

Quotation for Group Medical Insurance

Ref: JCDNCH0905-2

Date: 09 May 2023

Valued Client,

Proposer Name: **NEW COUNTRY HEALTHCARE**

Insurance Period: 12 months from the date to be advised and agreed.

Cover: As per NLGIC standard Group Medical Expenses insurance policy wording, medical clauses, definitions, general provisions and exclusions to cover the necessary, reasonable and customary In patient & Out Patient medical expenses incurred by the insured members up to the benefits/limits mentioned in the attached TOB.

"Insured Persons: All actively at work, full time & permanent employees of the Proposer and their eligible Family members."

National Life and General Insurance Co SAOG (NLG), has been established since 1995. We are one of the major Health Insurance providers in the UAE market.

NLGIC has been recognized as a Leader in the Corporate Medical Insurance Industry in the UAE, Oman and Kuwait markets. With our expertise in Need-based underwriting and customized solutions, we have been successful in satisfying our clients. We always strive to work with the Customer First approach and believe that 'Customer service is an Attitude and not a department.

We have state-of-the-art policy administration and claims management services supporting our client-centric approach. In addition to our in-house network, we have also tied up with all the Major third-party administrators in UAE to cater to the varying needs of our clients. We are led by a well-experienced management team and have professionally qualified employees who are well trained to deliver the best to our Insured members.

Hoping that our quotation will meet your expectation. Line with the above, we would like to enlist our unique deliverables in service standards that differentiate us from our competitors.

- Real time WhatsApp Chat facility for policy holder's support.
- Dedicated SPOC for policies above 500 members.
- Instantaneous Response to Emergencies
- Policy Setup and Activation within 3 working days.
- Certificate issuance on the same day of request.
- Various modes available for claims submission including direct channel
- Electronic (Bank Transfer) Claims settlement within 7 working days

Please accept our best regards,

National Life and General Insurance SAOG, **Your Trusted Insurance Partner**



Table of Benefits	
Category	Cat A VIP (DXB)
Territorial Limit for Elective treatment	UAE extended to worldwide excluding USA subject to reasonable and customary charges of applicable network in UAE
Territorial Limit for Emergency treatment while on Holidays or on official duty (Maximum 180 days during single journey)	Worldwide subject to reasonable and customary charges of applicable network in UAE
Annual Maximum Limit per person	AED 500,000
Hospital cost band	NAS Comprehensive Network
Pre-existing/Chronic conditions Limit	Covered
In Patient Benefits within applicable network	
Hospital Accommodation and Services	Single Private Room
ICU	Covered in full
Consultant's, Physician's, Surgeon's and Anesthetist's Fees	Covered in full
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full
Laboratory	Covered in full
Medications	Covered in full
Parental accommodation for child less than 16 years of age	Maximum AED 850 per day
The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	Maximum AED 850 per day
Ground ambulance services in UAE	Covers the reasonable expenses in transporting the insured member to the nearest medical facility in the event of medical emergency
Out Patient Benefits within applicable network	
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered with 20% copay
Laboratory	Covered with 20% copay
Medications	Covered with 20% copay (Long term medications to be dispensed up to 90 days without pre-authorization)
Physiotherapy Charges	Covered in full
Accidental damage to natural teeth	Covered in full
Preventive services	Diabetes screening: Every 3 years from age 30 High risk individuals annually from age 18
Vaccines and immunizations	Essential vaccinations and inoculations for newborns and children as stipulated by Federal MOH
Deductible per each and every claim (1 free follow up within 7 days relating to same illness and same provider), Consultant's, Physician's, Surgeon's and Anesthetist's Fees	20% coinsurance per claim
Conditions covered for medical emergencies	
Diagnostic and treatment services for dental and gum treatments	Covered in full



Hearing and vision aids, and vision correction by surgeries and laser	
Additional Benefits	
Repatriation Benefit on Death by Any Cause (mortal remains to country of origin)	AED 10,000 based on actuals
Psychiatric Treatment (Inpatient, outpatient and emergency coverage)	Coverage up to limit of AED 10,000/- per year
Alternative Medicines Covered: Homeopathy, Ayurveda, Chiropractic, Osteopathy, Acupuncture, Chinese Herbal Medicine, Cupping, Podiatry, Aromatherapy, Bowen Technique, Hypnotherapy, Massage, Meditation, Mindfulness, Reiki, Yoga and those not listed in the inclusion criteria	Covered with 10% coinsurance up to AED 2,500/- per year
Organ transplantation and related expenses excluding donor's expenses	Covered (unless medically necessary & subject to policy exclusions)
Nursing at Home (if medically necessary)	Covered
Hospital Cash Benefit if Inpatient Treatment is received free of charge in UAE only	Maximum AED 750 per day (up to 20 days)
Healthcare services for work illness and injuries as per Federal Law No. 8 of 1980 concerning Regulation of work relations, as amended, and applicable laws in this respect	Covered
Transportation expenses for Inpatient treatment abroad	Maximum AED 5,000 per person per year subject to: - Treatment is taken more economically in these countries - obtaining prior approval from the insurance company/TPA
Visiting Doctor Fee (Maximum up to 150% of UAE Highest rated NLGIC Network Hospital or Maximum AED 600 Per consultation whichever is lower)	Covered
Chronic conditions requiring hemodialysis or peritoneal dialysis and related test/treatment of procedure	Covered
Dietician (Limited to 18 consultations per Policy Year Max limit per visit AED 220)	Covered
Immunotherapy & Immunomodulators If medically necessary	Covered
Hormone replacement therapy. (Excluding growth hormone and excluded medical conditions) If medically_ necessary	Covered
Annual Health Check Up (One Annual Checkup limited to a maximum of AED 1,000 per person)	Covered
Annual Breast Cancer Screening (applicable for females > 35 years)	Covered



Annual Prostate Cancer Screening (applicable for males > 45 years)	Covered
Colorectal Cancer Screening (applicable for males and females > 40 years)	Covered
Vaccinations	Covered
Preventive services	Covered
Cervical Cancer Screening (Applicable for females aged 25-65 years)	Covered
Hepatitis B and C Virus Screening	Covered
Patient Support Program	Covered
Influenza Vaccine – Applicable for Dubai Visa holders only	Covered once per annum
Global Emergency Assistance Program	Covered through Mapfre
Teleconsultation	Covered through TruDoc 24X7
Second Medical opinion - is a rider aiming at assisting the insured member with a second medical opinion in order to determine or reconfirm the diagnosis and decide on the appropriate treatment protocols for a medical condition	Covered
Adult Pneumococcal Conjugate Vaccine	Covered as per DHA Adult Pneumococcal Conjugate Vaccine guidelines
Patient Support Programs (BASMAH & HCV) –DHA – Applicable for Dubai Visa holders only	Hepatitis B & C Virus Screening and treatment- Covered as per DHA Hep B & C support program guidelines Cancer Screening and treatment (Basmah Initiative)- Covered as per DHA patient support program guidelines

Dental Benefit

- (Consultations, Extractions, Amalgam Fillings, Composite Fillings, Glass Ionomer, Dental X-Rays, Root Canal Treatment and Gum Treatment)	Not Covered
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Optical Benefit

- (Consultations, Medications, Vision tests)	Not Covered
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Maternity Benefit

