



Welcome to a new era of

# HEALTH INSURANCE

iSON Secure policies' are more than just coverage, it's a commitment to your well-being. Emphasizing both wellness and illness, our policies empower you to lead a proactive and healthy lifestyle.





By choosing iSON Secure insurance policies, you unlock a world of benefits that extend far beyond traditional coverage. With access to the wider network of iSON, you gain entry to a comprehensive spectrum of services designed to enhance your well-being. From preventive care to specialized treatments, our integrated approach ensures that you receive the highest quality of care tailored to your unique needs. With iSON Secure, your insurance coverage goes beyond just protection – it's a gateway to a healthier, more vibrant life.



**iSON Health** stands at the forefront of the healthcare industry as a leading service provider committed to delivering superior and affordable healthcare for all. We don't just provide healthcare services; we craft an experience that transcends boundaries, redefining the standards of global healthcare.



**45+**

COUNTRIES COVERED



**3000+**

PARTNER HOSPITALS



**50M**

LIVES IMPACTED



**5000+**

PARTNER DOCTORS

### Full Spectrum Healthcare

iSON Health stands as a 'full stack' healthcare service provider, delivering a comprehensive suite of services from outpatient treatments to global Medical Tourism. Our commitment is to provide not just treatment but a continuum of care that caters to the diverse healthcare needs of individuals across the globe.

### Phygital Healthcare Ecosystem

iSON Health embraces innovation through a unique phygital (physical + digital) ecosystem. Seamlessly blending the physical and digital realms, our approach ensures that every step of a patient's journey is meticulously managed for a holistic, patient-centric experience.

### Unparalleled Global Presence

As the sole pan-emerging market healthcare service provider with a presence in 45 countries, iSON Health brings a wealth of experience and a global perspective to healthcare. Our expansive reach allows us to make a meaningful impact on the health and well-being of communities worldwide.

## ISON GROUP

ISON Secure stands as a proud subsidiary of iSON Group. As a member of the iSON family, we uphold the group's legacy of excellence and commitment to serving diverse industries across the globe. Today, iSON Group has a presence in over 45+ countries across Asia, Africa, and the Middle East and, employs over 20,000+ dedicated individuals who drive the group's mission of delivering unparalleled service, innovation, and value to customers worldwide.



## WHY iSON ?

At iSON, we are your comprehensive wellness journey partner. More than just a healthcare provider, iSON Health is a holistic wellness partner, offering an extensive array of services tailored to elevate your well-being.

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|---|--|---|
| 1 | <b>Beyond Treatments</b>               | ● Our commitment goes beyond treating illnesses - we are virtually present at every phase of your journey. From Outpatient (OPD) to Inpatient (IPD) care, and even extending to Medical Tourism, our services cover the spectrum of healthcare needs. |
| 2 | <b>Premium Concierge - Medi-Buddy</b>  | ● Experience personalized care with Medi-Buddy, our dedicated premium concierge service. From travel coordination to facilitating claim settlements, Medi-Buddy ensures a seamless and stress-free healthcare experience.                             |
| 3 | <b>Virtual Consultations</b>           | ● Connect with top-tier healthcare practitioners anytime, anywhere through our Tele Consultation services. iSON brings healthcare expertise to your doorstep, ensuring convenience and prompt medical attention.                                      |
| 4 | <b>Second Medical Opinion</b>          | ● Make informed decisions about your health with our Second Medical Opinion services. Expert insights from renowned specialists provide clarity and confidence in your healthcare choices.  |
| 5 | <b>Home Country Treatment</b>          | ● For those seeking treatment in familiar surroundings, iSON facilitates Home Country Treatment, ensuring you receive top-notch healthcare without leaving the comfort of your home.  |
| 6 | <b>Digital Health Assessment</b>       | ● Stay ahead in your health journey with our Digital Health Assessment Tool. Timely screenings and early interventions empower you to take proactive steps towards a healthier life.  |
| 7 | <b>Member Education</b>                | ● iSON believes in empowering you with knowledge. Our Member Education programs provide valuable insights, fostering a culture of wellness and preventive care.   |
| 8 | <b>Electronic Medical Record (EMR)</b> | ● Your health history at your fingertips. Our Electronic Medical Record system ensures that your medical information is secure, accessible, and facilitates seamless coordination between healthcare providers.                                       |
| 9 | <b>Chronic Disease Management</b>      | ● For those managing chronic conditions, iSON offers comprehensive Chronic Disease Management services, providing personalized care plans and ongoing support   |



Corporate :test ahsjfgahssfdcgjahfchb

Policy Start :29-12-24

Policy End :28-12-25

**iSON Secure SME PLATINUM PLAN (DHA) Cat A**

BENEFIT	COVERAGE	SUMMARY
Plan Annual limit	USD 2,000,000	Annual limit refers to the maximum amount of money we will pay for covered healthcare expenses within a policy year. Once the annual limit is reached, the insured individual is responsible for paying any remaining costs out of pocket.
Network	PLATINUM Mednet GOLD	Network refers to the list of healthcare facilities that the insured member can access on direct billing
Area of Cover	Worldwide	Area of cover refers to the geographical region or countries where your health insurance policy is valid and provides coverage for medical expenses
Out of network / Reimbursement claims	100% on Actuals for Worldwide Excluding USA, Hong Kong & Singapore 100% of R & C of UAE network rates for USA, Hong Kong & Singapore	Reasonable and customary (R&C) charges refer to the average or typical cost of a particular medical service or procedure within a specific geographic area. We will use R&C charges as a benchmark to determine the amount we will reimburse for a claim
Pre-existing	Covered up to USD 150,000	This benefit covers any treatment for a disease, illness or injury which has a characteristic of, and treatment, for a pre-existing condition, related symptom, or any condition that results from or is related to a pre-existing condition
Cancer and Oncology	Covered	We cover the expenses for consultation, laboratory and radiological tests, prescribed medications, chemotherapy, and radiotherapy. Treatment costs associated with Gene Therapy or Genetic Therapy are not covered



## INPATIENT BENEFITS

Accommodation Hospital Room & Board	Standard Private Room	We cover the cost of a standard single room, when you are an Inpatient or Day-patient
Inpatient Treatment, Day Case patient, Operating Theatre and Recovery Room and Intensive Care unit, Surgeon, Assistant Surgeon, Anaesthesiologist, Doctors & Nurses, Prescription Medication	Covered	This benefit covers Treatment you receive as an Inpatient or Day-patient, including surgeons' and anesthetists' and doctors' fees, nursing care, drugs and surgical dressings, operating theatre charges and intensive care, pathology, X-rays, scans, diagnostic tests and physiotherapy. We will also pay for pre-admission tests that you undergo on an out-patient basis for hospital treatment you are scheduled to receive that is covered by your plan
Parent or Companion Accommodation	Covered	We cover the cost of one parent staying with a child under 18 years during essential medical treatment, or accommodation for an accompanying person sharing the room due to medical necessity, as advised by the attending physician.
Organ Transplant	Covered subject to a maximum of USD 50,000 for medical expenses related to live donor	This benefit covers the expenses accrued during hospitalization, such as anti-rejection medications, as well as any necessary outpatient treatments before and after the transplant procedure. However, we do not cover expenses related to the donor, the donated organ, or the search for an organ donor
Daily Hospital Cash Benefit	Covered up to USD 150 per night to a maximum of 30 days	This benefit will be payable where a medically necessary Inpatient treatment is received completely free of charge. The benefit will be payable upon discharge from hospital and submission of all invoices and supporting medical documentation
Psychiatric Treatment	Covered up to 30 days to a maximum overall limit of USD 5,000	This benefit covers expenses for medically necessary inpatient or day case treatment of a mental health disorder in a psychiatric unit. All treatment must be supervised directly by a registered psychiatrist





