

FALCON 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	REGIONAL	UAE, GCC, ME, SEA, ISC
AREA OF COVER EMERGENCY TREATMENT	WORLDWIDE EXCLUDING USA & CANADA	ALL EMERGENCY LIFE /THREATENING TREATMENTS TAKING PLACE OUTSIDE ELECTIVE AREA OF COVER ON REIMBURSEMENT BASIS AND SUBJECT TO 20% CO-INSURANCE R&C
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 R&C
CLAIMS OUTSIDE UAE INSIDE AREA OF COVER	COVERED	ON REIMBURSEMENT BASIS AND SUBJECT TO 20% CO-INSURANCE R&C
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	
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 TREATMENTS & EXPENSES	COVERED	UP TO ANNUAL LIMIT
ROOM & BOARD	COVERED	PRIVATE ROOM
ICU	COVERED	
EMERGENCY EVACUATION	COVERED	INTERNATIONAL SOS
ORGAN TRANSPLANT	COVERED	ALL EXPENSES FOR INSURED RECIPIENT AS WELL AS DONOR EXCLUDING THE COST OF ORGAN.
PHYSIOTHERAPY (IN & OUTPATIENT)	COVERED	SUBJECT TO PREAPPROVAL
ONCOLOGY, CHEMOTHERAPY AND	COVERED	

RADIATION		
COMPANION ROOM & BOARD	COVERED	WHETHER ADULT OR CHILD MAXIMUM OF AED 300 PER DAY FOR ACCOMPANYING AN INSURED PERSON
HOSPITAL CASH BENEFIT	AED 200 PER NIGHT	
AMBULANCE SERVICE	COVERED	FOR EMERGENCY CASES ONLY
GOVERNMENT HOSPITALS	COVERED	ON REIMBURSEMENT BASIS AND SUBJECT TO 20% CO-INSURANCE R&C
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 ALL ADULT MEMBERS MAXIMUM OF AED 200 PER VACCINE. ESSENTIAL VACCINATIONS AND INOCULATIONS FOR NEWBORN AND CHILDREN AS STIPULATED BY DHA.
RENAL DIALYSIS	COVERED	SHORT AND LONG TERM RENAL FAILURE/DIALYSIS FOR KIDNEY FAILURE CASES WHICH OCCUR IN THE POLICY PERIOD AND NOT RESULTING FROM PREEXISTING CONDITIONS AND SYMPTOMS.
AIDS	AED 1,500	ON REIMBURSEMENT BASIS FOR ALL COSTS RELATED TESTS REQUIRED TO INVESTIGATE HIV/AIDS. THIS BENEFIT SHALL STAND AS EXCLUSION IF THE RESULT OF THE TEST IS SHOWN AS NEGATIVE.
PSYCHIATRIC TREATMENT INPATIENT	AED 5,000	ON REIMBURSEMENT BASIS AND SUBJECT TO 20% CO-INSURANCE R&C SUBJECT TO PREAPPROVAL
PSYCHIATRIC TREATMENT OUTPATIENT	AED 2,500	ON REIMBURSEMENT BASIS AND

OVER ALL MATERNITY BENEFIT

COVERED UP TO AED 150,000

SUBJECT TO 20% CO-INSURANCE R&C
SUBJECT TO PREAPPROVAL

OVERALL LIMIT: AED 150,000

DIRECT BILLING: WITHIN NETWORK

OUTSIDE NETWORK:

ON REIMBURSEMENT BASIS AND

SUBJECT TO 20% CO-INSURANCE R&C

OUTSIDE UAE WITHIN AREA OF

COVER:

ON REIMBURSEMENT BASIS AND

SUBJECT TO 20% CO-INSURANCE R&C

APPLIES INCASE OF INPATIENT

TREATMENT OTHERWISE EXCLUDED FOR
OUTPATIENT SERVICES.