<p>Inpatient & Outpatient coverage includes:</p> <ol style="list-style-type: none"> 1. Pre & post-natal treatments 2. Normal delivery 3. Medically necessary Caesarean section 4. Maternity related complications 5. Medically necessary legal terminations <p>Inpatient Maternity Treatments are subject to prior approval</p>	<ol style="list-style-type: none"> 1. Normal Delivery expenses are covered up to a sublimit of AED 35,000 / - 2. Medically necessary Caesarean section and complication expenses are covered up to a sublimit of AED 35,000 / - 3. Any Medical Emergency expenses related to maternity (either to the mother or to the newborn) will be covered up to annual limit 4. Outpatient Maternity treatments including out-patient maternity consultation - Within AUH: AED 50 deductible applicable and Outside AUH: 10% coinsurance with an out-of-pocket limit of AED 50 applicable 5. The following screening tests are covered as per DHA antenatal care protocol: <ul style="list-style-type: none"> • FBC and Platelets • Blood group, Rhesus status and antibodies • VDRL • MSU & urinalysis • Rubella serology
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	<ul style="list-style-type: none"> • HIV • Hep C offered to high-risk patients • GTT if high risk • FBS, random sugar or HbA1c • Visits shall include reviews, checks and tests in accordance with DHA Antenatal Care Protocols • Ante-natal ultrasound scans
New born cover	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)

Claims Settlement for Elective & Emergency Medical Treatment

Elective Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network - Covered (Reimbursement on Reasonable & Customary charges of applicable network in UAE with NIL Coinsurance) (on top of applied deductible inside the network)
Emergency Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network: (WITHIN UAE) - Covered (Reimbursement with NIL coinsurance) (OUTSIDE UAE) - Covered (Reimbursement with NIL coinsurance)

Table of Benefits

Category	Cat B (DXB)
Territorial Limit for Elective treatment	UAE extended to MENA, ISC & SEA subject to reasonable and customary charges of applicable network in UAE
Territorial Limit for Emergency treatment while on Holidays or on official duty (Maximum 180 days during single journey)	Worldwide subject to reasonable and customary charges of applicable network in UAE
Annual Maximum Limit per person	AED 500,000
Hospital cost band	NAS General Network
Pre-existing/Chronic conditions Limit	Covered

In Patient Benefits within applicable network

Hospital Accommodation and Services	Single Private Room
ICU	Covered in full
Consultant's, Physician's, Surgeon's and Anesthetist's Fees	Covered in full
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full
Laboratory	Covered in full
Medications	Covered in full
Parental accommodation for child less than 16 years of age	Maximum AED 850 per day
The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	Maximum AED 850 per day
Ground ambulance services in UAE	Covers the reasonable expenses in transporting the insured member to the nearest medical facility in the event of medical emergency



Out Patient Benefits within applicable network	
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered with 20% copay
Laboratory	Covered with 20% copay
Medications	Covered with 20% copay (Long term medications to be dispensed up to 90 days without pre-authorization)
Physiotherapy Charges	Covered in full
Accidental damage to natural teeth	Covered in full
Preventive services	Diabetes screening: Every 3 years from age 30 High risk individuals annually from age 18
Vaccines and immunizations	Essential vaccinations and inoculations for newborns and children as stipulated by Federal MOH
Deductible per each and every claim (1 free follow up within 7 days relating to same illness and same provider), Consultant's, Physician's, Surgeon's and Anesthetist's Fees	20% coinsurance per claim
Conditions covered for medical emergencies	
Diagnostic and treatment services for dental and gum treatments	Covered in full
Hearing and vision aids, and vision correction by surgeries and laser	
Additional Benefits	
Repatriation Benefit on Death by Any Cause (mortal remains to country of origin)	AED 10,000 based on actuals
Psychiatric Treatment (Inpatient, outpatient and emergency coverage)	Coverage up to limit of AED 10,000/- per year
Alternative Medicines Covered: Homeopathy, Ayurveda, Chiropractic, Osteopathy, Acupuncture, Chinese Herbal Medicine, Cupping, Podiatry, Aromatherapy, Bowen Technique, Hypnotherapy, Massage, Meditation, Mindfulness, Reiki, Yoga and those not listed in the inclusion criteria	Covered with 10% coinsurance up to AED 2,500/- per year
Organ transplantation and related expenses excluding donor's expenses	Covered (unless medically necessary & subject to policy exclusions)
Nursing at Home (if medically necessary)	Covered
Hospital Cash Benefit if Inpatient Treatment is received free of charge in UAE only	Maximum AED 750 per day (up to 20 days)
Healthcare services for work illness and injuries as per Federal Law No. 8 of 1980 concerning Regulation of work relations, as amended, and applicable laws in this respect	Covered
Transportation expenses for Inpatient treatment abroad	Maximum AED 5,000 per person per year subject to: - Treatment is taken more economically in these countries - obtaining prior approval from the insurance company/TPA
Visiting Doctor Fee	Covered



(Maximum up to 150% of UAE Highest rated NLGIC Network Hospital or Maximum AED 600 Per consultation whichever is lower)	
Chronic conditions requiring hemodialysis or peritoneal dialysis and related test/treatment of procedure	Covered
Dietician (Limited to 18 consultations per Policy Year Max limit per visit AED 220)	Covered
Immunotherapy & Immunomodulators If medically necessary	Covered
Hormone replacement therapy. (Excluding growth hormone and excluded medical conditions) If medically_ necessary	Covered
Annual Health Check Up (One Annual Checkup limited to a maximum of AED 1,000 per person)	Covered
Annual Breast Cancer Screening (applicable for females > 35 years)	Covered
Annual Prostate Cancer Screening (applicable for males > 45 years)	Covered
Colorectal Cancer Screening (applicable for males and females > 40 years)	Covered
Vaccinations	Covered
Preventive services	Covered
Cervical Cancer Screening (applicable for females aged 25-65 years)	Covered
Hepatitis B and C Virus Screening	Covered
Patient Support Program	Covered
Influenza Vaccine – Applicable for Dubai Visa holders only	Covered once per annum
Global Emergency Assistance Program	Covered through Mapfre
Teleconsultation	Covered through TruDoc 24X7
Second Medical opinion - is a rider aiming at assisting the insured member with a second medical opinion in order to determine or reconfirm the diagnosis and decide on the appropriate treatment protocols for a medical condition	Covered
Adult Pneumococcal Conjugate Vaccine	Covered as per DHA Adult Pneumococcal Conjugate Vaccine guidelines
Patient Support Programs (BASMAH & HCV) –DHA – Applicable for Dubai Visa holders only	Hepatitis B & C Virus Screening and treatment- Covered as per DHA Hep B & C support program guidelines Cancer Screening and treatment (Basmah Initiative)- Covered as per DHA patient support program guidelines
Dental Benefit	
- (Consultations, Extractions, Amalgam Fillings, Composite Fillings, Glass Ionomer, Dental X-Rays, Root Canal Treatment and Gum Treatment)	Not Covered
Optical Benefit	



