

Quotation for SME Medical Insurance



Contact Us

Location: Office Number-803, The Opus by Omniyat, Al A`amal Street, Business Bay, United Arab Emirates.

Business Hours: Sunday - Thursday 8:00 AM - 1:00 PM & 2:00 PM - 5:00 PM

Phone: +971 43961331 **Fax:** +971 43970220

Email: info.dxb@nlicgulf.com



QUOTATION FOR GROUP MEDICAL INSURANCE

Ref: QR202303270001

Date: 27-Mar-2023

Dear Valued Client,

Proposer Name: test

Insurance Period: 12 months from the date to be advised and agreed.

Cover: As per NLGIC standard Group Medical Expenses insurance policy wording, medical clauses, definitions, general provisions and exclusions to cover the necessary, reasonable and customary In patient & Out Patient medical expenses incurred by the insured members up to the benefits/limits mentioned in the attached TOB.

"Insured Persons: All actively at work, full time & permanent employees of the Proposer and their eligible Family members."

National Life and General Insurance Co SAOG (NLG), has been established since 1995. We are one of the major Health Insurance providers in the UAE market.

NLGIC has been recognized as a Leader in the Corporate Medical Insurance Industry in the UAE, Oman and Kuwait markets. With our expertise in Need-based underwriting and customized solutions, we have been successful in satisfying our clients. We always strive to work with the Customer First approach and believe that 'Customer service is an Attitude and not a department.

We have state-of-the-art policy administration and claims management services supporting our client-centric approach. In addition to our in-house network, we have also tied up with all the Major third-party administrators in UAE to cater to the varying needs of our clients. We are led by a well-experienced management team and have professionally qualified employees who are well trained to deliver the best to our Insured members.

Hoping that our quotation will meet your expectation. Line with the above, we would like to enlist our unique deliverables in service standards that differentiate us from our competitors.

- Real time WhatsApp Chat facility for policy holder's support.
- Dedicated SPOC for policies above 500 members.
- Instantaneous Response to Emergencies
- Policy Setup and Activation within 3 working days.
- Certificate issuance on the same day of request.
- Various modes available for claims submission including direct channel
- Electronic (Bank Transfer) Claims settlement within 7 working days

Please accept our best regards,

National Life and General Insurance SAOG,

Your Trusted Insurance Partner

Total number of members : 67

Total Premium	789,436.17
Basma & HCV Charges	0.00
VAT (5%)	39,471.81
Grand Total	828,907.98

Note: Over aged members (60+) premium(s) are indicative and the final premium subject to Individual Health Declaration.

GROUP MEDICAL INSURANCE

Enhanced - Category Cat A (DUBAI MEMBERS - DXB)

Premium Summary (PMPA in AED)				Census Summary			
Age Band	Males	Females	Married Females	Age Band	Males	Females	Married Female
Age 0-17	8,735.47	8,735.47	0.00	Age 0-17	2	3	0
Age 18-40	11,346.86	11,346.86	12,689.88	Age 18-40	45	4	6
Age 41-45	16,231.89	16,231.89	17,574.90	Age 41-45	2	0	0
Age 46-59	16,231.89	16,231.89	16,231.89	Age 46-59	5	0	0
Age 60+	21,601.95	21,601.95	21,601.95	Age 60+	0	0	0
TOTAL PREMIUM OF CATEGORY Cat A : 789,436.17							



Medical Quotation No : QR202303270001

Table of Benefits

Category	Cat A (Employee plus dependent plan)
TPA	Nas
Network	Nas Comprehensive Network
Territorial Limit for Elective treatment	Worldwide excl. USA & Canada subject to reasonable and customary charges of applicable network

Territorial Limit for Emergency treatment while on Holidays or on official duty (Maximum 45 days during single journey)	Worldwide excl. USA & Canada subject to reasonable and customary charges of applicable network in UAE
Annual Maximum Limit per person	Covered up to AED 150,000
Maximum Limit per admission or treatment	Covered up to AED 150,000
Pre-existing/Chronic conditions Limit	Existing members- Up to annual limit. New additions / New Entrants- Up to 20% of annual limit for first 6 months and up to annual limit thereafter

