

## Family Care Product

### Table of Benefits (Valid for Abu Dhabi Based Members)

Below limit options are per person per policy year in AED

<b>Annual Aggregate Limit</b> (Overarching total limit for all benefits and sub-limits.)	AED 1,000,000
<b>Geographical Scope of Coverage for Elective &amp; Emergency Treatment</b>	Worldwide
<b>Coverage Criteria for Treatment outside UAE</b>	Coverage outside UAE is limited to 90 days per treatment A single holiday or business trip may not exceed 90 days
<b>Applicable Network</b>	<b>SILK ROAD</b> "Within UAE, Treatment availed through Free Access are only covered (Except for Emergency, Vaccination, Alternative Medicine and Psychiatric Treatment)"
<b>Underwriting terms and coverage criteria for Pre-existing, Chronic conditions:</b>	<ul style="list-style-type: none"> <li>All pre-existing medical conditions should be declared in the Medical Application Form and is subject to medical underwriting.</li> <li>All declared Pre-existing and Chronic conditions are covered with a sub limit of AED 250,000/-</li> <li>Undeclared pre-existing conditions will not be covered during the policy period and will be underwritten at renewal.</li> </ul>
<b>In-Patient Benefit</b>	
<b>Coverage is up to the relevant Annual Benefit Limit per person/per policy year with pre-approval</b>	
<b>Hospitalization Class</b>	Private Room
<b>Hospital Accommodation and related Services</b>	Covered
<b>Intensive care unit and coronary artery disease treatment</b>	Covered
<b>Consultant's, Surgeon's and Anesthetist's Fees</b>	Covered
<b>Various therapies including physiotherapy, chemotherapy, radiation therapy etc.</b>	Covered
<b>Recipient Organ transplantation service, excluding any charges related to Donor</b>	Covered
<b>Use of hospital medical equipment (e.g. heart and lung support systems etc.)</b>	Covered
<b>Ambulance Services (in Medical Emergency only and if followed by admission)</b>	Covered

	<p><b>Companion Room &amp; Board expenses for Beneficiary below 16 years of age</b></p> <p>The cost of accommodation of a person accompanying a beneficiary below 16 years of age in the same room in cases of medical necessity at the recommendation of the treating doctor and with prior approval</p>	<p>Covered</p> <p>Covered maximum up to 100 AED per night</p>
	<p><b>Repatriation costs for the transport of mortal remains to the country of origin</b></p>	<p>Covered up to AED 7,500/-</p>
<b>Out-Patient Benefit</b>		
	<p><b>Physician Consultation</b></p> <p><b>Pharmaceuticals</b></p>	<p><b>Covered with below deductible and copayment options:</b></p> <p>Consultation Deductible: AED 25, Pharmacy Copay: 0%</p> <p>Consultation Deductible: AED 50, Pharmacy Copay: 0%</p> <p>Consultation Deductible: AED 50, Pharmacy Copay: 10%</p> <p>Consultation Deductible: AED 50, Pharmacy Copay: 30%</p>
	<p><b>Diagnostics and Laboratory Tests</b></p>	<p>Covered with 0% co-pay per invoice</p>
	<p><b>Physiotherapy (Require preauthorization)</b></p>	<p>Covered with 0% co-pay per invoice</p> <p>Fully Covered</p>
<b>*Approval protocol for Free access at network providers will follow HAAD guidelines</b>		
<b>OTHER SALIENT BENEFITS</b>		
	<p><b>Day care Treatment</b></p>	<p>Covered</p>
	<p><b>Out-Patient Surgery</b></p>	<p>Covered</p>
	<p><b>Emergency Mental health Treatments</b></p>	<p>Covered</p>
	<p><b>Work Related Injuries</b></p>	<p>Covered</p>
	<p><b>Emergency Dental treatment for accidental damage to natural teeth</b></p>	<p>Under this benefit the treatment required within three months following accidental damage to sound natural teeth caused by a violent external means when the treatment is given by a Physician, dentist or dental surgeon is covered.</p> <p>*No treatment will be covered after 3 months of the accident.</p> <p>**Treatment required as the result of the consumption of food or drink or any foreign bodies contained in such food or drink is not covered.</p>
	<p><b>New-Born baby coverage</b></p>	<p>Babies born inside and out-side UAE - New born expenses are covered from Date of Birth under the mother's card for the first 30 days from date of birth up to annual benefit limit.</p> <p>New born babies will be added to the principle policy only upon requested by the policy holder and is subject to Medical underwriting.</p> <p>Coverage for new born are in line with HAAD benefit guidelines.</p>
	<p><b>Preventive services covered for members over 18 years of age</b> <b>*Prior Approval is required for Free Access facility</b></p>	<p>Not Covered</p>

