



## Schedule of Benefits – Basic Benefit Product

- In the tables below the Benefits applicable have been summarized for BBP scheme
- Please refer to the Policy Wording and policy Schedule for full Benefit details and coverage definitions
- All Benefits shown are per insured person, per Period of Cover (One year)
- All limits and Co-payments are expressed in Arab Emirates Dirham

<b>Salient Benefits</b>	
<b>Plan</b>	<b>Essential benefits Package (EBP)</b>
<b>Annual Benefit Limit (Including any coinsurance and/or deductible)</b>	<b>AED 150,000/-</b>
<b>Geographical Scope of Coverage for Basic Healthcare Services (Elective Treatment)</b>	<p style="text-align: center;">UAE + Home country*</p> <p>*Home country coverage is applicable only if Home country located within any of the below mentioned list of countries</p> <p>*Only In Patient will be covered in Home countries (Out Patient treatment NOT covered)</p> <ul style="list-style-type: none"> <li>• South East Asia (SEA): India, Bangladesh, Philippines, Pakistan, Burma, Thailand, Vietnam, Malaysia, Sri Lanka, Indonesia, Nepal, Bhutan.</li> </ul>
<b>Geographical Scope of Coverage for Emergency Medical Treatment</b>	<p style="text-align: center;">UAE + Home country*</p> <p>*Home country coverage is applicable only if Home country located within any of the below mentioned list of countries</p> <p>*Only In Patient treatments will be covered in Home countries (Out Patient treatment NOT covered)</p> <ul style="list-style-type: none"> <li>• South East Asia (SEA): India, Bangladesh, Philippines, Pakistan, Burma, Thailand, Vietnam, Malaysia, Sri Lanka, Indonesia, Nepal, Bhutan.</li> </ul>
<b>Network Applicable</b>	<p><b>Essential benefits Package (EBP) Network</b></p> <p>Applicable as per MedNet’s latest EBP Network – Please refer for further details</p>
<b>Pre-existing &amp; Chronic conditions</b>	<ul style="list-style-type: none"> <li>• Covered subject to waiting period of 6 months of first insurance membership with the contracted insurer, included thereafter</li> <li>• Where a pre-existing or chronic condition develops into an emergency within the 6 month exclusion period this must be covered up to the annual aggregate limit</li> </ul>

### **Inpatient Treatment**

**Coverage is up to the relevant Annual Benefit Limit per person/per policy year with pre-approval**

<b>Referral Procedure</b>	<p>Referral procedure:</p> <p>In respect of Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The GP must make his referral together with reasons via the DHA e-Referrals system for the claim to be considered by the Insurer.</p>
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<b>Approval requirements</b>	<ul style="list-style-type: none"> <li>▪ Non urgent medical cases (Elective) – Prior approval is compulsory</li> <li>▪ Emergency medical service - Approval required from the insurance company within 24 hours of admission to the authorized network hospital</li> </ul>
<b>Liability (coinsurance) of the Insured member and the Insurance company</b>	<ul style="list-style-type: none"> <li>▪ 20% coinsurance payable by the insured with a cap of 500 AED payable per encounter</li> <li>▪ An annual aggregate cap of 1,000 AED</li> <li>▪ Above these caps the insurer will cover 100% of treatment.</li> </ul>
<b>Hospitalization Class</b>	Semi-private Room / Shared Room *In-patient services will be received in rooms of two or more beds
<b>Hospital Accommodation and related Services</b>	Covered
<b>Intensive care unit and coronary artery disease treatment</b>	Covered
<b>Consultant's, Surgeon's and Anesthetist's Fees</b>	Covered
<b>Various therapies including physiotherapy, chemotherapy, radiation therapy etc.</b>	Covered
<b>Use of hospital medical equipment (e.g. heart and lung support systems etc.)</b>	Covered
<b>Ground transportation services in the UAE provided by an authorized party for medical emergencies (Ground Ambulance Services)</b>	Covered
<b>The cost of accommodating a person accompanying an insured child up to the age of 16 years</b>	Covered maximum up to 100 AED per night
<b>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</b>	Covered maximum up to 100 AED per night
<b>Repatriation costs for the transport of mortal remains to the country of origin</b>	Covered up to AED 5,000/-

