

| Table of Benefits-EBP  |  |
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| <b>Member Eligibility</b>  | Dubai visa holders only  |
| <b>Geographical Scope of Coverage</b>  | Non-Emergency cases: Dubai and Northern Emirates only;<br>Emergency cases: Within all emirates of UAE  |
| <b>Aggregate Annual Limit</b>  | AED 150,000  |
| <b>Medical Network</b>   | NEXTCARE PCP-RN3<br>Out-patient treatment is restricted to clinics in NEXTCARE PCP network only  |
| Claims Settlement In-Patient:  |  |
| 1. UAE within the Network - Direct Billing   | 100% after applicable co-pay   |
| 2. Area of coverage as per Territorial Scope / Outside the Network / With or without prior approval of the ceding company - Reimbursement basis only | 80% of actual costs or 80% of the UCR as per UAE network tariffs for same or similar treatment, whichever is less, after applicable co-pay   |
| Claims Settlement Out-Patient:   |  |
| 1. UAE within the Network - Direct Billing   | 100% after applicable co-pay   |
| 2. Area of coverage as per Territorial Scope / Outside the Network - Reimbursement basis only  | 80% of actual costs or 80% of the UCR as per UAE network tariffs for same or similar treatment, whichever is less, after applicable co-pay   |
| <b>Reimbursement in Emergency Cases:<br/>(emergency treatment must be notified within 24 hours if treatment was received within UAE)</b>             | 100% after applicable co-pay   |
| <b>Pre-existing &amp; Chronic Conditions</b>   | <p>Covered up to the Annual Limit subject to the following:</p> <p>No waiting period applies if evidence of continuity of coverage (COC) in UAE is provided. Otherwise, a waiting period of 6 months applies.</p> <p>Pre-existing and/or ongoing chronic conditions should be declared as per the Group Health Declaration form and/or in the Medical Application Form (MAF) for all members above 65 years old and for all the groups below 10 members and is subject to medical underwriting.</p> <p>Undeclared medical conditions will not be covered during the policy period. Applicable only to Non-LSB members under EBP.</p> <p>Any form of Cancer shall fall within the definition of Chronic conditions.</p> |

| In-Patient Benefits   |   |
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| Coinsurance   | 20% co-pay payable by the insured with a cap of AED 500/- payable per encounter and an annual aggregate cap of AED 1,000/-. Above these caps the insurer will cover 100% of the treatment.              |
| Room type   | Semi-Private / Ward   |
| Parent Accommodation for child under 18 years of age  | AED 100 / day   |
| Accommodation of an accompanying person in the same room as per recommendation of attending physician, subject to prior approval.                         | AED 100 / day   |
| Emergency road ambulance services to and from hospital by registered ambulance services provider  | Covered   |
| Cash Indemnity for In-Patient Treatment post hospitalization up to max of 15 days, subject to providing discharge summary or proof of hospitalization     | Not Covered   |
| Organ transplantation<br>(Covered for Recipients only ) for<br>Kidney, Liver, Lung, Pancreas, Heart, Small Bowel  | Covered up to limit of AED 100,000/-<br>Outpatient treatment subject to 20% coinsurance payable by the insured per visit<br><br>(limit inclusive of co-insurance)<br>Covered to a limit of AED 60,000/- |
| Dialysis  | Outpatient treatment subject to 20% coinsurance payable by the insured per visit  |
| Out-Patient Benefits  |   |
| Consultation  | Covered subject to GP referral<br><br>Referral Procedure: General Practitioner (GP) referral is required prior to any Specialists consultation  |
| Co-pay & deductible per Consultation (will not be applicable for follow-up within 7 days for same treatment and with same doctor)                         | 20% co-pay  |
| Laboratory Tests and Radiology Diagnostics (X-ray, MRI, CT-Scan, Ultra Sound & Endoscopy diagnostic services)   | Covered subject to 20% co-pay and up to aggregate annual limit  |
| Prescribed Drugs & Medicines Annual Limit   | Covered up to AED 2,500 (including coinsurance)<br><br>Restricted to formulary products where available   |
| Prescribed Drugs & Medicines Co-pay   | 30% co-pay  |
| Physiotherapy ( Subject to pre-approval)  | 6 sessions per member per annum.<br>20% co-pay payable per session  |
| Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates (currently the same as Federal MOH) | Inside Network: 100% Actual Cost<br>Outside Network : UCR Basis   |
| Preventive services, vaccines and immunizations   | Frequency restricted to:<br>Diabetes: Every 3 years from age 30<br>High risk individuals annually from age 18   |
| Adult Pneumococcal Conjugate Vaccine  | Covered as per DHA Adult Pneumococcal Vaccination guidelines  |

