

Family Care Product

Table of Benefits (Valid for Abu Dhabi Based Members)

Below limit options are per person per policy year in AED

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

	<p>Companion Room & Board expenses for Beneficiary below 16 years of age</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>Repatriation costs for the transport of mortal remains to the country of origin</p>	<p>Covered up to AED 7,500/-</p>
Out-Patient Benefit		
	<p>Physician Consultation</p> <p>Pharmaceuticals</p>	<p>Covered with below deductible and copayment options:</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>Diagnostics and Laboratory Tests</p>	<p>Covered with 0% co-pay per invoice</p>
	<p>Physiotherapy (Require preauthorization)</p>	<p>Covered with 0% co-pay per invoice</p> <p>Fully Covered</p>
*Approval protocol for Free access at network providers will follow HAAD guidelines		
OTHER SALIENT BENEFITS		
	<p>Day care Treatment</p>	<p>Covered</p>
	<p>Out-Patient Surgery</p>	<p>Covered</p>
	<p>Emergency Mental health Treatments</p>	<p>Covered</p>
	<p>Work Related Injuries</p>	<p>Covered</p>
	<p>Emergency Dental treatment for accidental damage to natural teeth</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>New-Born baby coverage</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>Preventive services covered for members over 18 years of age *Prior Approval is required for Free Access facility</p>	<p>Not Covered</p>

	<p>Cancer Treatment: Screening, healthcare services, investigations and treatments only for members who are enrolled under "Patient Support Program" only</p> <p>HCV Hepatitis C Virus Infection: 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>Hearing and vision aids, and vision correction by surgeries and laser</p>	<p>Covered only in cases of medical emergencies</p>
	<p>MedNet's Global Emergency Assistance services coverage through Assist America</p>	<ul style="list-style-type: none"> - No Financial limitations applicable under this benefit - Worldwide Emergency Medical Evacuation - Worldwide Hospital Admission Assistance - Repatriation of mortal remains to home country from anywhere in the world, including country of residence. - Medical Consultation, Evaluation, Referral & Monitoring - Care of minor children & Compassionate visit <p>*For detailed information please refer Assist America Table of Benefit</p>
Additional Benefits		
Maternity Benefit		
	<p>Inpatient & Outpatient coverage includes:</p> <ol style="list-style-type: none"> 1. Pre & Post-natal treatments 2. Normal delivery 3. Medically necessary Caesarean Section 4. Maternity related Complications 5. Medically necessary legal terminations <p>* In-patient maternity treatments are subject to prior approval</p>	<ul style="list-style-type: none"> - Inside Abu Dhabi- Combined In-patient outpatient limit up to the Annual Benefit limit of the policy. - For Delivery inside Abu Dhabi a Deductible of AED 500/- is applicable as per HAAD. - Outside Abu Dhabi - Combined Inpatient & Outpatient Limit of AED 10,000/-applicable. - Same Out Patient Deductible as per the selected Plan will be applicable for Maternity Consultations also.
Alternative Medication Benefit		
	<p>Alternative Medicine Benefit covers: Osteopathy, Chiropractic, Homeopathy, Acupuncture, Ayurveda and Herbal Treatments</p>	<p>Covered up to AED 1,600/- PMPY</p> <p>**Only on reimbursement basis</p>
Vaccination Benefit		
	<p>Vaccination Covered as per MOH schedule (Require pre-authorization)</p>	<p>Covered both on *Free Access & 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>
Dental Benefit		

	<p>Free Access</p> <ul style="list-style-type: none"> - Covered with pre-authorization only - Co-payment 20% applicable <p>'Reimbursement*</p> <ul style="list-style-type: none"> - Additional 20% co-payment applicable over free access <p>*No reimbursement for Silk Road NW inside UAE.</p>	<p>Covered with annual sub-limit of AED 3,500</p>
	SCHEDULE OF DENTAL BENEFIT	
	Dental Consultation	Covered
	<p>Tooth Extraction</p> <ul style="list-style-type: none"> - Simple Extraction - Surgical Extraction 	Covered
	Scaling & Polishing	Covered
	<p>Tooth filling</p> <ul style="list-style-type: none"> - Amalgam filling - Composite filling - Glass Ionomer filling 	Covered
	Root Canal Treatment (R.C.T)	Covered
	Crown	Covered if followed by a Root Canal Treatment
	<p>X- Ray</p> <ul style="list-style-type: none"> - Intra Oral {Bite wing/ Periapical / Occlusal} - Extra Oral {Panoramic X-ray & Tomograms} 	Covered
	<p>Medications</p> <ul style="list-style-type: none"> - Antibiotics - Analgesics - Antacids - Enzyme preparations (Edema reductions) - Vitamins (only with antibiotics) 	Covered
	<p>Medications exclusion</p> <ul style="list-style-type: none"> - Mouth wash - Tooth pastes - Dentures cleaning agents - Desensitizing agents - Anti septic 	Not Covered
	<p>Anesthesia</p> <ul style="list-style-type: none"> - L. Anesthesia - G. Anesthesia 	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>	
CLAIMS SETTLEMENT TERMS (what is Paid by the Insurer)		
	<p>Elective Treatment</p>	<p>Free Access (Network)</p> <p>Covered if the chosen provider is available in the selected Network</p>

		Reimbursement (Non-Network)	<p>Reimbursement in SEA:</p> <ul style="list-style-type: none"> - 100% of actual covered cost subject to maximum of 100% of UAE applicable network rates <p>Reimbursement elsewhere within territorial scope of cover*:</p> <ul style="list-style-type: none"> - 80% of Actual Covered Cost subject to maximum of 80% of UAE Applicable Network rates <p>*No Elective treatment reimbursement for Silk Road Network inside UAE.</p>
	Emergency Treatment	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]	5,236	5,236	5,646	5,646	5,095	5,095	4,768	4,768
[002-005]	4,025	4,025	4,332	4,332	3,919	3,919	3,673	3,673
[006-015]	2,716	2,716	2,947	2,947	2,636	2,636	2,452	2,452
[016-020]	3,042	3,817	3,265	4,132	2,965	3,708	2,787	3,457
[021-025]	3,330	6,634	3,585	7,140	3,242	6,460	3,039	6,056
[026-030]	3,584	7,138	3,867	7,662	3,487	6,958	3,261	6,540
[031-035]	3,881	6,551	4,198	7,047	3,771	6,380	3,518	5,984
[036-040]	4,083	6,117	4,424	6,596	3,965	5,953	3,693	5,571
[041-045]	7,548	9,462	8,143	10,254	7,342	9,189	6,867	8,556
[046-050]	7,820	10,501	8,417	11,403	7,614	10,190	7,138	9,470
[051-055]	8,258	9,924	8,888	10,776	8,040	9,631	7,537	8,950
[056-059]	9,249	10,333	9,951	11,191	9,008	10,038	8,447	9,354
[60]	13,761	15,375	14,806	16,652	13,401	14,936	12,567	13,917
[061-065]	16,217	17,105	17,401	18,444	15,809	16,643	14,864	15,574
[066-070]	18,262	18,270	19,541	19,610	17,821	17,809	16,801	16,740
[071-075]	18,262	18,270	19,541	19,610	17,821	17,809	16,801	16,740
[076-099]	18,262	18,270	19,541	19,610	17,821	17,809	16,801	16,740