OUTSIDE AREA OF COVER:

NOT COVERED

OUTPATIENT MATERNITY:

TO COVER ANTENATAL SERVICES AND
EXPENSES SUBJECT TO 10%
COINSURANCE

INPATIENT MATERNITY:

SUBJECT TO PREAPPROVAL

MAXIMUM OF AED 25,000 FOR
INPATIENT DELIVERY (NORMAL OR
C-SECTION)

DEDUCTIBLE: AED 0

MAXIMUM ANNUAL LIMIT TO APPLY IN
CASE OF DELIVERY COMPLICATIONS OR
MEDICALLY NECESSARY TERMINATION.

BIRTH DEFECTS AND CONGENITAL
ANOMALIES:

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

		HYPERPLASIA)
		<u>CONGENITAL TREATMENT</u> : COVERED FOR FIRST 7 DAYS OF DELIVERY
DENTAL BENEFITS	AED 3,500	ELECTIVE NON-EMERGENCY: ON REIMBURSEMENT BASIS AND SUBJECT TO 20% CO-INSURANCE R&C BENEFITS: <ul style="list-style-type: none"> - X-RAY - EXTRACTIONS - AMALGAM/COMPOSITE FILLINGS - ROOT CANAL - PRESCRIBED DRUGS - CONSULTATION - SURGICAL INTERVENTIONS - BRIDGEWORK & CROWNS - TOOTH SCALING & BLEACHING - GUM TREATMENT
OPTICAL	AED 1,500	ELECTIVE NON-EMERGENCY ON REIMBURSEMENT BASIS AND SUBJECT TO 20% CO-INSURANCE R&C BENEFITS: <ul style="list-style-type: none"> - CONSULTATION FEES - PRESCRIBED MEDICINE PRESCRIBED EYE GLASSES (NO FRAMES)
MEDICAL EMERGENCIES DIAGNOSTIC AND TREATMENT SERVICES FOR DENTAL GUM TREATMENT, HEARING & VISION AIDS, AND VISION CORRECTION BY SURGERIES AND LASER	COVERED	ON REIMBURSEMENT BASIS AND SUBJECT TO 20% CO-INSURANCE R&C
ANNUAL CHECKUPS (WELLNESS BENEFIT) AT DESIGNATED PROVIDERS PREAPPROVAL REQUIRED	COVERED	NO DEDUCTIBLE COVERED SERVICES: <ul style="list-style-type: none"> - PHYSICAL EXAMINATION (GP) - ELECTROCARDIOGRAM (ECG) - COMPLETE BLOOD COUNT (CBC) - BLOOD UREA NITROGEN - TOTAL CHOLESTEROL

		<ul style="list-style-type: none"> - FASTING BLOOD SUGAR - CREATININE - URINALYSIS - STOOL EXAMINATION - SERUM GLUTAMIC OXALOACETIC TRANSAMINASE (SGOT) - SERUM GLUTAMIC – PYRUVATE TRANSAMINASE (SGPT)
CANCER SCANNING AT DESIGNATED PROVIDERS PREAPPROVAL REQUIRED	COVERED	<p>ANNUAL BREAST CANCER SCREENING (FEMALE >35 YEARS) INCLUDES:</p> <ul style="list-style-type: none"> - CLINICAL EXAMINATION - MAMMOGRAM - PELVIC SONOGRAM (IF MEDICALLY INDICATED) - CA 15.3 (IF MEDICALLY INDICATED) <p>ANNUAL PROSTATE CANCER SCREENING (MALE >45 YEARS) INCLUDES:</p> <ul style="list-style-type: none"> - CLINICAL EXAMINATION - PSA - RECTAL SONOGRAM
LIFE INSURANCE / REPATRIATION	AED 50,000	DEATH DUE TO ANY CAUSE/ MORTAL REMAINS APPLICABLE TO EMPLOYEES AND SPOUSES ONLY UP TO AGE 64.
CRITICAL ILLNESS (LIFE THREATENING CANCER ONLY)	AED 50,000	PAYABLE UPON LIFE THREATENING CANCER DIAGNOSIS COVER IS APPLICABLE TO ALL MEMBERS UP TO AGE 64 YEARS.