

Table of Benefits

Corporate Group Schemes

Valid from 1st November 2015



The following plans are available for groups who qualify for cover on a medical history disregarded basis (non-underwritten groups). All monetary figures shown are in US Dollars (\$).

Pre-authorization is required for all benefits indicated with a 1 or 2 in the following tables and may be required for other benefits. Please refer to note 2 within the “Notes” section for more information.

	AD Direct Plus	AD Direct
Overall maximum plan benefit USD (\$)	See limits for Core Plan and Out-patient Plan below	\$1,060,000

Core Plans

Core Plan Benefits	AD Direct Plus	AD Direct
Maximum plan benefit USD (\$)	\$10,500,000	Included within overall maximum plan limit
In-patient benefits ¹ - please refer to note 2 for more information on Pre-authorization		
Hospital accommodation ¹	Private room	Private room
Intensive care ¹	Full refund	Full refund
Prescription drugs and materials ¹ (in-patient and day-care treatment only) (prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	Full refund	Full refund
Surgical fees, including anaesthesia and theatre charges ¹	Full refund	Full refund
Physician and therapist fees ¹ (in-patient and day-care treatment only)	Full refund	Full refund
Surgical appliances and materials ¹	Full refund	Full refund
Diagnostic tests ¹ (in-patient and day-care treatment only)	Full refund	Full refund
Organ transplant ¹	Full refund	N/A
Psychiatry and psychotherapy – acute cases ¹ (in-patient and day-care treatment only)	Full refund	Full refund
Psychiatry and psychotherapy – chronic cases ¹ (in-patient and day-care treatment only)	Full refund	N/A
Accommodation costs for one parent staying in hospital with an insured child under 18 ¹	Full refund	\$30 per night
Accommodation costs for an accompanying person staying in hospital in same room in cases of critical conditions ¹	Full refund	\$55 per night
Emergency in-patient dental treatment	Full refund	Full refund
Other benefits - please refer to note 2 for more information on Pre-authorization		
Day-care treatment ²	Full refund	Full refund
Kidney dialysis ²	Full refund	Full refund
Out-patient surgery ²	Full refund	Full refund

Continued overleaf

Core Plan Benefits (continued)	AD Direct Plus	AD Direct
Nursing at home or in a convalescent home ² (immediately after or instead of hospitalization)	\$6,000	N/A
Rehabilitation treatment ² (in-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases)	Full refund	Full refund
Local ambulance	Full refund	Full refund
Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	Full refund, max. 42 days	Full refund, max. 42 days
Medical evacuation ² <ul style="list-style-type: none"> Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre² Where ongoing treatment is required, we will cover hotel accommodation costs² Evacuation in the event of unavailability of adequately screened blood² If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs² 	Full refund	N/A
	Full refund	N/A
	Full refund	N/A
	Full refund, max. 7 days	N/A
Expenses for one person accompanying an evacuated person ²	\$4,250	N/A
Travel costs of insured family members in the event of an evacuation ²	\$2,800 per event	N/A
Repatriation of mortal remains ²	\$14,000	N/A
Travel costs of insured family members in the event of the repatriation of mortal remains ²	\$2,800 per event	N/A
CT scans (in-patient and out-patient treatment)	Full refund	Full refund
MRI ² , PET ² and CT-PET ² scans (in-patient and out-patient treatment)	Full refund	Full refund
Oncology ² (in-patient, day-care and out-patient treatment)	Full refund	Full refund
- Purchase of a wig	\$270 per lifetime	\$270 per lifetime
Routine maternity in Abu Dhabi ² (in-patient and out-patient treatment)	Full refund	Full refund
Routine maternity outside Abu Dhabi ² (in-patient and out-patient treatment)	Full refund	\$6,000
Complications of pregnancy and childbirth ² (100% emergency cover)	Full refund	Full refund
Home delivery	\$1,400	N/A
In-patient cash benefit (per night) (where treatment has been received free of charge)	\$210, max. 25 nights	\$210, max. 25 nights
Emergency out-patient treatment (where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Out-patient Plan)	\$1,050	N/A
Emergency out-patient dental treatment (where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Dental Plan)	Full refund	Full refund
Palliative care ²	Full refund	Full refund
Long term care ²	\$68,100 per lifetime	\$68,100 per lifetime
Prescribed hearing aids (in case of emergency only)	Full refund	Full refund
Prescribed glasses and contact lenses including eye examination (in case of emergency only)	Full refund	Full refund
Laser eye surgery (in case of emergency only)	Full refund	Full refund
Accidental death (insured members aged 18 to 70)	\$14,000	N/A

¹ If Pre-authorization is not obtained for the benefits listed with a 1, **we reserve the right to decline a claim.** If the respective treatment is subsequently proven to be medically necessary, we will pay only **80%** of the eligible benefits.

