

Offer for Insurance

**CHAPMAN FREEBORN AVIATION  
SERVICES DMCC  
2025 - 2026**

Privileged and Confidential

Date: 29/01/2025

Reference No.: SME-29012025-34-3875-12316-1-1

## Proposal Details

Company Name : CHAPMAN FREEBORN AVIATION SERVICES DMCC

## Quotation Summary

**This quotation is valid for 30 days from the date of issuance, i.e. until 27/02/2025.**

Category	Plan	Network	No. of Members	Total Premium (AED)
CAT A	Uselect Gold DNE	Royal	4	92,360.91
CAT B	Uselect Gold DNE	Supreme	73	1,144,684.32

Total Number of Members	:	77
Total Premium (excluding VAT)	: AED	1,237,045.23
VAT Charges (5% of premium)	: AED	61,852.26
Upload Fees (AED 25.2 per member)**		
+ HCV + Basmah Fees (Incl. VAT) in AED (38.85 per member)*	: AED	2,991.45
Total Premium (inclusive of VAT & Basmah)	: AED	1,301,888.94
* Applicable to Dubai members only		
** Applicable to Abu Dhabi and Northern Emirates members only		

### Terms and Conditions:

1. This quotation is issued based on the information and documents provided by the Policyholder to Daman. In the event of any misrepresentation or change in the information or documents provided by the Policyholder, Daman shall have the right to invalidate or revise this quotation.
2. The Premiums quoted above are: (i) valid for 30 days from the Quotation Date appearing above; (ii) payable in advance unless otherwise agreed in writing; (iii) only applicable to the specific Plan named above and for groups comprising at least 11 principles; and (iv) indicative and subject to individual underwriting for members of 65 years old and above (only applicable to groups of 150 members or less).
3. The Premiums above are exclusive of VAT. The VAT shall be charged as per the applicable UAE laws and regulations and shall be reflected in the final invoice.
4. The above Premiums and benefits are subject to a maximum 10% deviation in the quoted population . If the population at confirmation is deviated by 10% then Daman reserve the rights to review the quoted benefits ,terms , and premiums.
5. The above premium is for the PURPOSES OF ILLUSTRATION ONLY and is SUBJECT TO CHANGE if the information (Population census and member age band) provided to us at the time of enrolment changes.
6. The rates & benefits in this quotation for the group are according to the membership information provided in line with Daman's SME Definition. Daman reserves the right to underwrite and/or re-price the plan(s) & benefits if the deviations in group size, upon inception, falls below 11 Principals or above 150 members.
7. Manpower and Recruitment companies are not eligible for U-Select Plans , all such entities and companies must be handled as Large group New business under Daman .

## Premium Rates - CAT A

Reference Number: SME-29012025-34-3875-12316-1-1/CAT A

Plan Name : Uselect Gold DNE  
 Annual Limit : AED 1,000,000  
 Territory : Worldwide  
 Network : Royal  
 Non Network : 50% Covered of Actuals  
 OP Consultation Deductible/Copay : 20% Copay with Out of Pocket Limit of AED 50  
 Pharmaceutical Benefit : 100% Covered Upto Annual Limit  
 Dental Benefit : 80% Covered upto AED 5,000  
 Optical Benefit : 100% Covered upto AED 1,500  
 Maternity : Covered (AED 25,000)  
 Maternity OP Deductible/Copay : 10% Copay with Out of Pocket Limit of AED 25

### Annual Premium per Member

Age	Male	Female (without Maternity)	Female (with Maternity)
[0-15]	11,030	10,167	13,454
[16-20]	8,285	9,217	17,731
[21-25]	8,550	11,686	21,450
[26-30]	9,263	14,582	22,822
[31-35]	10,549	17,705	23,652
[36-40]	12,575	21,166	24,099
[41-45]	15,670	25,311	25,928
[46-50]	20,207	30,585	30,745
[51-55]	26,533	37,598	37,598
[56-59]	35,291	47,175	47,175
[60-65]	55,913	71,222	71,222
[66-99]	121,633	146,566	146,566

### Membership

Age	Male	Female (without Maternity)	Female (with Maternity)
[0-15]	-	-	-
[16-20]	-	-	-
[21-25]	1	-	-
[26-30]	-	-	-
[31-35]	-	-	-
[36-40]	-	-	-
[41-45]	-	-	-
[46-50]	-	-	1
[51-55]	2	-	-
[56-59]	-	-	-
[60-65]	-	-	-
[66-99]	-	-	-

