

## HealthPlus Product

Policyholder : NOOR UL AIN (Quotation No : HPN/2025/8016)

Below limit options are per person in AED

Insurance Plan	RN3
Territorial Scope of Coverage	Worldwide
Aggregate Annual Limit	ABL 1,000,000
Medical Network	NEXTCARE RN3 (Out-patient is restricted to Clinics Only)
Room type	Semi-Private
Parent Accommodation for child under 18 years of age	AED 150 / day
Accommodation of an accompanying person in the same room as per recommendation of attending physician, subject to prior approval.	AED 150 / day
Home Nursing following inpatient treatment	Not covered
Emergency road ambulance services to and from hospital by registered ambulance services provider	Covered
Deductible per Consultation (will not be applicable for follow-up within 7 days for same treatment and with same doctor)	Nil Co-Pay
Prescribed Drugs & Medicines	Covered Up To Aed 5,000 Subject To Nil Co-Insurance
Diagnostics ( X-ray, MRI, CT-Scan, Ultra Sound& Endoscopy diagnostic services )	Covered Subject To Nil Co-Pay
Pre-existing & Chronic Conditions Subject to Medical Application Form (MAF)	Covered up to a limit of AED 150,000 per member per year. No waiting period applies if evidence of continuity of coverage is provided; otherwise a waiting period of 6 months applies to the first scheme membership. All pre-existing medical conditions should be declared in the medical application form and is subject to medical underwriting. Undeclared pre-existing conditions will not be covered during the policy period and will be underwritten at renewal.
Claims Settlement Basis (after application of Co-payments)	
Within the Network	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected
Outside the Network in Countries where NEXtCARE is not present	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less

<b>Outside the Network in Countries where NEXtCARE is present</b>	Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less
<b>Cash Indemnity for In-Patient hospitalizations that are not submitted to the Insurance Company</b>	Covered on Reimbursement up to AED 200 per night and a maximum of 10 nights. The Cash Indemnity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.
<b>Vaccination for Children (as per DHA policies &amp; its updates) includes the vaccinations and inoculations for new-borns</b>	Inside Network: 100% of Actual Cost Outside Network : Covered on Network UCR Rates
<b>Influenza Vaccine</b>	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only
<b>Adult Pneumococcal Conjugate Vaccine</b>	As per DHA Adult Pneumococcal Vaccination guidelines
<b>Cancer Treatment Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only</b>	Covered as per terms, conditions and exclusions of the program defined by DHA
<b>Hepatitis B &amp; C Virus Screening and Treatment Screening, Healthcare Services, Investigations and Treatments as per DHA Guidelines</b>	Covered as per terms, conditions and exclusions of the program defined by DHA
<b>Physiotherapy ( Subject to pre-approval)</b>	8 sessions per member per annum
<b>Preventive services as stipulated by DHA</b>	As per DHA Regulations
<b>Diagnostic and treatment services for dental and gum treatments( Emergency cases Only)</b> Dental emergency is any injury to your teeth or gums that can put you at a risk of permanent damage, such as Chipped or broken teeth, Knocked-out tooth ,Softtissue injuries and etc.	Covered subject to 20% coinsurance
<b>Hearing and vision aids, and vision correction by surgeries and laser (Emergency cases Only)</b> Hearing Emergencies include Object/insect in the ear , ruptured eardrum , sudden hearing loss and etc. Vision Emergencies include bleeding or discharge from or around the eye, double vision and Loss of vision, total or partial, one eye or both etc.	Covered subject to 20% coinsurance
<b>Psychiatric Treatment</b>	In-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10,000/- per person per annum. 20% coinsurance payable by the insured per visit for Out-Patient services. No coinsurance is applicable for follow-up visits made within seven days

<b>Organ Transplant</b>	Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic & autologous bone marrow.
<b>Kidney Dialysis Treatment</b> <b>Coverage for hemodialysis or peritoneal dialysis</b>	Covered up to Maximum AED 60,000 per person per annum, inclusive of 20% coinsurance
<b>Repatriation of Mortal Remains to Home Country</b>	Covered up to Maximum AED 5,000 per person per annum settled on Reimbursement basis with no co-pay
<b>Second Medical Opinion</b>	Not Covered
<b>Symptom Checker</b>	Covered
<b>In-patient maternity services (requires prior approval from the insurance company or within 24 hours of emergency treatment) Subject to Medical Application Form (MAF)</b>	Covered subject to 10% coinsurance, up to AED 10,000. In case of any condition developing into an emergency, the medically necessary expenses will be covered up to the annual aggregate limit. Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.
<b>Out-patient maternity services:</b> <b>Initial investigations to include FBC and Platelets, Blood group, Rhesus status and antibodies, VDRL, MSU &amp; urinalysis, Rubella serology, HIV, Hep C (for high risk patients), GTT (if high risk), FBS, random s or A1c. Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols Subject to Medical Application Form (MAF)</b>	Covered subject to 10% coinsurance, and a maximum of 10 visits and 4 ante-natal ultrasound scans Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting For any Undeclared Pregnancy, the policy will be subject to reunderwriting to be able to avail the medical coverage.
<b>New born cover</b>	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)
<b>Dental benefit</b> <b>Covers the following: Consultation &amp; X-Ray, Scaling, Tooth Extraction, Amalgam fillings, Temporary and/or permanent composite, fillings and root canal treatment only.</b>	Covered up to AED 500/- inclusive of 30% Co-pay In-Network: Direct Billing Out of Network: Reimbursement
<b>Optical benefit</b> <b>covers the following: Optical examinations conducted for the purpose of obtaining eye glasses or lenses</b> <b>In-Network: Direct Billing</b> <b>Out of Network: Reimbursement</b>	Not Covered

**Alternative Medicines/ therapies**

**Covers the following: Chiropractic/ Osteopathy/  
Homeopathy and Ayurvedic**

Limited to AED 2,500 per person per annum

20% coinsurance payable by the insured per visit.

No coinsurance is applicable if a follow-up visit is made within seven days

The claims will be settled on reimbursement basis, and only from providers which are recognized and approved by Nextcare as alternative preferred providers - refer to Nextcare website for details

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

**PREMIUM SUMMARY**

Name	Price (Excluding VAT)
NOOR UL AIN	4,034.14
<b>Total price for all applicants (including VAT)</b>	<b>4,235.85</b>

**Disclaimer:**

**This is a tentative quotation, as per the information in hand we are sharing with you, indicative rates that are subject to reevaluation when all requested documents are submitted**

22-JAN-25

Issuance Date

Applicant Signature