- (Consultations, Medications, Vision tests)	Not Covered
Maternity Benefit	
Inpatient & Outpatient coverage includes: 1. Pre & post-natal treatments 2. Normal delivery 3. Medically necessary Caesarean section 4. Maternity related complications 5. Medically necessary legal terminations Inpatient Maternity Treatments are subject to prior approval	<ol style="list-style-type: none">1. Normal Delivery expenses are covered up to a sublimit of AED 25,000 / -2. Medically necessary Caesarean section and complication expenses are covered up to a sublimit of AED 25,000 / -3. Any Medical Emergency expenses related to maternity (either to the mother or to the newborn) will be covered up to annual limit4. Outpatient Maternity treatments including out-patient maternity consultation - Within AUH: AED 50 deductible applicable and Outside AUH: 10% coinsurance with an out-of-pocket limit of AED 50 applicable5. The following screening tests are covered as per DHA antenatal care protocol:<ul style="list-style-type: none">• FBC and Platelets• Blood group, Rhesus status and antibodies• VDRL• MSU & urinalysis• Rubella serology• HIV• Hep C offered to high-risk patients• GTT if high risk• FBS, random sugar or HbA1c• Visits shall include reviews, checks and tests in accordance with DHA Antenatal Care Protocols• Ante-natal ultrasound scans
New born cover	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)
Claims Settlement for Elective & Emergency Medical Treatment	
Elective Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network - Covered (Reimbursement on Reasonable & Customary charges of applicable network in UAE with 20% Coinsurance) (on top of applied deductible inside the network)
Emergency Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network: (WITHIN UAE) - Covered (Reimbursement with NIL coinsurance) (OUTSIDE UAE) - Covered (Reimbursement with NIL coinsurance)



Table of Benefits	
Category	Cat C (DXB)
Territorial Limit for Elective treatment	UAE extended to MENA, ISC & SEA subject to reasonable and customary charges of applicable network in UAE
Territorial Limit for Emergency treatment while on Holidays or on official duty (Maximum 180 days during single journey)	Worldwide subject to reasonable and customary charges of applicable network in UAE
Annual Maximum Limit per person	AED 250,000
Hospital cost band	NAS Restricted Network + Saudi German Hospital – DXB & Medcare Group
Pre-existing/Chronic conditions Limit	Covered
In Patient Benefits within applicable network	
Hospital Accommodation and Services	Single Private Room
ICU	Covered in full
Consultant's, Physician's, Surgeon's and Anesthetist's Fees	Covered in full
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full
Laboratory	Covered in full
Medications	Covered in full
Parental accommodation for child less than 16 years of age	Maximum AED 550 per day
The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	Maximum AED 550 per day
Ground ambulance services in UAE	Covers the reasonable expenses in transporting the insured member to the nearest medical facility in the event of medical emergency
Out Patient Benefits within applicable network	
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered with 20% copay
Laboratory	Covered with 20% copay
Medications	Covered with 20% copay (Long term medications to be dispensed up to 90 days without pre-authorization)
Physiotherapy Charges	Covered in full
Accidental damage to natural teeth	Covered in full
Preventive services	Diabetes screening: Every 3 years from age 30 High risk individuals annually from age 18
Vaccines and immunizations	Essential vaccinations and inoculations for newborns and children as stipulated by Federal MOH
Deductible per each and every claim (1 free follow up within 7 days relating to same illness and same provider), Consultant's, Physician's, Surgeon's and Anesthetist's Fees	20% coinsurance per claim
Conditions covered for medical emergencies	
Diagnostic and treatment services for dental and gum treatments	Covered in full



Hearing and vision aids, and vision correction by surgeries and laser	
Additional Benefits	
Repatriation Benefit on Death by Any Cause (mortal remains to country of origin)	AED 10,000 based on actuals
Psychiatric Treatment (Inpatient, outpatient and emergency coverage)	Coverage up to limit of AED 10,000/- per year
Alternative Medicines Covered: Homeopathy, Ayurveda, Chiropractic, Osteopathy, Acupuncture, Chinese Herbal Medicine, Cupping, Podiatry, Aromatherapy, Bowen Technique, Hypnotherapy, Massage, Meditation, Mindfulness, Reiki, Yoga and those not listed in the inclusion criteria	Covered with 10% coinsurance up to AED 2,500/- per year
Organ transplantation and related expenses excluding donor's expenses	Covered (unless medically necessary & subject to policy exclusions)
Nursing at Home (if medically necessary)	Covered
Hospital Cash Benefit if Inpatient Treatment is received free of charge in UAE only	Maximum AED 550 per day (up to 20 days)
Healthcare services for work illness and injuries as per Federal Law No. 8 of 1980 concerning Regulation of work relations, as amended, and applicable laws in this respect	Covered
Transportation expenses for Inpatient treatment abroad	Maximum AED 5,000 per person per year subject to: - Treatment is taken more economically in these countries - obtaining prior approval from the insurance company/TPA
Visiting Doctor Fee (Maximum up to 150% of UAE Highest rated NLGIC Network Hospital or Maximum AED 600 Per consultation whichever is lower)	Covered
Chronic conditions requiring hemodialysis or peritoneal dialysis and related test/treatment of procedure	Covered
Dietician (Limited to 18 consultations per Policy Year Max limit per visit AED 220)	Covered
Immunotherapy & Immunomodulators If medically necessary	Covered
Hormone replacement therapy. (Excluding growth hormone and excluded medical conditions) If medically necessary	Covered
Annual Health Check Up (One Annual Checkup limited to a maximum of AED 1,000 per person)	Covered
Annual Breast Cancer Screening (applicable for females > 35 years)	Covered



Annual Prostate Cancer Screening (applicable for males > 45 years)	Covered
Colorectal Cancer Screening (applicable for males and females > 40 years)	Covered
Vaccinations	Covered
Preventive services	Covered
Cervical Cancer Screening (Applicable for females aged 25-65 years)	Covered
Hepatitis B and C Virus Screening	Covered
Patient Support Program	Covered
Influenza Vaccine – Applicable for Dubai Visa holders only	Covered once per annum
Global Emergency Assistance Program	Covered through Mapfre
Teleconsultation	Covered through TruDoc 24X7
Second Medical opinion - is a rider aiming at assisting the insured member with a second medical opinion in order to determine or reconfirm the diagnosis and decide on the appropriate treatment protocols for a medical condition	Covered
Adult Pneumococcal Conjugate Vaccine	Covered as per DHA Adult Pneumococcal Conjugate Vaccine guidelines
Patient Support Programs (BASMAH & HCV) –DHA – Applicable for Dubai Visa holders only	Hepatitis B & C Virus Screening and treatment- Covered as per DHA Hep B & C support program guidelines Cancer Screening and treatment (Basmah Initiative)- Covered as per DHA patient support program guidelines

Dental Benefit

- (Consultations, Extractions, Amalgam Fillings, Composite Fillings, Glass Ionomer, Dental X-Rays, Root Canal Treatment and Gum Treatment)	Not Covered
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Optical Benefit

- (Consultations, Medications, Vision tests)	Not Covered
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Maternity Benefit

