

# Table of Benefits

## Corporate Group Schemes

Valid from 1<sup>st</sup> 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 <sup>1</sup> or <sup>2</sup> in the following tables and may be required for other benefits. Please refer to note 2 within the “Notes” section for more information.

## Core Plans

Core Plan Benefits	Premier Direct	Executive Direct	Classic Direct	Select Direct
Maximum plan benefit USD (\$)	\$10,500,000	\$2,100,000	\$1,600,000	\$1,060,000
In-patient benefits <sup>1</sup> - please refer to note 2 for more information on Pre-authorization				
Hospital accommodation <sup>1</sup>	Private room	Private room	Private room	Private room
Intensive care <sup>1</sup>	Full refund	Full refund	Full refund	Full refund
Prescription drugs and materials <sup>1</sup> (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	Full refund	Full refund
Surgical fees, including anaesthesia and theatre charges <sup>1</sup>	Full refund	Full refund	Full refund	Full refund
Physician and therapist fees <sup>1</sup> (in-patient and day-care treatment only)	Full refund	Full refund	Full refund	Full refund
Surgical appliances and materials <sup>1</sup>	Full refund	Full refund	Full refund	Full refund
Diagnostic tests <sup>1</sup> (in-patient and day-care treatment only)	Full refund	Full refund	Full refund	Full refund
Organ transplant <sup>1</sup>	Full refund	Full refund	Full refund	\$71,000
Psychiatry and psychotherapy <sup>1</sup> (in-patient and day-care treatment only)	Full refund	\$25,000	\$18,000	\$14,000
Accommodation costs for one parent staying in hospital with an insured child under 18 <sup>1</sup>	Full refund	Full refund	Full refund	Full refund
Emergency in-patient dental treatment	Full refund	Full refund	Full refund	Full refund
Other benefits - please refer to note 2 for more information on Pre-authorization				
Day-care treatment <sup>2</sup>	Full refund	Full refund	Full refund	Full refund
Kidney dialysis <sup>2</sup>	Full refund	Full refund	Full refund	Full refund
Out-patient surgery <sup>2</sup>	Full refund	Full refund	Full refund	Full refund
Nursing at home or in a convalescent home <sup>2</sup> (immediately after or instead of hospitalization)	\$6,000	\$5,000	\$3,550	\$3,550
Rehabilitation treatment <sup>2</sup> (in-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases)	\$6,250	\$4,690	\$3,550	\$2,800

Continued overleaf

Core Plan Benefits (continued)	Premier Direct	Executive Direct	Classic Direct	Select Direct
Local ambulance	Full refund	Full refund	Full refund	\$710
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	Full refund, max. 42 days	Up to \$14,000, max. 42 days
Medical evacuation <sup>2</sup>				
• Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre <sup>2</sup>	Full refund	Full refund	Full refund	Full refund
• Where ongoing treatment is required, we will cover hotel accommodation costs <sup>2</sup>	Full refund	Full refund	Full refund	Full refund
• Evacuation in the event of unavailability of adequately screened blood <sup>2</sup>	Full refund	Full refund	Full refund	Full refund
• If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs <sup>2</sup>	Full refund, max. 7 days	Full refund, max. 7 days	Full refund, max. 7 days	Full refund, max. 7 days
Expenses for one person accompanying an evacuated person <sup>2</sup>	\$4,250	\$4,250	\$4,250	\$4,250
Travel costs of insured family members in the event of an evacuation <sup>2</sup>	\$2,800 per event	\$2,800 per event	\$2,800 per event	\$2,800 per event
Repatriation of mortal remains <sup>2</sup>	\$14,000	\$14,000	\$14,000	\$14,000
Travel costs of insured family members in the event of the repatriation of mortal remains <sup>2</sup>	\$2,800 per event	\$2,800 per event	\$2,800 per event	\$2,800 per event
CT scans (in-patient and out-patient treatment)	Full refund	Full refund	Full refund	Full refund
MRI <sup>2</sup> , PET <sup>2</sup> and CT-PET <sup>2</sup> scans (in-patient and out-patient treatment)	Full refund	Full refund	Full refund	Full refund
Oncology <sup>2</sup> (in-patient, day-care and out-patient treatment)	Full refund	Full refund	Full refund	Full refund
- Purchase of a wig	\$270 per lifetime	\$270 per lifetime	\$270 per lifetime	\$270 per lifetime
Routine maternity <sup>2</sup> (in-patient and out-patient treatment)	Full refund	\$8,500, per pregnancy	N/A	\$5,650, per pregnancy
Complications of pregnancy and childbirth <sup>2</sup>	Full refund	Full refund	Full refund	\$11,300
Home delivery	\$1,400	N/A	N/A	N/A
In-patient cash benefit (per night) (where treatment has been received free of charge)	\$210, max. 25 nights	\$210, max. 25 nights	\$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	\$1,050	\$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)	\$1,050	\$1,050	N/A	N/A
Palliative care <sup>2</sup>	Full refund	Full refund	Full refund	Full refund
Long term care <sup>2</sup>	Full refund, max. 90 days per lifetime	Full refund, max. 90 days per lifetime	Full refund, max. 90 days per lifetime	Full refund, max. 90 days per lifetime
Accidental death (insured members aged 18 to 70)	\$14,000	N/A	N/A	N/A