**Total Annual Premium** : AED 92,360.91

**Number of Members** : 04

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### Schedule of Benefits (Uselect Gold DNE with Dental and Optical)

<b>Plan Name</b>	Uselect Gold DNE with Dental and Optical	
<b>Annual Benefit Limit</b>	AED 1,000,000 Per Person Per Policy Year	
<b>Territorial Limit<sup>1</sup></b>	Worldwide	
<b>Network</b>	<b>Network Within UAE: Royal</b> <b>Network Outside UAE: Worldwide</b> (Allowing direct billing at designated provider. Please refer to www.damanhealth.ae for Network Provider details.)	
<b>Pre-existing conditions</b>	Fully Covered. For members without continuity of coverage (COC) in UAE, covered up to AED 250,000	
<b>In-patient Treatment</b>	<b>Network</b>	<b>Non-network</b>
Inpatient & Day Treatment <sup>2</sup> (including Pre & Post In Hospital Treatment Covered)	100% Covered	50% Covered
Accommodation Type - Private Room	100% Covered	50% Covered
Hospital Accommodation & Services	100% Covered	50% Covered
Consultant's, Surgeon's & Anesthetist's Fees and other fee	100% Covered	50% Covered
Ambulance Services (Medical Emergency cases, subject to General exclusion)	100% Covered	100% Covered
Home Nursing (Post Hospitalization)-Medically Necessary cases (Maximum AED 200 per day with maximum of 90 days Per Person per Policy Year)	100% Covered	50% Covered
Air fare for outside UAE treatment <sup>3</sup> (If cost of treatment outside UAE is 60% of UAE R&C rates and treatment cost in UAE is more than AED 10,000.) (Covered only for Inpatient treatment on reimbursement for Insured member for Economy class return ticket up to maximum of AED 2,000.)	100% Covered	100% Covered
Parent Accommodation for accompanying an Insured Child under 16 years of age (Maximum limit of AED 300 per day)	100% Covered	50% Covered
Companion Accommodation in cases of medical necessity at the recommendation of the treating doctor (Maximum limit of AED 300 per day)	100% Covered	50% Covered
Psychiatric Treatment <sup>3</sup> (Covered upto 30 days)	100% Covered	50% Covered
<b>Out-patient Treatment</b>	<b>Network</b>	<b>Non-network</b>
Physician Consultation (Within Abu Dhabi Emirate – A deductible of AED 50 applicable; Outside Abu Dhabi Emirate – 20% coinsurance applicable with an Out of pocket limit of AED 50; Co-insurance/deductible not applicable for follow up within 7 days)	100% Covered	50% Covered
Diagnostics (X-Ray, MRI, CT-Scan, Ultra Sound, etc.), Laboratory (Specialized investigation and scan including but not limited to MRI, Scan, Endoscopies with Pre-authorization only)	100% Covered	50% Covered
Pharmaceuticals (Long term medications to be dispensed up to 90 days without pre-authorization)	100% Covered	50% Covered
Physiotherapy <sup>2</sup>	100% Covered	50% Covered
Alternative Medicine <sup>3,4</sup> (including consultations up to AED 3,000 Per Person Per Policy Year)	80% Covered	80% Covered
Psychiatric Treatment (including Mental Health counselling) <sup>3</sup> (Maximum Annual limit AED 1,000 Per Person per Policy Year)	100% Covered	100% Covered
Medical appliances and Medical equipment <sup>2</sup> (Maximum Annual limit AED 1,000 Per Person per Policy Year)	100% Covered	50% Covered
<b>Other Benefits</b>	<b>Network</b>	<b>Non-network</b>
Repatriation of Mortal Remains to country of origin <sup>3</sup> (up to AED 20,000 Per Person)	100% Covered	100% Covered
Emergency Treatment <sup>9</sup>	100% Covered	100% Covered
Diagnostic and treatment services for dental and gum treatment (Medical Emergency cases)	100% Covered	100% Covered
Hearing and vision aids, and vision correction by surgeries and laser (Medical Emergency cases)	100% Covered	100% Covered
Treatment for Road Traffic Accident (Maximum Annual limit AED 10,000 Per Person per Policy Year)	100% Covered	50% Covered