### Outpatient Treatment

**(Basic healthcare services: at authorized out-patient clinics and health centers as per EBP network list)**

<b>Referral procedure</b>  In respect of Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer.	<ul style="list-style-type: none"> <li>▪ Primary care / 1<sup>st</sup> line of care at Network General Practitioner or Network Gatekeeper only</li> <li>▪ In respect of Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The GP must make</li> </ul>
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The GP must make his referral together with reasons via the DHA e-Referrals system for the claim to be considered by the Insurer	his referral together with reasons via the DHA e-Referrals system for the claim to be considered by the Insurer
<b>Examination, diagnostic and treatment services by authorized general practitioners, specialists and consultants</b>	<b>20% coinsurance payable by the insured per visit</b> No coinsurance if a follow-up visit made within seven days
<b>Laboratory Tests &amp; Radiology Diagnostic services</b>	<b>20% coinsurance payable by the insured per visit</b> In cases of non-medical emergencies, prior approval is required for MRI, CT scans and endoscopies
<b>Pharmaceuticals</b>	<b>30% coinsurance payable by the insured in respect of each and every prescription</b> <b>Cost of drugs and medicines are covered up to an annual limit of 1,500 AED (including coinsurance).</b> <b>*Restricted to formulary products where available</b>
<b>Preventive services, vaccines and immunizations</b>	<b>For Newborn and children</b> <ul style="list-style-type: none"> <li>▪ Essential vaccinations and inoculations for newborns and children as stipulated in DHA's policies and its updates (Currently the same as federal MOH)</li> <li>▪ Claims covered on reimbursement basis as per coverage specified in 'Claims Settlement Terms' of this TOB</li> </ul>
	<b>For Adults</b> <ul style="list-style-type: none"> <li>▪ Diabetes: <ul style="list-style-type: none"> <li>– Normal Risk: Every 3 years from age 30</li> <li>– High risk individuals annually from age 18</li> </ul> </li> <li>▪ Preventive services as mandated by DHA periodically</li> </ul>
<b>Physiotherapy (Require pre-authorization)</b>	<b>20% coinsurance payable by the insured per session</b> Covered up to 6 sessions per member per year

### Other Salient benefits

<b>Day care Treatment</b>	Covered
<b>Out Patient Surgery</b>	Covered
<b>Newborn baby coverage</b>	<ul style="list-style-type: none"> <li>▪ First 30 days of Newborn from DOB is covered under Mother's Annual Benefit Limit up to a maximum of AED 150,000/-</li> <li>▪ BCG, Hepatitis B and neo-natal screening tests are covered for the first 30 days from DOB</li> </ul>
<b>Diagnostic and treatment services for dental and gum treatments</b>	Covered only in cases of medical emergencies subject to 20% copayment
<b>Hearing and vision aids, and vision correction by surgeries and laser</b>	Covered only in cases of medical emergencies subject to 20% copayment



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<b>Claims Settlement Terms (what is Paid by the Insurer)</b>			
<b>Elective Treatment</b>	Free or Cashless Access (Network)	At MedNet's EBP Network	➤ 100% of Actual Covered Cost
	Reimbursement (Non-Network)	At Government Hospital in UAE	➤ 80% of actual covered cost subject to maximum of 100% of applicable network rates
		In UAE except Government Hospitals	➤ Not Covered
		Reimbursement within covered Home countries <b>(In Patient treatments only)</b>	➤ 100% of Actual Covered Cost subject to the max of 100% of applicable network rates in UAE
<b>Emergency Treatment within Geographical Scope of Cover</b>	Free Access (Network)		➤ 100% of Actual Covered Cost
	Reimbursement (Non-Network within UAE)		➤ 100% of actual covered cost subject to maximum of 100% of applicable network rates

