Enhanced Medical Product



GOLD (DUBAI & NORTHERN EMIRATES VISA HOLDERS)

Annual Contribution Contribution (AED)* Per member per annum Age Band [00-15]4,048 3,884 [16-20] 3,750 4,146 [21-25] 3,994 4,669 4,239 5,847 [26-30] [31-35] 4,483 6,534 [36-40] 4,927 6,769 7,651 [4]-45] 5,272 [46-50] 8,774 6,749 [51-55] 8,436 10,123 [56-60] 10,543 12,652 13,767 15,144 [61-65] [66-99] 17,493 17,493

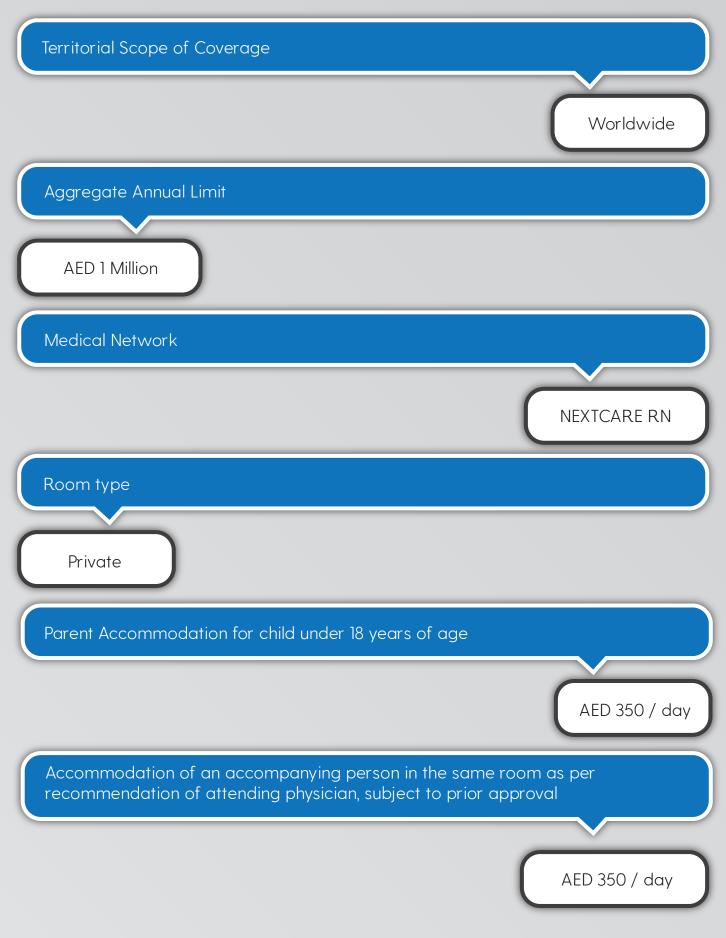
 * As per DHA regulations, additional premium of AED 37 PMPA + VAT shall be

charged for all Dubai Visa holders towards Basmah & HCV initiative.

* The above rates are subject to 5% VAT

* Final contribution are subject to medical underwriting (wherever applicable)

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Home Nursing following inpatient treatment

Covered (on reimbursement) up to Maximum AED 5,000 per person per annum

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)

10% up to AED 25/- for General Practitioners 20% up to AED 60/- for Specialists

Prescribed Drugs & Medicines

Covered up to AED 7,500 subject to 15% Co-Insurance

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

Covered subject to 10% Co-pay

Pre-existing & Chronic Conditions subject to Medical Application Form (MAF)

Covered up to a limit of AED 150,000 per member per year. 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. All pre-existing medical conditions should be declared in the medical application form and is subject to medical undewriting Undeclared pre-existing conditions will not be covered during the policy period and will be underwritten at renewal. Claims Settlement Basis (after application of Co-payments) 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 80% 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 of the network, whichever is less

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Cash Indemnity for In-Patient hospitalizations that are not submitted to the Insurance Company

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 DHA policies & its updates) includes the vaccinations and inoculations for newborns

Inside Network: 100% of Actual Cost Outside Network: Covered on Network UCR Rates

Adult Pneumococcal Conjugate Vaccine

Covered as per DHA Adult Pneumococcal Conjugate Vaccination guidelines

Cancer Treatment Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only

Covered as per terms, conditions and exclusions of the program defined by DHA

HCV Hepatitis C Virus Infection Screening, Healthcare Services, Investigations and Treatments related to viral Hepatitis and associated complications related to Hepatitis C shall only be for members enrolled under Patient Support Program

Covered as per terms, conditions and exclusions of the program defined by DHA

Physiotherapy (Subject to pre-approval)

15 sessions per member per annum

Preventive services

As per DHA Regulations

Diagnostic and treatment services for dental and gum treatments (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

Covered subject to 20% coinsurance

Hearing and vision aids, and vision correction by surgeries and laser (Emergency cases Only) Hearing 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 subject to 20% coinsurance

Psychiatric Treatment

Out Patient Covered up to Maximum AED 1,500/- per person per annum IN Patient Covered up to Maximum AED 6,000/- per person per annum

Organ ⁻	Transp	lant
- 3		

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 Home Country

Covered up to Maximum AED 10,000 per person per annum settled on Reimbursement basis with no co-pay

Second Medical Opinion

Not Covered

In-patient maternity services (requires prior approval from the insurance company or within 24 hours of emergency treatment) Subject to Medical Application Form (MAF)

Covered subject to 10% coinsurance, up to AED 12,500. In case of any condition developping into an emergency, the medically necessary expenses will be covered up to the annual aggregate limit. Pregnancy at time of application should be declared in the medical application form and is subject to medical undewriting Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.

Out-patient maternity services: Initial investigations to include FBC and Platelets, Blood group, Rhesus status and antibodies, VDRL, MSU & urinalysis, Rubella serology, HIV, Hep C (for high risk patients), GTT (if high risk), FBS, random s or A1c. Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols - Subject to Medical Application Form (MAF)

Covered subject to 10% coinsurance, and a maximum of 12 visits and 6 ante-natal ultrasound scans Pregnancy at time of application should be declared in the medical application form and is subject to medical undewriting Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed. Dental benefit Covers the following: Consultation & X-Ray, Scaling, Tooth Extraction, Amalgam fillings, Temporary and/or permanent composite, fillings and root canal treatment only

Covered up to AED 2,500/- subject to 20% Co-pay In-Network: Direct Billing. Out of Network: Reimbursement. Usual customary rates (UCR) to be applied

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

Covered subject to 20% Co-pay and up to AED 1,250 in total and up the following sub-limits: AED 300 for Frames - one pair per year AED 200 per pair per single vision lenses - once per year AED 250 per pair per bifocal or tri-focal vision lenses - once per year

AED 300 for contact lenses per year

Usual customary rates (UCR) to be applied

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

Limited to AED 1,500 per person per annum