

Paid Up Capital: Dhs. 500,000,000  
Registered under Federal Law No. (6) of 2007  
Certificate No. 14 dated 29<sup>th</sup> December 1984  
Commercial Registration 51814



رأس المال المدفوع: ٥٠٠.٠٠٠.٠٠٠ درهم  
مسجلة طبقاً للقانون التجاري رقم (٦) لسنة ٢٠٠٧  
شهادة رقم: ١٤ بتاريخ ٢٩/١٢/١٩٨٤  
رقم السجل التجاري: ٥١٨١٤

## Table of Benefits - INDIVIDUAL PLAN (DUBAI)

Insurance Plan	GN+ Plan	GN Plan	GN Limited Plan	RN Plan	RN2 Plan	RN3 Plan
Territorial Scope of Coverage	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide
Aggregate Annual Limit	AED 1 Million	AED 1 Million	AED 1 Million	AED 1 Million	AED 1 Million	AED 1 Million
Medical Network	NEXTCARE GN+	NEXTCARE GN	NEXTCARE GN- Excluding Mediclinic- Al Zahra Hospital - Suleiman al Habib group pf providers	NEXTCARE RN	NEXTCARE RN2	NEXTCARE RN3 (Out-patient is restricted to Clinics Only)
Room type	Private	Private	Private	Private	Private	Semi-Private
Parent Accommodation for child under 18 years of age	AED 450 / day	AED 400 / 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 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 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	Covered
Deductible per Consultation (will not be applicable for follow-up within 7 days for same treatment and with same doctor)	Default: 20% max 50 AED Option 1: Nil copay	Default: 20% max 50 AED Option 1: Nil copay	Default: 20% max 50 AED Option 1: Nil copay	Default: 20% max 50 AED Option 1: Nil copay	Default: 20% max 50 AED Option 1: Nil copay	Default: 20% max 50 AED Option 1: Nil copay
Prescribed Drugs & Medicines	Default: 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)	Default: 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)	Default: 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)	Default: 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)	Default: 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)	Default: 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)
Diagnostics (X-ray, MRI, CT-Scan, Ultra Sound& Endoscopy diagnostic services )	Default: Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay	Default: Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay	Default: Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay	Default: Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay	Default: Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay	Default: Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay
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.	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.
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 NEXICARE is not 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
Outside the Network in Countries where NEXICARE is present	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 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.
Cash Indemnity for In-Patient hospitalizations that are not submitted to the Insurance Company	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	Inside Network: 100% of Actual Cost Outside Network : Covered on Network UCR Rates
Vaccination for Children (as per DHA policies & its updates) includes the vaccinations and inoculations for newborns	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	Covered as per terms, conditions and exclusions of the program defined by DHA
Cancer Treatment Screening, Healthcare Services, Investigations and Treatments as per DHA Guidelines	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	Covered as per terms, conditions and exclusions of the program defined by DHA
Hepatitis B & C Virus Screening and Treatment Screening, Healthcare Services, Investigations and Treatments as per DHA Guidelines	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	Covered as per terms, conditions and exclusions of the program defined by DHA

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## Table of Benefits - INDIVIDUAL PLAN (DUBAI)

Insurance Plan	GN+ Plan	GN Plan	GN Limited Plan	RN Plan	RN2 Plan	RN3 Plan
Influenza Vaccine	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only	Covered once per Annum on reimbursement only Limited to the cost of the vaccine and its administration only
Adult Pneumococcal Conjugate Vaccine	As per DHA Adult Pneumococcal Vaccination guidelines	As per DHA Adult Pneumococcal Vaccination guidelines	As per DHA Adult Pneumococcal Vaccination guidelines	As per DHA Adult Pneumococcal Vaccination guidelines	As per DHA Adult Pneumococcal Vaccination guidelines	As per DHA Adult Pneumococcal Vaccination guidelines
Preventive services as stipulated by DHA to include initially diabetes screening	As per DHA Regulations	As per DHA Regulations	As per DHA Regulations	As per DHA Regulations	As per DHA Regulations	As per DHA Regulations
Physiotherapy (Subject to pre-approval)	20 sessions per member per annum	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
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	Covered subject to 20% coinsurance
Hearing and vision aids, and vision correction by surgeries and laser (Emergency cases Only) 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 subject to 20% coinsurance	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
Psychiatric Treatment	In-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10,000/- per person per annum. 20% coinsurance payable by the insured per visit for Out-Patient services. No coinsurance is applicable for follow-up visits made within seven days	In-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10,000/- per person per annum. 20% coinsurance payable by the insured per visit for Out-Patient services. No coinsurance is applicable for follow-up visits made within seven days	In-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10,000/- per person per annum. 20% coinsurance payable by the insured per visit for Out-Patient services. No coinsurance is applicable for follow-up visits made within seven days	In-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10,000/- per person per annum. 20% coinsurance payable by the insured per visit for Out-Patient services. No coinsurance is applicable for follow-up visits made within seven days	In-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10,000/- per person per annum. 20% coinsurance payable by the insured per visit for Out-Patient services. No coinsurance is applicable for follow-up visits made within seven days	In-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10,000/- per person per annum. 20% coinsurance payable by the insured per visit for Out-Patient services. No coinsurance is applicable for follow-up visits made within seven days
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.
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 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 NEXICARE 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 NEXICARE 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 NEXICARE 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
Symptom Checker	Covered	Covered	Covered	Covered	Covered	Covered
In-patient maternity services (requires prior approval from the insurance company or within 24 hours of emergency treatment) Subject to Medical Application Form (MAF)	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.	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.	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.	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.	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.	Covered subject to 10% coinsurance, up to AED 10,000. 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.
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)	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.	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.	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.	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.	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.	Covered subject to 10% coinsurance, and a maximum of 10 visits and 4 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.

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

## Table of Benefits - INDIVIDUAL PLAN (DUBAI)

Insurance Plan	GN+ Plan	GN Plan	GN Limited Plan	RN Plan	RN2 Plan	RN3 Plan
<b>New born cover</b>	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)
<b>Dental benefit</b> 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 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
<b>Optical benefit</b> covers the following: Optical examinations conducted for the purpose of obtaining eye glasses or lenses <b>In-Network:</b> Direct Billing <b>Out of Network:</b> 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 1,500 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
<b>Alternative Medicines/ therapies</b> Covers the following: Chiropractic/ Osteopathy/ Homiopathy and Ayurvedic	Limited to AED 2,500 per person per annum 20% coinsurance payable by the insured per visit. No coinsurance is applicable if a follow-up visit is made within seven days	Limited to AED 2,500 per person per annum 20% coinsurance payable by the insured per visit. No coinsurance is applicable if a follow-up visit is made within seven days	Limited to AED 2,500 per person per annum 20% coinsurance payable by the insured per visit. No coinsurance is applicable if a follow-up visit is made within seven days	Limited to AED 2,500 per person per annum 20% coinsurance payable by the insured per visit. No coinsurance is applicable if a follow-up visit is made within seven days	Limited to AED 2,500 per person per annum 20% coinsurance payable by the insured per visit. No coinsurance is applicable if a follow-up visit is made within seven days	Limited to AED 2,500 per person per annum 20% coinsurance payable by the insured per visit. No coinsurance is applicable if a follow-up visit is made within seven days

Please note that in case benefits fall below the minimum required by DHA or the benefits 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

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إكسبو ٢٠٢٠  
EXPO 2020  
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