Subject to Regulator Approval

### Schedule of Benefits (Uselect Gold DNE with Dental and Optical)

Annual Breast Cancer Screening <sup>2,5</sup> (applicable for females >35 years)	100% Covered	50% Covered
Annual Prostate Cancer Screening <sup>2,6</sup> (applicable for males >45 years)	100% Covered	50% Covered
Colorectal Cancer Screening <sup>2,7</sup> (applicable for males and females >40 years)	100% Covered	50% Covered
Cervical Cancer Screening <sup>2,8</sup> (applicable for females aged 25-65 years. Every 3 years for women aged 25-49 years, every 5 years for women aged 50-65 years.)	100% Covered	50% 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	100% Covered	50% Covered
Circumcision Healthcare services	100% Covered	50% Covered
Preventive services <sup>3,11</sup>	100% Covered	100% Covered
Organ Transplant <sup>2</sup>	100% Covered	50% Covered
Essential vaccinations and immunizations <sup>3</sup> (Maximum Limit AED 100 Per Person Per Policy YearAED 100 per vaccine) (For newborns, children and Adults as stipulated by DHA)	100% Covered	100% Covered
Adult Pneumococcal Conjugate Vaccine <sup>3</sup> (Covered as per DHA Adult Pneumococcal Vaccination guidelines)	100% Covered	100% Covered
Influenza Vaccine once per year <sup>2</sup>	100% Covered	50% Covered
Hepatitis B and C Virus Screening <sup>2</sup>	100% Covered	50% Covered
Patient Support Program <sup>2,12</sup>	100% Covered	Not Covered
Dialysis <sup>3,10</sup> (Maximum Annual limit AED 60,000 Per Person per Policy Year)100% Covered	80% Covered	80% Covered
Shingles (herpes zoster) Vaccine <sup>3,15</sup> (2 doses, once per lifetime)	100% Covered	100% Covered
<b>Maternity<sup>10</sup> (Covered for Married Female only)</b>		
<b>Maximum Annual limit Per Person per Policy Year:</b>		
Within & Outside UAE : AED 25,000		
<b>Inpatient Maternity</b>		
Newborn Care: Upto 30 days from birth (New Born care to include BCG, Hepatitis B and neo-natal screening tests <sup>2,13</sup> )	100% Covered	50% Covered
Outpatient Maternity	100% Covered	50% Covered
Outpatient Maternity - Physician Consultation (Within Abu Dhabi Emirate – A deductible of AED 25 applicable; Outside Abu Dhabi Emirate – 10% coinsurance applicable with an Out of pocket limit of AED 25; Co-insurance/deductible not applicable for follow up within 7 days)	100% Covered	50% Covered
<b>Medical Checkup</b>		
<b>Medical Checkup<sup>3</sup></b>		
(One Annual Checkup limited to a maximum AED 1,000 Per Person per Policy Year)	100% Covered	100% Covered
<b>Dental Module 1</b>		
<b>Dental<sup>2,14</sup></b>		
(Maximum Annual limit AED 5,000 Per Person per Policy Year)	80% Covered	80% Covered
Accidental dental treatment	100% Covered	100% Covered
<b>Optical</b>		
<b>Optical<sup>3</sup></b>		
(Limited to 2 vision tests per year and Maximum Annual Limit AED 1,500 Per Person including Prescribed Eye glasses, Frames and/or contact lenses)	100% Covered	100% Covered
<b>Other Services covered (Through designated Service Providers Or</b>		
Teleconsultation healthcare services		
(Deductible Nil)		
International Assistance Service		
Second Medical Opinion		

