

Schedule of Benefits – Family Care Plan (DHA)

- MedNet is a specialized policy administrator on behalf of the Insurer
- In the tables below the Benefits applicable have been summarized for each product option
- Please refer to the Policy Wording and policy Schedule for full Benefit details and coverage definitions
- All Benefits shown are per insured person, per Period of Cover (One year)
- All limits and Co-payments are expressed in Arab Emirates Dirham
- The below summarized benefits, policy terms and conditions are recommendation on behalf of the Reinsurer in order to obtain the reinsurance cover only for the specific risk
- All benefits are as per the quoted MedNet Schedule of Benefits and standard policy terms and conditions.
- This quotation is valid for 30 days from the day of submission.
- The quote assumes insurance coverage for all applicants residing in UAE on valid resident visa along with their direct dependants (Spouse and Children) and no voluntary option is being exercised by any employee.
- This Schedule of benefits is not applicable for Abu Dhabi/ Al Ain policies.

SALIENT BENEFITS

Plan	Family Care (Dubai & Northern Emirates)
Annual Benefit Limit per person	AED 1,000,000/-
Geographical Scope of Coverage for Elective & Emergency Treatment	Worldwide
Coverage Criteria for Treatment outside UAE	Coverage outside UAE is limited to 90 days per treatment A single holiday or business trip may not exceed 90 days
Network Applicable *available options	Gold
	Silver Premium
	Silver Classic
	Green
	Silk Road <ul style="list-style-type: none"> • Out Patient treatment restricted to Clinics only • From 10 PM to 8AM Out Patient treatments access is available at Network Hospitals
Underwriting terms and coverage criteria for Pre-existing, Chronic conditions	<ul style="list-style-type: none"> • Pre Existing conditions are covered with a 6 months waiting period from the enrolment date of first scheme membership, subject to declaration at inception and individual medical underwriting • Declared Conditions will be priced and substandard premiums shall apply. • All Pre-existing and Chronic conditions are covered with a sub limit of AED 150,000/- upon completion of the waiting period • Undeclared preexisting conditions will not be covered during the policy period and will be underwritten at renewal. • No mid-term underwriting is permissible.

INPATIENT TREATMENT

Coverage is up to the relevant Annual Benefit Limit per person/per policy year with pre-approval

Hospitalization Class	Private Room
Hospital Accommodation and related Services	Covered
Intensive care unit and coronary artery disease treatment	Covered
Consultant's, Surgeon's and Anesthetist's Fees	Covered
Various therapies including physiotherapy, chemotherapy, radiation therapy etc	Covered
Recipient Organ transplantation service, excluding any charges related to Donor	Covered
Use of hospital medical equipments (e.g. heart and lung support systems etc.)	Covered
Ambulance Services (in Medical Emergency only and if followed by admission)	Covered
Companion Room & Board expenses for Beneficiary below 16 years of age	Covered
The cost of accommodation of a person accompanying a beneficiary above 16 years of age in the same room in cases of medical necessity at the recommendation of the treating doctor and with prior approval	Covered maximum up to 100 AED per night
Repatriation costs for the transport of mortal remains to the country of origin	Covered up to AED 7,500/-

OUTPATIENT TREATMENT

Physician Consultation *available options	Physician Consultation with the following deductible/co-pay options <ul style="list-style-type: none"> • 10% Copay on all outpatient services including consultations • 20% Copay on all outpatient services including consultations • 20% co-pay with a maximum of AED50 deductible on consultation • 20% co-pay with a maximum of AED75 deductible on consultation
Diagnostics and Laboratory Tests	<p style="text-align: center;">Covered</p> <p>Only 11 Specified Diagnostic / Outpatient procedures as mentioned here under requires prior approval “ Angiographies , Endoscopies , CT scans , MRI's , FNAC, IVP , MCU , Excretory Urography , Myelogram , Nuclear studies and Oral Cholecystogram “</p>
Pharmaceuticals	<p style="text-align: center;">Covered</p> <p>Chronic Medications prescribed for more than 1 month & prescription cost above AED 500/- require pre-authorization</p>
Physiotherapy (Require pre-authorization)	<p style="text-align: center;">Covered up to 15 sessions/ PMPY</p>
Alternative Medicine Benefit covers: Osteopathy, Chiropractic, Homeopathy, Acupuncture, Ayurveda and Herbal Treatments	<p style="text-align: center;">Covered up to AED 1,600/- PMPY</p> <p style="text-align: center;">Only on reimbursement basis</p>
Vaccination Covered as per MOH schedule (Require pre-authorization)	<p>Covered both on *Free Access & reimbursement basis</p> <p>Reimbursements claims are settled at 100% of actual covered cost subject to maximum of 100% of Applicable Network rates</p> <p>*Free Access facility is available only within specific MedNet Vaccination Network</p>

