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Table of Benefits - IND (DXB)

Paid Up Capital: Dhs. 500,000,000 Registered under Federal Law No. (0) of 2007 Certificate No. 14 dated 29th December 1984 Commercial Registration 51814 رأس المال المدفوع: ٥٠٠،٠٠٠ درهم مسجلة عليقاً للتانون الإتسادي رتم (٦) لسنة ٢٠٠٧م شهادة رقم 31 بتاريخ ٢١٢/٩ رقم السجل التجاري ٥١٨١٤

			Table of Benefits - IND (DXB)			
Insurance Plan	Plan 1	Plan 2	Plan GN Limited	Pian 3	Plan 4	Plan 5
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 reimbusement) up to Maximum AED 7,500 per person per annum	Covered (on reimbusement) up to Maximum AED 7,500 per person per annum	Covered (on reimbusement) up to Maximum AED 7,500 per person per annum	Covered (on reimbusement) up to Maximum AED 5,000 per person per annum	Covered (on reimbusement) 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)
Diagonistics (X-ray, MRI, CT-Scan, Ultra Sound& Endoscopy diagonistic 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. No watting period applies I evidence of continuity of coverage is provided; otherwise a walling period of it month applies to the first scheme membership. All pre-existing medical conditions whole be declared in the medical application may be applied on the scheme scheme scheme scheme scheme scheme Undeclared pre-existing conditions will not be covered during the policy period and will be underwitten at messal.	Covered up to a limit of AED 150,000 per member per year. No waiting period applies if evidence of continuity of overage is provided, cherwise a waiting restored of 6 months applies to the first scheme membership. All pre-estiling medical conditions should be declared in the medical application applies to the scheme scheme scheme scheme scheme scheme scheme Undeclared pre-estiling conditions will not be converted during the policy period and will be underwritten at nenewal.	Covered up to a limit of AED 150,000 per member per year. No waiting period applies if evidence of continuity of coverage is provided; to herwise a waiting period of 6 months applies to the first schemembership. All pre-existing medical conditions should be declared in the medical application may be applied on the scheme scheme scheme scheme scheme 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. No waiting period applies if evidence of continuity of coverage is provided: To be a provided of a month applies to the first scheme membership. All pre-existing motical conditions will not be declared in the medical application 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. No waiting period applies if evidence of continuity of coverage is provided; cherwise a waiting period of 6 months applies to the first scheme membership. All pre-testing medical conditions should be declared in the medical application applies and the scheme should be declared in the medical application (Indeclared pre-testing conditions with the loc screent during the policy period and will be underwritten at renewal.	Covered up to a limit of AED 150,000 per member per year. No waiting period applied elvelonce of continuity of coverages is provided; otherwise a waiting period of nonthis applies the first scheme membership. All pre-existing medical conditions should be declared in the medical application tem Undeclared pre-existing conditions will not be covered during the policy period and will be underwitten at renewal.
Claims Settlement Basis (after application of Copayments) Within the 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 biling 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.
Outside the Network in Countries where NEXICARE 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 1009 of the usual & customary rates of the network, whichever is less
Outside the Network in Countries where NEXICARE is present	Reimbusement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Reimbusement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Reimbusement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Reimbusement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Reimbusement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less	Reimbusement 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 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 mute 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.
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	Inside Network: 100% of Actual Cost Outside Network : Covered on Network UCR Rates
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
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 Pneumocoocal 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





اورینت للتأمین – شرکة مساهبة عامة (الکتب الرئیسی) امی طبیب است عامی است از این می عامی - ۲۰۲۱ (۲۰ این این می - ۲۰۱۰ ۲۰۱۱ + ۷۷ e-mail orient@alfuttam.com www.insuranceuae.com

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Paid Up Capital: Dhs. 500,000,000 Registered under Federal Law No. (0) of 2007 Certificate No. 14 dated 29th December 1984 Commercial Registration 51814 رأس المال المدفوع: ٥٠٠،٠٠٠ درهم مسجلة عليقاً للتانون الإتسادي رتم (٦) لسنة ٢٠٠٧م شهادة رقم 31 بتاريخ ٢١٢/٩ رقم السجل التجاري ٥١٨١٤

