

SILVER (ABU DHABI VISA HOLDERS)

Annual Contribution

Age Band	Contribution (AED)* Per member per annum	
Employees & Dependents	0 - 17 years	2,491
	18 - 40 years	2,948
	41 - 59 years	6,831
	60 & above	12,740
Additional premium for married female (Employee & Dependent)	18 - 50 years	2,400

**The above rates are subject to 5% VAT

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Territorial Scope of Coverage

Worldwide

Aggregate Annual Limit

AED 250,000

Medical Network

NEXTCARE RN3

Room type

Semi-Private

Parent Accommodation for child under 18 years of age

AED 150 / day

Accommodation of an accompanying person in the same room as per recommendation of attending physician, subject to prior approval.

AED 150 / day

Home Nursing following inpatient treatment

Not covered

Emergency road ambulance services to and from hospital by registered ambulance services provider

Covered

Deductible per Consultation (will not be applicable for follow-up within 7 days for same treatment and with same doctor)

AED 50/-

Prescribed Drugs & Medicines Annual Limit

Covered up to AED 5,000 subject to 15% Co-Insurance

Diagnostics (X-ray, MRI, CT-Scan, Ultra Sound & Endoscopy diagnostic services)

Covered without Co-pay and up to aggregate annual limit

Pre-existing & Chronic Conditions

Covered up to annual Limit No waiting period applies if evidence of continuity of coverage is provided; otherwise a waiting period of 6 months applies to the first scheme membership on Inpatient treatment for the following medical conditions: Diabetes mellitus, Arterial diseases, COPD, All cancers cases, Neurosurgery, Cerebro Vascular diseases, All delivery cases (Maternity). Covered Subject to Member Declaration

Claims Settlement Basis (after application of Copayments)

Within the Network

Outside the Network in Countries where NEXtCARE is not present

Outside the Network in Countries where NEXtCARE is present

Direct billing available.

Reimbursement is also possible but will be settled at 90% of the usual & customary rates of the selected Network.

Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates as per UAE rates of the network, whichever is less

Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates as per UAE rates of the network, whichever is less

Cash Indemnity for In-Patient Treatment post hospitalization up to max of 15 days, subject to providing discharge summary or proof of hospitalization

Covered on Reimbursement up to AED 250 per night and a maximum of 10 nights. The Cash Indemnity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.

Vaccination for Children (as per MOH, UAE)

Inside Network: 100% Actual Cost
Outside Network : UCR Basis

Physiotherapy (Subject to pre-approval)

Covered

Diagnostic and treatment services for dental and gum treatments, Hearing and vision aids, and vision correction by surgeries and laser (Emergency cases Only)

Dental emergency is any injury to your teeth or gums that can put you at a risk of permanent damage, such as Chipped or broken teeth, Knocked-out tooth , Soft-tissue injuries and etc... earring Emergencies include Object/insect in the ear ruptured eardrum , sudden hearing loss and etc... Vision Emergencies include bleeding or discharge from or around the eye, double vision and Loss of vision, total or partial, one eye or both etc.

Covered

Healthcare services for work illnesses and injuries as per Federal Law No.8 of 1980 concerning the Regulation of Work Relations, as amended, and applicable laws in this respect

Covered

Maternity services

In-patient Maternity services:

Inside Emirate of Abu Dhabi : Covered up to the Annual Limit of the policy (In-Patient & Out-Patient) Delivery inside Emirate of Abu Dhabi is subject to a deductible of AED 500/- as per HAAD law **Outside Emirate of Abu Dhabi (within UAE):** -Normal Delivery is covered up to AED 10,000/-, C-Section and maternity complications are covered up to AED 12,000/-, Medical Emergency related to Maternity is covered up to Annual Limit of the policy

Out-patient Maternity services:

covered up to the Annual Limit of the policy subject to the same deductible in the selected plan on consultation

Psychiatric Treatment

Not covered

Organ Transplant

Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic & autologous bone marrow.

Repatriation of Mortal Remains to the Country of Domicile:

Not covered

Second Medical Opinion

This benefit gives members access through NEXtCARE mobile application to world renowned providers to re-evaluate their earlier diagnosis, medical history and treatment plan for non-emergency cases.

Dental benefit Covers the following: Consultation & X-Ray, Scaling, Tooth Extraction, Amalgam fillings, Temporary and/or permanent composite, fillings and root canal treatment only.

Not covered

Optical benefit covers the following: Optical examinations conducted for the purpose of obtaining eye glasses or lenses **In-Network:** Direct Billing
Out of Network: Reimbursement

Not covered

Alternative Medicines/ therapies Covers the following: Chiropractic/ Osteopathy/ Homeopathy and Ayurvedic

Not covered