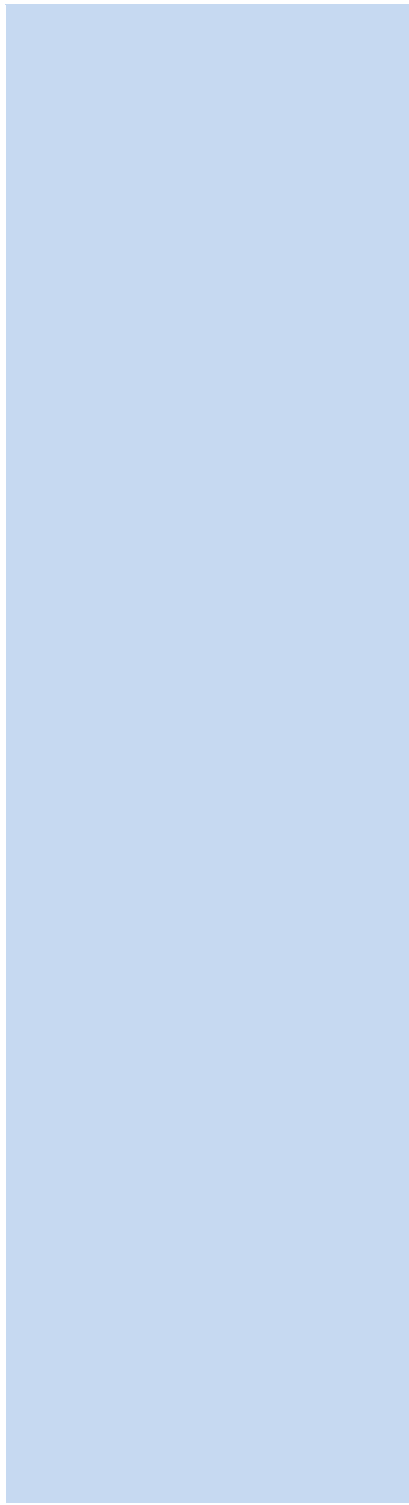


FALCON BASIC PLAN

BENEFITS	LIMITS & COVERAGE	DESCRIPTION
NETWORK	DUBAICARE N1	EXCLUDING ALL SERVICES IN AHD
AMERICAN HOSPITAL (AHD)	NOT COVERED	ALL EXPENSES FROM AHD ARE EXCLUDED.
COMPLIANCE	DHA COMPLIANT PRODUCT	NON-HAAD COMPLIANT
MAXIMUM ANNUAL LIMIT	AED 250,000	MAXIMUM AGGREGATE ANNUAL LIMIT PER INSURED PERSON
AREA OF COVER ELECTIVE TREATMENT	UAE AND HOME COUNTRY	HOME COUNTRY: ANYWHERE IN THE WORLD EXCLUDING USA AND CANADA ON REIMBURSEMENT BASIS AND SUBJECT TO 20% CO-INSURANCE OF DUBAICARE TARIFF RATES
AREA OF COVER EMERGENCY TREATMENT	UAE AND HOME COUNTRY	HOME COUNTRY: ANYWHERE IN THE WORLD EXCLUDING USA AND CANADA ON REIMBURSEMENT BASIS AND SUBJECT TO 20% CO-INSURANCE OF DUBAICARE TARIFF RATES
DIRECT BILLING INSIDE NETWORK INSIDE UAE	AVAILABLE	100% WITHIN N1 – THE APPLICABLE NETWORK OF APPROVED PROVIDERS
OUT OF NETWORK INSIDE UAE	AVAILABLE	ON REIMBURSEMENT BASIS AND SUBJECT TO 20% CO-INSURANCE OF DUBAICARE TARIFF RATES
CLAIMS OUTSIDE UAE INSIDE AREA OF COVER	COVERED	ON REIMBURSEMENT BASIS AND SUBJECT TO 20% CO-INSURANCE OF DUBAICARE TARIFF RATES
CLAIMS OUTSIDE AREA OF COVER	NOT COVERED	ALL CLAIMS (NON – EMERGENCY) OUTSIDE OF AREA OF COVER ARE EXCLUDED
PRE-EXISTING & CHRONIC CONDITIONS	COVERED UP TO AED 150,000	ALL TREATMENTS RELATED TO PREEXISTING AND CHRONIC CONDITIONS
OUT-PATIENT DEDUCTIBLE	20% COINSURANCE MAXIMUM OF AED 50	CO-PAYMENT PER VISIT PER TREATMENT AND NO CO-PAYMENT IF A FOLLOW-UP VISIT IS MADE WITHIN SEVEN DAYS
OVERALL INPATIENT & OUTPATIENT	COVERED	UP TO ANNUAL LIMIT