	<p><b>Cancer Treatment:</b> Screening, healthcare services, investigations and treatments only for members who are enrolled under "Patient Support Program" only</p> <p><b>HCV Hepatitis C Virus Infection:</b> Screening, healthcare services, investigations and treatments related to viral Hepatitis and associated complications related to Hepatitis C shall only be for members enrolled under Patient Support Program.</p>	<p>Not Covered</p>
	<p><b>Hearing and vision aids, and vision correction by surgeries and laser</b></p>	<p>Covered only in cases of medical emergencies</p>
	<p><b>MedNet's Global Emergency Assistance services coverage through Assist America</b></p>	<ul style="list-style-type: none"> <li>- No Financial limitations applicable under this benefit</li> <li>- Worldwide Emergency Medical Evacuation</li> <li>- Worldwide Hospital Admission Assistance</li> <li>- Repatriation of mortal remains to home country from anywhere in the world, including country of residence.</li> <li>- Medical Consultation, Evaluation, Referral &amp; Monitoring</li> <li>- Care of minor children &amp; Compassionate visit</li> </ul> <p>*For detailed information please refer Assist America Table of Benefit</p>
<b>Additional Benefits</b>		
<b>Maternity Benefit</b>		
	<p><b>Inpatient &amp; Outpatient coverage includes:</b></p> <ol style="list-style-type: none"> <li>1. Pre &amp; Post-natal treatments</li> <li>2. Normal delivery</li> <li>3. Medically necessary Caesarean Section</li> <li>4. Maternity related Complications</li> <li>5. Medically necessary legal terminations</li> </ol> <p>* In-patient maternity treatments are subject to prior approval</p>	<ul style="list-style-type: none"> <li>- Inside Abu Dhabi- Combined In-patient outpatient limit up to the Annual Benefit limit of the policy.</li> <li>- For Delivery inside Abu Dhabi a Deductible of AED 500/- is applicable as per HAAD.</li> <li>- Outside Abu Dhabi - Combined Inpatient &amp; Outpatient Limit of AED 10,000/-applicable.</li> <li>- Same Out Patient Deductible as per the selected Plan will be applicable for Maternity Consultations also.</li> </ul>
<b>Alternative Medication Benefit</b>		
	<p><b>Alternative Medicine Benefit covers: Osteopathy, Chiropractic, Homeopathy, Acupuncture, Ayurveda and Herbal Treatments</b></p>	<p>Covered up to AED 1,600/- PMPY</p> <p>**Only on reimbursement basis</p>
<b>Vaccination Benefit</b>		
	<p><b>Vaccination Covered as per MOH schedule (Require pre-authorization)</b></p>	<p>Covered both on *Free Access &amp; reimbursement basis Reimbursements claims are settled at 100% of actual covered cost subject to maximum of 100% of Applicable Network rates *Free Access facility is available only within specific MedNet Vaccination Network</p>
<b>Dental Benefit</b>		