In Patient Benefits within applicable network

Hospital Accommodation and Services	Private (AED 650 outside the network)
ICU	Covered in full
Consultant's, Physician's, Surgeon's and Anesthetist's Fees	Covered in full
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full
Laboratory	Covered in full
Medications	Covered in full
Organ transplantation and related expenses excluding donor's expenses	Covered if insured is recipient however the expenses incurred in procurement of organ is excluded
Nursing at Home, for recovery and in lieu of a hospital stays up to a maximum of 14 days per admission or procedure	AED 2,500 per person subject to prior approval
Hospital Cash Benefit if Inpatient Treatment is received free of charge in a Government Hospital in UAE only	Maximum AED 300 per day
Parental accommodation for child less than 18 years of age	Maximum AED 300 per day

The cost of accommodation 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	Maximum AED 300 per day
Ground ambulance services in UAE	Covers the reasonable expenses in transporting the insured member to the nearest medical facility in the event of medical emergency
Work related injury	Covered over and above medical expenses payable under workmen's compensation policy on reimbursement basis only
Transportation expenses for Inpatient treatment abroad	Maximum AED 5,000 per person per year subject to: - Treatment is taken more economically in these countries - obtaining prior approval from the Insurance company/TPA

Out Patient Benefits within applicable network

Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full
Laboratory	Covered in full
Medications** **In case of availability of two or more medications with identical chemical composition, the selection among such alternatives would be at the discretion of the Insurer, and may be determined as per the medical admissibility.	Covered up to AED 2,500 PPPY with 0% co-payment
Physiotherapy Charges	Covered in full
Accidental damage to natural teeth	Covered in full
Preventive services	Diabetes screening: Every 3 years from age 30 High risk individuals annually from age 18
Vaccines and immunizations	Essential vaccinations and inoculations for newborns and children as stipulated by Federal MOH

Deductible per each and every claim (1 free follow up within 7 days relating to same illness and same provider), Consultant's, Physician's, Surgeon's and Anesthetist's Fees	20% copay subject to a maximum of AED 50 per claim
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Conditions covered for medical emergencies

Diagnostic and treatment services for dental and gum treatments	Covered in full
Hearing and vision aids, and vision correction by surgeries and laser	Covered in full

Additional Benefits

Repatriation Benefit on Death by Any Cause (For members up to the age of 65 years)	AED 5,000 based on actuals
Psychiatric Treatment (Inpatient, outpatient and emergency coverage)	Coverage up to limit of AED 10,000/- per year Outpatient: 20 % coinsurance payable by the insured per visit No coinsurance if a follow-up visit made within seven days
Alternative Medicines Covered: Osteopathy, Acupuncture, Chiropractic, Herbal, Ayurvedic & Acupuncture	Covered with 20% co-payment upto AED 1,500/- per year No coinsurance if a follow-up visit made within seven days
Global Emergency Assistance Program	Covered through Mapfre
Teleconsultation	Covered through TruDoc 24X7
Renal Dialysis Charges for renal dialysis due to chronic renal failure or as part of kidney transplant	Covered up to AED 50,000 PPPY

Organ Transplantation Charges made for or in connection with approved organ transplant services, including immunosuppressive medications; excluding organ donation, expenses of the donor and acquisition of the organ expenses.	Covered up to AED 50,000 PPPY
Vitamins	Covered up to AED 1,000 PPPY
Adult Pneumococcal Conjugate Vaccine	Covered as per DHA Adult Pneumococcal Conjugate Vaccine guidelines
Second Medical opinion - is a rider aiming at assisting the insured member with a second medical opinion in order to determine or reconfirm the diagnosis and decide on the appropriate treatment protocols for a medical condition	Covered
Patient Support Programs (BASMAH & HCV) -DHA -Applicable only for DHA Terms	Hepatitis C Virus Screening and treatment- Covered as per DHA Hep C support program guidelines Cancer Screening and treatment (Basmah Initiative)- Covered as per DHA patient support program guidelines
Flu Vaccine	Covered as per DHA Vaccine guidelines

Dental Benefit

(Consultations, Extractions, Amalgam Fillings, Composite Fillings, Glass Ionomer, Dental X-Rays, Root Canal Treatment and Gum Treatment) - Coinsurance for dental treatments (after the other applicable deductible)	Covered up to AED 1,500 PPPY with 20% co-payment
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Optical Benefit

- (Consultations, Medications, Vision tests) - Coinsurance for optical treatments (after the other applicable deductible) Vision tests to diagnose the following errors of refraction, duly certified by the ophthalmologist: - o Hyperopia - o Myopia - o Astigmatism - o Anisometropia - o Presbyopia One pair of plain lenses annually for the correction of the above-mentioned errors of refraction	Covered up to AED 1,000 PPPY with 20% co-payment
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Maternity Benefit