Subject to Regulator Approval

## Schedule of Benefits (Uselect Gold DNE with Dental and Optical)

- <sup>1</sup> Please note: (1) A single holiday or business trip may not exceed 180 days. (2) Coverage outside UAE is limited to 180 days per treatment.
- <sup>2</sup> Pre-authorization required to avail this benefit. All Emergency cases do not require pre-authorization but should be notified to Daman within 24 hours.
- <sup>3</sup> Available on reimbursement only. Non-network Providers covered on re-imbursement only.
- <sup>4</sup> Alternative Medicine is limited to Herbal Medicine, Homeopathy medicine, Acupuncture, Osteopathy, Chinese Medicine and Ayurvedic treatment only.
- <sup>5</sup> a) Clinical Exam b) Mammogram c) Pelvic Sonogram (if medically indicated) d) CA 15.3 (if medically indicated)
- <sup>6</sup> a) Clinical exam b) PSA c) Rectal sonogram
- <sup>7</sup> a) FIT (Fecal Immunochemical Test) every 2 years; b) Colonoscopy every 10 years
- <sup>8</sup> Papanicolaou test (Pap test)
- <sup>9</sup> Exception: For in and outpatient maternity treatment at Non Network Provider, 50% covered outside UAE.
- <sup>10</sup> Maternity: Where any condition develops into a life-threatening condition, the medically necessary expenses will be covered up to the annual aggregate limit.
- <sup>11</sup> Preventive services for diabetes, every 3 years from age 30 and for High risk individuals annually from age 18.
- <sup>12</sup> Mandated patient support program offering coverage for treatment of Cancer, Hepatitis B and Hepatitis C as per applicable DHA support program
- <sup>13</sup> Neo-natal screening tests includes: Phenylketonuria (PKU), Congenital Hypothyroidism, Sickle cell screening, congenital adrenal hyperplasia.
- <sup>14</sup> Following services are covered a) X-Rays; b) Extractions; c) Amalgam / Composite Fillings; d) Root Canal Treatments; e) Consultations; f) Scaling, g) Prophylaxis; h) Antibiotics and Other Prescribed Drugs for the above mentioned services.
- <sup>15</sup> Vaccine for members above the age of 50 years and immunocompromised patients above the age of 18 years as mandated by DHA. Effective from 1 July 2024 for new and renewal policies.

## Premium Rates - CAT B

Reference Number: SME-29012025-34-3875-12316-1-1/CAT B

Plan Name : Uselect Gold DNE  
 Annual Limit : AED 1,000,000  
 Territory : Worldwide  
 Network : Supreme  
 Non Network : 50% Covered of Actuals  
 OP Consultation Deductible/Copay : 20% Copay with Out of Pocket Limit of AED 50  
 Pharmaceutical Benefit : 100% Covered Upto Annual Limit  
 Dental Benefit : 80% Covered upto AED 5,000  
 Optical Benefit : 100% Covered upto AED 1,500  
 Maternity : Covered (AED 25,000)  
 Maternity OP Deductible/Copay : 10% Copay with Out of Pocket Limit of AED 25

### Annual Premium per Member

Age	Male	Female (without Maternity)	Female (with Maternity)
[0-15]	10,355	9,555	12,599
[16-20]	7,813	8,676	16,559
[21-25]	8,058	10,962	20,003
[26-30]	8,719	13,644	21,274
[31-35]	9,910	16,536	22,042
[36-40]	11,785	19,740	22,456
[41-45]	14,651	23,578	24,149
[46-50]	18,852	28,462	28,609
[51-55]	24,710	34,955	34,955
[56-59]	32,819	43,822	43,822
[60-65]	51,913	66,088	66,088
[66-99]	112,765	135,851	135,851

### Membership

Age	Male	Female (without Maternity)	Female (with Maternity)
[0-15]	2	1	-
[16-20]	1	-	-
[21-25]	2	-	1
[26-30]	7	2	3
[31-35]	13	3	4
[36-40]	10	3	3
[41-45]	5	2	1
[46-50]	4	1	-
[51-55]	2	-	-
[56-59]	2	-	1
[60-65]	-	-	-
[66-99]	-	-	-

