

SILVER-AD

Insurance Plan	Silver-AD
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 20% 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	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.

Outside the Network in Countries where NEXTCARE is not present

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

Outside the Network in Countries where NEXTCARE is present

Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary 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 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 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	<p>Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost</p> <p>Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic & autologous bone marrow.</p>
Repatriation of Mortal Remains to the Country of Domicile:	Not Covered
Second Medical Opinion	<p>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.</p>
Symptom Checker	Covered - Please refer to Nextcare app
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