Inpatient & Outpatient coverage includes: 1. Pre & post-natal treatments 2. Normal delivery 3. Medically necessary Caesarean section 4. Maternity related complications 5. Medically necessary legal terminations Inpatient Maternity Treatments are subject to prior approval	1. Normal Delivery expenses are covered up to Annual Limit 2. Medically necessary Caesarean section and complication expenses are covered up to a sublimit of Annual Limit /- 3. Any Medical Emergency expenses related to maternity will be covered up to a sublimit of AED 150,000 / - 4. Out-Patient - 10% copayment applicable on all OP Maternity treatments including consultation (no deductible applies) 5. In-Patient - 10% copayment applicable on all IP Maternity treatments. 6. Outpatient eligible maternity expenses are covered up to annual limit 7. The following screening tests are covered as per DHA antenatal care protocol: • 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 sugar or HbA1c • Visits shall include reviews, checks and tests in accordance with DHA Antenatal Care Protocols • 3 ante-natal ultrasound scans
New born cover	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)

Claims Settlement for Elective & Emergency Medical Treatment

Elective Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network - Covered (Reimbursement on Reasonable & Customary charges of applicable network in UAE with 20% Coinsurance) (on top of applied deductible inside the network)
Emergency Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network: (WITHIN UAE) - Covered (Reimbursement with NIL coinsurance) (OUTSIDE UAE) - Outside network - Covered (Reimbursement on Reasonable & Customary charges of applicable network in UAE with 20% Coinsurance) (on top of applied deductible inside the network)

Major Medical Conditions

Had any member ever suffered, diagnosed or received any treatment in relation to:	Yes / No
1) If any member is above age 60?	Yes / No
2) Cancer/Tumor?	Yes / No
3) Stroke, bypass or heart surgeries?	Yes / No
4) Liver Problems?	Yes / No
5) Person in COMA?	Yes / No
6) Renal Problems?	Yes / No
7) Auto Immune Diseases.	Yes / No
8) COPD (Chronic Obstructive Pulmonary Disease)?	Yes / No

9) Ongoing Pregnancy /Maternity If Yes, have there been any complications to date? Last Menstrual period date - Are you currently trying to get pregnant? Are you undergoing any form of fertility treatment?	Yes / No
10) Any other major ailment, kindly specify.	Yes / No

[illegible]

Client Approval

We hereby acknowledge that we have read, understood, and approved this medical quotation.

Company's Name:

Company's Stamp:

Authorized Name and Title:

Signature:

Quotation Signed Date:

Notes

- Coverage is subject to annual maximum limit and sub limits per person. Maximum age at entry shall be 60 years of age, Cover for members above 60 years of age is subject to medical underwriting and benefits shall be based on the assessment of Medical Application Form and valid employment visa.
- For non-emergency inpatient treatments, at the discretion of the insurer and subject to pre-authorization.
- Treatment for emergency conditions shall not require pre-authorization, but such cases are to be notified to the company within 48 hours of the emergency treatment.
- Terms and conditions are as per policy wording.
- National Life & General Insurance Company or its TPA reserves the right to include/exclude/upgrade banding/degrade banding of any clinic/hospital at any time from the designated provider network list.
- Direct billing shall be provided only at the listed hospital network and the reimbursement at non designated clinics and hospitals shall be restricted to reasonable and customary charges of applicable network.
- The Benefits and Network applicable to the policy, which are negotiated and confirmed before communication of the policy shall not be modified/altered under any circumstances during the policy period
- VAT (Value Added Tax) computed on Gross Premium at the rate stipulated as per the applicable VAT laws and regulations applicable at the time of inception of the policy shall be fully borne by the Insured. The VAT amount as per the tax invoice issued becomes payable and shall be collected in full immediately, irrespective of the agreed payment terms for the underlying premium.
- All ongoing major health condition needs to be declared including maternity during all types of endorsements
- For All Card Upgrade requests, the following conditions need to be fulfilled:
 - Promotion of the Member (and eligible for a higher category post promotion);
 - Member is employed with the Company for a minimum of 1 (one) Year;
 - Member submits Health Declaration form;
- Quoted terms are subject to National Life and General Insurance Company SAOG being informed of

any major chronic and pre-existing condition or major illness or any condition diagnosed to develop into major condition at inception of the policy and at addition of a member subsequent to inception of the policy. Failure to disclose such material facts may result in claim denial or render the contract null and void ab-initio.

