

Table of Benefits – Abu Dhabi

Health plus

Updated 14.08.2018

Insurance Plan	Plan1	Plan2	Plan3	Plan4	Plan5
Territorial Scope of Coverage	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide
Aggregate Annual Limit	AED 1 Million	AED 750,000	AED 500,000	AED 300,000	AED 250,000
Medical Network	NEXTCARE GN+	NEXTCARE GN	NEXTCARE RN	NEXTCARE RN2	NEXTCARE RN3
Room type	Private	Private	Private	Private	Semi-Private
Hospital Accommodation Intensive Care Unit	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Parent Accommodation for child under 18 years of age	AED 450 / day	AED 400 / day	AED 350 / day	AED 250 / day	AED 150 / day
Accommodation of an accompanying person in the same room as per recommendation of attending physician, subject to prior approval.	AED 450 / day	AED 400 / day	AED 350 / day	AED 250 / day	AED 150 / day
Home Nursing following inpatient treatment	Covered (on reimbursement) up to Maximum AED 7,500 per person per annum	Covered (on reimbursement) up to Maximum AED 7,500 per person per annum	Covered (on reimbursement) up to Maximum AED 5,000 per person per annum	Covered (on reimbursement) up to Maximum AED 5,000 per person per annum	Not covered



Emergency road ambulance services to and from hospital by registered ambulance services provider	Covered	Covered	Covered	Covered	Covered
Deductible per Consultation (will not be applicable for follow-up within 7 days for same treatment and with same doctor)	AED 50/-				
Prescribed Drugs & Medicines Annual Limit	Covered up to AED 15,000 subject to 15% Co-Insurance	Covered up to AED 10,000 subject to 15% Co-Insurance	Covered up to AED 7,500 subject to 15% Co-Insurance	Covered up to AED 5,000 subject to 15% Co-Insurance	Covered up to AED 5,000 subject to 15% Co-Insurance
Diagnostics (X-ray, MRI, CT-Scan, Ultra Sound& Endoscopy diagnostic services,...etc.)	Covered without Co-pay and up to aggregate annual limit	Covered without Co-pay and up to aggregate annual limit	Covered without Co-pay and up to aggregate annual limit	Covered without Co-pay and up to aggregate annual limit	Covered without Co-pay and up to aggregate annual limit
Pre-existing & Chronic Conditions Covered subject to declaration	Covered up to annual Limit No waiting period applies if evidence of continuity of coverage is provided; otherwise a waiting period of 6 months applies to the first scheme membership on Inpatient treatment for the following medical conditions: Diabetes mellitus, Arterial diseases, COPD , All cancers cases, Neurosurgery, Cerebro Vascular diseases, All delivery cases (Maternity).	Covered up to annual Limit No waiting period applies if evidence of continuity of coverage is provided; otherwise a waiting period of 6 months applies to the first scheme membership on Inpatient treatment for the following medical conditions: Diabetes mellitus, Arterial diseases, COPD , All cancers cases, Neurosurgery, Cerebro Vascular diseases, All delivery cases (Maternity).	Covered up to annual Limit No waiting period applies if evidence of continuity of coverage is provided; otherwise a waiting period of 6 months applies to the first scheme membership on Inpatient treatment for the following medical conditions: Diabetes mellitus, Arterial diseases, COPD , All cancers cases, Neurosurgery, Cerebro Vascular diseases, All delivery cases (Maternity).	Covered up to annual Limit No waiting period applies if evidence of continuity of coverage is provided; otherwise a waiting period of 6 months applies to the first scheme membership on Inpatient treatment for the following medical conditions: Diabetes mellitus, Arterial diseases, COPD , All cancers cases, Neurosurgery, Cerebro Vascular diseases, All delivery cases (Maternity).	Covered up to annual Limit No waiting period applies if evidence of continuity of coverage is provided; otherwise a waiting period of 6 months applies to the first scheme membership on Inpatient treatment for the following medical conditions: Diabetes mellitus, Arterial diseases, COPD , All cancers cases, Neurosurgery, Cerebro Vascular diseases, All delivery cases (Maternity).
Claims Settlement Basis (after application of Copayments)					



