

### Family Care Product-Abu Dhabi

<b>Annual Aggregate Limit</b>	AED 1,000,000
<b>Geographical Scope of Coverage for Elective &amp; Emergency Treatment</b>	Worldwide
<b>Coverage Criteria for Treatment outside UAE</b>	Coverage outside UAE is limited to 90 days per treatment A single holiday or business trip may not exceed 90 days
<b>Applicable Network</b>	Gold /Silver Premium/Silver Classic /Green/Silk road
<b>Underwriting terms and coverage criteria for Pre-existing, Chronic conditions:</b>	<ul style="list-style-type: none"> <li>All pre-existing medical conditions should be declared in the Medical Application Form and is subject to medical underwriting.</li> <li>All declared Pre-existing and Chronic conditions are covered with a sub limit of AED 250,000/-</li> <li>Undeclared pre-existing conditions will not be covered during the policy period and will be underwritten at renewal.</li> </ul>
<b>In-Patient Benefit</b>	
<b>Coverage is up to the relevant Annual Benefit Limit per person/per policy year with pre-approval</b>	
<b>Hospitalization Class</b>	Private Room
<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>Recipient Organ transplantation service, excluding any charges related to Donor</b>	Covered
<b>Use of hospital medical equipment's (e.g. heart and lung support systems etc.)</b>	Covered
<b>Ambulance Services (in Medical Emergency only and if followed by admission)</b>	Covered
<b>Companion Room &amp; Board expenses for Beneficiary below 16 years of age</b>	Covered
<b>The cost of accommodation of a person accompanying a beneficiary below 16 years of age in the same room in cases of medical necessity at the recommendation of the treating doctor and with prior approval</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 7,500/-

## Out-Patient Benefit

<b>Physician Consultation</b>	Copayment as chosen in the application
<b>Diagnostics and Laboratory Tests</b>	Copayment as chosen in the application
<b>Pharmaceuticals</b>	Copayment as chosen in the application
<b>Physiotherapy (Require pre-authorization)</b>	Copayment as chosen in the application
	Covered up to 15 sessions/ Per member Per year

**\*Approval protocol for Free access at network providers will follow HAAD guidelines**

## OTHER SALIENT BENEFITS

<b>Day care Treatment</b>	Covered
<b>Out Patient Surgery</b>	Covered
<b>Emergency Mental health Treatments</b>	Covered
<b>Work Related Injuries</b>	Covered
<b>Emergency Dental treatment for accidental damage to natural teeth</b>	<p>Under this benefit the treatment required within three months following accidental damage to sound natural teeth caused by a violent external means when the treatment is given by a Physician, dentist or dental surgeon is covered.</p> <p>*No treatment will be covered after 3 months of the accident.</p> <p>**Treatment required as the result of the consumption of food or drink or any foreign bodies contained in such food or drink is not covered.</p>
<b>New Born baby coverage</b>	<p>Babies born inside and out-side UAE - New born expenses are covered from Date of Birth under the mother's card for the first 30days from date of birth with up to annual benefit limit.</p> <p>New born babies will be added to the principle policy only upon requested by the policy holder and is subject to Medical underwriting.</p> <p>Coverage for new born are in line with HAAD benefit guidelines.</p>
<b>Preventive services covered for members over 18 years of age</b>	Not Covered
<b>*Prior Approval is required for Free Access facility</b>	

<p><b>Cancer Treatment:</b> Screening, healthcare services, investigations and treatments only for members who are enrolled under "Patient Support Program" only</p> <p><b>HCV Hepatitis C Virus Infection:</b> Screening, healthcare services, investigations and treatments related to viral Hepatitis and associated complications related to Hepatitis C shall only be for members enrolled under Patient Support Program.</p>	<p>Not Covered</p>
<p><b>Hearing and vision aids, and vision correction by surgeries and laser</b></p>	<p>Covered only in cases of medical emergencies</p>
<p><b>Med Net's Global Emergency Assistance services coverage through Assist America</b></p>	<ul style="list-style-type: none"> <li>- No Financial limitations applicable under this benefit</li> <li>- Worldwide Emergency Medical Evacuation</li> <li>- Worldwide Hospital Admission Assistance</li> <li>- Repatriation of mortal remains to home country from anywhere in the world, including country of residence.</li> <li>- Medical Consultation, Evaluation, Referral &amp; Monitoring</li> <li>- Care of minor children &amp; Compassionate visit</li> </ul> <p>*For detailed information please refer Assist America Table of Benefit</p>

