

Table of Benefits - IND (DXB)

Insurance Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Territorial Scope of Coverage	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide
Aggregate Annual Limit	AED 1 Million					
Medical Network	CN	GN	RN	SRN	VN	VN
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 350 / 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)	20% max 50 AED Option 1: Nil copay Option 2: 10% copay	20% max 50 AED Option 1: Nil copay Option 2: 10% copay	20% max 50 AED Option 1: Nil copay Option 2: 10% copay	20% max 50 AED Option 1: Nil copay Option 2: 10% copay	20% max 50 AED Option 1: Nil copay Option 2: 10% copay	20% max 50 AED Option 1: Nil copay Option 2: 10% copay (GP referral required for SP visit)
Prescribed Drugs & Medicines	Covered up to AED 15,000 subject to 10% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same) Option 3: 30% copay (Limit remain the same)	Covered up to AED 10,000 subject to 10% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same) Option 3: 30% copay (Limit remain the same)	Covered up to AED 10,000 subject to 10% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same) Option 3: 30% copay (Limit remain the same)	Covered up to AED 7,500 subject to 10% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same) Option 3: 30% copay (Limit remain the same)	Covered up to AED 5,000 subject to 10% Co-Insurance Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same) Option 3: 30% copay (Limit remain the same)	Covered up to AED 5,000 subject to 10% Co-Insurance - restricted to a list of formulary products. Option 1: Nil copay (Limit remain the same) Option 2: 20% copay (Limit remain the same) Option 3: 30% copay (Limit remain the same)
Diagonistics (X-ray, MRI, CT-Scan, Ultra Sound, Endoscopy diagnostic services)	Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay	Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay	Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay	Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay	Covered subject to 10% Co-pay Option 1: Nil copay Option 2: 20% copay	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 waiting period applies. 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. No waiting period applies. 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. No waiting period applies. 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. No waiting period applies. 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. No waiting period applies. 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. No waiting period applies. 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 NAG 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 NAG 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 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 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 Guidelines	Covered as per terms, conditions and exclusions of the program defined by DHA Guidelines	Covered as per terms, conditions and exclusions of the program defined by DHA Guidelines	Covered as per terms, conditions and exclusions of the program defined by DHA Guidelines	Covered as per terms, conditions and exclusions of the program defined by DHA Guidelines	Covered as per terms, conditions and exclusions of the program defined by DHA Guidelines
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 Guidelines	Covered as per terms, conditions and exclusions of the program defined by DHA Guidelines	Covered as per terms, conditions and exclusions of the program defined by DHA Guidelines	Covered as per terms, conditions and exclusions of the program defined by DHA Guidelines	Covered as per terms, conditions and exclusions of the program defined by DHA Guidelines	Covered as per terms, conditions and exclusions of the program defined by DHA Guidelines
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					
Preventive services as stipulated by DHA to include initially diabetes screening	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)	Covered subject to 20% coinsurance					
Hearing and vision aids, and vision correction by surgeries and laser (Emergency cases Only)	Covered subject to 20% coinsurance					
Psychiatric Treatment & Mental Health	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. Coverage up to limit of AED 100,000/-with 20% Coinsurance for Outpatient	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. Coverage up to limit of AED 100,000/-with 20% Coinsurance for Outpatient	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. Coverage up to limit of AED 100,000/-with 20% Coinsurance for Outpatient	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. Coverage up to limit of AED 100,000/-with 20% Coinsurance for Outpatient	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. Coverage up to limit of AED 100,000/-with 20% Coinsurance for Outpatient	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. Coverage up to limit of AED 100,000/-with 20% Coinsurance for Outpatient