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| <p><b>Influenza Vaccine</b></p> <p><b>Hepatitis B &amp; C Virus Screening and Treatment</b> Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only</p> <p><b>Cancer Treatment</b> Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only</p> | <p>Covered once per annum<br/>Limited to the cost of the vaccine and its administration only</p> <p>Covered as per the Terms, Conditions and Exclusions of the program defined by DHA.</p> <p>Covered as per the Terms, Conditions and Exclusions of the program defined by DHA.</p>  |
| <p><b>Maternity Benefits</b></p>   |   |
| <p><b>Maternity services</b></p> <p><b>New Born Cover</b></p>  | <p><b><u>In-patient maternity services:</u></b><br/>10% coinsurance payable by the insured</p> <p>Maximum benefit 10,000 AED per normal delivery, medically necessary C-section, complications and for medically necessary termination (All limits include coinsurance)</p> <p>Requires prior approval from the insurance company or within 24 hours of emergency treatment</p> <p><b><u>Out-patient maternity services:</u></b><br/>10% coinsurance payable by the insured</p> <p>Maximum 8 visits are allowed (as per applicable network); Initial investigations to include:</p> <ul style="list-style-type: none"> <li>- FBC and Platelets</li> <li>- Blood group, Rhesus status and antibodies</li> <li>- VDRL</li> <li>- MSU &amp; urinalysis</li> <li>- Rubella serology</li> <li>- HIV</li> <li>- Hep C offered to high risk patients</li> <li>- GTT if high risk</li> </ul> <p>- FBS , random s or A1c for all due to high prevalence of diabetes in UAE</p> <p>Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols<br/>3 ante-natal ultrasound scans</p> <p>Covered as per the Terms, Conditions and Exclusions defined by DHA.</p> |

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| <p><b>Other Benefits</b></p>  |   |
| <p><b>Hearing and vision aids, and vision correction by surgeries and laser ( Emergency cases Only)</b> Hearing Emergencies include Object/insect in the ear , ruptured eardrum , sudden hearing loss and etc<br/>Vision Emergencies include bleeding or discharge from or around the eye, double vision and Loss of vision, total or partial, one eye or both etc.</p> | <p>Covered subject to 20% coinsurance</p> |

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| <b>Mental Health</b>   | Coverage up to limit of AED 800/- for Outpatient counselling with 30% coinsurance payable by the insured per visit                                     |
| <b>Dental Benefit</b><br>for Dental consultation, extraction, fillings, root canal treatment, scaling, x-rays, antibiotics and prophylaxis | Coverage up to limit of AED 500/-<br>30% coinsurance payable by the insured per visit<br>No coinsurance if a follow-up visit is made within seven days |
| <b>Repatriation costs for the transport of mortal remains to the country of origin</b>   | Covered up to limit of AED 5000/-  |

*Please note that in case the benefits fall below the minimum required by DHA or there is a benefit which is not provided in this TOB but is required by DHA, then the cover under the policy will automatically increase/include the benefit to the same level as required by DHA.*

### Terms & Conditions

All members to be covered should be employees holding valid Dubai residence visa.

Member Deletion (only in case of visa cancellation or if a proof of another insurance is provided) & refunds if applicable will be calculated on pro-rata basis as per DHA Guidelines. No member additions accepted under this product.

The benefits offered in this quotation do not comply with the Health Authority Abu Dhabi regulation for compulsory insurance.

For this plan, there shall be no separate Health Card. Emirates ID shall be used as Health Card. Policy document and Certificate of insurance shall be sent to you via email upon confirmation of quote.

PSP-Patient support programs launched by DHIC under DHA

The PSP programs are –

1. Cancer Patient Support Program (BASMAH)
2. Hepatitis C Patient Support Program (HCV PSP)

For further details on the services included in the above table / or about any other services not included, please contact Nextcare Call Centre at 04-270-8800

### Required Documents for Policy Placement

Sponsor's Residence Visa if Sponsor is individual or Trade license if Sponsor is the company

Insured person's Residence Visa, Passport and Emirates ID

If visa and Emirates ID are not available, E-visa and Emirates ID Application form to be submitted

Labour Contract Copy

MOL if the sponsor is a company

Medical Application form if the Employee is earning more than AED 4,000 monthly salary (Additional Medical Certificate for elderlies – over 60 years)

## EXCLUSIONS

### Excluded (non-basic) healthcare services

1. Healthcare Services which are not medically necessary.
2. All expenses relating to dental prostheses, orthodontic treatments, etc.
3. Care for the sake of travelling.
4. Custodial care including
  - (1) Non-medical treatment services;
  - (2) Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
5. Services that do not require continuous administration by specialized medical personnel.
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
7. 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.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens.
10. Healthcare Services that are not performed by Authorized Healthcare Service Providers.
11. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
12. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
13. Treatment and services for contraception.
14. 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.
15. External prosthetic devices and medical equipment.
16. 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 (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);
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 C treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
27. Elective diagnostic services and medical treatment for correction of vision.
28. Nasal septum deviation and nasal concha resection.
29. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A, B and C.
30. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
31. Healthcare services for senile dementia and Alzheimer's disease.
32. Air or terrestrial medical evacuation and unauthorized transportation services.
33. 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.
34. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
35. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
36. 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.
37. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
38. Health services and associated expenses for organ and tissue transplants, where the Insured Person is a donor. This exclusion also applies to follow-up treatments and complications unless if left untreated will develop into an emergency.
39. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
40. Any expenses related to the treatment of sleep related disorders.
41. 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 PD 02-2017, the following must be covered until 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.
- 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, B and C hepatitis.