Internal Prostheses

Covered

We provide coverage for prosthetic devices, which includes the device's expenses, surgical implantation costs, and associated medical expenses during the surgical procedure, when considered medically necessary

### OUTPATIENT BENEFITS

Doctors Consultation

Covered with Nil Copay

This benefit covers consultation charges prescribed or administered by a licensed General Practitioner, including consultations with primary care physicians and specialists (Follow up consultation on the same medical condition and at the same provider is free within 7 days from the first consultation).

Laboratory &amp; Diagnostics, X-ray, MRI and CT scans

Covered

This benefit covers prescribed laboratory tests, imaging, and radiology services like MRI, CT, and PET for diagnosing and managing medical conditions, all prescribed by a registered physician, specialist, or consultant

Prescribed medications and pharmaceuticals

Covered

This benefit covers prescribed drugs and medications recommended by the treating licensed doctor

Physiotherapy

Covered up to Policy Limit to a maximum of 10 visits within 90 days of a covered event with 20% Co-Pay (Combined Limit of inpatient & outpatient)

This benefit is provided when deemed medically necessary and prescribed by a Specialist or Physician. To qualify, there must be a clearly defined treatment program established by the Physiotherapist, outlining the intended duration

Psychiatric Treatment

Covered up to a maximum of 10 visits

This benefit covers outpatient psychiatric services, including psychotherapy and counseling, provided by a registered psychiatrist or psychologist. A referral letter from the psychiatrist is needed for the initial visit to a psychologist until diagnosis. Subsequent visits for the same condition do not require a letter

### MATERNITY BENEFITS

Maternity In-patient Services and Complications  
(Requires prior approval from the insurance company or within 24 hours of emergency treatment.)

Covered

We cover Maternity IP Services, including Normal Vaginal Delivery, medically necessary C-sections, treatment for complications, and medically necessary terminations. Elective Caesarean Delivery is not covered. Medically necessary expenses for life-threatening conditions for the mother or newborn are covered up to the annual limit



Maternity Out-patient Services (Pre-approval required for this benefit. Note: Where any condition develops which becomes life threatening to either the mother or the new born, the medically necessary expenses will be covered up to the annual aggregate limit.)	Covered	We cover all out patient expenses related to maternity as per DHA protocol. The following screening tests are covered: Full Blood Count (FBC) and Platelets, Blood Group and Rhesus status with antibody screening, VDRL, Mid-Stream Urine (MSU) analysis, Rubella serology, HIV screening, Hepatitis C screening (offered to high-risk patients), Glucose Tolerance Test (GTT) if deemed high risk, Fasting Blood Sugar (FBS) or Random Blood Sugar or HbA1C, and Ultrasonography, with a total of three scans
New Born Cover	Covered	This benefit covers BCG vaccination, Hepatitis B vaccination, and Neo-Natal Screening tests (for Phenylketonuria, Congenital Hypothyroidism, sickle cell screening, and Congenital adrenal hyperplasia) for the first 30 days after birth.

#### DENTAL BENEFITS

Basic, Routine and Complex Dental Care	Covered up to USD 3,000 (subject to 20% co-pay)	This benefit provides cover for X rays, root canal, fillings, extractions, surgical procedures, anaesthetics and periodontal treatment, bridges, dentures, inlays, mouthguard. Scaling and polishing is covered once every 12 months. Crowns to be covered when preceded by root canal treatment.
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#### OPTICAL BENEFITS

Frames, Lenses and Eye examinations	Covered up to USD 500 (subject to 20% co-pay)	This benefit covers eye examinations, standard lens enhancement, and contact lenses once every 12 months. Frames are covered once every 12 months, up to a sub-limit of USD 200. This benefit is covered only on a reimbursement basis.
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#### ADDITIONAL BENEFITS

Health Check-up & Adult Vaccination (Wellness)	Covered up to USD 500	This benefit is covered once per policy period and encompasses the expenses of a health check or wellness package to evaluate your health. We also cover the costs for vaccinations prescribed by a physician. This benefit is covered only on reimbursement
Second Medical Opinion	Covered through iSON Health	



External Prostheses or Prescribed Medical aids	Covered up to USD 1,500 limit per medical condition within 6 months of an eligible medical condition, (Combined Limit of inpatient & Outpatient)	This benefit covers external prosthesis or appliance, which is medically necessary and is part of the recuperation process immediately following an Inpatient Treatment on a short-term basis
Hospice, Palliative, Long term care	Covered up to 180 Days to a maximum limit of USD 50,000	This benefit covers, upon the diagnosis of a terminal medical condition covered by the plan, all expenses for treatment recommended by a Medical Practitioner or Specialist aimed at alleviating symptoms are covered. This includes hospital or hospice accommodations, as well as nursing care provided by a qualified nurse
Emergency Road & Air Ambulance Services	Covered	This benefit includes essential medical transportation via ground or air ambulance to and from the hospital, provided by a registered ambulance services provider within the UAE
Alternative and Complementary Treatments	Covered up to USD 60 per visit to a maximum of USD 1,000	This benefit covers acupuncture, chiropractic, osteopathy, traditional chinese medicine, Ayurveda and homeopathy treatments when provided by a licensed practitioner. Coverage is available when these treatments are recognized as alternative therapies and deemed medically necessary for the diagnosed condition. This benefit is covered only on reimbursement
Congenital Disorders	Covered up to a maximum of USD 25,000	<p>We cover the costs associated with any disorder or illness that arises during conception or during fetal development due to genetic factors or environmental influences from the parents, regardless of whether it manifests or is diagnosed before birth, at birth, after birth, or later in life. Emergency life threatening cases are covered up to USD 41,000</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>-Dental treatment for congenital jaw deformities, surgical removal of impacted teeth, cyst removal, and orthognathic surgeries for malocclusion, unless a Dental Plan is chosen.</li> <li>-Treatment for autism, speech therapy that is not restorative, or</li> </ul>





