* **Insurance coverage is applicable for Dubai visa holders only.**
- \* **Policy cancelation and refund is only applicable if a proof of another insurance/ Residency cancelation is provided. No refund, if claims incurred.**
- \* **Scope of coverage is United Arab Emirates and Home Country for IP treatment.**
- \* **Orient insurance has the right to audit and suspend any policy, if found not eligible for the plan chosen as per the guidelines /or if any incorrect documents are uploaded to the portal. Client and respective sales channels will be informed**

## **General exclusion list is in line with DHA mandated benefit and scope of coverage.**

1. Healthcare Services which are not medically necessary.
2. All expenses relating to dental prostheses, orthodontic treatments, etc.
3. Care for the sake of travelling.
4. Custodial care including
  - (1) Non-medical treatment services;
  - (2) 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 that 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. All cosmetic healthcare services and services associated with replacement of an existing breast implant. Cosmetic operations 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 and breast reconstruction following a mastectomy for cancer are covered.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens.



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10. Healthcare Services that are not performed by Authorized Healthcare Service Providers.
11. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
12. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
13. Treatment and services for contraception.
14. Treatment and services for sex transformation, sterilization or intended to correct a state of sterility or infertility or sexual dysfunction. Sterilization is allowed only if medically indicated and if allowed under the Law.
15. External prosthetic devices and medical equipment.
16. Treatments and services arising as a result of professional sports 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 other professional sports activities.
17. Growth hormone therapy unless medically necessary.
18. Costs associated with hearing tests, prosthetic devices or hearing and vision aids.
19. Patient treatment supplies (including for example: elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments,) excluding supplies required as a result of Healthcare Services rendered during a Medical Emergency.
20. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment);
21. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree relatives.
22. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
23. Healthcare services for adjustment of spinal subluxation.
24. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
25. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
26. Elective diagnostic services and medical treatment for correction of vision.
27. Nasal septum deviation and nasal concha resection.
28. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A, B and C.
29. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
30. Healthcare services for senile dementia and Alzheimer's disease.
31. Air or terrestrial medical evacuation and unauthorized transportation services.



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32. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency that were not notified within 24 hours from the date of admission where possible.
33. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
34. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
35. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, , 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, exercise equipment and sanitary supplies.
36. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
37. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
38. Any expenses related to the treatment of sleep related disorders.
39. Services and educational programs for people of determination, this also includes disability types such as but not limited to mental, intellectual, developmental, physical and/or psychological disabilities.

**Healthcare services outside the scope of health insurance (In Emergency cases as defined by PD02-2017, the following must be covered until stabilization at minimum)**

1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
4. Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other type of natural disaster.
5. Injuries resulting from criminal acts or resisting authority by the Insured Person.
6. Injuries resulting from a road traffic accident.
7. Healthcare services for work related illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, and applicable laws in this respect.
8. All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances.
9. Any investigation or treatment not prescribed by a doctor.
10. Injuries resulting from attempted suicide or self-inflicted injuries.



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11. Diagnosis and treatment services for complications of exempted illnesses.
12. All healthcare services for internationally and/or locally recognized epidemics.
13. Healthcare services for patients suffering from (and related to the diagnosis and treatment of) HIV – AIDS and its complications and all types of hepatitis except virus A, B and C hepatitis.

**For further details, on the services included in the above table/or about any other services not included, Kindly contact Nextcare Call Centre at 04-270-8800**

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