

Annual Limit	AED 150,000 PPPY
Geographical Coverage	UAE + Home Country* *Home country coverage is applicable upon 100% of UAE UCR *Only In-Patient will be covered in Home countries (Out-Patient treatment not covered)
Assigned Network	NAS Value Lite + Moopens Al Quoz Medical Center (DHA-F-0046778) & New Al Quoz Pharmacy - Dubai (DHA-F-0046871)
	Outpatient treatment restricted to clinics only
Third Party Administrator (TPA)	NAS
Treatment outside network within UAE (other than emergency cases)	No Coverage outside Network
Pre-existing & Chronic Conditions	Covered with Nil waiting period for existing members and new members
Approval Requirements	Non urgent cases (Elective) - Prior approval is compulsory Emergency medical service - Approval required from the insurance company within 24 hours of admission to the authorized network hospital
*Co-insurance for all IP Services	20% coinsurance payable by the insured with a cap of AED 500 payable per encounter An annual aggregate cap of AED 1,000 Above these caps the insurer will cover 100% of the treatment
Room and Board	Semi - Private / Ward In-patient services will be received in rooms of two or more beds
Hospital Accomodation 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
Ground transportation services in the UAE provided by an authorized party for medical emergencies (Ground Ambulance Services)	Covered
The cost of accomodating a person accompanying an insured child up to the age of 16 years	Covered maximum up to AED 100 per night
The cost of accomodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	Covered maximum up to AED 100 per night
Return Airfare ticket for In-Patient claims subject to a maximum reimbursement of 100% of UAE usual and customary rates. Direct billing might be arranged to pre-scheduled operations in some countries. Cover will be subject to policy terms and conditions.	Covered

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Referral Procedure: General Practitioner referral is required for specialists consultation, otherwise consulting a specialist without GP referral is not allowed

Deductible on OP consultation	Consultation in person or virtual is covered, subject to 20% co-insurance
Diagnostic Procedures (X-ray, MRI, CT scan, PET, Ultrasound, Lab test etc)	Covered upto Annual limit, subject to 20% co-insurance
Out Patient Medicine Limit - Restricted to formulary drugs where available	Covered upto AED 2,500 PPPY (including co-insurance), subject to 30% co-insurance
Physiotherapy treatment services (Prior approval is required)	Max upto 6 sessions, subject to 20% co-insurance
Maternity Treatment - Out Patient Any condition that turns into an emergency, the medically necessary expenses will be covered up to annual limit	10% co-insurance payable by the insured 8 out patient visits within the network as specified by the table of benefits Visits to include reviews, checks and tests in accordance with DHA antenatal care protocols All care provided by obstetrician for low risk or specialist obstetrician for high risk referrals by the network provider as specified on the TOB Investigations to include: - FBC and Platelets - Blood group, Rhesus status and antibodies - VDRL - MSU & urinalysis - Rubella serology - HIV - Hep C offered to high risk patients - GTT if high risk - FBS , random s or A1c for all due to high prevalence of diabetes in UAE 3 ante-natal ultrasound scans
Maternity Treatment - In-patient Any condition that turns into an emergency, the medically necessary expenses will be covered up to annual limit	10% co-insurance payable by the insured AED 10,000 for normal delivery for medically necessary C-section, complications and for medically necessary termination

New born Cover
BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal

Cover for 30 days from birth.
hyperplasia) New born is covered up to the mothers annual limit

Preventive services, vaccines and immunizations	Essential vaccinations and inoculations for new borns and children as stipulated in the DHA's policies ts updates (currently the same as Federal MOH);Covered up to limit of AED 100/-
	Preventive services as stipulated by DHA to include initially diabetes screening Frequency restricted to: Diabetes: - Every 3 years from age 30 - High risk individuals annually from age 18
	Adult Pneumococcal Conjugate Vaccine followed As per DHA Adult Pneumococcal Vaccination guidelines
	Hepatitis C Virus Screening and treatment: To be followed as per the guidelines laid out under Basmah program
	Hepatitis B Virus Screening and treatment: To be followed as per the guidelines laid out under Basmah program
	Cancer Screening and treatment: To be followed as per the guidelines laid out underBasmah program
	Influenza Vaccinations: Covered once a year Disease management Programs: Evidence of Disease management programs to be shared



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Organ transplantation (Recipients only) (Limited to Kidney, Liver, Lung, Pancreas, Heart and Small Bowel)	Covered up to limit of AED 100,000/- with 20% coinsurance on all OP services
Kidney Dialysis	Covered up to limit of AED 60,000/- with 20% coinsurance on all OP services
Mental Health (Psychiatric services & treatment procedures)	Covered up to limit of AED 800/- with 30% coinsurance on all OP services
Dental Benefit (Subject to prior approval and coverage is limited to designated dental network providers) Coverage is limited to: Dental consultation, extraction, fillings, root canal treatment, scaling, x-rays, antibiotics and prophylaxis	Covered up to limit of AED 500/- with 30% coinsurance on all OP services
Repatriation costs for the transport of mortal remains to the country of origin	Covered up to limit of AED 10,000/- on reimbursement basis
Hearing and vision aids, and vision correction by surgeries and laser	Covered only for emergency cases, subject to 20% co-insurance
Diagnostic and treatment services for dental and gum treatments	Covered only for emergency cases, subject to 20% co-insurance

Underwriting Guidelines

Basic product applicable for all the LSB members below 80 years old. For any member above 80 please refer to Orient with completed Medical Application Form (MAF)

Basic product applicable for all the NLSB members below 65 years old. For any member above 65 please refer to Orient with completed Medical Application Form (MAF)

The above plans are applicable for DXB visa and NE visa holders only

Orient has the right to change the plans and Rates if any scheme does not comply with the mentioned guidelines Groups belonging to the following categories should be referred to Orient for pricing:

(i) Taxi Companies, (ii) Transport Companies, (iii) Educational Institutes, (iv) Medical Service Providers, (v) Banking Services, (vi) Military Services, and (vii) Associations of any kind

Disclaimer

This product is designed for groups*¹ with maximum 150 members only.

Renewals(existing) under Orient currently having Basic plan are eligible for this product.

Renewals(existing) under Orient currently having any other plan*² than Basic should be referred to Orient to be priced Orient is not responsible for any groups booked under this product if they violate the above conditions

*1 - Groups are defined on quote level not on category/sub-group level.

*2 - Enhanced DHA, SME and Conventional

*3 - Full group to be insured even if the group split in DHA / Enhanced / SME / Conventional and part of the group will not be accepted. *4 - Ministry of Labour List (MOL) is mandatory.

*5 - Critical Illness Form (CI) to be provided for groups below 50 members.

We hereby confirm that all the documents and information provided are accurate. Any non-disclosure / misrepresentation or concealment of material facts or providing any falsified information / document will make this policy void with immediate effect without any entitlement for refund.

Signature with Stamp _____

Name & Title of Signatory _____

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