<sup>1</sup> If Pre-authorization is not obtained for the benefits listed with a <sup>1</sup>, **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.

<sup>2</sup> If Pre-authorization is not obtained for the benefits listed with a <sup>2</sup>, **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 Deductibles

To reduce your Out-patient Plan premium, simply select an optional deductible from the list below and read across to find the relevant premium discount. Where a deductible is selected it is payable per person, per out-patient visit. Also, our premiums are expressed in whole numbers (i.e. without any cents), therefore, percentages may be slightly higher or lower than those stated below.

Optional Out-patient Plan Deductibles	Discount
No deductible	0% premium discount
\$10	2% premium discount
\$14	3.5% premium discount
\$15	4% premium discount
\$20	5% premium discount
\$25	6% premium discount
\$50	15% premium discount

The following Out-patient Plans can be purchased with any of our Core Plans. They cannot be bought separately.

Out-patient Plan Benefits	Gold Direct	Silver Direct	Pearl Direct
Maximum plan benefit USD (\$)	No limit	\$16,200	\$10,800
Out-patient benefits - please refer to note 2 for more information on Pre-authorization			
Medical practitioner fees	Full refund	Full refund	\$1,400
Prescription drugs (prescription drugs are those which legally can only be purchased when you have a doctor's prescription)	Full refund	Full refund	\$1,400
Specialist fees	Full refund	Full refund	Full refund
Diagnostic tests	Full refund	Full refund	Full refund
Vaccinations	Full refund	Full refund	Full refund
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, subject to the benefit limit)	Full refund	Full refund	\$1,400
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	\$1,400
- Non-prescribed physiotherapy	5 visits	5 visits	5 visits
Prescribed speech therapy, oculomotor therapy and occupational therapy <sup>2</sup>	Full refund	Full refund	\$ 1,400
Health and wellbeing checks including screening for the early detection of illness or disease Checks are limited to: <ul style="list-style-type: none"><li>Physical examination</li><li>Blood tests (full blood count, biochemistry, lipid profile, thyroid function test, liver function test, kidney function test)</li><li>Cardiovascular examination (physical examination, electrocardiogram, blood pressure)</li><li>Neurological examination (physical examination)</li><li>Cancer screening<ul style="list-style-type: none"><li>Annual pap smear</li><li>Mammogram (every two years for women aged 45+, or earlier where a family history exists)</li><li>Prostate screening (yearly for men aged 50+, or earlier where a family history exists)</li><li>Colonoscopy (every five years for members aged 50+, or 40+ where a family history exists)</li><li>Annual faecal occult blood test</li></ul></li><li>Bone densitometry (every five years for women aged 50+)</li><li>Well child test (for children up to the age of six years old, up to a maximum of 15 visits per lifetime)</li><li>BRCA1 and BRCA2 genetic test (where a direct family history exists; Gold Direct Plan only)</li></ul>	\$1,700	\$850	N/A
Infertility treatment	\$17,000 per lifetime	\$17,000 per lifetime	N/A
Psychiatry and psychotherapy	30 visits	20 visits	N/A
Emergency out-patient dental treatment	N/A	N/A	Full refund
Routine dental treatment	N/A	N/A	\$710
Prescribed medical aids	Full refund	\$3,550	\$1,400
Prescribed glasses and contact lenses including eye examination	\$280	\$280	\$280

