Gulfhealth Options

Insured by National Takaful Company Watania PJSC



Table of benefits

We have set out a schedule of benefits applicable to your cover. Full details of these including the terms, conditions and exclusions can be found in the Policy Wording.

Plans designed by Morgan Price International Healthcare Ltd.



1 Maximum Sum Insured and Area of Cover	• Enhanced modules ava	ailable
Overall maximum sum insured This is the maximum amount of money we will pay in respect of all benefits available under the selected level to each insured person in each period of insurance unless otherwise stated. Benefit provisions where the limit is Full Refund are collectively subject to the overall maximum benefit applying.	\$2,000,000	
Area of cover: Out-Patient Cover Area in which you are applicable for medical treatment	WW exc USA	+
Area of cover: In-Patient and Day-Patient Cover Area in which you are applicable for medical treatment	WW exc USA	÷
In-patient and Out-Patient Direct Billing Network As per Tier 1 network list of selected Third Party Administrator, terms and conditions apply.	100%	
Out Of UAE Network Treatment outside of your selected UAE network	80%	
2 Out-Patient Benefits	Enhanced modules avo	ailable
Out-Patient Services The services of a physician and/or consultant including: diagnostic tests; investigations including ECG, x-rays, pathology, histology, MRI/CT/PET scans and minor surgery in a doctors' clinic/consulting rooms.	Full Refund	
Physiotherapy Amount available for the treatment of Physiotherapy, maximum 10 sessions per year.	10 sessions per year	÷
Prescription drugs Prescribed drugs, medicines, slings, supports and bandages.	Full Refund	
Mobility aids The cost of hiring mobility aids including: walking sticks or frames; wheelchairs and crutches.	\$1,800	
Alternative therapies Chiropractic, Homeopathy, Osteopathy, Acupuncture, Ayurvedic, Herbal and Chinese Medicines, provided by a licensed practitioner, including prescribed drugs and medicines.	\$1,000	
Child vaccination Routine and preventative vaccinations for an insured child up to age 10. Included as per Ministry of Health list.	Full Refund (reimbursement onl	y)

3 In-Patient and Day-Patient Benefits

In-Patient Treatment The cost of hospital accommodation in a standard single bedded room, nursing, operating theatre fees, high dependency/ intensive care/coronary care unit, special nursing fees, surgeons' fees, anaesthetics fees, consultant's fees, physician fees, diagnostic procedures (including x-rays), pathology, MRI/CT/ PET scans, physiotherapy and prescribed drugs and medicines.	Full Refund
Day-Patient Treatment The cost of hospital accommodation, operating theatre fees, nursing fees, surgeons' fees, anaesthetist's fees, consultants' fees, physicians' fees, diagnostic procedures and prescribed drugs and medicines. This benefit is applicable for Medical treatment provided in a hospital where an insured person is formally admitted but is not required, out of medical necessity, to stay overnight.	Full Refund
Organ implantation Costs directly related to the implantation of the following natural human organs: kidney, heart and lung.	Full Refund
Rehabilitation Rehabilitation, received on an in-patient and day-patient basis in a recognised rehabilitation unit, where under the supervision and direction of a physician.	120 days
Surgical appliances Surgical appliances or prosthesis where used as an integral part of a surgical procedure and fitted inside the body.	Full Refund
Accomodation to stay with child Hospital accommodation costs for one insured person to stay with an insured child dependant, who is under age 16, and being admitted to hospital as an in-patient for medical treatment covered by this policy.	Full Refund
Additional hospital accomodation Accommodation of one accompanying person to stay in the same room in the hospital in case of critical conditions.	Full Refund
Newborn child accomodation Hospital accommodation for the newborn immediately following birth.	Full Refund
4 Pre-existing Conditions	
Pre-existing benefit Out-Patient Treatment for pre existing medical conditions.	Full Refund
Pre-existing benefit In-Patient Treatment for pre existing medical conditions.	Full Refund