<p>Within the Network</p>	<p>Direct billing available. Reimbursement is also possible but will be settled at 90% of the usual & customary rates of the selected Network.</p>	<p>Direct billing available. Reimbursement is also possible but will be settled at 90% of the usual & customary rates of the selected Network.</p>	<p>Direct billing available. Reimbursement is also possible but will be settled at 90% of the usual & customary rates of the selected Network.</p>	<p>Direct billing available. Reimbursement is also possible but will be settled at 90% of the usual & customary rates of the selected Network.</p>	<p>Direct billing available. Reimbursement is also possible but will be settled at 90% of the usual & customary rates of the selected Network.</p>
<p>Outside the Network in Countries where NEXtCARE is present</p>	<p>Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less</p>	<p>Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less</p>	<p>Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less</p>	<p>Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less</p>	<p>Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less</p>
<p>Cash Indemnity for In-Patient Treatment post hospitalization up to max of 15 days, subject to providing discharge summary or proof of hospitalization</p>	<p>Covered on Reimbursement up to AED 300 per night and a maximum of 10 nights. The Cash Indemnity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.</p>	<p>Covered on Reimbursement up to AED 300 per night and a maximum of 10 nights. The Cash Indemnity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.</p>	<p>Covered on Reimbursement up to AED 250 per night and a maximum of 10 nights. The Cash Indemnity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.</p>	<p>Covered on Reimbursement up to AED 250 per night and a maximum of 10 nights. The Cash Indemnity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.</p>	<p>Covered on Reimbursement up to AED 200 per night and a maximum of 10 nights. The Cash Indemnity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.</p>
<p>Vaccination for Children (as per MOH, UAE)</p>	<p>Inside Network: 100% Actual Cost Outside Network : UCR Basis</p>	<p>Inside Network: 100% Actual Cost Outside Network : UCR Basis</p>	<p>Inside Network: 100% Actual Cost Outside Network : UCR Basis</p>	<p>Inside Network: 100% Actual Cost Outside Network : UCR Basis</p>	<p>Inside Network: 100% Actual Cost Outside Network : UCR Basis</p>
<p>Physiotherapy (Subject to pre-approval)</p>	<p>Covered</p>	<p>Covered</p>	<p>Covered</p>	<p>Covered</p>	<p>Covered</p>



<p>Diagnostic and treatment services for dental and gum treatments, Hearing and vision aids, and vision correction by surgeries and laser (Emergency cases Only)</p> <p>Dental emergency is any injury to your teeth or gums that can put you at a risk of permanent damage, such as Chipped or broken teeth, Knocked-out tooth ,Soft-tissue injuries and etc. hearing Emergencies include Object/insect in the ear , ruptured eardrum , sudden hearing loss and etc.</p> <p>Vision Emergencies include bleeding or discharge from or around the eye, double vision and Loss of vision, total or partial, one eye or both etc.</p>	Covered	Covered	Covered	Covered	Covered
<p>Healthcare services for work illnesses and injuries as per Federal Law No.8 of 1980 concerning the Regulation of Work Relations, as amended, and applicable laws in this respect</p>	Covered	Covered	Covered	Covered	Covered
<p>Maternity services Covered subject to declaration</p>	<p><i>In-patient Maternity services: Inside Emirate of Abu Dhabi :</i> Covered up to the Annual Limit of the policy (In-Patient & Out-Patient) Delivery inside Emirate of Abu Dhabi is subject to a deductible of AED 500/- as per HAAD lawOutside Emirate of Abu Dhabi (within UAE): -Normal Delivery is covered up to AED 10,000/-, C-Section and maternity complications are covered up to AED 12,000/-, Medical Emergency related to Maternity is covered up to Annual Limit of the policy</p> <p><i>Out-patient Maternity services:</i> covered up to the Annual Limit of the policy subject to the same deductible in the selected plan on consultation</p>				
<p>Psychiatric Treatment</p>	<p>Out Patient Covered up to Maximum AED 3,000/- per person per annum</p> <p>IN Patient Covered up to Maximum AED 10,000/- per person per annum</p>	<p>Out Patient Covered up to Maximum AED 3,000/- per person per annum</p> <p>IN Patient Covered up to Maximum AED 10,000/- per person per annum</p>	<p>Out Patient Covered up to Maximum AED 1,500/- per person per annum</p> <p>IN Patient Covered up to Maximum AED 6,000/- per person per annum</p>	<p>Out Patient Covered up to Maximum AED 1,500/- per person per annum</p> <p>IN Patient Covered up to Maximum AED 6,000/- per person per annum</p>	<p>Not Covered</p>



