

Paid Up Capital: Dhs. 500,000,000

Registered under Federal Law No. (6) of 2007
Certificate No. 14 dated 29th December 1984
Commercial Registration 51814

رأس المال المدفوع: ٥٠٠,٠٠٠,٠٠٠ درهم
مسجلة طبقاً للقانون الإتحادي رقم (٦) لسنة ٢٠٠٧م
شهادة رقم ١٤ بتاريخ ٢٩/١٢/١٩٨٤م
رقم السجل التجاري ٥١٨١٤

Health Plus

Table of Benefits - Individual Plan (Dubai)

Insurance Plan	Plan1	Plan2	Plan3	Plan4	Plan5
Territorial Scope of Coverage	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide
Aggregate Annual Limit	AED 1 Million	AED 1 Million	AED 1 Million	AED 1 Million	AED 1 Million
Medical Network	NEXTCARE GN+	NEXTCARE GN	NEXTCARE RN	NEXTCARE RN2	NEXTCARE RN3 (Out-patient is restricted to Clinics Only)
Claims Settlement Basis (after application of Copayments)					
Within the Network	Direct billing available. Reimbursement is also possible but will be settled at 90% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 90% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 90% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 90% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 90% of the usual & customary rates of the selected Network.
Outside the Network in Countries where NEXtCARE is not present	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less
Outside the Network in Countries where NEXtCARE is present	Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less
In-Patient Benefits					
Room type	Private	Private	Private	Private	Semi-Private
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

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Cash Indemnity for In-Patient hospitalizations that are not submitted to the Insurance Company	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.	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.	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.	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.	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.
Emergency road ambulance services to and from hospital by registered ambulance services provider	Covered	Covered	Covered	Covered	Covered
Out-Patient Benefits					
Deductible per Consultation (will not be applicable for follow-up within 7 days for same treatment and with same doctor)	10% up to AED 35/- for General Practitioners 20% up to AED 75/- for Specialists	10% up to AED 35/- for General Practitioners 20% up to AED 75/- for Specialists	10% up to AED 25/- for General Practitioners 20% up to AED 60/- for Specialists	10% up to AED 25/- for General Practitioners 20% up to AED 60/- for Specialists	10% up to AED 15/- for General Practitioners 20% up to AED 25/- for Specialists
Prescribed Drugs & Medicines	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
Diagonistics (X-ray, MRI, CT-Scan, Ultra Sound& Endoscopy diagnostic services)	Covered subject to 10% Co-pay	Covered subject to 10% Co-pay	Covered subject to 10% Co-pay	Covered subject to 10% Co-pay	Covered subject to 10% Co-pay
Pre-existing & Chronic Conditions Subject to Medical Application Form (MAF)	Covered up to a limit of AED 150,000 per member per year. All pre-existing medical conditions should be declared in the medical application form and is subject to medical underwriting Undeclared pre-existing conditions will not be covered during the policy period and will be underwritten at renewal.	Covered up to a limit of AED 150,000 per member per year. All pre-existing medical conditions should be declared in the medical application form and is subject to medical underwriting Undeclared pre-existing conditions will not be covered during the policy period and will be underwritten at renewal.	Covered up to a limit of AED 150,000 per member per year. All pre-existing medical conditions should be declared in the medical application form and is subject to medical underwriting Undeclared pre-existing conditions will not be covered during the policy period and will be underwritten at renewal.	Covered up to a limit of AED 150,000 per member per year. All pre-existing medical conditions should be declared in the medical application form and is subject to medical underwriting Undeclared pre-existing conditions will not be covered during the policy period and will be underwritten at renewal.	Covered up to a limit of AED 150,000 per member per year. All pre-existing medical conditions should be declared in the medical application form and is subject to medical underwriting Undeclared pre-existing conditions will not be covered during the policy period and will be underwritten at renewal.
Physiotherapy (Subject to pre-approval)	20 sessions per member per annum	20 sessions per member per annum	15 sessions per member per annum	10 sessions per member per annum	8 sessions per member per annum

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Maternity					
<p>In-patient maternity services (requires prior approval from the insurance company or within 24 hours of emergency treatment) Subject to Medical Application Form (MAF)</p>	<p>Covered subject to 10% coinsurance, up to AED 20,000. In case of any condition developing into an emergency, the medically necessary expenses will be covered up to the annual aggregate limit. Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.</p>	<p>Covered subject to 10% coinsurance, up to AED 20,000. In case of any condition developing into an emergency, the medically necessary expenses will be covered up to the annual aggregate limit. Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.</p>	<p>Covered subject to 10% coinsurance, up to AED 12,500. In case of any condition developing into an emergency, the medically necessary expenses will be covered up to the annual aggregate limit. Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.</p>	<p>Covered subject to 10% coinsurance, up to AED 12,500. In case of any condition developing into an emergency, the medically necessary expenses will be covered up to the annual aggregate limit. Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.</p>	<p>Covered subject to 10% coinsurance, up to AED 7,000 for normal delivery and up to AED 10,000 for medically necessary C-Section, termination and complications. In case of any condition developing into an emergency, the medically necessary expenses will be covered up to the annual aggregate limit. Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting Undeclared Pregnancy at time of application will not be covered during</p>
	<p>Out-patient maternity services: Initial investigations to include FBC and Platelets, Blood group, Rhesus status and antibodies, VDRL, MSU & urinalysis, Rubella serology, HIV, Hep C (for high risk patients), GTT (if high risk), FBS, random s or A1c. Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols Subject to Medical Application Form (MAF)</p>	<p>Covered subject to 10% coinsurance, and a maximum of 15 visits and 8 ante-natal ultrasound scans Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.</p>	<p>Covered subject to 10% coinsurance, and a maximum of 15 visits and 8 ante-natal ultrasound scans Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.</p>	<p>Covered subject to 10% coinsurance, and a maximum of 12 visits and 6 ante-natal ultrasound scans Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.</p>	<p>Covered subject to 10% coinsurance, and a maximum of 12 visits and 6 ante-natal ultrasound scans Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.</p>
Other Benefits					
<p>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, if selected, up to AED 3,000/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement</p>	<p>Covered, if selected, up to AED 3,000/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement</p>	<p>Covered, if selected, up to AED 2,500/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement</p>	<p>Covered, if selected, up to AED 1,500/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement</p>	<p>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, if selected, 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 trifocal vision lenses - once per year AED 350 for contact lenses per year</p>	<p>Covered, if selected, 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 trifocal vision lenses - once per year AED 350 for contact lenses per year</p>	<p>Covered, if selected, 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 trifocal vision lenses - once per year AED 300 for contact lenses per year</p>	<p>Covered, if selected, 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 trifocal vision lenses - once per year AED 300 for contact lenses per year</p>	<p>Not Covered</p>

