



<b>Inpatient Healthcare Services</b> (Prior Approval is required from the insurance company or TPA)	<b>Sublimit : AED 100,000/- with nil coinsurance on all covered services below</b>
In-patient Healthcare Services - Room Type	Semi-Private
Tests, diagnosis, treatments and surgeries in hospitals for non- emergency medical cases	Covered
Prescribed medicines and drugs administered whilst in-patient hospitalization or daycare patient and healthcare services for emergency cases	Covered
Ground transportation services in the UAE provided by an authorized party for medical emergencies	Covered
Physiotherapy treatment services	Limited to 8 session PPPA – Nil coinsurance
Accommodation for a person accompanying an insured child up to 16 years of age.	Covered up to AED 100 per night
Accommodation of an accompanying person in the same room in cases of critical conditions and as per recommendation of attending physician	Covered up to AED 100 per night
<b>Outpatient Healthcare Services</b>	<b>Sublimit : AED 50,000/-</b>
Co-payment for services provided by General Practitioners, Specialists and Consultants Examination, diagnostic and treatment services of clinics and health centers by general practitioners, and specialists. Follow ups are exempted from fees if made within a week from the date of first examination.	Covered subject to 20% coinsurance  Consultations with Specialists or Consultants are covered only if the insured member consulted first a licensed General Practitioner who referred him / her based on a valid reason
Laboratory tests services	Covered subject to 10% coinsurance and prior approval
Radiology and diagnostic services, including X-ray, MRI, CT scans and endoscopies	Covered subject to 10% coinsurance and prior approval
Physiotherapy treatment services	Limited to 6 session PPPA subject to 20% coinsurance and prior approval
Cost of medicine	Coverage upon prescription as per approved formulary subject to 20% coinsurance and up to AED 1,500 per person per year (Incl. coinsurance)



Maternity Services	
In-patient Maternity services	<p>Covered up to AED 10,000 for married females aged between 18 and 45, after the waiting period, subject to 10% Copayment and prior approval</p> <p>Complications and life-threatening cases are covered up to the In-Patient General Annual Limit</p>
Out-patient Maternity services	<p>Covered for married females aged between 18 and 45, after the waiting period, subject to 10% Copayment and prior approval</p> <p>It includes ante-natal services restricted to 8 visits to Primary Health Care Centre</p> <p><u>Initial investigations to include:</u></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>• Hep C offered to high risk patients</li> <li>• GTT if high risk</li> <li>• FBS , random s or A1c for all due to high prevalence of diabetes in UAE</li> </ul> <p>Visits to include reviews, checks and tests . 3 ante-natal ultrasound scans</p>
Other Benefits	
Diagnostic and treatment services for dental and gum treatments	Covered only if related to a medical emergency, subject to 20% copayment
Hearing and vision aids, and vision correction by surgeries, and laser	Covered only if related to a medical emergency, subject to 20% copayment
New born cover	Not covered. New born babies must be enrolled from day one
Essential vaccines	Covered as per MOH list subject to 20% co-payment
Preventive services, routine check-ups and Immunizations (as related to all benefits including the ones listed in the previous sections of this Table of Benefits excluding 'Essential Vaccines')	Not covered

## List of Exclusions

### **A. Excluded healthcare services**

1. Healthcare Services which are not medically necessary
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Home nursing; private nursing care; 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. Any investigations, tests or procedures carried out with the intention of ruling out any foetal anomaly.
14. Treatment and services for contraception
15. 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.
16. External prosthetic devices and medical equipment.

17. Treatments and services arising as a result of hazardous 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.
18. Growth hormone therapy.
19. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
20. Mental Health diseases, both out-patient and in-patient treatments, unless it is an emergency condition.
21. 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.
22. 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.
23. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first degree relatives.
24. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
25. Healthcare services for adjustment of spinal subluxation.
26. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
27. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
28. Elective diagnostic services and medical treatment for correction of vision
29. Nasal septum deviation and nasal concha resection.
30. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related investigations, treatments or procedures.
31. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A.
32. Birth defects, congenital diseases and deformities.
33. Healthcare services for senile dementia and Alzheimer's disease.
34. Air or terrestrial medical evacuation and unauthorized transportation services.
35. 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.
36. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
37. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.



38. 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.
39. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
40. 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.
41. Any expenses related to immunomodulators and immunotherapy.
42. Any expenses related to the treatment of sleep related disorders.
43. Services and educational programs for handicaps.

**For further details, on the services included in the above table / or about any other services not included please contact Nextcare Call Centre at 04-270-8800.**

**You can mail orient insurance at [orient.Individualmedical@alfuttaim.com](mailto:orient.Individualmedical@alfuttaim.com)**

**or call our call centre at 800-674368 Sunday to Thursday from 8:00 am to 9:00 p.m.**