² If Pre-authorization is not obtained for the benefits listed with a 2, **we reserve the right to decline a claim.** If the respective treatment is subsequently proven to be medically necessary, we will pay only **50%** of the eligible benefits.

Out-patient Plans and Deductible Option

To reduce your Out-patient Plan premium, simply select the optional deductible below and read across to find the applicable premium discount. This deductible can be applied to either one of our Out-patient Plans and where selected is payable per person, per out-patient visit. Also, our premiums are expressed in whole numbers (i.e. without any cents), so please note that percentages may be slightly higher or lower than those stated.

Optional Out-patient Plan Deductible	Discount
No deductible	0% premium discount
\$14 deductible	3.5% premium discount

Please note that the AD Direct Plus Out-patient Plan must be purchased with the AD Direct Plus Core Plan and the AD Direct Out-patient Plan must be purchased with the AD Direct Core Plan.

Out-patient Plan Benefits	AD Direct Plus	AD Direct
Maximum plan benefit USD (\$)	No limit	Included within overall maximum plan limit
Out-patient benefits - please refer to note 2 for more information on Pre-authorization		
Medical practitioner fees	Full refund	Full refund
Prescription drugs (prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	Full refund	Full refund
Specialist fees	Full refund	Full refund (Medical practitioner referral required)
Diagnostic tests	Full refund	Full refund
Vaccinations	Full refund	\$250
Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine, acupuncture and podiatry (max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment)	Full refund	N/A
Prescribed physiotherapy* (initially limited to 12 sessions per condition; limit also applies to prescribed and non-prescribed physiotherapy sessions, where combined)	Full refund	Full refund
- Non-prescribed physiotherapy	5 visits	5 visits
Prescribed speech therapy, oculomotor therapy and occupational therapy ²	Full refund	N/A
Health and wellbeing checks including screening for the early detection of illness or disease Checks are limited to:	\$1,700	N/A
<ul style="list-style-type: none">Physical examinationBlood tests (full blood count, biochemistry, lipid profile, thyroid function test, liver function test, kidney function test)Cardiovascular examination (physical examination, electrocardiogram, blood pressure)Neurological examination (physical examination)Cancer screening<ul style="list-style-type: none">Annual pap smearMammogram (every two years for women aged 45+, or earlier where a family history exists)Prostate screening (yearly for men aged 50+, or earlier where a family history exists)Colonoscopy (every five years for members aged 50+, or 40+ where a family history exists)Annual faecal occult blood testBone densitometry (every five years for women aged 50+)Well child test (for children up to the age of six years old, up to a maximum of 15 visits per lifetime)BRCA1 and BRCA2 genetic test (where a direct family history exists)		
Infertility treatment	\$17,000 per lifetime	N/A
Psychiatry and psychotherapy - acute cases	Full refund	Full refund
Psychiatry and psychotherapy - chronic cases	30 visits	N/A
Prescribed medical aids (you also have full refund cover for prescribed hearing aids under your Core Plan, in the event of an emergency)	Full refund	N/A
Prescribed glasses and contact lenses including eye examination (you also have full refund cover under your Core Plan for prescribed glasses/contact lenses including eye examination, in the event of an emergency)	\$280	N/A

* Deductible does not apply to this benefit.

Dental Plans

One of the following Dental Plans can be purchased with the AD Direct Plus Core Plan or the AD Direct Core Plan. Neither Dental Plan can be bought separately. These Dental Plans are available on a reimbursement basis only i.e. members must pay for dental treatment and then use our Claim Form to obtain reimbursement for eligible expenses.

Dental Plan Benefits	ME Dental 1	ME Dental 2
Maximum plan benefit USD (\$)	No limit	\$2,875
Reimbursement		
Dental treatment	100% refund	80% refund
Dental surgery	100% refund	80% refund
Periodontics	80% refund	80% refund
Orthodontic treatment and dental prostheses	65% refund, up to \$7,100	50% refund

Repatriation Plan

The following Repatriation Plan can be purchased with either of the Core Plans. It cannot be bought separately.