Inpatient & Outpatient coverage includes: 1. Pre & post-natal treatments 2. Normal delivery 3. Medically necessary Caesarean section 4. Maternity related complications 5. Medically necessary legal terminations Inpatient Maternity Treatments are subject to prior approval	<ol style="list-style-type: none"> 1. Normal Delivery expenses are covered up to a sublimit of AED 10,500 / - 2. Medically necessary Caesarean section and complication expenses are covered up to a sublimit of AED 15,000 / - 3. Any Medical Emergency expenses related to maternity (either to the mother or to the new born) will be covered up to annual limit 4. Outpatient Maternity treatments including out-patient maternity consultation - Within AUH: AED 50 deductible applicable and Outside AUH: 10% coinsurance with an out-of-pocket limit of AED 50 applicable 5. The following screening tests are covered as per DHA antenatal care protocol: <ul style="list-style-type: none"> • FBC and Platelets • Blood group, Rhesus status and antibodies • VDRL • MSU & urinalysis • Rubella serology
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	<ul style="list-style-type: none"> • HIV • Hep C offered to high-risk patients • GTT if high risk • FBS, random sugar or HbA1c • Visits shall include reviews, checks and tests in accordance with DHA Antenatal Care Protocols • Ante-natal ultrasound scans
New born cover	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)

Claims Settlement for Elective & Emergency Medical Treatment

Elective Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network - Covered (Reimbursement on Reasonable & Customary charges of applicable network in UAE with 20% Coinsurance) (on top of applied deductible inside the network)
Emergency Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network: (WITHIN UAE) - Covered (Reimbursement with NIL coinsurance) (OUTSIDE UAE) - Covered (Reimbursement with NIL coinsurance)

Table of Benefits

Category	Cat D (DXB)
Territorial Limit for Elective treatment	UAE extended to MENA, ISC & SEA subject to reasonable and customary charges of applicable network in UAE
Territorial Limit for Emergency treatment while on Holidays or on official duty (Maximum 180 days during single journey)	Worldwide subject to reasonable and customary charges of applicable network in UAE
Annual Maximum Limit per person	AED 250,000
Hospital cost band	NAS Workers Network
Pre-existing/Chronic conditions Limit	Covered

In Patient Benefits within applicable network

Hospital Accommodation and Services	Single Private Room
ICU	Covered in full
Consultant's, Physician's, Surgeon's and Anesthetist's Fees	Covered in full
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full
Laboratory	Covered in full
Medications	Covered in full
Parental accommodation for child less than 16 years of age	Maximum AED 450 per day
The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	Maximum AED 450 per day
Ground ambulance services in UAE	Covers the reasonable expenses in transporting the insured member to the nearest medical facility in the event of medical emergency



Out Patient Benefits within applicable network	
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered with 20% copay
Laboratory	Covered with 20% copay
Medications	Covered with 20% copay (Long term medications to be dispensed up to 90 days without pre-authorization)
Physiotherapy Charges	Covered in full
Accidental damage to natural teeth	Covered in full
Preventive services	Diabetes screening: Every 3 years from age 30 High risk individuals annually from age 18
Vaccines and immunizations	Essential vaccinations and inoculations for newborns and children as stipulated by Federal MOH
Deductible per each and every claim (1 free follow up within 7 days relating to same illness and same provider), Consultant's, Physician's, Surgeon's and Anesthetist's Fees	20% coinsurance per claim
Conditions covered for medical emergencies	
Diagnostic and treatment services for dental and gum treatments	Covered in full
Hearing and vision aids, and vision correction by surgeries and laser	
Additional Benefits	
Repatriation Benefit on Death by Any Cause (mortal remains to country of origin)	AED 10,000 based on actuals
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Alternative Medicines Covered: Homeopathy, Ayurveda, Chiropractic, Osteopathy, Acupuncture, Chinese Herbal Medicine, Cupping, Podiatry, Aromatherapy, Bowen Technique, Hypnotherapy, Massage, Meditation, Mindfulness, Reiki, Yoga and those not listed in the inclusion criteria	Covered with 10% coinsurance up to AED 2,500/- per year
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Nursing at Home (if medically necessary)	Covered
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Healthcare services for work illness and injuries as per Federal Law No. 8 of 1980 concerning Regulation of work relations, as amended, and applicable laws in this respect	Covered
Transportation expenses for Inpatient treatment abroad	Maximum AED 5,000 per person per year subject to: - Treatment is taken more economically in these countries - obtaining prior approval from the insurance company/TPA



Visiting Doctor Fee (Maximum up to 150% of UAE Highest rated NLGIC Network Hospital or Maximum AED 600 Per consultation whichever is lower)	Covered
Chronic conditions requiring hemodialysis or peritoneal dialysis and related test/treatment of procedure	Covered
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Immunotherapy & Immunomodulators If medically necessary	Covered
Hormone replacement therapy. (Excluding growth hormone and excluded medical conditions) If medically_ necessary	Covered
Annual Health Check Up (One Annual Checkup limited to a maximum of AED 1,000 per person)	Covered
Annual Breast Cancer Screening (applicable for females> 35 years)	Covered
Annual Prostate Cancer Screening (applicable for males> 45 years)	Covered
Colorectal Cancer Screening (applicable for males and females> 40 years)	Covered
Vaccinations	Covered
Preventive services	Covered
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Hepatitis B and C Virus Screening	Covered
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Second Medical opinion - is a rider aiming at assisting the insured member with a second medical opinion in order to determine or reconfirm the diagnosis and decide on the appropriate treatment protocols for a medical condition	Covered
Adult Pneumococcal Conjugate Vaccine	Covered as per DHA Adult Pneumococcal Conjugate Vaccine guidelines
Patient Support Programs (BASMAH & HCV) –DHA – Applicable for Dubai Visa holders only	Hepatitis B & C Virus Screening and treatment- Covered as per DHA Hep B & C support program guidelines Cancer Screening and treatment (Basmah Initiative)- Covered as per DHA patient support program guidelines
Dental Benefit	
- (Consultations, Extractions, Amalgam Fillings, Composite Fillings, Glass Ionomer,	Not Covered

Dental X-Rays, Root Canal Treatment and Gum Treatment)	
Optical Benefit	
- (Consultations, Medications, Vision tests)	Not Covered
Maternity Benefit	
Inpatient & Outpatient coverage includes: 1. Pre & post-natal treatments 2. Normal delivery 3. Medically necessary Caesarean section 4. Maternity related complications 5. Medically necessary legal terminations Inpatient Maternity Treatments are subject to prior approval	1. Normal Delivery expenses are covered up to a sublimit of AED 10,500 / - 2. Medically necessary Caesarean section and complication expenses are covered up to a sublimit of AED 15,000 / - 3. Any Medical Emergency expenses related to maternity (either to the mother or to the newborn) will be covered up to annual limit 4. Outpatient Maternity treatments including out-patient maternity consultation - Within AUH: AED 50 deductible applicable and Outside AUH: 10% coinsurance with an out-of-pocket limit of AED 50 applicable 5. The following screening tests are covered as per DHA antenatal care protocol: • FBC and Platelets • Blood group, Rhesus status and antibodies • VDRL • MSU & urinalysis • Rubella serology • HIV • Hep C offered to high-risk patients • GTT if high risk • FBS, random sugar or HbA1c • Visits shall include reviews, checks and tests in accordance with DHA Antenatal Care Protocols • Ante-natal ultrasound scans
New born cover	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)
Claims Settlement for Elective & Emergency Medical Treatment	
Elective Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network - Covered (Reimbursement on Reasonable & Customary charges of applicable network in UAE with 20% Coinsurance) (on top of applied deductible inside the network)
Emergency Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network: (WITHIN UAE) - Covered (Reimbursement with NIL coinsurance) (OUTSIDE UAE) - Covered (Reimbursement with NIL coinsurance)