### Additional Benefits

<p><b>Maternity Benefit</b></p>	
<p><b>Inpatient &amp; Outpatient coverage includes:</b></p> <ol style="list-style-type: none"> <li>1. Pre &amp; Post-natal treatments</li> <li>2. Normal delivery</li> <li>3. Medically necessary Caesarean Section</li> <li>4. Maternity related Complications</li> <li>5. Medically necessary legal terminations</li> </ol> <p>* In-patient maternity treatment are subject to prior approval</p>	<ul style="list-style-type: none"> <li>- Inside Abu Dhabi- Combined In-patient outpatient limit up to the Annual Benefit limit of the policy.</li> <li>- For Delivery inside Abu Dhabi a Deductible of AED 500/- is applicable as per HAAD.</li> <li>- Outside Abu Dhabi - Combined Inpatient &amp; Outpatient Limit of AED 10,000/-applicable.</li> <li>- Same Out Patient Deductible as per the selected Plan will be applicable for Maternity Consultations also.</li> </ul>
<p><b>Alternative Medication Benefit</b></p>	
<p><b>Alternative Medicine Benefit covers: Osteopathy, Chiropractic, Homeopathy, Acupuncture, Ayurveda and Herbal Treatments</b></p>	<p>Covered up to AED 1,600/- PMPY</p> <p>**Only on reimbursement basis</p>

Vaccination Benefit	
<b>Vaccination Covered as per MOH schedule (Require pre-authorization)</b>	Covered both on *Free Access & reimbursement basis Reimbursements claims are settled at 100% of actual covered cost subject to maximum of 100% of Applicable Network rates*Free Access facility is available only within specific MedNet Vaccination Network
Dental Benefit	
<b>Free Access</b> - Covered with pre-authorization only - Co-payment 20% applicable  <b>'Reimbursement'</b>  *Additional 20% co-payment applicable over free access  *No reimbursement for Silk Road NW inside UAE.	<b>Covered with sub-limit of AED 3,500</b>
SCHEDULE OF DENTAL BENEFIT	
<b>Dental Consultation</b>	Covered
<b>Tooth Extraction</b> - Simple Extraction - Surgical Extraction	Covered
<b>Scaling &amp; Polishing</b>	Covered
<b>Tooth filling</b> - Amalgam filling - Composite filling - Glass Ionomer filling	Covered
<b>Root Canal Treatment (R.C.T)</b>	Covered
<b>Crown</b>	Covered if followed by an Root Canal Treatment
<b>X- Ray</b> - Intra Oral {Bite wing/ Periapical / Occlusal} - Extra Oral { Panoramic X-ray & Tomograms}	Covered
<b>Medications</b> - Antibiotics - Analgesics - Antacids - Enzyme preparations (Edema reductions) - Vitamins ( only with antibiotics)	Covered

<b>Medications exclusion</b> - Mouth wash - Tooth pastes - Dentures cleaning agents - Desensitizing agents - Anti-septic	Not Covered
<b>Anesthesia</b> - L. Anesthesia - G. Anesthesia	- Covered - Not Covered
<b>Orthodontics</b>	Not Covered
- For further details, on the services included in the above table / or about any other services not included Kindly contact our Medical Call Centre (MCC) at 8004882/ 800MedNet.  - Except For Scaling and Polishing, all other services are covered if medical necessity is established.	

### CLAIMS SETTLEMENT TERMS (what is Paid by the Insurer)

<b>Elective Treatment</b>	Free Access (Network)	Covered if the chosen provider is available in the selected Network
	Reimbursement (Non Network)	<b>Reimbursement in SEA:</b> - 100% of actual covered cost subject to maximum of 100% of UAE applicable network rates  <b>Reimbursement elsewhere within territorial scope of cover*:</b> - 80% of Actual Covered Cost subject to maximum of 80% of UAE Applicable Network rates  *No Elective treatment reimbursement for Silk Road Network inside UAE.
<b>Emergency Treatment</b>	Free Access (Network)	100% of Actual Covered Cost
	Reimbursement (Non Network)	

## General Exclusions - HAAD

- **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.**

- **For HAAD regulated Insurance policies, the Schedule of Benefits and General Exclusion list will always comply with HAAD regulations.**

### **Exclusions of Health Authority of Abu Dhabi**

(Applicable for residents/work permit holders within Abu Dhabi and Al Ain)

Unless otherwise specified in Schedule of Benefits, the following Treatments including Medical Conditions, Items, Supplies, Procedures and all their related or consequential expenses are excluded from this Policy:

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:
  - a) Non-medical treatment services;
  - 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.
5. Services which do not require continuous administration by specialized medical personnel.
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
7. 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 and 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 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.
14. Treatment and services for contraception.
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 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, 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 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 (diagnosis and treatment of Hepatitis C covered for members enrolled under Patient Support Program).
31. 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 Daman including cases of medical emergency which were not notified within 24 hours from the date of admission.
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, milk formulas, food supplements, skin care products, shampoos and multivitamins. (unless prescribed as replacement therapy for known vitamin deficiency conditions); and all equipment not primarily intended to improve a medical condition or injury, including but not limited to: air conditioners or air purifying systems, arch supports, 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 immunomodulatory 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 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 hepatitis A and C (diagnosis and treatment of Hepatitis C covered for members enrolled under Patient Support Program).

**For further details, on the services included in the above table / or about any other services not included, please contact our Medical Call Centre (MCC) at 8004882/ 800MedNet.**