



SILVER

(DUBAI & NORTHERN EMIRATES VISA HOLDERS)

Annual Contribution

| Age Band | Contribution (AED)* Per member per annum | |
|----------|--|--|
| |  |  |
| [00-15] | 2,022 | 2,224 |
| [16-20] | 2,109 | 2,470 |
| [21-25] | 2,247 | 2,976 |
| [26-30] | 2,384 | 3,872 |
| [31-35] | 2,522 | 4,375 |
| [36-40] | 2,873 | 4,347 |
| [41-45] | 3,075 | 4,635 |
| [46-50] | 3,723 | 4,840 |
| [51-55] | 4,654 | 5,585 |
| [56-60] | 5,442 | 6,531 |
| [61-65] | 6,816 | 7,497 |
| [66-99] | 8,247 | 8,247 |

* 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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Territorial Scope of Coverage

Worldwide

Aggregate Annual Limit

AED 1 Million

Medical Network

NEXTCARE RN3 Out-patient is restricted to Clinics Only)

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)

10% up to AED 15/- for General Practitioners 20% up to AED 25/- for Specialists

Prescribed Drugs & Medicines

Covered up to AED 5,000 PPPA 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 underwriting. 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 200 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)

8 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

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 Home Country

Not Covered

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 7,000 for normal delivery and up to AED 10,000 for medically necessary C-Section, termination and complications. In case of any condition developing 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 underwriting 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 10 visits and 4 ante-natal ultrasound scans Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting 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

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