**Total Annual Premium** : AED 1,144,684.32

**Number of Members** : 73

Subject to Regulator Approval

## Schedule of Benefits (Uselect Gold DNE with Dental and Optical)

Plan Name	Uselect Gold DNE with Dental and Optical	
Annual Benefit Limit	AED 1,000,000 Per Person Per Policy Year	
Territorial Limit <sup>1</sup>	Worldwide	
Network	<b>Network Within UAE: Supreme</b> <b>Network Outside UAE: Worldwide</b>	
(Allowing direct billing at designated provider. Please refer to <a href="http://www.damanhealth.ae">www.damanhealth.ae</a> for Network Provider details.)		
Pre-existing conditions	Fully Covered. For members without continuity of coverage (COC) in UAE, covered up to AED 250,000	
<b>In-patient Treatment</b>		
Inpatient & Day Treatment <sup>2</sup> (including Pre & Post In Hospital Treatment Covered)	100% Covered	50% Covered
Accommodation Type - Private Room	100% Covered	50% Covered
Hospital Accommodation & Services	100% Covered	50% Covered
Consultant's, Surgeon's & Anesthetist's Fees and other fee	100% Covered	50% Covered
Ambulance Services (Medical Emergency cases, subject to General exclusion)	100% Covered	100% Covered
Home Nursing (Post Hospitalization)-Medically Necessary cases (Maximum AED 200 per day with maximum of 90 days Per Person per Policy Year)	100% Covered	50% Covered
Air fare for outside UAE treatment <sup>3</sup> (If cost of treatment outside UAE is 60% of UAE R&C rates and treatment cost in UAE is more than AED 10,000.) (Covered only for Inpatient treatment on reimbursement for Insured member for Economy class return ticket up to maximum of AED 2,000.)	100% Covered	100% Covered
Parent Accommodation for accompanying an Insured Child under 16 years of age (Maximum limit of AED 300 per day)	100% Covered	50% Covered
Companion Accommodation in cases of medical necessity at the recommendation of the treating doctor (Maximum limit of AED 300 per day)	100% Covered	50% Covered
Psychiatric Treatment <sup>2</sup> (Covered upto 30 days)	100% Covered	50% Covered
<b>Out-patient Treatment</b>		
Physician Consultation (Within Abu Dhabi Emirate – A deductible of AED 50 applicable; Outside Abu Dhabi Emirate – 20% coinsurance applicable with an Out of pocket limit of AED 50; Co-insurance/deductible not applicable for follow up within 7 days)	100% Covered	50% Covered
Diagnostics (X-Ray, MRI, CT-Scan, Ultra Sound, etc.), Laboratory (Specialized investigation and scan including but not limited to MRI, Scan, Endoscopies with Pre-authorization only)	100% Covered	50% Covered
Pharmaceuticals (Long term medications to be dispensed up to 90 days without pre-authorization)	100% Covered	50% Covered
Physiotherapy <sup>2</sup>	100% Covered	50% Covered
Alternative Medicine <sup>3,4</sup> (including consultations up to AED 3,000 Per Person Per Policy Year)	80% Covered	80% Covered
Psychiatric Treatment (including Mental Health counselling) <sup>3</sup> (Maximum Annual limit AED 1,000 Per Person per Policy Year)	100% Covered	100% Covered
Medical appliances and Medical equipment <sup>2</sup> (Maximum Annual limit AED 1,000 Per Person per Policy Year)	100% Covered	50% Covered
<b>Other Benefits</b>		
Repatriation of Mortal Remains to country of origin <sup>3</sup> (up to AED 20,000 Per Person)	100% Covered	100% Covered
Emergency Treatment <sup>9</sup>	100% Covered	100% Covered
Diagnostic and treatment services for dental and gum treatment (Medical Emergency cases)	100% Covered	100% Covered
Hearing and vision aids, and vision correction by surgeries and laser (Medical Emergency cases)	100% Covered	100% Covered
Treatment for Road Traffic Accident (Maximum Annual limit AED 10,000 Per Person per Policy Year)	100% Covered	50% Covered