12. It is the duty of the Master policy holder and the Insured member, on behalf of self and their dependents, to inform insurance company about any existing illness or any diagnosis which would develop into major conditions. This is applicable for all types of enrolments including at inception of the policy as well as during midterm addition /Category changes. Failure to disclose such material facts will prejudice the insured's position from the Company's acceptance of any claims relating to such conditions.

13. As per Dubai Health Authority (DHA) circular SN 04/2019, all member records need to be validated through Dubai Health Care Post Office (DHPO) eClaims link before issuing the policy. DHA will validate member details with General Directorate of Residency and Foreigners Affairs (GDRFA) Dubai records using Date of Birth, Nationality, Gender and Reference ID (Visa File number for expats, Passport number for diplomats and GCC Nationals, Emirates ID for UAE Nationals and Birth certificate for new born (born in UAE)). This change is applicable for all transactions processed after 1st October 2019

14. Additions will be processed from reported date only. Backdating effective date is not allowed. (DHA circular Reference 5 of 2017 (GC 05/2017), All the late enrollment will require individual medical underwriting. All additions of members during the policy will have to declare all pre-existing conditions in relation to above listed conditions. Visa and passport copy is mandatory for all the additions. Member with known medical history to be notified during the addition stage, such member will be added subject to underwriting.

15. The policyholder must report one of the following dates for the Deletion of members as a deletion effective date, based on whichever occurs first - 30 days from visa cancellation date, exit date from UAE or visa transfer date. Backdated deletion is not allowed.

16. The insurer, through its TPA, reserves the right to include, exclude, upgrade or downgrade any designated provider to/from a particular Band of Hospital/clinics/pharmacy/labs as may applicable to the insured under this policy and specified in the table of benefit and membership cards.

17. For HAAD compliant policies: For the sake of "Continuity of Cover" New and Renewal confirmations can be backdated to the anniversary date if:

- a) The date of confirmation falls within the 30 days grace period provided by HAAD and
- b) The policy start date does not fall before NLGIC initial quotation date.
- c) For all new business HAAD COC must specify last date of cover with the previous insurer.

18. The broker, involved in Abu Dhabi territory-based groups, should be registered and approved from Health Authority of Abu Dhabi (HAAD).

19. In an event, where the total number of members deleted during the policy period is more than 20% of the total number of members at inception and mid-term additions put together, the Insurer reserve the right to revise the deletion clause to "NIL refund" for future deletions

20. NLGIC have the right to cancel the policy with immediate effect if;

- Misrepresentation of information
- None disclosure of material facts.
- Premium in not paid as per the premium payment agreed terms or issued
- CDC/PDC Cheques are not honored

21. Errors & Omissions excepted (E & OE):

1. We make every effort to make sure that the information in this document is accurate and up to date, based on the information given to us.
2. We will promptly correct any errors brought to our attention. If you find an error, please contact us.
3. We cannot accept responsibility for the supply of incorrect information, copied within this document.
4. We reserve the right to withdraw this quotation and its acceptance at any point and for any reason.
5. You will be informed immediately if such a situation arises

22. Exclusions applicable to Death & Repatriation benefit:

Death and Repat benefit will not be payable in the event of: -

- Death due to suicide
- Death due to HIV-AIDS
- Death occurring whilst the member was under the influence of intoxication liquor/drugs
- Death occurring due to internal breach of law by insured or an assault provoked by him/her

Addition Clause

The insured may add Primary insured and/or their Dependents to the Policy subject to:

1. Compliance to regulatory requirements, if any and their timelines.
2. Submission of completed addition request form/template, issued by Insurer or other mode acceptable to the insurer.
3. Submission of other documents (e.g. Health declaration, Passport copy, Visa copy etc.), wherever applicable, as informed/requested by the Insurer.
4. The addition shall be affected from the date of the receipt of the request for addition.

The premium payable for additions shall be on prorated basis, unless otherwise specified.

Deletion Clause

The insured may at any time, upon completing and sending the insurer the relevant request form, to delete Primary insured and their Dependents from the Policy subject to:

- Submission of completed deletion request form, issued by Insurer or other mode acceptable to the insurer

The deletion shall be effected from the date of the receipt of the request for deletion.