Table of Benefits - IND (DXB)										
Insurance Plan	Plan 1	Plan 2	Plan GN Limited	Plan 3	Plan 4	Plan 5				
Diagnostic and treatment services for dental and gum treatments (Emergency cases Only). Dental emergency is my ring hour law for any and a mix of parameter damage, such as Chepred or broken taeth, Knocked-out tooth, Soft-Bassae Hjuries 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) Vising Emergencias include Objectives: In the surgeries and a basing lass and Vision Emergencias include lateratory advances from encode the surgeries and a basin and Lass of vision, bid or participes are yet or both stc.	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	10,000/- per person per annum. 20% coinsurance payable by the insured per visit for Out-Patient services.	10,000/- per person per annum. 20% coinsurance payable by the insured per visit for Out-Patient services.	10,000/- per person per annum. 20% coinsurance payable by the insured per visit for Out-Patient services.	In-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10.000- per person per annum. 20% consumance payable by period per visit for Out-Patient No consumance is applicable for follow-up visits made within seven days	10,000/- per person per annum. 20% coinsurance payable by the insured per visit for Out-Patient services.	In-Patient, Out-Patient, and Emergency cover up to a maximum of AED 10.0000- 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 & autologue 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: henr, lung, kidney, pancreas, liver, Alogeneic & 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 bore marrow.	excluding any cost related to donor, and excluding the acquisition and	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 & actobogue 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 renowmed 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 energy any neutronit) Subject to Methical Application Form (MMP)	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 emutial aggregate limit. Program and the organical is associated to be dediated united to a logistic strain of expension and to be dediated united to a strain and the organical set associated and the organical trained of the organical set association of the organical united and the organical set association of the organical trained of the organical set association of the organical trained of the organical set association of the organical trained of the organical set and the organical set of the trained of the organical set of the organical set of the organical trained of the organical set of the organical set of the organical trained of the organical set of the organical set of the organical trained of the organical set of the organical set of the organical trained of the organical set of the organical set of the organical trained of the organical set of the organical set of the organical trained of the organical set of the organical set of the organical trained of the organical set of the organical set of the organical trained of the organical set of the organical set of the organical trained of the organical set of the organical set of the organical trained of the organical set of the	Covered subject to 10% consurance, up to AED 20.000. In case of any condition developing into an emergency, the medically necessary appenses will be covered up to the annual aggregate limit. Horspanne, all the formand is an sub-to medical automatic data provide the sub-topic of the sub-topic data and the sub-topic data (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% collisurance, up to AED 20,000. In case of any condition developing into an emergency, the medically mecasing expension will be covered up to the annual aggregate intru- lenge of the model of the annual aggregate intru- lenge of the model and the adject on the medical under annual 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. Program and the provide the subject of the subject of the subject of the subject of the subject of the subject of the subject of the subject of the 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% colesurance, 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. Programs and the term of the annual aggregate limit. 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% consurance, 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. Program of the conditional substration of the substrational aggregate into substrational substrational substrational substrational aggregate into the substrational substrational substrational substrational Undeclared Pregnancy at time of application will not be oversed during the palicy partical and will be underwritten at renewal if needed.				
Out-patient maternity services: Initial investigations to include IBC and Platelets, Blood group, Rheaus status and antibodies. VRM. MSU & unitalysis, Rubells serology, HV. Hep C (for high risk patients), GTT (f high risk), RSJ random s or ATC- Valum and Carety Protocol, Glocka and Exists in accordance with DNA (Subject to Medical Application Form (MAF)	Covered subject to 10% consurance, and a maximum of 15 visits and 8 mate-traited uitassound scans Pregnancy at time of application should be declared in the medical application form and is subject to medical undewriting 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 anter-stata ultrasound scans Perganancy at time d application should be declared in the medical application form and is subject to medical undewriting Undeclared Perganancy 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 mate-traital ultrascund scans Pregnancy at the of application should be declared in the medical application form and is subject to medical undewriting Undeclared Pregnancy at time of application will no be overed 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 mate-traital ultrascurd scans Pregnancy at time of application tautol de declared in the medical application form and is subject to medical undewriting Undeclared Preparatory at time of application will not be overed during the policy period and will be underwritten at renewal if needed.	