

## Family Care Product

### Table of Benefits (Valid for Dubai 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> "Out Patient treatment restricted to Clinics Only From 10 PM to 8AM Out Patient treatments access is available at Network Hospitals"
<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 150,000/-</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>	
Coverage is up to the relevant Annual Benefit Limit per person/per policy year with pre-approval	
<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
<b>Companion Room &amp; Board expenses for Beneficiary below 16 years of age</b>	Covered
<b>The cost of accommodation of a person</b>	

	<p>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 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>
<b>Out-Patient Benefit</b>		
	<p>Physician Consultation</p>	<p><b>Covered with below deductible options:</b>            Covered with Co-pay of 20% max 50 per consultation            Covered with Co-pay of 20% max 75 per consultation</p>
	<p>Pharmaceuticals</p>	<p><b>Covered with below copayment options:</b></p>
	<p>Diagnostics and Laboratory Tests</p>	<p>Covered with 0% co-pay per invoice</p>
	<p>Physiotherapy (Require preauthorization)</p>	<p>Covered with 10% co-pay per invoice            Covered up to 15 sessions/ Per member Per year</p>
<p><b>*Approval protocol for Free access at network providers will follow DHA guidelines</b></p>		
<b>OTHER SALIENT BENEFITS</b>		
	<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.            *No treatment will be covered after 3 months of the accident.            **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.             New born babies will be added to the principle policy only upon requested by the policy holder and is subject to Medical underwriting.             Coverage for new born are in line with DHA benefit guidelines.</p>
	<p>Preventive services covered for members over 18 years of age            *Prior Approval is required for Free Access facility</p>	<p>Diabetic Screening:            Fasting Blood Sugar and HBA1C tests are covered once a policy year for eligible members.</p>
	<p>Cancer Treatment:            Screening, healthcare services, investigations and treatments only for members who are enrolled under "Patient Support Program" only             HCV Hepatitis C Virus Infection:            Screening, healthcare services,</p>	<p>Covered as per terms, conditions and exclusions of the program defined by DHA</p>

	<p>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>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"> <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>		
	<p><b>Maternity Benefit</b></p>	
	<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>- Normal Delivery expenses are covered up to a sub limit of AED 10,000/-</li> <li>- Medically necessary Caesarean Section and complication expenses are covered up to a sub limit of AED 10,000/-</li> <li>- Any Medical Emergency expenses related to Maternity will be covered up to a sublimit of AED 150,000/-</li> <li>- Out Patient eligible Maternity expenses are covered up to Annual limit</li> <li>- 10% co-payment applicable on all Maternity treatments, including out-patient Maternity consultation (no Deductible applies)</li> <li>- The following screening tests are covered as per DHA Antenatal care protocol: <ul style="list-style-type: none"> <li>o FBC and Platelets</li> <li>o Blood group, Rhesus status and antibodies</li> <li>o VDRL</li> <li>o MSU &amp; urinalysis</li> <li>o Rubella serology</li> <li>o HIV</li> <li>o Hepatitis C offered to high risk patients</li> <li>o GTT, if high risk</li> <li>o FBS, Random blood sugar OR HbA1C</li> <li>o Ultrasonography: 3 scans</li> </ul> </li> </ul>
	<p><b>Alternative Medication Benefit</b></p>	
	<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>
	<p><b>Vaccination Benefit</b></p>	
	<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>
	<p><b>Dental Benefit</b></p>	