		<p>speech therapy for improving underdeveloped skills, custodial or educational speech therapy, or speech maintenance.</p> <p>-Treatment for developmental disorders, including developmental reading, arithmetic, language, and articulation disorders.</p> <p>-Treatment or costs related to Gene Therapy or Genetic Therapy are not covered</p>
HIV/AIDS	Covered	<p>We cover costs for treatment resulting from or associated with Human Immunodeficiency Virus (HIV) and/or HIV-related conditions, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC), is provided for a maximum duration of 6 years</p>
Nasal septum deviation and nasal concha resection	Covered	<p>We cover costs of medically necessary surgical procedures to correct the deviated septum and chronic nasal congestion. Any cosmetic procedures that are not medically justified are excluded</p>
Sleep Disorders	Covered	<p>We cover the cost related to the treatment of sleep related disorders.</p>
Home Nursing	Covered up to 60 days to a maximum overall limit of USD 10,000	<p>This benefit includes coverage for home nursing following qualifying inpatient treatment and has to be recommended by a specialist physician immediately post-hospitalization. This benefit is payable only if provided by a licensed nurse regulated by the regional authority. Reimbursement basis applies for this benefit</p>
Orthopaedic Device	Covered	<p>We cover for surgically-implanted, artificial body parts necessary to replace a joint or ligament due to damage or deformity</p>
Medical Expenses Related to Work Related injuries and Accidents	Covered	<p>We cover costs arising from life threatening Work Related Injuries and Accidents until stabilization. This benefit provides coverage for physical injuries sustained by the member while at their place of work</p>



Medical Emergency Evacuation and Repatriation of Mortal Remains	Covered through Assist America	We provide coverage during travel outside the UAE and home countries. Repatriation of mortal remains to the home country from anywhere in the world, including the country of residence, is included. We do not cover any expenses if the trip was undertaken specifically for the purpose of seeking surgery or medical assistance.
Repatriation Companion (for minors)	Covered	We cover for economy class return ticket for the person accompanying the repatriation minor insured member
Compassionate Home Visit (subject to 12 months waiting period)	Covered up to USD 2,500	If a close family member dies during your period of cover and after you have been insured by your plan for a continuous period of 12 months, we will pay for your economy-class round-trip airfare to return to your home country. Travel must take place within 28 days from the date of death and substantiated with death certificate of the family member.
Airfare for Outside UAE Treatment (Home country treatment)	Covered	<p>We cover the insured members in respect of the elective treatment subject to the following:</p> <ul style="list-style-type: none"> <li>• Cost of treatment outside of the UAE (but within geographical scope of cover of the policy) is less than 70% of customary rates with a minimum difference of USD 2,719</li> <li>• Only for inpatient treatments.</li> <li>• Economy class round trip ticket only.</li> <li>• Only covers for patient</li> <li>• Up to maximum of USD 2,719 per year, on reimbursement basis.</li> </ul>
Hearing & Vision Aids, and vision correction by surgeries, and laser	Covered	This benefit provides coverage for hearing and vision aids, as well as vision correction surgeries and laser treatments in the event of life-threatening medical emergencies



Emergency dental treatment following an accident	Covered	Coverage is provided for immediate treatment required within 7 days of an accident for damage to natural teeth caused by external trauma. Treatment must be administered by a medical practitioner. Only the initial treatment is covered, while follow-up care is not included. Treatment resulting from the consumption of food or drink, or any foreign bodies contained therein, is not covered
Rehabilitation post hospitalization	Covered up to USD 500,000 to a maximum of 30 days	This benefit covers rehabilitation treatments provided by a specialist at a recognized facility post-inpatient care for a covered illness or injury. It requires a written recommendation from the treating specialist and treatment initiation within 30 days post-hospital discharge. Covered therapies include physiotherapy, speech and language therapy, and occupational therapy

#### MANDATORY BENEFITS (as per DHA)

Preventive Services	Covered	Covered Initial Diabetic Screening. Frequency Restricted to : Every 3 yrs from age 30. High risk individual annually from age 18
Hepatitis B & C Virus Screening and Treatment	Covered	To be adhered according to the guidelines established by the Hepatitis B & C support program (As outlined by DHA)
Cancer Screening and treatment	Covered	To be followed as per the guidelines laid out in Cancer support program
Adult Pneumococcal Conjugate Vaccine	Covered	To be adhered according Adult Pneumococcal Vaccination guidelines (As outlined by DHA)
Influenza Vaccine	Covered	Covered annually at specified clinics through direct billing in accordance with DHA guidelines (As outlined by DHA)



Child Vaccinations	Covered	This benefit covers the expenses of routine and preventive healthcare, such as check-ups, inoculations and vaccinations, for newborns and children up to 6 years old. These services adhere to the Dubai Health Authority's (DHA) policies and updates, provided at designated facilities, which currently align with those of the Federal Ministry of Health (MOH)
<b>Preventive Vaccinations</b>  Herpes zoster (shingles)- Shingrix Vaccine(GSK) is a recombinant subunit vaccine which is to be offered to people above the age of 50 and immunocompromised patients above the age of 18. Dose: 2 doses, 2 to 6 months apart once per lifetime ( As per DHA/DHIC guidelines for Dubai Visa Holder only).	Covered	Under Reimbursement Basis



Corporate Name :test ahsjfgahssfdcgcjahfchb

Policy Start :29-12-24

Policy End :28-12-25

### ISON Secure SME CLASSIC PLAN (DHA) Cat B

BENEFIT	COVERAGE	SUMMARY
Plan Annual Limit	USD 500,000	Annual limit refers to the maximum amount of money we will pay for covered healthcare expenses within a policy year. Once the annual limit is reached, the insured individual is responsible for paying any remaining costs out of pocket.
Network	CLASSIC Mednet SILVER PREMIUM	Network refers to the list of healthcare facilities that the insured member can access on direct billing
Area of cover	Worldwide	Area of cover refers to the geographical region or countries where your health insurance policy is valid and provides coverage for medical expenses
Out of network / Reimbursement claims	100% of R & C of UAE network rates.	Reasonable and customary (R&C) charges refer to the average or typical cost of a particular medical service or procedure within a specific geographic area. We will use R&C charges as a benchmark to determine the amount we will reimburse for a claim
Pre-existing	Covered up to a maximum of USD 41,000	This benefit covers any treatment for a disease, illness or injury which has a characteristic of, and treatment, for a pre-existing condition, related symptom, or any condition that results from or is related to a pre-existing condition
Cancer and Oncology	Covered up to a maximum of USD 41,000	We cover the expenses for consultation, laboratory and radiological tests, prescribed medications, chemotherapy, and radiotherapy. Treatment costs associated with Gene Therapy or Genetic Therapy are not covered

### INPATIENT BENEFITS

(All Inpatient and Day Case Treatment is subject to prior-approval from the insurance company)