5 Newly Diagnosed Chronic Conditions	+ Enhanced mo	dules available
Acute treatment of a newly diagnosed chronic medical condition In-patient, day-patient and out-patient treatment including: diagnostic tests, investigations and prescribed drugs and medicines; for the medical treatment of acute exacerbations of a chronic medical condition.	Full Refund	
Routine management and palliative treatment for each newly diagnosed chronic medical condition In-patient, day-patient and out-patient treatment including: diagnostic tests, investigations and prescribed drugs and medicines; for the medical treatment, routine management and palliative treatment of a chronic medical condition	\$50,000	
6 Cancer Care		
Cancer Care Out-Patient Including fees that are related specifically to planning and carrying out treatment for cancer. This includes oncology, radiotherapy and chemotherapy. For a condition newly diagnosed after the start date of the policy.	Full Refund	

7 Pregnancy & Childbirth Benefits	+ Enhanced m	odules available
Routine maternity care & childbirth Out-Patient The costs of normal pregnancy and childbirth including: all pre-natal care, This benefit is payable per pregnancy.	\$2,500	۵
Routine maternity care & childbirth In-patient The costs of normal pregnancy and childbirth including: delivery costs, hospital accommodation for the new-born immediately following birth, and postnatal care for the mother. This benefit is payable per pregnancy.	\$2,500	
Complications The costs of complications of pregnancy only for toxaemia, gestational hypertension, pre- eclampsia, ectopic pregnancy, hydatidiform mole, ante and post partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, medically necessary caesarean caused by any of the previous mentioned conditions and medically necessary abortions. Cover is for delivery costs and hospital accommodation for the new-born immediately following birth.	\$50,000	
Where any condition develops which becomes life threatening to either the mother or the new born, the medically necessary expenses will be covered up to the annual aggregate limit.		
Paediatric check-up Contribution towards the initial paediatric check-up for the new-born.	\$200	
Premature baby cover Medical treatment for a premature baby where received during the first two months from birth. Please note that no cover is available for continuing treatment after expiry of the initial 2 months' period other than for new and unrelated conditions.	Full Refund	

8 Medical Evacuation and Repatriation

Emergency medical transfer The costs of transporting the insured person to the nearest suitable hospital in either their country of residence or a nearby country and returning the insured person to their country of residence after treatment.	Full Refund	
Overnight accomodation Overnight accommodation costs for the accompanying friend or close relative, to stay with or near, the insured person while hospitalised. The amounts stated are on a per night basis up to a maximum of 10 nights for each new and separate event.	\$200	
Transportation of children Following an emergency medical transfer or evacuation under this section, we will arrange and pay to transport, to a specified destination, any children under age 19 left at home unattended or pay for the travelling costs (one economy class return ticket) of a person to take care of the children at home.	Full Refund	
9 Transportation of mortal remains		
Transportations of mortal remains Transportation of mortal remains to the deceased's home country.	\$3,000	
10 Hospital Accomodation outside of UAE		

In-Patient room and board	Paid up to \$500 for board
The cost of hospital accommodation in a standard single bedded room when outside the UAE	

11 Additional Benefits for UAE residents only within the Emirate of Dubai

Newborn baby coverage Cover from 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening and congenital hydrenal hyperplasia).	Full Refund
Hearing aid Contribution towards a hearing aid where prescribed by an audiologist/ENT consultant. (medical emergencies only)	\$100 - 20% co-insurance
Vision correction Vision correction by surgery and/or laser on medical emergencies only.	\$270 - 20% co-insurance
Diabetes Screening Amount available towards Diabetic Screening	Full Refund
Emergency dental treatment Dental treatment necessary because of an accident caused by an extra-oral impact, received within 48 hours from the date and time of the accident for the immediate relief of pain caused by natural teeth being lost or damaged.	Full Refund