Repatriation Plan Benefits	ME Repatriation Plan
Repatriation benefits - please refer to note 2 for more information on Pre-authorization	
Medical repatriation ²	
<ul style="list-style-type: none">Where the necessary treatment is not available locally, you can choose to be medically repatriated to your home country instead of to the nearest appropriate medical centre²Where ongoing treatment is required, we will cover hotel accommodation costs²Repatriation in the event of unavailability of adequately screened blood²If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs²	Full refund
Expenses for one person accompanying a repatriated person ²	Full refund
Travel costs of insured family members in the event of a repatriation ²	Full refund, max. 7 days
Travel costs of insured members to be with a family member who is at peril of death or who has died	\$4,250
	\$2,800 per event
	\$2,125 per lifetime

Notes

1. Area of cover

We offer a range of options in relation to geographical cover.

2. Pre-authorization

Certain treatments and costs require submission of a Pre-authorization Form in advance. Following approval by us, cover for these required treatments or costs can then be guaranteed. In the Table of Benefits, benefits which require pre-approval through submission of a Pre-authorization Form are indicated by either a ¹ or a ². These benefits are listed below, along with further important details:

- All in-patient benefits¹ listed
- Day-care treatment²
- Kidney dialysis²
- Out-patient surgery²
- Nursing at home or in a convalescent home²
- Rehabilitation treatment²
- Medical evacuation² (or repatriation² where covered)
- Travel costs of insured family members in the event of an evacuation/repatriation²
- Expenses for one person accompanying an evacuated/repatriated person²
- Repatriation of mortal remains²
- Travel costs of insured family members in the event of the repatriation of mortal remains²
- MRI² (Magnetic Resonance Imaging), PET² (Positron Emission Tomography) and CT-PET² scans
- Oncology² (in-patient and day-care treatment only)
- Routine maternity² and complications of pregnancy and childbirth² (in-patient treatment only)
- Palliative care²
- Long term care²
- Occupational therapy² (out-patient treatment only)

Your healthcare policy is administered by NEXtCARE. NEXtCARE's full contact details are provided in the Employee Benefit Guide issued at policy inception.

If you choose to be treated within the provider network then your medical provider will automatically deal directly with NEXtCARE for Pre-authorization, where necessary. However, where you choose to be treated outside of the network you will need to ensure that you contact NEXtCARE for the necessary Pre-authorization. Full details of our Pre-authorization process are provided in the Employee Benefit Guide issued at policy inception.

¹ If Pre-authorization is not obtained for the benefits listed with a 1, we reserve the right to decline a claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only 80% of the eligible benefits.

² If Pre-authorization is not obtained for the benefits listed with a 2, we reserve the right to decline a claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only 50% of the eligible benefits.

In the case of an emergency, NEXtCARE should be informed within 48 hours of the event to ensure that no Pre-authorization penalty will apply to the claim.

3. Claims process

We have a simple claims process in place to ensure that members can seek reimbursement for any medical expenses which are not being handled on a direct settlement (cashless) basis. Claim Forms can be obtained from NEXtCARE. Full details of our claims process are provided in the Employee Benefit Guide issued at policy inception.

4. Benefit limits

There are two kinds of benefit limits shown in the Table of Benefits. The **maximum plan benefit**, which applies to certain plans, is the maximum we will pay for all benefits in total, per member, per Insurance Year, under that particular plan. Some benefits also have a **specific benefit limit**, for example "Emergency out-patient dental treatment". Specific benefit limits may be provided on a "per Insurance Year" basis, a "per lifetime" basis or on a "per event" basis, such as per trip, per visit or per pregnancy. In some instances we will pay a percentage of the costs for the specific benefit e.g. "65% refund, up to \$7,100". Where a specific benefit limit applies, or where the term "Full refund" appears next to certain benefits, the refund is subject to the maximum plan benefit, if one applies to your plan(s). All limits are per member, per Insurance Year, unless otherwise stated in your Table of Benefits.

5. Policy terms and conditions

This Table of Benefits provides an outline of the cover we provide under each plan. Cover is subject to our policy terms and conditions, as detailed in our Employee Benefit Guide which is issued to members upon policy inception.

6. Choice of three hospital networks

Groups that choose the AD Direct Plus Core Plan have a choice of three hospital networks, the "General Plus Network including SEHA Providers" (GN+ incl. SEHA), the "General Plus Network" (GN+) or the "General Network" (GN). Groups who choose the AD Direct Core Plan have access to the General Network (GN) and premiums have been adjusted to reflect this.

If you have any queries, please do not hesitate to contact us:

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