

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 الاتحادي رقم (٦) لسنة ٢٠٠٧ م
شهادة رقم ١٤ بتاريخ ٢٩/١٢/١٩٨٤ م
رقم السجل التجاري ٥١٨١٤

Table of Benefits - IND (AUH)

Insurance Plan	GN+ PLAN	GN PLAN	RN PLAN	RN2 PLAN	RN3 PLAN	PCP AUH PLAN
Territorial Scope of Coverage	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide
Aggregate Annual Limit	AED 1 Million	AED 750,000	AED 500,000	AED 300,000	AED 250,000	AED 250,000
Medical Network	NEXTCARE GN+	NEXTCARE GN	NEXTCARE RN	NEXTCARE RN2	NEXTCARE RN3	NEXTCARE PCPAUH
Room type	Private	Private	Private	Private	Semi-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	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	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	Not covered
Emergency road ambulance services to and from hospital by registered ambulance services provider	Covered	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/-	AED 50/-	AED 50/-	AED 50/-	AED 50/-	AED 50/-
Prescribed Drugs & Medicines Annual Limit	Covered up to AED 15,000 subject to 15% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same)	Covered up to AED 10,000 subject to 15% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same)	Covered up to AED 7,500 subject to 15% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same)	Covered up to AED 5,000 subject to 15% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same)	Covered up to AED 5,000 subject to 15% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same)	Covered up to AED 1,500 subject to 30% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same)
Diagonistics (X-ray, MRI, CT-Scan, Ultra Sound& Endoscopy diagnostic services)	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	Covered without Co-pay and up to aggregate annual limit
Pre-existing & Chronic Conditions	Covered up to annual Limit. All pre-existing 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 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. All pre-existing 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 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. All pre-existing 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 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. All pre-existing 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 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. All pre-existing 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 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. All pre-existing 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 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)	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.
Within the Network	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	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 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	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less



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Table of Benefits - IND (AUH)

Insurance Plan	GN+ PLAN	GN PLAN	RN PLAN	RN2 PLAN	RN3 PLAN	PCP AUH PLAN
Outside the Network in Countries where NEXICARE 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	Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less
Cash Indemnity for In-Patient Treatment post hospitalization up to max of 15 days, subject to providing discharge summary or proof of hospitalization	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.	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.
Vaccination for Children (as per MOH, UAE)	Inside Network: 100% Actual Cost Outside Network : UCR Basis	Inside Network: 100% Actual Cost Outside Network : UCR Basis	Inside Network: 100% Actual Cost Outside Network : UCR Basis	Inside Network: 100% Actual Cost Outside Network : UCR Basis	Inside Network: 100% Actual Cost Outside Network : UCR Basis	Inside Network: 100% Actual Cost Outside Network : UCR Basis
Physiotherapy (Subject to pre-approval)	Covered	Covered	Covered	Covered	Covered	Covered
Diagnostic and treatment services for dental and gum treatments, Hearing and vision aids, and vision correction by surgeries and laser (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 Hearing Emergencies include Object/insect in the ear, ruptured 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	Covered	Covered	Covered	Covered	Covered
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	Covered	Covered	Covered	Covered	Covered	Covered
Maternity services Subject to Medical Application Form (MAF) 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>In-patient Maternity services: <i>Inside Emirate of Abu Dhabi : 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 DoH law</i> <i>Outside 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</i></p> <p>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</i></p>					
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	Not Covered
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.	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.



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Table of Benefits - IND (AUH)

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Repatriation of Mortal Remains to the Country of Domicile:	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	Not Covered
Second Medical Opinion	This benefit gives members access through NEXICARE mobile application to world renowned providers to re-evaluate their earlier diagnosis, medical history and treatment plan for non-emergency cases.					
Symptom Checker	Covered					
Dental benefit Covers the following: Consultation & X-Ray, Scaling, Tooth Extraction, Amalgam fillings, Temporary and/or permanent composite, fillings and root canal treatment only.	Covered up to AED 3,000/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement	Covered up to AED 3,000/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement	Covered up to AED 2,500/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement	Covered up to AED 1,500/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement	Not Covered	Not Covered
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	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	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	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	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	Not Covered	Not Covered
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	Not Covered

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