Table of Benefits	
Category	Cat A (AUH)
Territorial Limit for Elective treatment	UAE extended to MENA, ISC & SEA subject to reasonable and customary charges of applicable network in UAE
Territorial Limit for Emergency treatment while on Holidays or on official duty (Maximum 180 days during single journey)	Worldwide subject to reasonable and customary charges of applicable network in UAE
Annual Maximum Limit per person	AED 300,000
Hospital cost band	NAS Restricted Network
Pre-existing/Chronic conditions Limit for Inpatient and Outpatient	Covered
In Patient Benefits within applicable network	
Hospital Accommodation and Services	Single Private Room
ICU	Covered in full
Consultant's, Physician's, Surgeon's and Anesthetist's Fees	Covered in full
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full
Laboratory	Covered in full
Medications	Covered in full
Parental accommodation for child less than 16 years of age	Maximum AED 200 per day
The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	Maximum AED 200 per day
Ground ambulance services in UAE	Covers the reasonable expenses in transporting the insured member to the nearest medical facility in the event of medical emergency
Out Patient Benefits within applicable network	
Consultant's, Physician's, Surgeon's and Anesthetist's Fees	Covered in full
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full
Laboratory	Covered in full
Medications	Covered with 30% copay* * - Medications are covered as per DOH circular US/27/18 - New Mechanism of Dispensing Generic Medicines (Long term medications to be dispensed up to 90 days without pre-authorization)
Physiotherapy Charges	Covered in full subject to prior approval ^{See note 2}
Accidental damage to natural teeth	Covered in full
Preventive services, vaccines and immunizations	Essential vaccinations and inoculations for newborns and children as stipulated by HAAD Diabetes screening: Every 3 years from age 30 High risk individuals annually from age 18
Deductible per each and every claim (1 free follow up within 7 days relating to same illness and same provider)	AED 50 per claim



Conditions covered for medical emergencies	
Diagnostic and treatment services for dental and gum treatments	Covered in full
Hearing and vision aids, and vision correction by surgeries and laser	
Additional Benefits	
Repatriation Benefit on Death by Any Cause (mortal remains to country of origin)	AED 10,000 based on actuals
Healthcare services for work illness and injuries as per Federal Law No. 8 of 1980 concerning Regulation of work relations, as amended, and applicable laws in this respect	Covered
Psychiatric Treatment (Inpatient, outpatient and emergency coverage)	Coverage up to limit of AED 10,000/- per year
Alternative Medicines Covered: Homeopathy, Ayurveda, Chiropractic, Osteopathy, Acupuncture, Chinese Herbal Medicine, Cupping, Podiatry, Aromatherapy, Bowen Technique, Hypnotherapy, Massage, Meditation, Mindfulness, Reiki, Yoga and those not listed in the inclusion criteria	Covered with 10% coinsurance up to AED 2,500/- per year
Organ transplantation and related expenses excluding donor's expenses	Covered (unless medically necessary & subject to policy exclusions)
Nursing at Home (if medically necessary)	Covered
Hospital Cash Benefit if Inpatient Treatment is received free of charge in UAE only	Maximum AED 650 per day (up to 20 days)
Transportation expenses for Inpatient treatment abroad	Maximum AED 5,000 per person per year subject to: - Treatment is taken more economically in these countries - obtaining prior approval from the insurance company/TPA
Visiting Doctor Fee (Maximum up to 150% of UAE Highest rated NLGIC Network Hospital or Maximum AED 600 Per consultation whichever is lower)	Covered
Chronic conditions requiring hemodialysis or peritoneal dialysis and related test/treatment of procedure	Covered
Dietician (Limited to 18 consultations per Policy Year Max limit per visit AED 220)	Covered
Immunotherapy & Immunomodulators If medically necessary	Covered
Hormone replacement therapy. (Excluding growth hormone and excluded medical conditions) If medically_ necessary	Covered
Annual Health Check Up (One Annual Checkup limited to PPPY)	Covered



Annual Breast Cancer Screening (applicable for females > 35 years)	Covered
Annual Prostate Cancer Screening (applicable for males > 45 years)	Covered
Colorectal Cancer Screening (applicable for males and females > 40 years)	Covered
Vaccinations	Covered
Cervical Cancer Screening (Applicable for females aged 25-65 years)	Covered
Global Emergency Assistance Program	Covered through Mapfre
Teleconsultation	Covered through TruDoc 24X7
Second Medical opinion - is a rider aiming at assisting the insured member with a second medical opinion in order to determine or reconfirm the diagnosis and decide on the appropriate treatment protocols for a medical condition	Covered
Dental Benefit	
Dental Sickness: - (Consultations, Extractions, Amalgam Fillings, Composite Fillings, Glass Ionomer, Dental X-Rays, Root Canal Treatment and Gum Treatment)	Not Covered
Optical Benefit	
- (Consultations, Medications, Vision tests)	Not Covered
Maternity Benefit	
Out-patient ante-natal services	Covered in full inside the UAE with deductible per each and every claim of AED 50 per claim
In-patient maternity services	Covered in full inside the UAE for both normal delivery and medically necessary C-section, complications and for medically necessary termination
Maternity services Outside UAE	Covered up to AED 15,000 per eligible female per year
New born cover	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)
Claims Settlement for Elective & Emergency Medical Treatment	
Elective Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network - Covered (Reimbursement on Reasonable & Customary charges of applicable network in UAE with 20% Coinsurance) (on top of applied deductible inside the network)
Emergency Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network: (WITHIN UAE) - Covered (Reimbursement with NIL coinsurance) (OUTSIDE UAE) - Covered (Reimbursement with NIL coinsurance)

* This TOB is subject to HAAD approval



Table of Benefits	
Category	Cat B (AUH)
Territorial Limit for Elective treatment	UAE extended to MENA, ISC & SEA subject to reasonable and customary charges of applicable network in UAE
Territorial Limit for Emergency treatment while on Holidays or on official duty (Maximum 180 days during single journey)	Worldwide subject to reasonable and customary charges of applicable network in UAE
Annual Maximum Limit per person	AED 300,000
Hospital cost band	NAS Workers Network
Pre-existing/Chronic conditions Limit for Inpatient and Outpatient	Covered
In Patient Benefits within applicable network	
Hospital Accommodation and Services	Single Private Room
ICU	Covered in full
Consultant's, Physician's, Surgeon's and Anesthetist's Fees	Covered in full
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full
Laboratory	Covered in full
Medications	Covered in full
Parental accommodation for child less than 16 years of age	Maximum AED 200 per day
The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	Maximum AED 200 per day
Ground ambulance services in UAE	Covers the reasonable expenses in transporting the insured member to the nearest medical facility in the event of medical emergency
Out Patient Benefits within applicable network	
Consultant's, Physician's, Surgeon's and Anesthetist's Fees	Covered in full
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full
Laboratory	Covered in full
Medications	Covered with 25% copay* * - Medications are covered as per DOH circular US/27/18 - New Mechanism of Dispensing Generic Medicines (Long term medications to be dispensed up to 90 days without pre-authorization)
Physiotherapy Charges	Covered in full subject to prior approval <small>See note 2</small>
Accidental damage to natural teeth	Covered in full
Preventive services, vaccines and immunizations	Essential vaccinations and inoculations for newborns and children as stipulated by HAAD Diabetes screening: Every 3 years from age 30 High risk individuals annually from age 18
Deductible per each and every claim (1 free follow up within 7 days relating to same illness and same provider)	AED 50 per claim