- The Premium refund relating to any approved deletion shall be calculated in accordance with the following Conditions:

a) No refund will be payable for deleted Insured members who have registered any Claim under the policy.

b) Insured members, who did not report any Claim prior to their deletion date, will be refunded proportionately for the period remaining from the deletion date until the Expiry date of the less 20% of the annual premium

In addition, insured will be the sole and fully liable party towards the Provider and/or Insurer in respect of any expenses incurred by the deleted Insured member from his deletion date.

- Covered benefits arising from Accident or Illness occurring during the Policy period for your Insured member Shall cease immediately upon his deletion from the Policy.

Sanctions Clause

Notwithstanding any other provision to the contrary, any coverage under this Agreement or any provision of this agreement shall be void if, and insofar as:

1.1 such coverage of provision would breach any economic sanctions laws, regulations or government orders, administrated or enforced from time to time by the United States/United Nations and/or the European Union or Member States either thereof and having jurisdiction regarding sanction regulations over insurance Company ("Sanctions Rules"); or

1.2 any action taken or intended to taken in the relation to the proceeds of such coverage would breach Sanctions rules (including, without limitation, using, lending, contributing or therwisemaking available to provide services, funds, assets, insurance coverage or other economic resources, directly or indirectly, to any person or entity which is designated or otherwise subject to sanctions under Sanctions

DHA Exclusions

IMPORTANT NOTE: IMPORTANT NOTE: SHOULD THE BENEFITS/EXCLUSION UNDER THIS SCHEME DIFFER OR CONTRADICT THE MINIMUM BENEFITS REQUIRED BY DHA, THEN THE COVER UNDER THE POLICY WILL AUTOMATICALLY INCREASE TO THE SAME LEVEL AS REQUIRED BY DHA

1. Healthcare Services, which are not medically necessary.
2. All expenses relating to dental prostheses, and orthodontic treatments.
3. Home nursing; private nursing care; care for the sake of travelling
4. Custodial care including
 - a. Non-medical treatment services;
 - b. 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 which 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 and investigations and pharmacological weight
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. Any investigations, tests or procedures carried out with the intention of ruling out any fetal anomaly
14. Treatment and services for contraception
15. Treatment and services for sex transformation, sterilization or intended to correct a state of sterility or infertility or sexual dysfunction.
16. External prosthetic devices and medical equipment
17. Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities,

18. Growth hormone therapy.
19. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids
20. Mental Health diseases, both out-patient and in-patient treatments, unless it is an emergency condition
21. 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
22. 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.
23. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree relatives
24. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment
25. Healthcare services for adjustment of spinal subluxation
26. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine
27. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer
28. Elective diagnostic services and medical treatment for correction of vision
29. Nasal septum deviation and nasal concha resection.
30. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related test/treatment or procedure.
31. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A.
32. Any services related to birth defects, congenital diseases and deformities
33. Healthcare services for senile dementia and Alzheimer's disease
34. Air or terrestrial medical evacuation and unauthorized transportation services
35. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency which were not notified within 24 hours from the date of admission
36. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health
37. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes
38. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, 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
39. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician
40. 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
41. Any expenses related to immunomodulatory and immunotherapy.
42. Any expenses related to the treatment of sleep related disorders
43. Services and educational programs for handicap

Healthcare Services outside scope of Health Insurance

1. Injuries or illnesses suffered by the Insured as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured 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) tremors, earthquakes, tornados, cyclones and any other type of natural disaster.
5. Injuries resulting from criminal acts or resisting authority by the insured
6. Injuries resulting from a road traffic accident
7. Healthcare services for work illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, as amended 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 test 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 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 hepatitis.

General Exclusions - Dental (applicable if Dental option has been selected)

We will not pay benefit for the following treatment and extras:

Benefit is not payable for treatment which is:

is purely cosmetic;

is not necessary for continued oral health;

is in any way caused by the patient carrying out an illegal act.