Accommodation Hospital Room & Board	Standard Private Room	We cover the cost of a standard single room, when you are an Inpatient or Day-patient
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Inpatient Treatment, Day Case patient, Operating Theatre and Recovery Room and Intensive Care unit, Surgeon, Assistant Surgeon, Anaesthesiologist, Doctors & Nurses, Prescription Medication	Covered	<p>This benefit covers Treatment you receive as an Inpatient or Day-patient, including surgeons' and anesthetists' and doctors' fees, nursing care, drugs and surgical dressings, operating theatre charges and intensive care, pathology, X-rays, scans, diagnostic tests and physiotherapy.</p> <p>We will also pay for pre-admission tests that you undergo on an out-patient basis for hospital treatment you are scheduled to receive that is covered by your plan</p>
Parent or Companion Accomodation	Covered up to USD 100 per night	We cover the cost of one parent staying with a child under 18 years during essential medical treatment, or accommodation for an accompanying person sharing the room due to medical necessity, as advised by the attending physician.
Psychiatric Treatment	Covered up to USD 2,750 only, for emergency cases. Claim will be on reimbursement basis and subject to 10% co-pay per claim	This benefit covers expenses for medically necessary inpatient or day case treatment of a mental health disorder in a psychiatric unit in case of life threatening emergencies. All treatment must be supervised directly by a registered psychiatrist
Internal Prostheses	Covered	We provide coverage for prosthetic devices, which includes the device's expenses, surgical implantation costs, and associated medical expenses during the surgical procedure, when considered medically necessary
OUTPATIENT BENEFITS		
Doctors Consultation	20% co-pay up to a maximum cap of USD 13.5	This benefit covers consultation charges prescribed or administered by a licensed General Practitioner, including consultations with primary care physicians and specialists
Laboratory & Diagnostics, X-ray, MRI and CT scans	Covered	This benefit covers prescribed laboratory tests, imaging, and radiology services like MRI, CT, and PET for diagnosing and managing medical conditions, all prescribed by a registered physician, specialist, or consultant
Prescribed medications and pharmaceuticals	Covered	This benefit covers prescribed drugs and medications recommended by the treating licensed doctor





Physiotherapy	Covered up to USD 3,000 to a maximum of 10 visits within 90 days of a covered event with 20% co-pay	This benefit is provided when deemed medically necessary and prescribed by a Specialist or Physician. To qualify, there must be a clearly defined treatment program established by the Physiotherapist, outlining the intended duration
Psychiatric Treatment	Covered up to USD 2,750 only for emergency cases. Claim will be on reimbursement basis and subject to 10% co-pay per claim	This benefit covers for medically necessary outpatient psychiatric services incase of life threatening emergencies.

### MATERNITY BENEFITS

Maternity In-patient Services and Complications (Requires prior approval from the insurance company or within 24 hours of emergency treatment.)	Covered Up to USD 10,000	We cover Maternity IP Services, including Normal Vaginal Delivery, medically necessary C-sections, treatment for complications, and medically necessary terminations. Elective Caesarean Delivery is not covered. Medically necessary expenses for life-threatening conditions for the mother or newborn are covered up to the annual limit
Maternity Out-patient Services (Pre-approval required for this benefit. Note: Where any condition develops which becomes life threatening to either the mother or the new born, the medically necessary expenses will be covered up to the annual aggregate limit.)	Covered	We cover all out patient expenses related to maternity as per DHA protocol. The following screening tests are covered: Full Blood Count (FBC) and Platelets, Blood Group and Rhesus status with antibody screening, VDRL, Mid-Stream Urine (MSU) analysis, Rubella serology, HIV screening, Hepatitis C screening (offered to high-risk patients), Glucose Tolerance Test (GTT) if deemed high risk, Fasting Blood Sugar (FBS) or Random Blood Sugar or HbA1C, and Ultrasonography, with a total of three scans
New Born Cover	Covered	This benefit covers BCG vaccination, Hepatitis B vaccination, and Neo-Natal Screening tests (for Phenylketonuria, Congenital Hypothyroidism, sickle cell screening, and Congenital adrenal hyperplasia) for the first 30 days after birth.



### DENTAL BENEFITS

Basic, Routine and Complex Dental Care

Not Covered

This benefit provides cover for X rays, root canal, fillings, extractions, surgical procedures, anaesthetics and periodontal treatment, bridges, dentures, inlays, mouthguard. Scaling and polishing is covered once every 12 months. Crowns to be covered when preceded by root canal treatment.

### OPTICAL BENEFITS

Frames, Lenses and Eye examinations

Not Covered

This benefit covers eye examinations, standard lens enhancement, and contact lenses once every 12 months. Frames are covered once every 12 months, up to a sub-limit of USD 200. This benefit is covered only on a reimbursement basis.

### ADDITIONAL BENEFITS

Second Medical Opinion

Covered through iSON Health

External Prostheses or Prescribed Medical aids

Covered up to USD 500 limit per medical condition within 6 months of an eligible medical condition, (Combined Limit of inpatient & outpatient)

This benefit covers external prosthesis or appliance, which is medically necessary and is part of the recuperation process immediately following an Inpatient Treatment on a short-term basis

Emergency Road & Air Ambulance Services

Covered

This benefit includes essential medical transportation via ground or air ambulance to and from the hospital, provided by a registered ambulance services provider within the UAE

Alternative and Complementary Treatments

Covered up to USD 1,000

This benefit covers acupuncture, chiropractic, osteopathy, traditional chinese medicine, Ayurveda and homeopathy treatments when provided by a licensed practitioner. Coverage is available when these treatments are recognized as alternative therapies and deemed medically necessary for the diagnosed condition. This benefit is covered only on reimbursement

Home Nursing

Covered up to 30 days to a maximum overall limit of USD 5,000

This benefit includes coverage for home nursing following qualifying inpatient treatment and has to be recommended by a specialist physician immediately post-hospitalization. This benefit is



		payable only if provided by a licensed nurse regulated by the regional authority. Reimbursement basis applies for this benefit
Medical Expenses Related to Work Related injuries and Accidents	Covered	We cover costs arising from life threatening Work Related Injuries and Accidents until stabilization. This benefit provides coverage for physical injuries sustained by the member while at their place of work
Medical Emergency Evacuation and Repatriation of Mortal Remains	Covered through Assist America	We provide coverage during travel outside the UAE and home countries. Repatriation of mortal remains to the home country from anywhere in the world, including the country of residence, is included. We do not cover any expenses if the trip was undertaken specifically for the purpose of seeking surgery or medical assistance.
Repatriation Companion (for minors)	Covered	We cover for economy class return ticket for the person accompanying the repatriation minor insured member
Compassionate Home Visit (subject to 12 months waiting period)	Covered up to USD 2,500	If a close family member dies during your period of cover and after you have been insured by your plan for a continuous period of 12 months, we will pay for your economy-class round-trip airfare to return to your home country. Travel must take place within 28 days from the date of death and substantiated with death certificate of the family member.
Airfare for Outside UAE Treatment (Home country treatment)	Covered	<p>We cover the insured members in respect of the elective treatment subject to the following:</p> <ul style="list-style-type: none"> <li>• Cost of treatment outside of the UAE (but within geographical scope of cover of the policy) is less than 70% of customary rates with a minimum difference of USD 2,719</li> <li>• Only for inpatient treatments.</li> <li>• Economy class round trip ticket only.</li> <li>• Only covers for patient</li> <li>• Up to maximum of USD 2,719 per year, on reimbursement basis.</li> </ul>