Conditions covered for medical emergencies	
Diagnostic and treatment services for dental and gum treatments	Covered in full
Hearing and vision aids, and vision correction by surgeries and laser	
Additional Benefits	
Repatriation Benefit on Death by Any Cause (mortal remains to country of origin)	AED 10,000 based on actuals
Healthcare services for work illness and injuries as per Federal Law No. 8 of 1980 concerning Regulation of work relations, as amended, and applicable laws in this respect	Covered
Psychiatric Treatment (Inpatient, outpatient and emergency coverage)	Coverage up to limit of AED 10,000/- per year
Alternative Medicines Covered: Homeopathy, Ayurveda, Chiropractic, Osteopathy, Acupuncture, Chinese Herbal Medicine, Cupping, Podiatry, Aromatherapy, Bowen Technique, Hypnotherapy, Massage, Meditation, Mindfulness, Reiki, Yoga and those not listed in the inclusion criteria	Covered with 10% coinsurance up to AED 2,500/- per year
Organ transplantation and related expenses excluding donor's expenses	Covered (unless medically necessary & subject to policy exclusions)
Nursing at Home (if medically necessary)	Covered
Hospital Cash Benefit if Inpatient Treatment is received free of charge in UAE only	Maximum AED 550 per day (up to 20 days)
Transportation expenses for Inpatient treatment abroad	Maximum AED 5,000 per person per year subject to: - Treatment is taken more economically in these countries - obtaining prior approval from the insurance company/TPA
Visiting Doctor Fee (Maximum up to 150% of UAE Highest rated NLGIC Network Hospital or Maximum AED 600 Per consultation whichever is lower)	Covered
Chronic conditions requiring hemodialysis or peritoneal dialysis and related test/treatment of procedure	Covered
Dietician (Limited to 18 consultations per Policy Year Max limit per visit AED 220)	Covered
Immunotherapy & Immunomodulators If medically necessary	Covered
Hormone replacement therapy. (Excluding growth hormone and excluded medical conditions) If medically_ necessary	Covered
Annual Health Check Up (One Annual Checkup limited to PPPY)	Covered



Annual Breast Cancer Screening (applicable for females > 35 years)	Covered
Annual Prostate Cancer Screening (applicable for males > 45 years)	Covered
Colorectal Cancer Screening (applicable for males and females > 40 years)	Covered
Vaccinations	Covered
Cervical Cancer Screening (Applicable for females aged 25-65 years)	Covered
Global Emergency Assistance Program	Covered through Mapfre
Teleconsultation	Covered through TruDoc 24X7
Second Medical opinion - is a rider aiming at assisting the insured member with a second medical opinion in order to determine or reconfirm the diagnosis and decide on the appropriate treatment protocols for a medical condition	Covered
Dental Benefit	
Dental Sickness: - (Consultations, Extractions, Amalgam Fillings, Composite Fillings, Glass Ionomer, Dental X-Rays, Root Canal Treatment and Gum Treatment)	Not Covered
Optical Benefit	
- (Consultations, Medications, Vision tests)	Not Covered
Maternity Benefit	
Out-patient ante-natal services	Covered in full inside the UAE with deductible per each and every claim of AED 50 per claim
In-patient maternity services	Covered in full inside the UAE for both normal delivery and medically necessary C-section, complications and for medically necessary termination
Maternity services Outside UAE	Covered up to AED 15,000 per eligible female per year
New born cover	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)
Claims Settlement for Elective & Emergency Medical Treatment	
Elective Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network - Covered (Reimbursement on Reasonable & Customary charges of applicable network in UAE with 20% Coinsurance) (on top of applied deductible inside the network)
Emergency Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network: (WITHIN UAE) - Covered (Reimbursement with NIL coinsurance) (OUTSIDE UAE) - Covered (Reimbursement with NIL coinsurance)

* This TOB is subject to HAAD approval

Client Approval

We hereby acknowledge that we have read, understood, and approved this medical quotation.

Company's Name:

Company's Stamp:

Authorized Name and Title:

Signature:

Quotation Signed Date:

DHA & DOH Exclusions

DXB Excluded (non-basic) healthcare services (DHA)

1. Healthcare Services which are not medically necessary
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Care for the sake of travelling.
4. Custodial care including
 - (1) non-medical treatment services;
 - (2) Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
5. Services that do not require continuous administration by specialized medical personnel.
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
7. All cosmetic healthcare services and services associated with replacement of an existing breast implant. Cosmetic operations which are related to an Injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body and breast reconstruction following a mastectomy for cancer are covered.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens.
10. Healthcare Services that are not performed by Authorized Healthcare Service Providers.
11. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
12. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
13. Treatment and services for contraception
14. Treatment and services for sex transformation, sterilization or intended to correct a state of sterility or infertility or sexual dysfunction. Sterilization is allowed only if medically indicated and if allowed under the Law.
15. External prosthetic devices and medical equipment.
16. Treatments and services arising as a result of professional sports activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other professional sports activities.
17. Growth hormone therapy unless medically necessary.
18. Costs associated with hearing tests, prosthetic devices or hearing and vision aids.
19. Mental Health diseases, both outpatient and in-patient treatments, unless it is an emergency condition.
20. Patient treatment supplies (including for example: elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; nonprescription drugs and treatments,) excluding supplies required as a result of Healthcare Services rendered during a Medical Emergency.



21. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment); any physical, psychiatric or psychological examinations or investigations during these examinations.
22. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree relatives.
23. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
24. Healthcare services for adjustment of spinal subluxation.
25. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, and all forms of treatment by alternative medicine.
26. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
27. Elective diagnostic services and medical treatment for correction of vision
28. Nasal septum deviation and nasal concha resection.
29. All chronic conditions requiring haemodialysis or peritoneal dialysis, and related investigations, treatments or procedures.
30. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis B and C.
31. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
32. Healthcare services for senile dementia and Alzheimer's disease.
33. Air or terrestrial medical evacuation and unauthorized transportation services.
34. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency that were not notified within 24 hours from the date of admission where possible.
35. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
36. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
37. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions); and all equipment not primarily intended to improve a medical condition or injury, including but not limited to: air conditioners or air purifying systems, arch supports, exercise equipment and sanitary supplies.
38. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
39. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or a recipient. This exclusion also applies to follow-up treatments and complications unless if left untreated will develop into an emergency.
40. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
41. Any expenses related to the treatment of sleep related disorders.
42. Services and educational programs for people of determination, this also includes disability types such as but not limited to mental, intellectual, developmental, physical and/or psychological disabilities.

Healthcare services outside the scope of health insurance (In Emergency cases as defined by PD 02-2017, the following must be covered until stabilization at minimum)

1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
4. Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other type of natural disaster.
5. Injuries resulting from criminal acts or resisting authority by the Insured Person.
6. Injuries resulting from a road traffic accident.
7. Healthcare services for work related illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, and applicable laws in this respect.
8. All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances.