## **Maternity Benefit**

<b>Maternity Services -</b>  *Where any condition develops which becomes an emergency, the medically necessary expenses will be covered up to the annual aggregate limit	<b>Out-patient ante-natal services</b>	Requires prior approval from the insurance company	<ul style="list-style-type: none"> <li>▪ 10% coinsurance payable by the insured</li> <li>▪ 8 visits to PHC Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols All care provided by Primary HealthCare obstetrician for low risk or specialist obstetrician for high risk referrals</li> </ul> <p>Initial investigations to include:</p> <ul style="list-style-type: none"> <li>• FBC and Platelets</li> <li>• Blood group, Rhesus status and antibodies</li> <li>• VDRL</li> <li>• MSU &amp; urinalysis</li> <li>• Rubella serology</li> <li>• HIV</li> <li>• FBS, Random blood sugar OR HbA1C</li> </ul> <p>In addition to the above, the below tests are covered for high risk pregnancies only</p> <ul style="list-style-type: none"> <li>• GTT, if high risk</li> <li>• Hepatitis C</li> </ul> <p>Ultrasonography: 3 ante natal ultrasound scans</p>
	<b>In-patient maternity services</b>	Requires prior approval from the insurance company or	<ul style="list-style-type: none"> <li>▪ 10% coinsurance payable by the insured</li> </ul>



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		within 24 hours of emergency treatment	<ul style="list-style-type: none"> <li>▪ AED 7,000/- for normal delivery OR AED 10,000/- for medically necessary C-section, complications and for medically necessary termination</li> </ul>
	<b>Newborn cover</b>		<p>Cover for 30 days from birth. BCG, Hepatitis B and following neo-natal screening tests are covered: (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)</p>



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### SANCTION LIMITATION AND EXCLUSION CLAUSE

- No (re)insurer shall be deemed to provide cover and no (re)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 expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.
- The schedule of benefit above will override the General Exclusion list below only in the clauses which has been either specified in both the documents or only mentioned in the Schedule of Benefit
- **Priority payer** clause is applicable In case of any participation in a sick/health fund, such as but not restricted to, social security fund or a primary cover under an Insurance Company as a Priority Payer, this applicable scope of coverage shall be activated in excess of the priority payer's participation or refund, in full accordance with other terms and conditions of the policy stated under Table of Benefit and Policy wording

### GENERAL EXCLUSIONS LIST FOR BBP Product

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 and the MCC doctor, 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:

<b>Excluded healthcare services except in cases of medical emergencies</b>	<ol style="list-style-type: none"> <li>1. Diagnostic and treatment services for dental and gum treatments</li> <li>2. Hearing and vision aids, and vision correction by surgeries and laser</li> </ol>
<b>Excluded (non-basic) healthcare services</b>	<ol style="list-style-type: none"> <li>1. Healthcare Services which are not medically necessary</li> <li>2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.</li> <li>3. Care for the sake of travelling.</li> <li>4. Custodial care including               <ol style="list-style-type: none"> <li>a. Non-medical treatment services;</li> <li>b. Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient.</li> </ol> </li> <li>5. Services which do not require continuous administration by specialized medical personnel.</li> <li>6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies)</li> <li>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.</li> <li>8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.</li> <li>9. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens.</li> <li>10. Healthcare Services that are not performed by Authorized Healthcare Service Providers.</li> </ol>



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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 out-patient 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, hypnosis, 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 hemodialysis 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 A 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 which 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,



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- 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.
  43. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
  44. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
  45. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
  46. Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other type of natural disaster.
  47. Injuries resulting from criminal acts or resisting authority by the Insured Person.
  48. Injuries resulting from a road traffic accident.
  49. 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.
  50. All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances.
  51. Any investigation or treatment not prescribed by a doctor.
  52. Injuries resulting from attempted suicide or self-inflicted injuries.
  53. Diagnosis and treatment services for complications of exempted illnesses.
  54. All healthcare services for internationally and/or locally recognized epidemics.
  55. 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.