TREATMENTS & EXPENSES		
ROOM & BOARD	COVERED	PRIVATE ROOM
ICU	COVERED	
EMERGENCY EVACUATION	COVERED	INTERNATIONAL SOS WITHIN AREA OF COVER
ORGAN TRANSPLANT	COVERED	ALL EXPENSES FOR INSURED RECIPIENT ONLY.
PHYSIOTHERAPY (IN & OUTPATIENT)	COVERED	SUBJECT TO PREAPPROVAL
ONCOLOGY, CHEMOTHERAPY AND RADIATION	COVERED	
COMPANION ROOM & BOARD	COVERED	WHETHER ADULT OR CHILD MAXIMUM OF AED 150 PER DAY FOR ACCOMPANYING AN INSURED PERSON
HOSPITAL CASH BENEFIT	NOT COVERED	
AMBULANCE SERVICE	COVERED	FOR EMERGENCY CASES ONLY
GOVERNMENT HOSPITALS	COVERED	ON REIMBURSEMENT BASIS AND SUBJECT TO 20% CO-INSURANCE OF DUBAICARE TARIFF RATES
DAY CARE AND DAY SURGERY	COVERED	
PRESCRIBED MEDICINE	COVERED	
DIAGNOSTIC TESTS	COVERED	
ALTERNATIVE MEDICINE AND TREATMENT	AED 2,500	COVERED ON REIMBURSEMENT BASIS WITH 10% COINSURANCE OF R&C INCLUDING SESSIONS/ CONSULTATION AND LIMITED TO: CHIROPRACTIC, HERBAL MEDICINE, HOMOEOPATHY, ACUPUNCTURE, OSTEOPATHY , CHINESE MEDICINE AND AYURVEDIC TREATMENT ONLY.
VACCINATION	COVERED	COVERED FOR INSURED CHILD UP TO 6 YEARS - ESSENTIAL VACCINATIONS AND INOCULATIONS AS STIPULATED IN THE MOH
RENAL DIALYSIS	NOT COVERED	
AIDS	NOT COVERED	
PSYCHIATRIC TREATMENT INPATIENT	NOT COVERED	
PSYCHIATRIC TREATMENT OUTPATIENT	NOT COVERED	
OVER ALL MATERNITY	COVERED UP TO AED 150,000	<u>OVERALL LIMIT: AED 150,000</u>



DIRECT BILLING: WITHIN NETWORK
OUTSIDE NETWORK:

ON REIMBURSEMENT BASIS AND
SUBJECT TO 20% CO-INSURANCE OF
DUBAICARE TARIFF RATES

OUTSIDE UAE WITHIN AREA OF
COVER:

ON REIMBURSEMENT BASIS AND
SUBJECT TO 20% CO-INSURANCE OF
DUBAICARE TARIFF RATES

OUTSIDE AREA OF COVER:
NOT COVERED

OUTPATIENT MATERNITY: TO
COVER ANTENATAL SERVICES AND
EXPENSES SUBJECT TO 10%
COINSURANCE

INPATIENT MATERNITY:
SUBJECT TO PREAPPROVAL
NORMAL DELIVERY LIMIT : AED
10,000
C-SECTION: AED 15,000
DEDUCTIBLE: AED 0
MAXIMUM ANNUAL LIMIT TO
APPLY IN CASE OF DELIVERY
COMPLICATIONS OR MEDICALLY
NECESSARY TERMINATION

NEW BORN COVER:
COVERED FROM 30 DAYS FROM
BIRTH
BCG, HEPATITIS B, NEONATAL
SCREENING TEST,
(PHYENYLKETONURIA (PKU) ,
CONGENITAL HYPOTHYROIDISM,
SICKLE CELL SCREENING,
CONGENITAL ADRENAL
HYPERPLASIA)

DENTAL BENEFITS

NOT COVERED

OPTICAL

NOT COVERED

MEDICAL EMERGENCIES DIAGNOSTIC AND

COVERED

ON REIMBURSEMENT BASIS AND

TREATMENT SERVICES FOR DENTAL GUM TREATMENT, HEARING & VISION AIDS, AND VISION CORRECTION BY SURGERIES AND LASER		SUBJECT TO 20% CO-INSURANCE R&C
ANNUAL CHECKUPS (WELLNESS BENEFIT) AT DESIGNATED PROVIDERS PREAPPROVAL REQUIRED	NOT COVERED	ONLY PREVENTIVE SERVICES AS STIPULATED BY DHA TO INCLUDE INITIAL DIABETES SCREENING ARE COVERED
CANCER SCANNING AT DESIGNATED PROVIDERS PREAPPROVAL REQUIRED	NOT COVERED	
LIFE INSURANCE / REPATRIATION	NOT COVERED	
CRITICAL ILLNESS (LIFE THREATENING CANCER ONLY)	NOT COVERED	

SPECIMEN