



NATIONAL GENERAL INSURANCE PSJC

Illustrative Premium Calculated for Test Company II
NGI SME Plus



Date of Proposal 12/20/2024
Group Name Test Company II

Version 19

National General Insurance Company (NGI) is pleased to welcome you to enroll in a distinctively designed program for Test Company II
NGI is a leading composite insurer in UAE, recognized as a fully accredited National Insurer, publicly listed and rated "A-" by AM Best.
The Health Plans are tailored with comprehensive range of benefits, compliant to DHA and offer highest levels of service and care to the insured members.

Plan Summary				
Category	1	2	3	4
Plan Name	Plan_1	Plan_2	Plan_3	Grand Total
Total Membership	9	4	4	17
Total Premium	-	-	-	-
BASMAH Premium (as per DHA Requirement)			@ 37 Per Member	-
ICP Charges(on Abu Dhabi and Northern Emirates Visa holders only)			@ 24 Per Member	-
			VAT @ 5%	-
			Total Premium with VAT	-

Notes:

- > The above premium rates are illustrative only and prepared for clients' approval
- > This illustrative values are based on the correct information provided. In case of any false information, the company reserves the right to cancel the policy
- > Plan wise details are mentioned below
 - 1) The above quotation shall be valid for 30 days from Friday, December 20, 2024
 - 2) All Applicants are UAE residents.
 - 3) Premiums are per person per annum and are payable annually in advance.
 - 4) Non- Guaranteed Premium – Premiums payable for this plan are not guaranteed and may be increased at each Policy Renewal based on the claims experience of the portfolio.
 - 5) Term of Renewal – Coverage is automatically renewed for a further period by payment of the renewal premium before the renewal date.
 - 6) Where more than one category of employee is involved the rates for each category are quoted separately however if insurance is not taken out for all categories of employee the premium rates will be subject to revision.
 - 7) Change of benefits class may only take place at renewal of the Group Scheme or upon satisfactory proof of promotion.
 - 8) 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.
 - 9) Treatment outside the HealthNet Healthcare Network in UAE including American Hospital, will be subject to 20% co-insurance after deductible and will be on a reimbursement basis and reasonable and customary charges will prevail.
 - 10) If routine dental treatment is covered all persons must be enrolled.
 - 11) Where pre-existing conditions are not covered, an application form needs to be completed by all the members covered. NGI reserves the right to ask for any medical check-up if necessary and the cost of which should be borne by the applicant.
 - 12) Healthnet Group Healthcare Insurance rules and policy conditions apply.
 - 13) 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.
 - 14) Additions/Deletions will be on a pro-rata premium basis Late addition and upgrading of employees and late addition of dependents within the current policy year will only be accommodated at the time of renewal.
 - 15) Treatment within the HealthNet Healthcare Network in UAE will be settled on a direct billing basis.
 - 16) Insurance Company reserves the right to include/exclude/upgrade banding/degrade banding of any Hospitals and Clinics at anytime from the designated provider network list.
 - 17) 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 25% during the policy year.
 - 18) Members aged above 65 y/o are subject to Medical Underwriting upon submission of Duly filled Application forms, MER, Urinalysis, HBA1C, FBS, CBC, Lipid Profile and ECG with the report.
 - 19) Exclusion List: For Abu Dhabi members: As per HAAD Exclusion List applies and
For Dubai Members: As per DHA Exclusion List applies.
 - 20) Quote is indicative & non-binding subject to provide Group declaration form.**

On behalf of National General Insurance (NGI) - Medical Department

Client Acceptance

I hereby agree to accept the terms of this quote.

Signature : _____

Date: _____

Insured Name: _____

Test Company II

Selected Category is 1 and selected plan is Plan_1

Member Age Band			
Age Band	Male	Single Female	Married Female
00-17	-	-	-
18-35	-	-	1
36-45	5	1	-
46-55	2	-	-
56-60	-	-	-
61 - 65	-	-	-
66 and above	-	-	-

Annual Premium Rate / Insured (Excluding Additional Benefits) **			
Age Band	Male	Single Female	Married Female
00-17	#N/A	#N/A	#N/A
18-35	#N/A	#N/A	#N/A
36-45	#N/A	#N/A	#N/A
46-55	#N/A	#N/A	#N/A
56-60	#N/A	#N/A	#N/A
61 - 65	#N/A	#N/A	#N/A
66 and above	#N/A	#N/A	#N/A

** The above rates are Member loading, VAT and Basmah exclusive

Total Premium for Quoted Lives			
Age Band	Male	Single Female	Married Female
00-17	-	-	-
18-35	-	-	#N/A
36-45	#N/A	#N/A	-
46-55	#N/A	-	-
56-60	-	-	-
61 - 65	-	-	-
66 and above	-	-	-