Hearing & Vision Aids, and vision correction by surgeries, and laser	Covered	This benefit provides coverage for hearing and vision aids, as well as vision correction surgeries and laser treatments in the event of life-threatening medical emergencies
Emergency dental treatment following an accident	Covered	Coverage is provided for immediate treatment required within 7 days of an accident for damage to natural teeth caused by external trauma. Treatment must be administered by a medical practitioner. Only the initial treatment is covered, while follow-up care is not included. Treatment resulting from the consumption of food or drink, or any foreign bodies contained therein, is not covered
Rehabilitation post hospitalization	Covered up to USD 1000 per day up to a maximum of 30 days	This benefit covers rehabilitation treatments provided by a specialist at a recognized facility post-inpatient care for a covered illness or injury. It requires a written recommendation from the treating specialist and treatment initiation within 30 days post-hospital discharge. Covered therapies include physiotherapy, speech and language therapy, and occupational therapy

#### MANDATORY BENEFITS (as per DHA)

Preventive Services	Covered	Covered Initial Diabetic Screening. Frequency Restricted to : Every 3 yrs from age 30. High risk individual annually from age 18
Hepatitis B & C Virus Screening and Treatment	Covered	To be adhered according to the guidelines established by the Hepatitis B & C support program (As outlined by DHA)
Cancer Screening and treatment	Covered	To be followed as per the guidelines laid out in Cancer support program
Adult Pneumococcal Conjugate Vaccine	Covered	To be adhered according Adult Pneumococcal Vaccination guidelines (As outlined by DHA)
Influenza Vaccine	Covered	Covered annually at specified clinics through direct billing in accordance with DHA guidelines (As outlined by DHA)
Child Vaccinations	Covered	This benefit covers the expenses of routine and preventive healthcare, such as check-ups, inoculations and



		<p>vaccinations, for newborns and children up to 6 years old. These services adhere to the Dubai Health Authority's (DHA) policies and updates, provided at designated facilities, which currently align with those of the Federal Ministry of Health (MOH)</p>
<p><b>Preventive Vaccinations</b></p> <p>Herpes zoster (shingles)- Shingrix Vaccine(GSK) is a recombinant subunit vaccine which is to be offered to people above the age of 50 and immunocompromised patients above the age of 18. Dose: 2 doses, 2 to 6 months apart once per lifetime ( As per DHA/DHIC guidelines for Dubai Visa Holder only).</p>	<p>Covered</p>	<p>Under reimbursement basis</p>



### ISON Secure SME CLASSIC PLAN (DHA) Cat C

BENEFIT	COVERAGE	SUMMARY
Plan Annual Limit	USD 500,000	Annual limit refers to the maximum amount of money we will pay for covered healthcare expenses within a policy year. Once the annual limit is reached, the insured individual is responsible for paying any remaining costs out of pocket.
Network	CLASSIC Mednet SILVER PREMIUM	Network refers to the list of healthcare facilities that the insured member can access on direct billing
Area of cover	Worldwide	Area of cover refers to the geographical region or countries where your health insurance policy is valid and provides coverage for medical expenses
Out of network / Reimbursement claims	100% of R & C of UAE network rates.	Reasonable and customary (R&C) charges refer to the average or typical cost of a particular medical service or procedure within a specific geographic area. We will use R&C charges as a benchmark to determine the amount we will reimburse for a claim
Pre-existing	Covered up to a maximum of USD 41,000	This benefit covers any treatment for a disease, illness or injury which has a characteristic of, and treatment, for a pre-existing condition, related symptom, or any condition that results from or is related to a pre-existing condition
Cancer and Oncology	Covered up to a maximum of USD 41,000	We cover the expenses for consultation, laboratory and radiological tests, prescribed medications, chemotherapy, and radiotherapy. Treatment costs associated with Gene Therapy or Genetic Therapy are not covered

### INPATIENT BENEFITS

(All Inpatient and Day Case Treatment is subject to prior-approval from the insurance company)

Accommodation Hospital Room & Board	Standard Private Room	We cover the cost of a standard single room, when you are an Inpatient or Day-patient
Inpatient Treatment, Day Case patient,		This benefit covers Treatment you receive as an Inpatient or Day-patient, including surgeons' and





Operating Theatre and Recovery Room and Intensive Care unit, Surgeon, Assistant Surgeon, Anaesthesiologist, Doctors & Nurses, Prescription Medication	Covered	anesthetists' and doctors' fees, nursing care, drugs and surgical dressings, operating theatre charges and intensive care, pathology, X-rays, scans, diagnostic tests and physiotherapy. We will also pay for pre-admission tests that you undergo on an out-patient basis for hospital treatment you are scheduled to receive that is covered by your plan
Parent or Companion Accommodation	Covered up to USD 100 per night	We cover the cost of one parent staying with a child under 18 years during essential medical treatment, or accommodation for an accompanying person sharing the room due to medical necessity, as advised by the attending physician.
Psychiatric Treatment	Covered up to USD 2,750 only, for emergency cases. Claim will be on reimbursement basis and subject to 10% co-pay per claim	This benefit covers expenses for medically necessary inpatient or day case treatment of a mental health disorder in a psychiatric unit in case of life threatening emergencies. All treatment must be supervised directly by a registered psychiatrist
Internal Prostheses	Covered	We provide coverage for prosthetic devices, which includes the device's expenses, surgical implantation costs, and associated medical expenses during the surgical procedure, when considered medically necessary

#### OUTPATIENT BENEFITS

Doctors Consultation	20% co-pay up to a maximum cap of USD 13.5	This benefit covers consultation charges prescribed or administered by a licensed General Practitioner, including consultations with primary care physicians and specialists
Laboratory & Diagnostics, X-ray, MRI and CT scans	Covered	This benefit covers prescribed laboratory tests, imaging, and radiology services like MRI, CT, and PET for diagnosing and managing medical conditions, all prescribed by a registered physician, specialist, or consultant
Prescribed medications and pharmaceuticals	Covered	This benefit covers prescribed drugs and medications recommended by the treating licensed doctor
	Covered up to USD 3,000 to a maximum of 10 visits within 90 days of a	This benefit is provided when deemed medically necessary and prescribed by a Specialist or



Physiotherapy	covered event with 20% co-pay	Physician. To qualify, there must be a clearly defined treatment program established by the Physiotherapist, outlining the intended duration
Psychiatric Treatment	Covered up to USD 2,750 only for emergency cases. Claim will be on reimbursement basis and subject to 10% co-pay per claim	This benefit covers for medically necessary outpatient psychiatric services incase of life threatening emergencies.