OTHER SALIENT BENEFITS

Day care Treatment	Covered
Out Patient Surgery	Covered
Emergency Mental health Treatments	Covered
Work Related Injuries	Covered
Emergency Dental treatment for accidental damage to natural teeth	<p>Under this benefit the treatment required within three months following accidental damage to sound natural teeth caused by a violent external means when the treatment is given by a Physician, dentist or dental surgeon is covered.</p> <p>*No treatment will be covered after 3 months of the accident.</p> <p>**Treatment required as the result of the consumption of food or drink or any foreign bodies contained in such food or drink is not covered.</p>
New Born baby coverage	<p>Babies born in UAE - New born expenses are covered from day 1 (from Date of Birth) under its own policy up to the policy annual limit.</p> <p>Babies born outside UAE - coverage will be offered upon acquiring UAE residency status and will be subject to medical underwriting.</p> <p>Coverage for new born are in line with DHA benefit guidelines.</p>
Preventive services covered for members over 18 years of age *Prior Approval is required for Free Access facility	<p>Diabetic Screening:</p> <p>Fasting Blood Sugar and HBA1C tests are covered once a policy year for eligible members</p>
Hearing and vision aids, and vision correction by surgeries and laser	Covered only in cases of medical emergencies
MedNet's Global Emergency Assistance services coverage through Assist America	<ul style="list-style-type: none"> ➤ No Financial limitations applicable under this benefit ➤ Worldwide Emergency Medical Evacuation ➤ Worldwide Hospital Admission Assistance ➤ Repatriation of mortal remains to home country from anywhere in the world, including country of residence. ➤ Medical Consultation, Evaluation, Referral & Monitoring ➤ Care of minor children & Compassionate visit <p>*For detailed information please refer Assist America Table of Benefit</p>

MATERNITY BENEFIT

<p>Inpatient & Outpatient coverage includes:</p> <ol style="list-style-type: none"> 1. Pre & Post natal treatments 2. Normal delivery 3. Medically necessary Caesarean Section 4. Maternity related Complications 5. Medically necessary legal terminations <p>Inpatient Maternity Treatments are subject to Prior Approval</p>	<ul style="list-style-type: none"> ➤ Normal Delivery & Medically necessary Caesarean Section Delivery expenses are covered up to a sub limit of AED 10,000/- ➤ Any Medical Emergency expenses related to Maternity will be covered up to a sublimit of AED 150,000/- ➤ Out Patient eligible Maternity expenses are covered up to Annual limit ➤ 10% copayment applicable on all Maternity treatments, including out-patient Maternity consultation (no Deductible applies) ➤ The following screening tests are covered as per DHA Antenatal care protocol: <ul style="list-style-type: none"> ○ FBC and Platelets ○ Blood group, Rhesus status and antibodies ○ VDRL ○ MSU & urinalysis ○ Rubella serology ○ HIV ○ Hepatitis C offered to high risk patients ○ GTT, if high risk ○ FBS, Random blood sugar OR HbA1C ○ Ultrasonography: 3 scans
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Free Access outside UAE

<p>Approval for free access will be maximum up to 100% of UAE applicable NW rates</p>	<p>In Patient Treatment in Oman, Qatar, Kuwait & Bahrain Lebanon, Jordan, KSA, India, Europe & USA</p> <p>All other countries – on cash payment and settlement basis</p>
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CLAIMS SETTLEMENT TERMS (what is Paid by the Insurer)

	Free Access (Network)	Refer to addendum for details(Global cashless access sheet)	
Elective Treatment	Reimbursement* (Non Network)	Reimbursement in SEA	100% of Actual Covered Cost subject to maximum of 100% of UAE Applicable Network rates
		Reimbursement elsewhere within territorial scope of cover	80% of Actual Covered Cost subject to maximum of 100% of UAE Applicable Network rates *No Elective treatment reimbursement for Silk Road plan inside UAE.
Emergency Treatment	Free Access (Network)	100% of Actual Covered Cost	
	Reimbursement (Non Network)		

DENTAL BENEFIT

Emergency Dental & Gum treatments	Covered
Annual Limit based on the plan selection - Covered - Worldwide	Free Access <ul style="list-style-type: none"> ➤ Covered with Pre-authorization only ➤ Copayment 20% applicable
*Refer Schedule Of Dental Benefit for further details on coverage **More annual limit options are available	Reimbursement <ul style="list-style-type: none"> ➤ Additional 20% Copayment applicable over Free access <p style="text-align: center;">*No reimbursement for Silk Road plan inside UAE.</p>

SCHEDULE OF DENTAL BENEFIT

Services	Coverage eligibility
Dental Consultation	Covered
Tooth Extraction <ul style="list-style-type: none"> ✓ Simple Extraction ✓ Surgical Extraction 	Covered
Scaling & Polishing	Covered
Tooth filling <ul style="list-style-type: none"> ✓ Amalgam filling ✓ Composite filling ✓ Glass Ionomer filling 	Covered
Root Canal Treatment (R.C.T)	Covered
Crown	Covered if followed by an RCT
X- Ray <ul style="list-style-type: none"> ➤ Intra Oral { Bite wing/ Periapical / Occlusal} ➤ Extra Oral { Panoramic X-ray & Tomograms} 	Covered
Medications <ul style="list-style-type: none"> ➤ Antibiotics ➤ Analgesics ➤ Antacids ➤ Enzyme preparations (Edema reductions) ➤ Vitamins (only with antibiotics) 	Covered
Medications exclusion <ul style="list-style-type: none"> ➤ Mouth wash ➤ Tooth pastes ➤ Dentures cleaning agents ➤ Desensitizing agents ➤ Anti septic 	Not Covered
Lab Work up	Not Covered

Anesthesia	L .Anesthesia	Covered
	G. Anesthesia	Not Covered
Orthodontics		Not Covered

* For further details, on the services included in the above table / or about any other services not included Kindly contact our Medical Call Centre (MCC) at 8004882/ 800MedNet.

* Except for Scaling and Polishing, all other services are covered if medical necessity is established.

- **SANCTION LIMITATION AND EXCLUSION CLAUSE**

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

- General exclusion list is in line with DHA mandated benefit and scope of coverage.