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Alternative Medicines/ therapies Covers the following: Chiropractic/ Osteopathy/ Homeopathy and Ayurvedic	Limited to AED 2,500 per person per annum	Limited to AED 2,000 per person per annum	Limited to AED 1,500 per person per annum	Limited to AED 1,000 per person per annum	Not Covered
Psychiatric Treatment	Out Patient Covered up to Maximum AED 3,000/- per person per annum IN Patient Covered up to Maximum AED 10,000/- per person per annum	Out Patient Covered up to Maximum AED 3,000/- per person per annum IN Patient Covered up to Maximum AED 10,000/- per person per annum	Out Patient Covered up to Maximum AED 1,500/- per person per annum IN Patient Covered up to Maximum AED 6,000/- per person per annum	Out Patient Covered up to Maximum AED 1,500/- per person per annum IN Patient Covered up to Maximum AED 6,000/- per person per annum	Not Covered
Vaccination for Children (as per DHA policies & its updates) includes the vaccinations and inoculations for newborns	Inside Network: 100% of Actual Cost Outside Network : Covered on Network UCR Rates	Inside Network: 100% of Actual Cost Outside Network : Covered on Network UCR Rates	Inside Network: 100% of Actual Cost Outside Network : Covered on Network UCR Rates	Inside Network: 100% of Actual Cost Outside Network : Covered on Network UCR Rates	Inside Network: 100% of Actual Cost Outside Network : Covered on Network UCR Rates
Cancer Treatment Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA
HCV Hepatitis C Virus Infection 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	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA	Covered as per terms, conditions and exclusions of the program defined by DHA
Preventive services	As per DHA Regulations	As per DHA Regulations	As per DHA Regulations	As per DHA Regulations	As per DHA Regulations
Diagnostic and treatment services for dental and gum treatments(Emergency cases Only) 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	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance

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إكسبو ٢٠٢٠
دبي، الإمارات العربية المتحدة
DUBAI UNITED ARAB EMIRATES

مزود رسمي | OFFICIAL PROVIDER

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Hearing and vision aids, and vision correction by surgeries and laser (Emergency cases Only) Hearing Emergencies include Object/insect in the ear , ruptued eardrum , sudden hearing loss and etc 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.	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance	Covered subject to 20% coinsurance
Organ Transplant	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.	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.	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.	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.	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.
Repatriation of Mortal Remains to Home Country	Covered up to Maximum AED 20,000 per person per annum settled on Reimbursement basis with no co-pay	Covered up to Maximum AED 15,000 per person per annum settled on Reimbursement basis with no co-pay	Covered up to Maximum AED 10,000 per person per annum settled on Reimbursement basis with no co-pay	Covered up to Maximum AED 10,000 per person per annum settled on Reimbursement basis with no co-pay	Not Covered
Second Medical Opinion	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.	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.	Not Covered	Not Covered	Not Covered

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

List of Exclusions

A. Excluded healthcare services

1. Healthcare Services which are not medically necessary

- All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
- Care for the sake of travelling.
- Custodial care including 1) Non-medical treatment services; 2) Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient
- Services which do not require continuous administration by specialized medical personnel.
- Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
- 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.
- Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
- Medical services utilized for the sake of research, medically non-approved experiments and investigations and pharmacological weight reduction regimens.
- Healthcare Services that are not performed by Authorized Healthcare Service Providers.
- Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
- Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
- Treatment and services for contraception

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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 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, vision corrections, 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.
31. Any Services related to birth defects, congenital diseases and deformities unless left untreated lead to 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, 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
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 left untreated develop to an emergency.
40. Any expenses related to the treatment of sleep related disorders
41. Any expenses related to immunomodulators and immunotherapy unless medically necessary
42. Services and educational programs for People of determination, this includes disability types such as but not limited to mental, intellectual, developmental physical or psychological activities.

Healthcare services outside the scope of health insurance (In Emergency cases as defined by PD02-2017, the following must be covered until stabilization at minimum)

1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
4. Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other type of natural disaster.
5. Injuries resulting from criminal acts or resisting authority by the Insured Person.
6. Injuries resulting from a road traffic accident.
7. 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.
8. All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances.
9. Any investigation or treatment not prescribed by a doctor.
10. Injuries resulting from attempted suicide or self-inflicted injuries.
11. Diagnosis and treatment services for complications of exempted illnesses.
12. All healthcare services for internationally and/or locally recognized epidemics.
13. 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.

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