### MATERNITY BENEFITS

Maternity In-patient Services and Complications (Requires prior approval from the insurance company or within 24 hours of emergency treatment.)	Covered Up to USD 10,000	We cover Maternity IP Services, including Normal Vaginal Delivery, medically necessary C-sections, treatment for complications, and medically necessary terminations. Elective Caesarean Delivery is not covered. Medically necessary expenses for life-threatening conditions for the mother or newborn are covered up to the annual limit
Maternity Out-patient Services (Pre-approval required for this benefit. Note: Where any condition develops which becomes life threatening to either the mother or the new born, the medically necessary expenses will be covered up to the annual aggregate limit.)	Covered	We cover all out patient expenses related to maternity as per DHA protocol. The following screening tests are covered: Full Blood Count (FBC) and Platelets, Blood Group and Rhesus status with antibody screening, VDRL, Mid-Stream Urine (MSU) analysis, Rubella serology, HIV screening, Hepatitis C screening (offered to high-risk patients), Glucose Tolerance Test (GTT) if deemed high risk, Fasting Blood Sugar (FBS) or Random Blood Sugar or HbA1C, and Ultrasonography, with a total of three scans
New Born Cover	Covered	This benefit covers BCG vaccination, Hepatitis B vaccination, and Neo-Natal Screening tests (for Phenylketonuria, Congenital Hypothyroidism, sickle cell screening, and Congenital adrenal hyperplasia) for the first 30 days after birth.



### DENTAL BENEFITS

Basic, Routine and Complex Dental Care

Not Covered

This benefit provides cover for X rays, root canal, fillings, extractions, surgical procedures, anaesthetics and periodontal treatment, bridges, dentures, inlays, mouthguard. Scaling and polishing is covered once every 12 months. Crowns to be covered when preceded by root canal treatment.

### OPTICAL BENEFITS

Frames, Lenses and Eye examinations

Not Covered

This benefit covers eye examinations, standard lens enhancement, and contact lenses once every 12 months. Frames are covered once every 12 months, up to a sub-limit of USD 200. This benefit is covered only on a reimbursement basis.

### ADDITIONAL BENEFITS

Second Medical Opinion

Covered through iSON Health

External Prostheses or Prescribed Medical aids

Covered up to USD 500 limit per medical condition within 6 months of an eligible medical condition, (Combined Limit of inpatient & outpatient)

This benefit covers external prosthesis or appliance, which is medically necessary and is part of the recuperation process immediately following an Inpatient Treatment on a short-term basis

Emergency Road & Air Ambulance Services

Covered

This benefit includes essential medical transportation via ground or air ambulance to and from the hospital, provided by a registered ambulance services provider within the UAE

Alternative and Complementary Treatments

Covered up to USD 1,000

This benefit covers acupuncture, chiropractic, osteopathy, traditional chinese medicine, Ayurveda and homeopathy treatments when provided by a licensed practitioner. Coverage is available when these treatments are recognized as alternative therapies and deemed medically necessary for the diagnosed condition. This benefit is covered only on reimbursement

Home Nursing

Covered up to 30 days to a maximum overall limit of USD 5,000

This benefit includes coverage for home nursing following qualifying inpatient treatment and has to be recommended by a specialist physician immediately post-hospitalization. This benefit is



		payable only if provided by a licensed nurse regulated by the regional authority. Reimbursement basis applies for this benefit
Medical Expenses Related to Work Related injuries and Accidents	Covered	We cover costs arising from life threatening Work Related Injuries and Accidents until stabilization. This benefit provides coverage for physical injuries sustained by the member while at their place of work
Medical Emergency Evacuation and Repatriation of Mortal Remains	Covered through Assist America	We provide coverage during travel outside the UAE and home countries. Repatriation of mortal remains to the home country from anywhere in the world, including the country of residence, is included. We do not cover any expenses if the trip was undertaken specifically for the purpose of seeking surgery or medical assistance.
Repatriation Companion (for minors)	Covered	We cover for economy class return ticket for the person accompanying the repatriation minor insured member
Compassionate Home Visit (subject to 12 months waiting period)	Covered up to USD 2,500	If a close family member dies during your period of cover and after you have been insured by your plan for a continuous period of 12 months, we will pay for your economy-class round-trip airfare to return to your home country. Travel must take place within 28 days from the date of death and substantiated with death certificate of the family member.
Airfare for Outside UAE Treatment (Home country treatment)	Covered	<p>We cover the insured members in respect of the elective treatment subject to the following:</p> <ul style="list-style-type: none"> <li>• Cost of treatment outside of the UAE (but within geographical scope of cover of the policy) is less than 70% of customary rates with a minimum difference of USD 2,719</li> <li>• Only for inpatient treatments.</li> <li>• Economy class round trip ticket only.</li> <li>• Only covers for patient</li> <li>• Up to maximum of USD 2,719 per year, on reimbursement basis.</li> </ul>



Hearing & Vision Aids, and vision correction by surgeries, and laser	Covered	This benefit provides coverage for hearing and vision aids, as well as vision correction surgeries and laser treatments in the event of life-threatening medical emergencies
Emergency dental treatment following an accident	Covered	Coverage is provided for immediate treatment required within 7 days of an accident for damage to natural teeth caused by external trauma. Treatment must be administered by a medical practitioner. Only the initial treatment is covered, while follow-up care is not included. Treatment resulting from the consumption of food or drink, or any foreign bodies contained therein, is not covered
Rehabilitation post hospitalization	Covered up to USD 1000 per day up to a maximum of 30 days	This benefit covers rehabilitation treatments provided by a specialist at a recognized facility post-inpatient care for a covered illness or injury. It requires a written recommendation from the treating specialist and treatment initiation within 30 days post-hospital discharge. Covered therapies include physiotherapy, speech and language therapy, and occupational therapy

#### MANDATORY BENEFITS (as per DHA)

Preventive Services	Covered	Covered Initial Diabetic Screening. Frequency Restricted to : Every 3 yrs from age 30. High risk individual annually from age 18
Hepatitis B & C Virus Screening and Treatment	Covered	To be adhered according to the guidelines established by the Hepatitis B & C support program (As outlined by DHA)
Cancer Screening and treatment	Covered	To be followed as per the guidelines laid out in Cancer support program
Adult Pneumococcal Conjugate Vaccine	Covered	To be adhered according Adult Pneumococcal Vaccination guidelines (As outlined by DHA)
Influenza Vaccine	Covered	Covered annually at specified clinics through direct billing in accordance with DHA guidelines (As outlined by DHA)
Child Vaccinations	Covered	This benefit covers the expenses of routine and preventive healthcare, such as check-ups, inoculations and



		vaccinations, for newborns and children up to 6 years old. These services adhere to the Dubai Health Authority's (DHA) policies and updates, provided at designated facilities, which currently align with those of the Federal Ministry of Health (MOH)
<b>Preventive Vaccinations</b>  Herpes zoster (shingles)- Shingrix Vaccine(GSK) is a recombinant subunit vaccine which is to be offered to people above the age of 50 and immunocompromised patients above the age of 18. Dose: 2 doses, 2 to 6 months apart once per lifetime ( As per DHA/DHIC guidelines for Dubai Visa Holder only).	Covered	Under reimbursement basis





### **NON-HAAD EXCLUSIONS**

This Insurance Policy is intended to provide cover for expenses incurred for Medical Treatment of Medical Conditions or Bodily injuries which, in the opinion of both the treating physician are Medically Necessary and which are covered under the Terms and Conditions of the Insurance Policy.