<b>Free Access</b> <ul style="list-style-type: none"> <li>- Covered with pre-authorization only</li> <li>- Co-payment 20% applicable</li> </ul> <b>'Reimbursement*</b> <ul style="list-style-type: none"> <li>- Additional 20% co-payment applicable over free access</li> </ul> <b>*No reimbursement for Silk Road NW inside UAE.</b>	<b>Covered with annual sub-limit of AED 3,500</b>
<b>SCHEDULE OF DENTAL BENEFIT</b>	
<b>Dental Consultation</b>	Covered
<b>Tooth Extraction</b> <ul style="list-style-type: none"> <li>- Simple Extraction</li> <li>- Surgical Extraction</li> </ul>	Covered
<b>Scaling &amp; Polishing</b>	Covered
<b>Tooth filling</b> <ul style="list-style-type: none"> <li>- Amalgam filling</li> <li>- Composite filling</li> <li>- Glass Ionomer filling</li> </ul>	Covered
<b>Root Canal Treatment (R.C.T)</b>	Covered
<b>Crown</b>	Covered if followed by a Root Canal Treatment
<b>X- Ray</b> <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
<b>Medications</b> <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
<b>Medications exclusion</b> <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
<b>Anesthesia</b> <ul style="list-style-type: none"> <li>- L. Anesthesia</li> <li>- G. Anesthesia</li> </ul>	Covered Not Covered
<b>Orthodontics</b>	Not Covered
<ul style="list-style-type: none"> <li>- For further details, on the services included in the above table / or about any other services not included</li> <li>- Kindly contact our Medical Call Centre (MCC) at 8004882/ 800MedNet.</li> <li>- Except For Scaling and Polishing, all other services are covered if medical necessity is established.</li> </ul>	

### CLAIMS SETTLEMENT TERMS (what is Paid by the Insurer)

	Elective Treatment	Free Access (Network)	Covered if the chosen provider is available in the selected Network
		Reimbursement (Non-Network)	<p><b>Reimbursement in SEA:</b></p> <ul style="list-style-type: none"> <li>- 100% of actual covered cost subject to maximum of 100% of UAE applicable network rates</li> </ul> <p><b>Reimbursement elsewhere within territorial scope of cover*:</b></p> <ul style="list-style-type: none"> <li>- 80% of Actual Covered Cost subject to maximum of 80% of UAE Applicable Network rates</li> </ul> <p>*No Elective treatment reimbursement for Silk Road Network inside UAE.</p>
	Emergency Treatment	Free Access (Network)	100% of Actual Covered Cost
		Reimbursement (Non-Network)	

### PLANS FOR DUBAI VISA HOLDERS (with Monthly Salary above AED 4,000)

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

DEDUCTIBLE: 20% up to AED 50			DEDUCTIBLE: 20% up to AED 50, CO-PAY ON DIAGNOSTICS, PHYSIOTHERAPY & PHARMACEUTICALS: 10%		DEDUCTIBLE: 20% up to AED 75		DEDUCTIBLE: 20% up to AED 75, CO-PAY ON DIAGNOSTICS, PHYSIOTHERAPY & PHARMACEUTICALS: 10%	
AGE BAND	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
[000-001]	2,456	2,456	2,333	2,333	2,436	2,436	2,314	2,314
[002-005]	1,900	1,900	1,807	1,807	1,885	1,885	1,793	1,793
[006-015]	1,280	1,280	1,210	1,210	1,269	1,269	1,200	1,200
[016-020]	1,449	1,791	1,381	1,695	1,438	1,775	1,371	1,681
[021-025]	1,577	3,110	1,500	2,957	1,565	3,086	1,489	2,935
[026-030]	1,691	3,355	1,605	3,197	1,677	3,330	1,593	3,174
[031-035]	1,821	3,074	1,726	2,924	1,806	3,050	1,711	2,902
[036-040]	1,911	2,864	1,808	2,720	1,894	2,841	1,792	2,698
[041-045]	2,289	2,844	2,173	2,689	2,270	2,819	2,155	2,666
[046-050]	2,723	3,604	2,589	3,401	2,701	3,571	2,569	3,371
[051-055]	3,516	4,172	3,342	3,938	3,488	4,134	3,317	3,903
[056-059]	4,325	4,789	4,113	4,530	4,291	4,747	4,082	4,491
[60]	4,325	4,789	4,113	4,530	4,291	4,747	4,082	4,491
[061-065]	6,076	6,367	5,789	6,043	6,029	6,315	5,747	5,995
[066-070]	8,565	8,537	8,179	8,132	8,503	8,471	8,121	8,072
[071-075]	8,565	8,537	8,179	8,132	8,503	8,471	8,121	8,072
[076-099]	8,565	8,537	8,179	8,132	8,503	8,471	8,121	8,072