9. Any investigation or treatment not prescribed by a doctor.
10. Injuries resulting from attempted suicide or self-inflicted injuries.
11. Diagnosis and treatment services for complications of exempted illnesses.
12. All healthcare services for internationally and/or locally recognized epidemics.
13. Healthcare services for patients suffering from (and related to the diagnosis and treatment of) HIV – AIDS and its complications and all types of hepatitis except virus A, B and C hepatitis.

Excluded Healthcare Services Offered Under the Enhanced Health Insurance Policy (DOH)

1. Healthcare Services, which are not medically necessary
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Domiciliary care; private nursing care; care for the sake of travelling.
4. Custodial care includes (1) Non medical treatment services; or (2) Health related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
5. Services which do not require continuous administration by specialized medical personnel.
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
7. Healthcare Services and associated expenses for replacement of an existing breast implant. Cosmetic operations which improve physical appearance and which are related to an Injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body. Breast reconstruction following a mastectomy for cancer is covered.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medically non-approved experimental, research, investigational healthcare services, treatments, devices and pharmacological regimens.
10. Healthcare Services that are not performed by Authorised Healthcare Service Providers, apart from Healthcare Services rendered in a Medical Emergency.
11. Healthcare services, treatments & associated expenses for alopecia, baldness, hair falling, dandruff or wigs.
12. Supplies, Treatment and services for smoking cessation programs and the treatment of nicotine addiction.
13. Non-medically necessary Amniocentesis.
14. Treatment, services and surgeries for sex transformation, sterility and sterilization
15. Treatment and services for contraception
16. Treatment and services related to fertility / sterility (treatment including varicocele / polycystic ovary / ovarian cyst / hormonal disturbances / sexual dysfunction).
17. Prosthetic devices and consumed medical equipments, unless approved by the insurance company
18. Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports activities
19. Growth hormone therapy
20. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
21. Mental Health diseases, in-patient and out-patient treatments, unless the condition is a transient mental disorder or an acute reaction to stress.
22. Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency).
23. Preventive services, including vaccinations, immunizations, allergy testing and desensitization; any physical, psychiatric or psychological examinations or testing during these examinations.
24. Services rendered by any medical provider relevant of a patient for example the Insured person and the Insured member.s family, including spouse, brother, sister, parent or child.
25. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during treatment.
26. Healthcare services for adjustment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, by any means, except treatment of fractures and dislocations of the extremities.

27. Healthcare services and treatments) by acupuncture; acupressure, hypnotism, rolfing, massage therapy, aromatherapy, homeopathic treatments, and all forms of treatment by alternative medicine.
28. All Healthcare services & Treatments for in-vitro fertilization (IVF), embryo transport; ovum and male sperms transport
29. Elective diagnostic services and medical treatment for correction of vision.
30. Nasal septum deviation and nasal concha resection.
31. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related test/treatment or procedure.
32. Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A.
33. Birth defects, Congenital diseases for newborn &/or Deformities unless life-threatening.
34. Healthcare services for Senile dementia and Alzheimer.s disease.
35. Air or Terrestrial Medical evacuation except for Emergency cases or unauthorised transportation services.
36. Circumcision healthcare services.
37. Inpatient treatment received without prior approval from the insurance company including cases of Medical Emergency which were not notified within 24 hours from the date of admission.
38. Any inpatient treatment, tests and other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person.s health.
39. Any test or treatment, for purpose other than medical such as tests related for employment, travel, licensing or insurance purposes.
40. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions) and all equipment not primarily intended to improve a medical condition or injury, including but not limited to air conditioners or air purifying systems, arch supports, convenience items / options, exercise equipment and sanitary supplies.
41. More than one consultation or follow up with a medical specialist in a single day unless referred by a physician.
42. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient.
43. Services and educational program for handicaps.

Healthcare Services outside the Scope of Health Insurance

1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
4. Injuries resulting from natural disasters (including but not limited to) earthquakes, tornados and any other type of natural disaster.
5. Injuries resulting from criminal acts or resisting authority by the Insured Person.
6. Healthcare services for patients suffering from AIDS and its complications.
7. 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.
8. All cases resulting from the use of alcohol, drugs and hallucinatory substances.
9. Any test or treatment not prescribed by a doctor.
10. Injuries resulting from attempted suicide or self-inflicted injuries.
11. Diagnosis and treatment services for complications of exempted illnesses.
12. All healthcare services for internationally and locally recognized epidemics.
13. Venereal sexually transmitted diseases. A list with respect thereto will be set out by the General Authority of Health Services.

Notes

1. Please note that in case benefits fall below the minimum required by the regulations in UAE or the benefit which is not provided in this TOB and is required by regulator, then the cover under the policy will automatically increase/include the benefit to the same level as requested by the regulator.



2. The quote assumes coverage is compulsory for all employees, residing in UAE on valid Residence Visa. There is no voluntary option exercised by any employee.
3. If dependents are to be covered, it has to be on compulsory basis within the group/sub-group for all employees dependent (spouse & children) residing in UAE on valid Residence Visa
4. Dependents insured elsewhere during eligibility start date and late entrants (dependents reported after reporting timelines) will be allowed to join the scheme only during policy renewal with individual underwriting. There is no voluntary option exercised by any dependents.
5. The Quotation / TOB confirmed by client herewith is subject to the Insurer being informed and advised of any chronic or major illness or any current condition which may develop into major or Critical conditions at the inception of the policy as well as on the addition of any member. Failure to disclose such material facts will prejudice the insured's position from the Company acceptance of any claims relating to such condition and/ or considering the claim/or policy as void at discretion of NLGIC.
6. As per regulatory requirement, we need to upload data in the DOH system within 24 hours from inception/effective date. Therefore, backdating of any policy or endorsements is not allowed. To comply with the regulatory requirements, census list data of the members should be in line with the MOI record as the same will be fetched in DOH system.
7. If dependents are to be covered, it has to be on compulsory basis within the group/sub-group for all employees dependent (spouse & children) residing in UAE on valid Residence Visa. Dependents insured elsewhere during eligibility start date and late entrants (dependents reported after reporting timelines) will be allowed to join the scheme only during policy renewal. There is no voluntary option exercised by any dependents.
8. Coverage is subject to annual maximum limit and sub limits per person. Maximum age at entry shall be 65 years of age, cover for members above 65 years of age is subject to medical underwriting and benefits shall be based on the assessment of Medical Application Form and valid employment visa.
9. For non-emergency inpatient treatments, at the discretion of the insurer and subject to pre-authorization.
10. Treatment for emergency conditions shall not require pre-authorization, but such cases are to be notified to the company within 48 hours of the emergency treatment.
11. Terms and conditions are as per company's policy wording.
12. National Life & General Insurance Company or its TPA reserves the right to include/exclude/upgrade banding/degrade banding of any network clinic/hospital at any time from the designated provider network list.
13. Direct billing shall be provided only at the listed hospital network and the reimbursement at non-designated network providers shall be restricted to reasonable and customary charges of applicable network.
14. The Benefits and Network applicable to the policy, which are negotiated and confirmed before communication of the policy shall not be modified/altered under any circumstances during the policy period.
15. VAT (Value Added Tax) computed on Gross Premium at the rate stipulated as per the applicable VAT laws and regulations applicable at the time of inception of the policy shall be fully borne by the Insured. The VAT amount as per the tax invoice issued becomes payable and shall be collected in full immediately, irrespective of the agreed payment terms for the underlying premium.
16. All ongoing major health condition needs to be declared including maternity during all types of endorsements.
17. For All Card Upgrade requests, the following conditions need to be fulfilled:
 - a) Promotion of the Member (and eligible for a higher category post promotion);
 - b) Member is employed with the Company for a minimum of 1 (one) Year;
 - c) Member submits Health Declaration form;
18. Quoted terms are subject to National Life and General Insurance Company SAOG being informed of any major chronic and pre-existing condition or major illness or any condition diagnosed to develop into major condition at inception of the policy and at addition of a member subsequent to inception of the policy. Failure to disclose such material facts may result in claim denial or render the contract null and void ab-initio.
19. It is the duty of the Master policy holder and the Insured member, on behalf of self and their dependents, to inform insurance company about any existing illness or any diagnosis which would develop into major conditions. This is applicable for all types of enrolments including at inception of the policy as well as during midterm addition /Category changes. Failure to disclose such material facts will prejudice the insured's position from the Company's acceptance of any claims relating to such conditions.



