

NORTHERN EMIRATES PLAN	
BENEFITS / COVERAGE	Plan
Aggregate annual limit	<ul style="list-style-type: none"> In patient AED 50,000 Outpatient AED 10,000
Policy period for health insurance	1 years
Scope of Coverage	
Territorial Scope of Coverage	Northern Emirates
Emergency Coverage	UAE (In-patient) for Emergencies & Life-threatening cases only
Claims Settlement Basis	
Elective Treatment (Non-Emergency) within the Territorial Scope	100% on Direct billing
Elective Treatment (Non-Emergency) outside the Territorial Scope	Not covered
Emergency Outside network within UAE (Intimation within 24 Hrs)	Covered for life threatening emergency IP treatments only at 100% maximum of applicable network tariff
Emergency outside UAE	Not covered
Network	
Network	Aafiya APN Network (Out-Patient services can be availed at clinics only) (Network is subject to ongoing changes)
Pre-existing and Chronic Conditions	
Pre-existing & Chronic Conditions	Covered with a waiting period of 6 months
Inpatient Healthcare Services (Prior Approval is required from the insurance company or TPA. For Emergency, approval required within 24 hours of admission to the authorized hospital)	Covered up to AED 50,000/- (limit including 20% coinsurance capped to AED 500 per encounter and an annual aggregate cap of AED 1000)
In-patient Healthcare Services - Room Type	Semi-Private Room
Ground transportation services in the UAE provided by an authorized party for medical emergencies	Covered with 20% coinsurance
Accommodation for a person accompanying an insured child up to 16 years of age.	Covered up to AED 100 per night

Accommodation of an accompanying person in the same room in cases of critical conditions and as per recommendation of attending physician	Covered up to AED 100 per night
Outpatient Healthcare Services	Covered up to AED 10,000/- (limit inclusive of co-insurance)
Co-payment for services provided by General Practitioners, Specialists and Consultants Examination, diagnostic and treatment services of clinics and health centers by general practitioners, and specialists. Follow ups are exempted from fees if made within a week from the date of first examination.	Covered subject to 25% co-pay maximum of AED 100 Consultations with Specialists or Consultants are covered only with referral from a licensed General based on a valid reason via the regulatory e-referrals system.
Tele-consultation Service: Telehealth services include medical consultations conducted via telephone or the Internet, allowing patients to obtain advice and treatment without having to visit a clinic or hospital.	Covered with Nil copay for consultations and lab services, except for radiology & pharmacy
Laboratory tests services	Covered subject to 25% co-insurance
Radiology and diagnostic services, including X-ray, MRI, CT scans and endoscopies	Covered subject to 25% co-insurance and prior approval
Physiotherapy treatment services	Covered up to maximum of 6 sessions per year with 25% co-insurance (Prior approval required)
Drugs and other medicines (Restricted to a list of formulary medicines)	Covered up to AED 1,500 per person per year subject to 30% coinsurance
Maternity Services	Not Covered
Dental Benefit	Not Covered
Other Benefits	
Hearing and vision aids and vision correction by surgeries and laser	Covered only if related to a medical emergency, subject to 25% copayment
Preventive services, routine check-ups and Immunizations	Not covered

Terms and conditions:

- ✚ All members to be covered should be holding valid Northern Emirates residence visa.
- ✚ Parents proof of insurance is mandatory for child alone policy
- ✚ Cancellation clause: No refund on cancellation.
- ✚ Medical Application form mandatory for applicants aged above 60yrs.
- ✚ The benefits offered in this quotation do not comply with the Health Authority Abu Dhabi regulation or Abu Dhabi Department of Health compulsory benefits.
- ✚ For this plan, there shall be no separate Health Card. Emirates ID shall be used as Health Card.

EXCLUSIONS
Excluded (non-basic) healthcare services
<ol style="list-style-type: none"> Healthcare Services which are not medically necessary All expenses relating to dental treatment, dental prostheses, and orthodontic treatments. Care for the sake of travelling. Custodial care including <ol style="list-style-type: none"> Non-medical treatment services; Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient. Services that do not require continuous administration by specialized medical personnel. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies). 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. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens. Healthcare Services that are not performed by Authorized Healthcare Service Providers. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction. Treatment and services for contraception 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. External prosthetic devices and medical equipment. 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. Mental Health diseases, both outpatient and in-patient treatments, unless it is an emergency condition.
20. 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.
21. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment); any physical, psychiatric or psychological examinations or investigations during these examinations.
22. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree relatives.
23. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
24. Healthcare services for adjustment of spinal subluxation.
25. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
26. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperm transfer.
27. Elective diagnostic services and medical treatment for correction of vision
28. Nasal septum deviation and nasal concha resection.
29. All chronic conditions requiring haemodialysis or peritoneal dialysis, and related investigations, treatments or procedures.
30. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A and C.
31. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
32. Healthcare services for senile dementia and Alzheimer's disease.
33. Air or terrestrial medical evacuation and unauthorized transportation services.
34. 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.

35. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
36. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
37. 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.
38. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
39. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or a recipient. This exclusion also applies to follow-up treatments and complications unless if left untreated will develop into an emergency.
40. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
41. Any expenses related to the treatment of sleep related disorders.
42. 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 PD02-2017, the following must be covered 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 and C hepatitis.