This Insurance Policy does not cover, amongst other things, expenses arising directly or indirectly from the following:

Excluded healthcare services except in cases of medical emergencies

1. Diagnostic and treatment services for dental and gum treatments
2. Hearing and vision aids, and vision correction by surgeries and laser

Excluded (non-basic) healthcare services

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; non-prescription 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, homeopathic treatments, 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 scope of 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 and C hepatitis

**Terms & Conditions:**

- Ø The proposal assumes compulsory coverage for all employees residing in UAE on valid residence and there is no voluntary option exercised by any employee.
- Ø This policy assumes that all UAE national members, if any, enrolled under this scheme do not hold Thiqa medical Cards.
- Ø All employees must be on the payroll of the policy holder.
- Ø The benefits offered in this quotation do not comply with the Health Authority Abu Dhabi regulation for compulsory insurance and hence Abu Dhabi residence visa holders and/or members



working/residing in Abu Dhabi/Al Ain and/or any person likely to be working in Abu Dhabi/Al Ain temporarily or permanently are not eligible for this cover.

- Ø The quote is valid for 30 days from the date of issue.
- Ø If dependents are to be covered it has to be on compulsory basis within the group /sub group for all employees with dependents residing in UAE on valid residence. There is no voluntary option exercised by any employee to add his/her dependents
- Ø Quotation is available only to United Arab Emirates Nationals and persons holding a valid residence status visa for the United Arab Emirates and who are ordinarily resident in the United Arab Emirates.
- Ø All known major pre- existing / Chronic cases including but not limited to Chemotherapy, radiotherapy, Heart surgery, any major surgery, renal dialysis & osteoarthritis treatment to be mentioned to Dubai Insurance Company before submitting the final documents to issue the policy if the policy is subject to major medical declaration and Members having any major medical conditions (as detailed above) shall be subject to individual medical evaluation & acceptance shall be at the discretion of the insurer with an additional premium &/or application of sub limits or declined
- Ø This quote is valid only if all categories proposed are selected and with no substantial variation in total member census or distribution of members in each category.
- Ø Maximum age of entry is up to 64 years, members 65 years and above shall be subject to individual medical evaluation & acceptance shall be at the discretion of the insurer with an additional premium &/or application of sub limits or declined
- Ø Children are covered from Date of Birth
- Ø Change of benefits class may only take place at renewal of the Group Scheme or upon satisfactory proof of promotion.
- Ø Deductibles and any co-insurance amounts are to be paid by the insured person. If deductibles and/or co-insurance amounts are paid by the employer the premium quoted will be subject to revision.
- Ø Premiums are per person per annum and are payable annually in advance.
- Ø If maternity cover is included all female employees and spouses must be enrolled.
- Ø If routine dental treatment is covered all persons must be enrolled.
- Ø Where pre-existing conditions are not covered, Medical Health Declaration form needs to be completed by all the applicants. Dubai Insurance reserves the right to ask for any medical check-up if necessary and the cost of which should be borne by the applicant.
- Ø This proposal is based on the information given. Any change in the number, age or sex of the persons to be insured or the scope of coverage will result in recalculation of the premium rates.
- Ø Additions/Deletions will be on a pro-rata premium basis.
- Ø Treatment within the Network in UAE will be settled on a direct billing basis.
- Ø The company reserves the right to vary the premium rates, if there is a change in the total number of insured members above or below 15% during the policy year.
- Ø No Insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or



provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would be in violation of any trade or economic sanctions, laws or regulations applicable in the insurer jurisdiction of domicile, or which the insurer is legally obligated to comply.

- Ø Required minimum number of employees in a category is 03.
- Ø ALL NETWORKS: Please note that the network list is subject to change without any prior notice due to various factors.

#### Cancellation of the policy:

The Policy can be cancelled by either party giving 30 days notice in writing to Dubai Insurance co. (P.S.C).

In the event of cancellation by the Policyholder, Dubai Insurance co. (P.S.C) will retain premium as per the following short term premium rates.

- A. 25% of the annual premium for the first month or part thereof.
- B. 12.5% of the annual premium for each subsequent month or part thereof.

Dubai insurance co. (P.S.C) have the right to cancel the policy with immediate effect if;

- Premium is not paid as per the premium payment agreed terms or issued CDC/PDC Cheques are not honoured.
- Misrepresentation of info
- None disclosure of material facts.

In the event of cancellation by the company, Dubai insurance co. (P.S.C) will refund premium for the remaining policy period on prorated premium basis.

#### 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



### GROUP MEDICAL INSURANCE

Name : test ahsjfgahssfdcgjahfchb

Policy Start Date : 12/29/2024

Enhanced - Category Cat A PLATINUM Mednet GOLD (DUBAI MEMBERS - DXB/NE )

#### Premium Summary (PMPA in AED)

Age Band	Males	Females	Married Females
Age 0-19	11,113.99	11,113.99	11,113.99
Age 20-24	13,483.04	13,483.04	13,483.04
Age 25-29	13,483.04	13,483.04	13,483.04
Age 30-34	13,483.04	13,483.04	13,483.04
Age 35-39	13,483.04	13,483.04	13,483.04
Age 40-44	20,845.78	20,845.78	20,845.78
Age 45-49	20,845.78	20,845.78	20,845.78
Age 50-54	32,807.26	32,807.26	32,807.26
Age 55-59	32,807.26	32,807.26	32,807.26
Age 60-64	44,141.73	44,141.73	44,141.73

#### Census Summary

Age Band	Males	Females	Married Female
Age 0-19	0	0	0
Age 20-24	0	0	0
Age 25-29	0	0	0
Age 30-34	0	0	1
Age 35-39	2	0	0
Age 40-44	1	1	0
Age 45-49	0	0	0
Age 50-54	0	0	0
Age 55-59	0	0	0
Age 60-64	0	0	0

Member Count : 5

TOTAL PREMIUM OF CATEGORY Cat A : AED 82,140.68

Enhanced - Category Cat B CLASSIC Mednet SILVER PREMIUM (DUBAI MEMBERS - DXB/NE )

#### Premium Summary (PMPA in AED)

Age Band	Males	Females	Married Females
Age 0-19	4,070.87	4,070.87	4,070.87
Age 20-24	6,348.18	6,348.18	6,348.18
Age 25-29	6,348.18	6,348.18	6,348.18
Age 30-34	6,348.18	6,348.18	6,348.18
Age 35-39	6,348.18	6,348.18	6,348.18
Age 40-44	8,463.54	8,463.54	8,463.54

#### Census Summary

Age Band	Males	Females	Married Female
Age 0-19	0	0	0
Age 20-24	0	0	0
Age 25-29	0	0	0
Age 30-34	0	0	0
Age 35-39	1	0	0
Age 40-44	2	0	0





QN202412270035

Age 45-49	8,463.54	8,463.54	8,463.54	Age 45-49	0	0	0
Age 50-54	8,463.54	8,463.54	8,463.54	Age 50-54	1	0	0
Age 55-59	15,543.39	15,543.39	15,543.39	Age 55-59	0	0	0
Age 60-64	22,735.61	22,735.61	22,735.61	Age 60-64	0	0	0