Benefit is not payable for refunding costs which:

are fees for filling in a claim form or other administration charge;

have been or can be paid by another insurance company, person, organisation or public programme. If the employee or dependents are covered by other insurance, we will only pay its part of the benefit. If another person, organization or public programme is responsible for paying the costs of treatment, we may claim back any of these costs it has paid

Benefit is not payable for the following procedures, services or items:

replacing any dental appliance which is lost or stolen;

replacing a bridge, crown or denture which is or can be made useable according to a standard acceptable to a dentist of ordinary competence and skill;

replacing a bridge, crown or denture within five years of original fitting unless:

I. the replacement is needed because of the placement of an original opposing full denture or extraction of natural teeth is needed; or

II. the bridge, crown or denture, while in the mouth, has been damaged beyond repair because of an injury the employee or their dependent receives while covered under the plan.

porcelain or acrylic veneers on the upper and lower first, second and third molars and premolars;

crowns or pontics on or replacing the upper and lower first, second and third molars unless:

I. they are constructed of either porcelain bonded-to-metal or metal alone, e.g. gold alloy crown; or

II. a temporary crown or pontic is required as part of routine or emergency dental treatment.

surgical implants of any type including any attaching prosthetic device;

procedures and materials which are experimental or which do not meet accepted dental standards;

instruction for plaque control, oral hygiene and diet;

procedures, services and supplies which are deemed by us to be medical procedures, services and supplies including mouthwashes and also including services and supplies provided in a hospital (except where dental treatment is neither wholly nor partly the reason for the stay in hospital);
orthodontic treatment for employees and dependents who are over the age of 18 (orthodontic treatment will only be paid (if available in the table of benefits) for dependent children who are under the age of 18. In this case, the employee or dependent must send the following information prepared by the dentist who is to carry out the proposed treatment to us before treatment starts, so that we can confirm how much benefit will be payable (benefit will be payable only if we have confirmed cover before treatment starts):

- I. a full description of the proposed treatment;
- II. X-rays and study models;
- III. an estimate of the cost of the treatment.

bite registration, precision or semi-precision attachments;

procedures, appliances or restorations (except full dentures) whose main purpose is to:

- I. change vertical dimensions; or
- II. stabilise periodontally involved teeth; or
- III. restore occlusion.

major treatment on deciduous or baby teeth for dependent children;

Examinations and Scale and Polish will both be limited to 2 visits per year of insurance.

Full case assessment will be limited to one per year of insurance.

X-rays will be limited to four Bitewings and six Intra Oral per year of insurance and OPG every 3 years.

Prolonged periodontal treatment limit of one course per year of insurance.

General Exclusions - Vision (applicable if Dental option has been selected)

We will not pay benefit for the following treatment and extras:

More than one eye examination in any one year of insurance;

Medical or surgical treatment of the eye;

Lenses which are not a medical necessity and are not prescribed by an Optometrist or Ophthalmologist or frames for such lenses

The services that require our pre-approval

Pre-Authorization helps us to assess each case and facilitate direct settlement with the hospital. Please note that we may decline your claim if pre-authorization is not obtained. Below are the services that requires our pre-authorization

1. All in-patient benefits listed (where you need to stay overnight in a hospital).
2. Day-care treatment.
3. Expenses for one person accompanying an evacuated/repatriated person.
4. Kidney dialysis.
5. Long term care.
6. Medical evacuation (or repatriation, where covered).
7. MRI (Magnetic Resonance Imaging) scan.
8. Nursing at home or in a convalescent home.
9. Occupational therapy (only out-patient treatment requires pre-authorization).
10. Oncology (only in-patient or day-care treatment requires pre-authorization).
11. Out-patient surgery.
12. PET (Positron Emission Tomography) and CT-PET scans.
13. Rehabilitation treatment.
14. Routine maternity, new born care and complications of pregnancy and childbirth
15. Physiotherapy sessions.
16. Alternative treatments sessions.
17. Out-patient investigations including endoscopies, hormone profile, immunological tests (such as thyroid function tests, immunofixation electrophoresis, anti-nuclear antibodies tests and the like), echocardiography, stress test and holter monitoring.
18. Medications prescribed for more than 30 days.
19. Dental treatment and Optical treatment.
20. Travel costs of insured family members in the event of an evacuation (or repatriation, where covered).
21. Travel costs of insured family members in the event of the repatriation of mortal remains

Required Documents to issue the policy

Clients based in Dubai and Northern Emirates

- Signed & Stamped quotation by Authorized Signatory.
- AML/KYC (Know Your Customer) Form with all supporting documents.
- Valid Trade License Copy & Relationship letter in case of having sister companies.
- Payment receipt as per agreed terms.
- VAT Certificates.
- Updated members list in excel sheet format including mandatory data required by DHA.