Covered subject to 10% colosurance, and a maximum of 12 visits and 6 mate-natual ultrasound scans Pergnancy at the of application should be declared in the medical application form and is subject to medical undewriting Undeclared Pergnancy at time of application will not be overed 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 ultrascund scans Pregnancy at time of application builds be dedired in the medical application form and is subject to medical undewriting Undedared Pregnancy at time of application will not be overred using the policy period and will be underwritten at renewal if needed.				
New born cover	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 Hypotryoidism, sickle cell screening, congenital adrenal hyperplasia)	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenyliketonuria (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)				
Dental benefit Covers the following: Consultation & XrRay, Scaling, Tooth Extraction, Amalgam filings, Temporary and/or permanent composite, filings 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				
Optical benefit owers the following Optical examinations conducted for the purpose of other any professional prima of the Anterest-Reinbursement	Covered subject to 50% Co-pay and up to AED 1,500 in total and up to Bobarding au-bindits. AED 505 for Firmers on pay ner year AED 250 per pair per single vision fenses - once per year AED 300 per pair per single vision fenses - once per year AED 300 per pair per blocal of those vision fenses - 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 biotexity auto-broks. AED 350 bir Firames - one pair per year AED 350 per pair per single vision lenses - once per year AED 300 per pair per biologi of riskoul 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-institution of the cover of the total of the AED 300 for Finnes - one pay pay rear AED 300 per pair per single valion fenses - oneo per year AED 300 per pair per tobalcal of the could related - oneo per year AED 300 per pair per balcal of the could related - oneo per year AED 300 for contact linese per year	Covered subject to 20% Co-pay and up to AED 1250 in total and up to AED 200 for formers on equip per year AED 200 for Frimers on equip per year AED 200 per pair per single vision lenses - once per year AED 200 for contact lenses 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 bibanting ad-bimbit. AED 200 for Finnes - one pair per year AED 200 per pair per single vision fenses - once per year AED 200 per pair per single vision fenses - once per year AED 200 for contact lenses per year	Not Covered				
Alternative Medicines' therapies Covers the following: Aprovals, Chargestin, Charges Medicine, and Homospully	Limited to AED 2,500 per person per annum 20% consurance payable by the insured per visit. No obsurance is applicable if a blow-up visit in made within seven The calaris will be settled on reinstrement hasis, and only from providers which are recognized and approved by Mextcare as alternative preferred providers - refer to Nextcare website for details	Limited to AED 2,500 per person per annum 20% consurance payable by the insured per visit. No consurance is applicable if a follow-up visit is made within seven The dains will be setted on removement hasia, and only from providers which are recognized and approved by Mexicane as alternative preferred providers - refer to Nextcare website for details	Limited to AED 2,500 per person per annum 20% consurance payable by the insured per visit. No consurance is applicable if a follow-up visit is made within seven The claim will be setted on reinforment basis, and only from providen which are necograped and approved by Nonciene as alternative preferred providers - refer to Nextcare website for details	Limited to AED 2,500 per person per annum 20% consutance payable by the insured per visit. No obsurance is applicable f a follow-up visit in made within seven The clains will be settled on reinformationment basis, and only from providers which are recognized and approved by Nextance as alternative preferred providers - refer to Nextance website for details	Limited to AED 2,500 per person per annum 20% coinsurance payable by the insured per visit. No coinsurance is applicable if a bilow-up visit is made within seven The cains will be settled on reinstrument basis, and only from providers which are recognized and approved by Mactane as alternative preferred providers - refer to Nextcare website for details	Limited to AED 2,500 per person per annum 20% consurance payable by the insured per viat. No consurance is applicable of a follow-up viat Is made within seven days the claims will be setted on reinstruement basis, and only hom providers which are necognized and approved by Nextcare as alternative preferred providers - refer to Nextcare website for details				

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/inculde the benefit to the same level as requested by DHA

Orient Insurance PJSC (Head Office) Datas In Section Coll P.C. Box 27965, Dubal, UAE, tel +971 4 253 1500, fax +971 4 253 1500 e-mail orient@alfuttaim.com www.insuranceuse.com





اوريت القامين – شركة مساهمة عامة (الكتب الرئيسي) في شنائل بندر مسبب ٢٦٦ ٧٢ قدر إلى عن. ملك - ٢٢١ ٢٢ - ١٤ (٢٠ هـ ١٤ ٢٠ ٢٤ ٢٠ ٢٠ + ١٧٤ ملك - ٢٢١ ٢٢ - ١٢ ما ١٢٩ ما ١٩٩ - mail orient@alfuttam.com www.insuranceuse.com

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