**Member Count : 4**

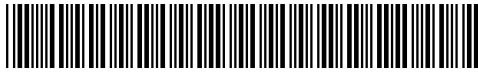
**TOTAL PREMIUM OF CATEGORY Cat B : AED 31,738.81**

**Enhanced - Category Cat C CLASSIC Mednet SILVER PREMIUM (DUBAI MEMBERS - DXB/NE )**

Premium Summary (PMPA in AED)				Census Summary			
Age Band	Males	Females	Married Females	Age Band	Males	Females	Married Female
Age 0-19	4,070.87	4,070.87	4,070.87	Age 0-19	0	0	0
Age 20-24	6,348.18	6,348.18	6,348.18	Age 20-24	0	0	0
Age 25-29	6,348.18	6,348.18	6,348.18	Age 25-29	1	0	0
Age 30-34	6,348.18	6,348.18	6,348.18	Age 30-34	0	0	0
Age 35-39	6,348.18	6,348.18	6,348.18	Age 35-39	1	0	0
Age 40-44	8,463.54	8,463.54	8,463.54	Age 40-44	1	0	0
Age 45-49	8,463.54	8,463.54	8,463.54	Age 45-49	0	0	0
Age 50-54	8,463.54	8,463.54	8,463.54	Age 50-54	0	0	0
Age 55-59	15,543.39	15,543.39	15,543.39	Age 55-59	0	0	0
Age 60-64	22,735.61	22,735.61	22,735.61	Age 60-64	0	0	0

**Member Count : 3**

**TOTAL PREMIUM OF CATEGORY Cat C : AED 21,159.90**

**Total number of members : 12**

<b>Total Premium</b>	<b>135,039.39</b>
<b>Basma &amp; HCV Charges</b>	<b>444.00</b>
<b>ICP</b>	<b>0.00</b>
<b>VAT (5%)</b>	<b>6,774.17</b>
<b>Grand Total (AED)</b>	<b>142,257.56</b>

**Premium calculation**

The company reserves the right to vary the premium rates, if there is a change in the total number of insured members above or below 15% during the policy year.

**VAT Clause**

The quote provided above is inclusive of Value Added Tax ('VAT') which may be applicable on the policy.



## MAJOR MEDICAL DECLARATION FORM

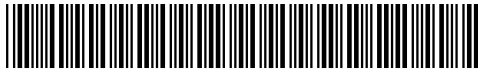
(To be completed by the HR or an authorized person of the company)

Company Name/			
Quotation Ref No.		Business Activity	
E-mail ID		Telephone No./Mobile No.	
Previous Insurer		Previous Policy Expiry Date	

We hereby confirm to Dubai Insurance Company that the below information is correct and has been provided after verifying the same with all members to be insured with us.

Sl. No	Type of Conditions / Diseases / Ailments	Yes	No
1	Cardiac Illnesses, Ischemic Heart Diseases or Surgeries	<input type="checkbox"/>	<input type="checkbox"/>
2	Cancer / Tumor - (Malignant or Non Malignant)	<input type="checkbox"/>	<input type="checkbox"/>
3	Ongoing Pregnancy (Mandatory for groups with 50 lives & below and if mentioned in TOB for endorsements)	<input type="checkbox"/>	<input type="checkbox"/>
4	Major Kidney Diseases	<input type="checkbox"/>	<input type="checkbox"/>
5	Bone Fractures / Bone Diseases / Joint replacement / Disc Prolapse	<input type="checkbox"/>	<input type="checkbox"/>
6	Any chronic illness that requires maintenance treatment - including, but not limited to, Diabetes, Hypertension, Hyperlipidemia, Thyroid disorders and Asthma.	<input type="checkbox"/>	<input type="checkbox"/>

Note: It is important to disclose any and all pre-existing medical conditions or circumstances that may affect your insurance coverage. Failure to do so may result in Dubai Insurance Co. declining any claims related to these conditions for non-disclosure of material facts. In such cases, policy holder will be responsible for settling and reimbursing any paid amounts back to Dubai Insurance Co. Therefore, we strongly advise you to disclose all relevant information to ensure a smooth and hassle-free insurance experience.



If any of the above are answered "YES", please provide details below

Member Name	Relation	Condition / Diseases / Ailments	MAF		Reports	
			Yes	No	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** Any declaration made regarding the above-mentioned medical conditions will be subject to individual medical application form evaluation and underwriting. Additional premium charges may apply based on the underwriting assessment.

**Declaration:**

1. Dubai Insurance Co. has the right to re-underwrite and propose new premiums based on above information
2. Members above age 64 or with pre-existing/chronic conditions will have to submit Individual health declaration forms.
3. All additional members to the policy will have to declare all pre-existing conditions in relation to above listed conditions.
4. After inception or the date of period between signed group declaration form and onboarding process of the policy if we become aware of any of the above conditions previously unreported, we undertake to inform Dubai Insurance Co. promptly thereafter for their appropriate action.
5. We understand and acknowledge any pregnancy not declared at the time of this application's coverage will be at the sole discretion of the insurer. The insurer has the right to not cover any maternity claims to any undeclared pregnancy. We also acknowledge and understand any pregnancy, which arises within forty calendar days from the date of this application; coverage will also be at the discretion of the insurer.
6. By signing this form, we hereby confirm that we have notified our Employees and received their confirmation on the same.

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Name and Designation

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Authorized Signatory & Company Stamp

Date : \_\_\_\_\_



This policy is issued to the policyholder specified in the insurance certificate. It is based on the information provided in the application, which forms the basis and an integral part of this policy. The issuance of this policy is in consideration of the payment by the policyholder of the initial premium and subsequent premiums as specified in the policy endorsements. Dubai Insurance Co. (P.S.C.) (hereinafter referred to as the Company) undertakes to provide benefits with regard to the eligible insured persons as detailed in the certificate of insurance. This is subject to the terms, conditions, and limitations contained herein and any attached endorsements, in accordance with the table of benefits and policy conditions.

The terms of this policy commence at 00.00 hours on the commencement date as specified in the insurance certificate and end at 24.00 hours on the expiry date.

We hereby certify that we have understood the terms, conditions and limitations specified therein and consent to be bound by them.

**Signed on behalf of Dubai Insurance Co. (P.S.C.)**

**Signed on behalf of the Policyholder**





## ISON SECURE OUR PARTNER



### Dubai Insurance

Dubai Insurance Company (DIN) was incorporated by His Highness Late Sheikh Rashid Al Maktoum as the first local company in the UAE.

The major transformation took place when the newly, agile and proactive Board of Directors were elected in early 2006. Dubai Insurance's new Board of Directors together with the new management team tripled and doubled its revenue, profitability and client offering while maintaining the same unique values the founders were keen to establish.

### Dubai Insurance's Mission

To enhance shareholders value by being a preferred partner to our customer through providing value added solutions and services.