Additional Benefits	Rate / Member	Total Premium
Dental	-	-
Optical	-	-

Total Premium for Category 1	#N/A
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Summary of TOB of Plan_1- Category 1

Area of Coverage	WW. Excl. USA	OP Deductible	20% up to ADE 50	Dental	Not_Covered
Annual Limit	1,000,000	Pharmacy Coins	20% up to ADE 50	Dental Option	Not_Covered
Provider Network*	HN Exclusive	Diagnostic Coins	20% up to ADE 50	Optical	Not_Covered
Room type	Private Room	Prescription	Non-Generic	Wellness	Covered
Pharmacy Limit	ADE 7500				

* Please refer to the Table of Benefits for detailed coverage under the category

Selected Category is 2 and selected plan is Plan_2

Member Age Band			
Age Band	Male	Single Female	Married Female
00-17	-	-	-
18-35	-	-	-
36-45	3	-	-
46-55	1	-	-
56-60	-	-	-
61 - 65	-	-	-
66 and above	-	-	-

Annual Premium Rate / Insured (Excluding Additional Benefits) **			
Age Band	Male	Single Female	Married Female
00-17	#N/A	#N/A	#N/A
18-35	#N/A	#N/A	#N/A
36-45	#N/A	#N/A	#N/A
46-55	#N/A	#N/A	#N/A
56-60	#N/A	#N/A	#N/A
61 - 65	#N/A	#N/A	#N/A
66 and above	#N/A	#N/A	#N/A

** The above rates are Member loading, VAT and Basmah exclusive.

Total Premium for Quoted Lives			
Age Band	Male	Single Female	Married Female
00-17	-	-	-
18-35	-	-	-
36-45	#N/A	-	-
46-55	#N/A	-	-
56-60	-	-	-
61 - 65	-	-	-
66 and above	-	-	-

Additional Benefits	Rate / Member	Total Premium
Dental	-	-
Optical	-	-

Total Premium for Category 2	#N/A
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Summary of TOB of Plan_2- Category 2

Coverage Area	WW. Excl. USA	OP Deductible	20% up to ADE 50	Dental	Not_Covered
Annual Limit	500,000.00	Pharmacy Coins	20% up to ADE 50	Dental Option	Not_Covered
Provider Network*	HN Premier	Diagnostic Coins	20% up to ADE 50	Optical	Not_Covered
Room type	Private Room	Prescription	Non-Generic	Wellness	Covered
Pharmacy Limit	ADE 7500				

* Please refer to the Table of Benefits for detailed coverage under the category



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Selected Category is 3 and selected plan is Plan_3

Member Age Band			
Age Band	Male	Single Female	Married Female
00-17	-	-	-
18-35	1	-	-
36-45	2	-	-
46-55	1	-	-
56-60	-	-	-
61 - 65	-	-	-
66 and above	-	-	-

Annual Premium Rate / Insured (Excluding Additional Benefits) **			
Age Band	Male	Single Female	Married Female
00-17	#N/A	#N/A	#N/A
18-35	#N/A	#N/A	#N/A
36-45	#N/A	#N/A	#N/A
46-55	#N/A	#N/A	#N/A
56-60	#N/A	#N/A	#N/A
61 - 65	#N/A	#N/A	#N/A
66 and above	#N/A	#N/A	#N/A

** The above rates are Member loading, VAT and Basmah exclusive.

Total Premium for Quoted Lives			
Age Band	Male	Single Female	Married Female
00-17	-	-	-
18-35	#N/A	-	-
36-45	#N/A	-	-
46-55	#N/A	-	-
56-60	-	-	-
61 - 65	-	-	-
66 and above	-	-	-

Additional Benefits	Rate / Member	Total Premium
Dental	-	-
Optical	-	-

Total Premium for Category 3	#N/A
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Summary of TOB of Plan_3- Category 3

Coverage Area	WW, Excl. USA	OP Deductible	20% up to ADE 50	Dental	Not_Covered
Annual Limit	750,000.00	Pharmacy Coins	20% up to ADE 50	Dental Option	Not_Covered
Provider Network*	HN Advantage	Diagnostic Coins	20% up to ADE 50	Optical	Not_Covered
Room type	Private Room	Prescription	Non-Generic	Wellness	Covered
Pharmacy Limit	ADE 7500				

* Please refer to the Table of Benefits for detailed coverage under the category
On behalf of National General Insurance (NGI) - Medical Department

Client Acceptance

I have seen the quotation completely and I hereby
agree to accept this quote.

Signature : _____ Date: _____

Insured Name: _____ Test Company II