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Insurance Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
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	Covered up to Maximum AED 5,000 per person per annum settled on Reimbursement basis with no co-pay
Second Medical Opinion	This benefit gives members access through NAS 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 NAS 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 NAS 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 NAS 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 NAS 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 NAS mobile application to world renowned providers to re-evaluate their earlier diagnosis, medical history and treatment plan for non-emergency cases.
Symptom Checker	Covered	Covered	Covered	Covered	Covered	Covered
Dialysis	Covered to a limit of AED 60,000/- with 20% Coinsurance for Outpatient	Covered to a limit of AED 60,000/- with 20% Coinsurance for Outpatient	Covered to a limit of AED 60,000/- with 20% Coinsurance for Outpatient	Covered to a limit of AED 60,000/- with 20% Coinsurance for Outpatient	Covered to a limit of AED 60,000/- with 20% Coinsurance for Outpatient	Covered to a limit of AED 60,000/- with 20% Coinsurance for Outpatient
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, HBsI & urinalysis, Rubella serology, HIV, Hep S, (for high risk patients), DOT (for high risk), FB3, and/or A/Cs. 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.
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 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)
Dental benefit Covers the following: Consultation & X-Ray, Scaling, Tooth Extraction, Amalgam Fills, Temporary and/or permanent crowns, 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	Covered up to AED 500/- subject to 30% Co-pay In-Network; Direct Billing Out of Network; Not Applicable
Optical benefit Covers the following: Optical examinations conducted for the purpose of obtaining eye prescribers. 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 1,500 in total and up the following sub-limits: AED 300 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
Alternative Medicines therapies Covers the following: Ayurveda, Chiropractic, Chinese Medicine, and Homeopathy	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. The claims will be settled on reimbursement basis, and only from providers which are recognized and approved by NAS as alternative preferred providers - refer to NAS 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 follow-up visit is made within seven days. The claims will be settled on reimbursement basis, and only from providers which are recognized and approved by NAS as alternative preferred providers - refer to NAS 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 follow-up visit is made within seven days. The claims will be settled on reimbursement basis, and only from providers which are recognized and approved by NAS as alternative preferred providers - refer to NAS 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 follow-up visit is made within seven days. The claims will be settled on reimbursement basis, and only from providers which are recognized and approved by NAS as alternative preferred providers - refer to NAS 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 follow-up visit is made within seven days. The claims will be settled on reimbursement basis, and only from providers which are recognized and approved by NAS as alternative preferred providers - refer to NAS 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 follow-up visit is made within seven days. The claims will be settled on reimbursement basis, and only from providers which are recognized and approved by NAS as alternative preferred providers - refer to NAS 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/include the benefit to the same level as requested by DHA

Excluded (non-basic) healthcare services

1. Healthcare Services which are not medically necessary.
2. All expenses relating to dental prostheses, orthodontic treatments, etc.
3. Care for the sake of travelling.
4. 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.
5. Services that do not require continuous administration by specialized medical personnel.
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
7. 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.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens.
10. Healthcare Services that are not performed by Authorized Healthcare Service Providers.
11. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
12. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
13. Treatment and services for contraception.
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 of 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 other professional sports activities.
17. Growth hormone therapy unless medically necessary.
18. Costs associated with hearing tests, prosthetic devices or hearing and vision aids.
19. 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.
20. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment);
21. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree relatives.
22. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
23. Healthcare services for adjustment of spinal subluxation.
24. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
25. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
26. Elective diagnostic services and medical treatment for correction of vision.
27. Nasal septum deviation and nasal concha resection.
28. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A, B and C.
29. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
30. Healthcare services for senile dementia and Alzheimer's disease.
31. Air or terrestrial medical evacuation and unauthorized transportation services.
32. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency that were not notified within 24 hours from the date of admission where possible.
33. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
34. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
35. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, , 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 and sanitary supplies.
36. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
37. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
38. Any expenses related to the treatment of sleep related disorders.
39. Services and educational programs for people of determination, this also includes disability types such as but not limited to mental, intellectual, developmental, physical and /or psychological disabilities.

Healthcare services outside the scope of health insurance (In Emergency cases as defined by PD 02-2017, 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, B and C hepatitis.