<p align="center">Organ Transplant</p>	<p>Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic & autologous bone marrow.</p>	<p>Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic & autologous bone marrow.</p>	<p>Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic & autologous bone marrow.</p>	<p>Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic & autologous bone marrow.</p>	<p>Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic & autologous bone marrow.</p>
<p align="center">Repatriation of Mortal Remains to the Country of Domicile:</p>	<p>Covered up to Maximum AED 20,000 per person per annum settled on Reimbursement basis with no co-pay</p>	<p>Covered up to Maximum AED 15,000 per person per annum settled on Reimbursement basis with no co-pay</p>	<p>Covered up to Maximum AED 10,000 per person per annum settled on Reimbursement basis with no co-pay</p>	<p>Covered up to Maximum AED 10,000 per person per annum settled on Reimbursement basis with no co-pay</p>	<p align="center">Not Covered</p>
<p align="center">Second Medical Opinion</p>	<p align="center">This benefit gives members access through NEXtCARE mobile application to world renowned providers to re-evaluate their earlier diagnosis, medical history and treatment plan for non-emergency cases.</p>				
<p align="center">Dental benefit Covers the following: Consultation & X-Ray, Scaling, Tooth Extraction, Amalgam fillings, Temporary and/or permanent composite, fillings and root canal treatment only.</p>	<p>Covered, up to AED 3,000/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement</p>	<p>Covered, up to AED 3,000/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement</p>	<p>Covered, up to AED 2,500/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement</p>	<p>Covered, up to AED 1,500/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement</p>	<p align="center">Not Covered</p>



<p>Optical benefit covers the following: Optical examinations conducted for the purpose of obtaining eye glasses or lenses In-Network: Direct Billing Out of Network: Reimbursement</p>	<p>Covered, subject to 20% Co-pay and up to AED 1,500 in total and up the following sub-limits: AED 350 for Frames - one pair per year AED 250 per pair per single vision lenses - once per year AED 300 per pair per bifocal or tri-focal vision lenses - once per year AED 350 for contact lenses per year</p>	<p>Covered, subject to 20% Co-pay and up to AED 1,500 in total and up the following sub-limits: AED 350 for Frames - one pair per year AED 250 per pair per single vision lenses - once per year AED 300 per pair per bifocal or tri-focal vision lenses - once per year AED 350 for contact lenses per year</p>	<p>Covered, subject to 20% Co-pay and up to AED 1,250 in total and up the following sub-limits: AED 300 for Frames - one pair per year AED 200 per pair per single vision lenses - once per year AED 250 per pair per bifocal or tri-focal vision lenses - once per year AED 300 for contact lenses per year</p>	<p>Covered, subject to 20% Co-pay and up to AED 1,000 in total and up the following sub-limits: AED 300 for Frames - one pair per year AED 200 per pair per single vision lenses - once per year AED 250 per pair per bifocal or tri-focal vision lenses - once per year AED 300 for contact lenses per year</p>	<p>Not Covered</p>
<p>Alternative Medicines/ therapies Covers the following: Chiropractic/ Osteopathy/ Homeopathy and Ayurvedic</p>	<p>Limited to AED 2,500 per person per annum</p>	<p>Limited to AED 2,000 per person per annum</p>	<p>Limited to AED 1,500 per person per annum</p>	<p>Limited to AED 1,000 per person per annum</p>	<p>Not Covered</p>