# Dental Plans

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

Middle East Dental Plan Benefits	ME Dental 1	ME Dental 2
Maximum plan benefit USD (\$)	No limit	\$2,875
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 any 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 <sup>2</sup>	Full refund
<ul style="list-style-type: none"><li>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 centre<sup>2</sup></li><li>Where ongoing treatment is required, we will cover hotel accommodation costs<sup>2</sup></li><li>Repatriation in the event of unavailability of adequately screened blood<sup>2</sup></li><li>If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs<sup>2</sup></li></ul>	Full refund
Expenses for one person accompanying a repatriated person <sup>2</sup>	Full refund
Travel costs of insured family members in the event of a repatriation <sup>2</sup>	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 <sup>1</sup> or a <sup>2</sup>. These benefits are listed below, along with further important details:

- All in-patient benefits<sup>1</sup> listed
- Day-care treatment<sup>2</sup>
- Kidney dialysis<sup>2</sup>
- Out-patient surgery<sup>2</sup>
- Nursing at home or in a convalescent home<sup>2</sup>
- Rehabilitation treatment<sup>2</sup>
- Medical evacuation<sup>2</sup> (or repatriation where covered)
- Expenses for one person accompanying an evacuated/repatriated person<sup>2</sup>
- Travel costs of insured family members in the event of an evacuation/repatriation<sup>2</sup>
- Repatriation of mortal remains<sup>2</sup>
- Travel costs of insured family members in the event of the repatriation of mortal remains<sup>2</sup>
- MRI<sup>2</sup> (Magnetic Resonance Imaging), PET<sup>2</sup> (Positron Emission Tomography) and CT-PET<sup>2</sup> scans
- Oncology<sup>2</sup> (in-patient and day-care treatment only)
- Routine maternity<sup>2</sup> and complications of pregnancy and childbirth<sup>2</sup> (in-patient treatment only)
- Palliative care<sup>2</sup>
- Long term care<sup>2</sup>
- Occupational therapy<sup>2</sup> (out-patient treatment only)

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

<sup>1</sup> If Pre-authorization is not obtained for the benefits listed with a <sup>1</sup>, **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.

<sup>2</sup> If Pre-authorization is not obtained for the benefits listed with a <sup>2</sup>, **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, we 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 us. 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 "Nursing at home or in a convalescent home". 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

Please note that groups on the **International Healthcare Plans for the UAE** (Direct Settlement) have a choice of three hospital networks: the "Comprehensive Network", the "Standard Plus Network" and the "Standard Network". The "Standard Plus Network" offers access to all of the medical providers in the "Comprehensive Network" except for the Dubai based American Hospital. The "Standard Network" will also offer access to all of the medical providers in the "Standard Plus Network", except for the Dubai based Welcare Hospital and the City Hospital.

We have contractual arrangements in place with a large number of clinics/hospitals and pharmacies in the UAE. Upon presentation of an Access Card (plus a Pharmacy Services Claim Form, in the case of pharmacies) each of these clinics/hospitals and pharmacies will provide their services and products without seeking immediate payment from you (unless the prescribed treatment is specifically excluded under your policy). Please note that where provided under the following benefits, cover is available on a reimbursement basis only i.e. you will have to pay for eligible treatment and then complete and submit a Claim Form for:

- Health and wellbeing checks including screening for the early detection of illness or disease
- Prescribed glasses and contact lenses including eye examination
- All dental benefits

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

**Cheryl Beattie**

Tel: + 971 56 9968347

Email: [cheryl.beattie@international-healthcare.com](mailto:cheryl.beattie@international-healthcare.com)

**Matthew Stalgis**

Tel: + 971 56 1774580

Email: [matthew.stalgis@international-healthcare.com](mailto:matthew.stalgis@international-healthcare.com)