20. As per Dubai Health Authority (DHA) circular SN 04/2019, all member records need to be validated through Dubai Health Care Post Office (DHPO) eClaims link before issuing the policy. DHA will validate member details with General Directorate of Residency and Foreigners Affairs (GDRFA) Dubai records using Date of Birth, Nationality, Gender and Reference ID (Visa File number for expats, Passport number for diplomats and GCC Nationals, Emirates ID for UAE Nationals and Birth certificate for new born (born in UAE)). This change is applicable for all transactions processed after 1st October 2019
21. Additions will be processed from reported date only. Backdating effective date is not allowed. (DHA circular Reference 5 of 2017 (GC 05/2017), All the late enrollment will require individual medical underwriting. All additions of members during the policy will have to declare all pre-existing conditions in relation to above listed conditions. Visa and passport copy is mandatory for all the additions. Member with known medical history to be notified during the addition stage, such member will be added subject to underwriting.
22. The policyholder must report one of the following dates for the Deletion of members as a deletion effective date, based on whichever occurs first - 30 days from visa cancellation date, exit date from UAE or visa transfer date. Backdated deletion is not allowed.
23. For HAAD compliant policies: For the sake of "Continuity of Cover" New and Renewal confirmations can be backdated to the anniversary date if:
- a) The date of confirmation falls within the 30 days grace period provided by HAAD and
 - b) The policy start date does not fall before NLGIC initial quotation date.
 - c) For all new business HAAD COC must specify last date of cover with the previous insurer.
24. The broker, involved in Abu Dhabi territory-based groups, should be registered and approved from Health Authority of Abu Dhabi (HAAD).
25. In an event, where the total number of members deleted during the policy period is more than 20% of the total number of members at inception and mid-term additions put together, the Insurer reserve the right to revise the deletion clause to "NIL refund" for future deletions
26. NLGIC have the right to cancel the policy with immediate effect if;
- Misrepresentation of information
 - None disclosure of material facts.
 - Premium in not paid as per the premium payment agreed terms or issued
 - CDC/PDC Cheques are not honored
27. Errors & Omissions excepted (E & OE):
- We make every effort to make sure that the information in this document is accurate and up to date, based on the information given to us.
- We will promptly correct any errors brought to our attention. If you find an error, please contact us.
- We cannot accept responsibility for the supply of incorrect information, copied within this document.
- We reserve the right to withdraw this quotation and its acceptance at any point and for any reason.
- You will be informed immediately if such a situation arises
28. Exclusions applicable to Death & Repatriation benefit:
- Death and Repat benefit will not be payable in the event of: -
43. Death due to suicide
 44. Death due to HIV-AIDS
 45. Death occurring whilst the member was under the influence of intoxication liquor/drugs
 46. Death occurring due to internal breach of law by insured or an assault provoked by him/her

Addition Clause

The insured may add Primary insured and/or their Dependents to the Policy subject to:

- Compliance to regulatory requirements, if any and their timelines.
- Submission of completed addition request form/template, issued by Insurer or other mode acceptable to the insurer.
- Submission of other documents (e.g. Health declaration, Passport copy, Visa copy etc.), wherever applicable, as informed/requested by the Insurer.
- The addition shall be affected from the date of the receipt of the request for addition.
- The premium payable for additions shall be on prorated basis, unless otherwise specified.

Deletion Clause

The insured may at any time, upon completing and sending the insurer the relevant request form, to delete Primary insured and their Dependents from the Policy subject to:

- Submission of completed deletion request form, issued by Insurer or other mode acceptable to the insurer

The deletion shall be effected from the date of the receipt of the request for deletion.

- The Premium refund relating to any approved deletion shall be calculated in accordance with the following Conditions:

a) No refund will be payable for deleted Insured members who have registered any Claim under the policy.

b) Insured members, who did not report any Claim prior to their deletion date, will be refunded proportionately for the period remaining from the deletion date until the Expiry date of the less 20% of the annual premium

In addition, insured will be the sole and fully liable party towards the Provider and/or Insurer in respect of any expenses incurred by the deleted Insured member from his deletion date.

- Covered benefits arising from Accident or Illness occurring during the Policy period for your Insured member Shall cease immediately upon his deletion from the Policy.

Sanctions Clause

1. Notwithstanding any other provision to the contrary, any coverage under this Agreement or any provision of this agreement shall be void if, and insofar as:

1.1 such coverage of provision would breach any economic sanctions laws, regulations or government orders, administrated or enforced from time to time by the United States/United Nations and /or the European Union or Member States either thereof and having jurisdiction regarding sanction regulations over insurance Company ("Sanctions Rules"); or

1.2 any action taken or intended to taken in the relation to the proceeds of such coverage would breach Sanctions rules (including, without limitation, using, lending, contributing or otherwise making available to provide services, funds, assets, insurance coverage or other economic resources, directly or indirectly, to any person or entity which is designated or otherwise subject to sanctions under Sanctions Rules).

Required documents to issue the policy

Clients based in Dubai and Northern Emirates

- Signed & Stamped quotation by Authorized Signatory.
- AML/KYC (Know Your Customer) Form with all supporting documents.
- Valid Trade License Copy & Relationship letter in case of having sister companies.
- Payment receipt as per agreed terms.
- VAT Certificates.
- Updated members list in excel sheet format including mandatory data required by DHA.

Clients based in Abu Dhabi:

- Signed & Stamped quotation by Authorized Signatory.
- AML/KYC (Know Your Customer) Form with all supporting documents.
- Valid Trade License Copy & Relationship letter in case of having sister companies.
- MOL list
- Payment receipt as per agreed terms.
- COC (Certificate of Continuity) for clients/members transferring from other insurers in the UAE
- Entry permit if the member is a new comer to UAE.
- Updated members list in excel sheet format including mandatory data required by HAAD.



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Your Emirates ID is now your Medical Insurance Card



To access your E-Card,
kindly visit Playstore/Appstore
with your TPA Name





Balanced Lifestyle

The best prescription for overall health requires a balanced lifestyle, factoring in daily activity levels, sleep patterns, and diet.



Diet

Use all food groups protein, carbohydrates and a small portion of fat. Watch portion sizes and always drink water



Sleep

Aim for 6-8 hours of sleep each day, and work to establish a normal bedtime routine



Exercise

Do exercises you enjoy, and try to incorporate both strength and cardio exercises into your daily regimen