Additional Selected Modules

+ Wellness & Dental Module	Add Wellness & Dental benefits to your policy
Routine Dental Treatment One annual check-up, one annual visit to the hygienist, simple tooth extraction, x-rays, moulds, fillings using amalgams or composite materials and treatment for the relief of an infection including: prescribed antibiotics and temporary fillings, oral prophylaxis restricted to scaling and polishing only.	\$500
Major Dental Treatment Root canal treatment, new or repairs to porcelain crowns, new or repairs to bridgework	\$500
Wisdom tooth Extraction Extraction of buried, impacted or un-erupted wisdom teeth only on an in-patient, day-patient or out-patient basis.	Full Refund
Orthodontic Orthodontic work for insured children under age 19.	\$270
Travel Vaccinations Vaccinations and immunization's that are directly related to overseas travel requirements.	\$250
Full Wellness check Cost towards a preventative Health check up.	\$300 - 10% co-insurance applies
Cancer Screening Covers cervical smears, mammograms and prostate/colon/ testicular screening.	Full Refund

+	Optical Module	Select one of these options to add Optical benefits to your policy	
Glasses and Lenses Level 1 \$250 Contribution towards glasses or contact lenses where prescribed by an ophthalmologist or optician. \$250			
	and Lenses Level 2 ution towards glasses or contact lenses where presc n.	\$500 ribed by an ophthalmologist or	

+	Psychiatric Module	Add Psychiatric benefits to your policy
	Maximum Im amount payable under this particular Module	\$18,000
The cos Psychia	ent Psychiatric Treatment t of hospital accommodation in a standard single bedded room in a registered tric Unit. Cover is limited to the specified number of night's in- patient treatment in priod of insurance.	30 nights
Treatm	tient Psychiatric Treatment ent of a mental illness, psychiatric and psychological disorders including: consultations scribed drugs and medicines. This benefit is covered up to the sub limits.	10 sessions

Please note selecting any of the below **Enhanced Modules** override the existing core benefit and are not in addition to the core benefits.

+ Worldwide Module	Change your Area of coverage from Worldwide E	xcluding USA to Worldwide including USA
Worldwide Area in which you are applicable for medical treatm	lent	All Benefits
+ Enhanced Physiotherapy	y Modules Select one of these option	s to enhance your Physiotherapy benefits
Physiotherapy Increase Level 1 Amount available for the treatment of Physiotherap increase from 10 sessions on the Gulfhealth Option		15 sessions per year
Physiotherapy Increase Level 2 Amount available for the treatment of Physiotherap increase from 10 sessions on the Gulfhealth Option		20 sessions per year
+ Enhanced Routine Chron	ic Module Enhance your cover for new	wly diagnosed chronic medical conditions
Routine management and palliative treatment f In-patient, day-patient and out-patient treatment in and prescribed drugs and medicines; for the medica and palliative treatment of a chronic medical condit Gulfhealth Options core product.	cluding: diagnostic tests, investigations al treatment, routine management	Full Refund
+ Enhanced Maternity Mod	tule Enha	nce your Pregnancy & Child Birth benefits
Routine maternity care & childbirth The costs of normal pregnancy and childbirth incluc hospital accommodation for the new-born immedia for the mother. This benefit is payable per pregnance	ately following birth, and postnatal care	\$10,000
Complications The costs of complications of pregnancy only for tox eclampsia, ectopic pregnancy, hydatidiform mole, a retained placenta membrane, stillbirths, miscarriag by any of the previous mentioned conditions and m Cover is for delivery costs and hospital accommoda following birth.	nte and post partum haemorrhage, e, medically necessary caesarean caused redically necessary abortions.	Full Refund
Paediatric check-up Contribution towards the initial paediatric check-up	for the new-born.	\$200
Premature baby cover Medical treatment for a premature baby where rece birth. Please note that no cover is available for cont 2 months' period other than for new and unrelated	inuing treatment after expiry of the initial	Full Refund