Subject to Regulator Approval

### Schedule of Benefits (Uselect Gold DNE with Dental and Optical)

Annual Breast Cancer Screening <sup>2,5</sup> (applicable for females >35 years)	100% Covered	50% Covered
Annual Prostate Cancer Screening <sup>2,6</sup> (applicable for males >45 years)	100% Covered	50% Covered
Colorectal Cancer Screening <sup>2,7</sup> (applicable for males and females >40 years)	100% Covered	50% Covered
Cervical Cancer Screening <sup>2,8</sup> (applicable for females aged 25-65 years. Every 3 years for women aged 25-49 years, every 5 years for women aged 50-65 years.)	100% Covered	50% 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	100% Covered	50% Covered
Circumcision Healthcare services	100% Covered	50% Covered
Preventive services <sup>3,11</sup>	100% Covered	100% Covered
Organ Transplant <sup>2</sup>	100% Covered	50% Covered
Essential vaccinations and immunizations <sup>3</sup> (Maximum Limit AED 100 Per Person Per Policy Year AED 100 per vaccine) (For newborns, children and Adults as stipulated by DHA)	100% Covered	100% Covered
Adult Pneumococcal Conjugate Vaccine <sup>3</sup> (Covered as per DHA Adult Pneumococcal Vaccination guidelines)	100% Covered	100% Covered
Influenza Vaccine once per year <sup>2</sup>	100% Covered	50% Covered
Hepatitis B and C Virus Screening <sup>2</sup>	100% Covered	50% Covered
Patient Support Program <sup>2,12</sup>	100% Covered	Not Covered
Dialysis <sup>3,10</sup> (Maximum Annual limit AED 60,000 Per Person per Policy Year)	100% Covered	100% Covered
Shingles (herpes zoster) Vaccine <sup>3,15</sup> (2 doses, once per lifetime)	100% Covered	100% Covered
<b>Maternity<sup>10</sup> (Covered for Married Female only)</b>		
<b>Network</b>		
<b>Non-network</b>		
Maximum Annual limit Per Person per Policy Year:		
Within & Outside UAE : AED 25,000		
Inpatient Maternity <sup>2,13</sup>		
Newborn Care: Upto 30 days from birth (New Born care to include BCG, Hepatitis B and neo-natal screening tests <sup>2,13</sup> )	100% Covered	50% Covered
Outpatient Maternity	100% Covered	50% Covered
Outpatient Maternity - Physician Consultation (Within Abu Dhabi Emirate – A deductible of AED 25 applicable; Outside Abu Dhabi Emirate – 10% coinsurance applicable with an Out of pocket limit of AED 25; Co-insurance/deductible not applicable for follow up within 7 days)	100% Covered	50% Covered
<b>Medical Checkup</b>		
<b>Network</b>		
<b>Non-network</b>		
Medical Checkup <sup>3</sup> (One Annual Checkup limited to a maximum AED 1,000 Per Person per Policy Year)	100% Covered	100% Covered
<b>Dental Module 1</b>		
<b>Network</b>		
<b>Non-network</b>		
Dental <sup>2,14</sup> (Maximum Annual limit AED 5,000 Per Person per Policy Year)	80% Covered	80% Covered
Accidental dental treatment	100% Covered	100% Covered
<b>Optical</b>		
<b>Network</b>		
<b>Non-network</b>		
Optical <sup>3</sup> (Limited to 2 vision tests per year and Maximum Annual Limit AED 1,500 Per Person including Prescribed Eye glasses, Frames and/or contact lenses)	100% Covered	100% Covered
<b>Other Services covered (Through Service Providers Only)</b>		
Teleconsultation healthcare services (Deductible Nil)		
International Assistance Service through service provider only		
Second Medical Opinion through service provider only		

Subject to Regulator Approval

## Schedule of Benefits (Uselect Gold DNE with Dental and Optical)

- <sup>1</sup> Please note: (1) A single holiday or business trip may not exceed 180 days. (2) Coverage outside UAE is limited to 180 days per treatment.
- <sup>2</sup> Pre-authorization required to avail this benefit. All Emergency cases do not require pre-authorization but should be notified to Daman within 24 hours.
- <sup>3</sup> Available on reimbursement only. Non-network Providers covered on re-imbursement only.
- <sup>4</sup> Alternative Medicine is limited to Herbal Medicine, Homeopathy medicine, Acupuncture, Osteopathy, Chinese Medicine and Ayurvedic treatment only.
- <sup>5</sup> a) Clinical Exam b) Mammogram c) Pelvic Sonogram (if medically indicated) d) CA 15.3 (if medically indicated)
- <sup>6</sup> a) Clinical exam b) PSA c) Rectal sonogram
- <sup>7</sup> a) FIT (Fecal Immunochemical Test) every 2 years; b) Colonoscopy every 10 years
- <sup>8</sup> Papanicolaou test (Pap test)
- <sup>9</sup> Exception: For in and outpatient maternity treatment at Non Network Provider, 50% covered outside UAE.
- <sup>10</sup> Maternity: Where any condition develops into a life-threatening condition, the medically necessary expenses will be covered up to the annual aggregate limit.
- <sup>11</sup> Preventive services for diabetes, every 3 years from age 30 and for High risk individuals annually from age 18.
- <sup>12</sup> Mandated patient support program offering coverage for treatment of Cancer, Hepatitis B and Hepatitis C as per applicable DHA support program
- <sup>13</sup> Neo-natal screening tests includes: Phenylketonuria (PKU), Congenital Hypothyroidism, Sickle cell screening, congenital adrenal hyperplasia.
- <sup>14</sup> Following services are covered a) X-Rays; b) Extractions; c) Amalgam / Composite Fillings; d) Root Canal Treatments; e) Consultations; f) Scaling, g) Prophylaxis; h) Antibiotics and Other Prescribed Drugs for the above mentioned services.
- <sup>15</sup> Vaccine for members above the age of 50 years and immunocompromised patients above the age of 18 years as mandated by DHA. Effective from 1 July 2024 for new and renewal policies.