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. Domiciliary care; private nursing care; care for the sake of travelling.
4. Custodial care includes Non- Medical treatment services; or 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. Healthcare Services and associated expenses for replacement of an existing breast implant. Cosmetic operations which improve physical appearance and 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. Breast reconstruction following a mastectomy for cancer is covered.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medically non-approved experimental, research, investigational healthcare services, treatments, devices and pharmacological regimens.
10. Healthcare Services that are not performed by Authorized Healthcare Service Providers, apart from Healthcare Services rendered in a Medical Emergency.
11. Healthcare services, treatments & associated expenses for alopecia, baldness, hair falling, dandruff or wigs.
12. Supplies, Treatment and services for smoking cessation programs and the treatment of nicotine addiction.
13. Non-medically necessary Amniocentesis
14. Treatment, services and surgeries for sex transformation, sterility and sterilization
15. Treatment and services for contraception
16. Treatment and services related to fertility / sterility (treatment including varicocele / polycystic ovary / ovarian cyst / hormonal disturbances / sexual dysfunction).
17. Prosthetic devices and consumed medical equipments, unless approved by the insurance company
18. 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



19. Growth hormone therapy.
20. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
21. Mental Health diseases, in-patient and out-patient treatments, unless the condition is a transient mental disorder or an acute reaction to stress.
22. Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency).
23. Preventive services, including vaccinations, immunizations, allergy testing and desensitization; any physical, psychiatric or psychological examinations or testing during these examinations.
24. Services rendered by any medical provider relevant of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent or child.
25. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during treatment.
26. Healthcare services for adjustment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, by any means, except treatment of fractures and dislocations of the extremities.
27. Healthcare services and treatments) by acupuncture; acupressure, hypnotism, rolfing, massage therapy, aromatherapy, homeopathic treatments, and all forms of treatment by alternative medicine.
28. All Healthcare services & Treatments for in-vitro fertilization (IVF), embryo transport; ovum and male sperms transport
29. Elective diagnostic services and medical treatment for correction of vision
30. Nasal septum deviation and nasal concha resection.
31. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related test/treatment or procedure.
32. Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A.
33. Birth defects, Congenital diseases for newborn &/or Deformities unless life-threatening.
34. Healthcare services for Senile dementia and Alzheimer's disease
35. Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation services.
36. Circumcision healthcare services.
37. 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.
38. Any inpatient treatment, tests and other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health
39. Any test or treatment, for purpose other than medical such as tests related for employment, travel, licensing or insurance purposes.



40. 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, convenience items / options, exercise equipment and sanitary supplies.
41. More than one consultation or follow up with a medical specialist in a single day unless referred by a physician.
42. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient.
43. Services and educational program for handicaps.
44. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
45. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type
46. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
47. Injuries resulting from natural disasters (including but not limited to) earthquakes, tornados and any other type of natural disaster.
48. Injuries resulting from criminal acts or resisting authority by the Insured Person.
49. Healthcare services for patients suffering from AIDS and its complications.
50. Healthcare services for work illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, as amended, and applicable laws in this respect.
51. All cases resulting from the use of alcohol, drugs and hallucinatory substances.
52. Any test or treatment not prescribed by a doctor.
53. Injuries resulting from attempted suicide or self-inflicted injuries.
54. Diagnosis and treatment services for complications of exempted illnesses.
55. All healthcare services for internationally and locally recognized epidemics.
56. Venereal sexually transmitted diseases.

Please note that in case benefits fall below the minimum required by HAAD or the benefit which is not provided in this TOB and is required by HAAD, then the cover under the policy will automatically increase/include the benefit to the same level as requested by HAAD