	<p><b>Free Access</b></p> <ul style="list-style-type: none"> <li>- Covered with pre-authorization only</li> <li>- Co-payment 20% applicable</li> </ul> <p><b>'Reimbursement*</b></p> <ul style="list-style-type: none"> <li>- Additional 20% co-payment applicable over free access</li> </ul> <p><b>*No reimbursement for Silk Road NW inside UAE.</b></p>	<p>Covered with annual sub-limit of AED 3,500</p>
	<b>SCHEDULE OF DENTAL BENEFIT</b>	
	Dental Consultation	Covered
	<p><b>Tooth Extraction</b></p> <ul style="list-style-type: none"> <li>- Simple Extraction</li> <li>- Surgical Extraction</li> </ul>	Covered
	Scaling & Polishing	Covered
	<p><b>Tooth filling</b></p> <ul style="list-style-type: none"> <li>- Amalgam filling</li> <li>- Composite filling</li> <li>- Glass Ionomer filling</li> </ul>	Covered
	Root Canal Treatment (R.C.T)	Covered
	Crown	Covered if followed by a Root Canal Treatment
	<p><b>X- Ray</b></p> <ul style="list-style-type: none"> <li>- Intra Oral {Bite wing/ Periapical / Occlusal}</li> <li>- Extra Oral {Panoramic X-ray &amp; Tomograms}</li> </ul>	Covered
	<p><b>Medications</b></p> <ul style="list-style-type: none"> <li>- Antibiotics</li> <li>- Analgesics</li> <li>- Antacids</li> <li>- Enzyme preparations (Edema reductions)</li> <li>- Vitamins (only with antibiotics)</li> </ul>	Covered
	<p><b>Medications exclusion</b></p> <ul style="list-style-type: none"> <li>- Mouth wash</li> <li>- Tooth pastes</li> <li>- Dentures cleaning agents</li> <li>- Desensitizing agents</li> <li>- Anti septic</li> </ul>	Not Covered
	<p><b>Anesthesia</b></p> <ul style="list-style-type: none"> <li>- L. Anesthesia</li> <li>- G. Anesthesia</li> </ul>	Covered Not Covered
	Orthodontics	Not Covered
	<p>- For further details, on the services included in the above table / or about any other services not included</p>	
	<p>- Kindly contact our Medical Call Centre (MCC) at 8004882/ 800MedNet.</p>	
	<p>- Except For Scaling and Polishing, all other services are covered if medical necessity is established.</p>	
<b>CLAIMS SETTLEMENT TERMS (what is Paid by the Insurer)</b>		
	<p><b>Elective Treatment</b></p>	<p>Free Access (Network) Covered if the chosen provider is available in the selected Network</p>

		Reimbursement (Non-Network)	<p><b>Reimbursement in SEA:</b> - 100% of actual covered cost subject to maximum of 100% of UAE applicable network rates</p> <p><b>Reimbursement elsewhere within territorial scope of cover*:</b> - 80% of Actual Covered Cost subject to maximum of 80% of UAE Applicable Network rates *No Elective treatment reimbursement for Silk Road Network inside UAE.</p>
	<b>Emergency Treatment</b>	Free Access (Network) Reimbursement (Non-Network)	100% of Actual Covered Cost

### PLANS FOR ABU DHABI VISA HOLDERS

Indicative Premium Rates (Excluding VAT - Additional 5% for VAT will be added at Quotation Level)

DEDUCTIBLE - AED 50			DEDUCTIBLE - AED 25		DEDUCTIBLE - AED 50 WITH 10% CO PAY ON PHARMACY		DEDUCTIBLE - AED 50 WITH 30% CO PAY ON PHARMACY	
AGE BAND	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
[000-001]	2,146	2,146	2,303	2,303	2,092	2,092	1,967	1,967
[002-005]	1,829	1,829	1,959	1,959	1,784	1,784	1,680	1,680
[006-015]	1,848	1,848	1,997	1,997	1,797	1,797	1,678	1,678
[016-020]	2,947	3,648	3,149	3,933	2,877	3,550	2,716	3,322
[021-025]	2,958	5,894	3,170	6,315	2,885	5,749	2,715	5,413
[026-030]	2,966	5,952	3,186	6,360	2,890	5,812	2,715	5,487
[031-035]	2,976	5,068	3,206	5,427	2,897	4,944	2,714	4,658
[036-040]	2,983	4,503	3,219	4,834	2,902	4,389	2,713	4,126
[041-045]	7,503	9,339	8,060	10,081	7,311	9,084	6,866	8,492
[046-050]	7,480	9,904	8,015	10,713	7,296	9,625	6,868	8,979
[051-055]	7,480	8,865	8,016	9,588	7,296	8,615	6,868	8,037
[056-059]	7,476	8,265	8,007	8,913	7,293	8,041	6,869	7,524
[60]	13,682	15,128	14,655	16,317	13,346	14,718	12,570	13,769
[061-065]	13,635	14,270	14,563	15,320	13,315	13,908	12,574	13,070
[066-070]	15,067	15,002	16,046	16,027	14,729	14,648	13,947	13,829
[071-075]	15,067	15,002	16,046	16,027	14,729	14,648	13,947	13,829
[076-099]	15,067	15,002	16,046	16,027	14,729	14,648	13,947	13,829