

# Oriental Insurance

*Good Health Begins Here*

**DUBAI**



**ORIENTAL WELLNESS**

## HEALTH INSURANCE POLICY



**800 NATURE (628873)**  
[www.oicgulf.ae](http://www.oicgulf.ae)

**Thank you for choosing Oriental Insurance to manage your healthcare benefits. We assure you of a healthy partnership through the policy year and beyond.**



# THE ORIENTAL INSURANCE CO. LTD.

## ORIENTAL WELLNESS PLATINUM

### TABLE OF BENEFITS (T.O.B.)

GENERAL BENEFITS	
Entry Age – Minimum	Adult: 18 Years Child: 31 days
Entry Age – Maximum	Adult: Up to 70 years subject to Health Declaration and Underwriting Guidelines. Dependent children as long as unmarried and/or unemployed, under the sponsorship of primary member.
Cover Type	SME
OP Treatment at Hospitals	Covered
OP Treatment at Clinics	Covered
Eligibility & Combination	Option 1: Self; Option2: Self+ Spouse + dependent children
DEPENDENT PARENTS	NOT COVERED
ANNUAL BENEFIT LIMIT	AED 1,000,000/-
Area of Cover	Worldwide excluding USA and Canada (Based on UCR rates)
Emergency	Worldwide (during business trip and vacation not exceeding 60 days , will be covered on UAE R&C rates of eligible network)
Third Party Administrator	MEDNET TPA
Network	<b>GOLD (American Hospital covered with 20% coinsurance on Out-patient services &amp; In-patient services covered with sublimit of AED 150,000)</b>
Out of Network treatment: Treatment is taken outside the network for eligible medical condition covered under the policy, (UCR is Usual, Customary and Reasonable Network Charges. UCR charges are as per the discretion of the Insurer)	Re-imburement at 80% of UCR Network Charges.
Claims Settlement for eligible medical Conditions	Within the Network on Direct Billing Basis
UCR is Usual, Customary and Reasonable Network Charges. UCR charges are as per the discretion of the insurer	Outside the Network on Re-imburement Basis @ 80% of the eligible network Rates and R&C
Treatment at Government Hospitals within UAE	Covered on 100% reimbursement of actuals subject to not exceeding the cost of treatment at a network hospital
Emergency Treatment	Covered at 100% reimbursement on UCR rates of applicable cost band and covered at 100% on direct billing basis within the network
IP, OP & Day-patient Treatments: Referral Procedure	Not Applicable
IN-PATIENT BENEFITS	
Hospital Accommodation (Room Charges)	WITHIN NETWORK: Private Room UPTO AED 1500/- per day. OUT OF NETWORK: ROOM CHARGES Covered up to AED 650/- PER DAY



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Accidents and emergencies, intensive care and theatre costs	Covered
Nursing Fees, medical expenses and ancillary charges	Covered
Surgeons, Consultants, Anesthetist, Specialists, General Practitioners fees	Covered
Prescribed Medicine and Drugs	Covered
Reconstructive surgery following an accident or following surgery for an eligible medical condition	Not Covered
MRI, PET, CT Scans	Covered
X-Rays, Pathology, diagnostic tests and Procedures	Covered
Oncology tests, drugs and consultants fees including cover for chemotherapy and radiotherapy	Covered
Physiotherapy recommended / referred by a General Practitioner or a Specialist	Covered
<b>PARENT ACCOMODATION:</b> Hospital accommodation cost in respect of a parent or legal guardian staying with an Insured person who is under 16 years of age and is admitted to a Hospital as an In-Patient	Covered upto AED 200/- per day
<b>ACCIDENTAL DAMAGE TO NATURAL TEETH:</b> Treatment received in an Emergency room in a Hospital within 48 hours of incurring Accidental damage caused to sound, natural teeth as a result of an Accident.	Covered
<b>HOSPITAL CASH BENEFIT:</b> When treatment received as an In-Patient for an eligible Medical Condition in a Government Hospital, where there are no costs incurred for accommodation and/or for treatment, then this benefit pays for a daily cash benefit for in-patient stay more than 3 days. This benefit is not applicable for Accident & Emergency admissions	Covered up to AED 300/- per day
<b>CO-INSURANCE FOR IP SERVICES:</b> (Applicable for all IP treatments taken in a facility in- side/outside the Network of providers)	Nil co-pay within Network Outside Network: 20% co- pay on Network rates and R&C clause
<b>OUT PATIENT BENEFITS</b>	
Co-insurance for All Out-Patient Services Over and above deductible	Nil co-pay
<b>DEDUCTIBLE FOR CONSULTATION: PER EACH CLAIM: -</b> Follow-up visit within 7 days is free RELATING TO THE SAME ILLNESS / AILMENT & SAME PROVIDER (Applicable if treatment is taken in a facility inside/ the Network of providers)	20% co-pay up to max AED 50/- Outside Network: Flat 20% co-pay subject to Network rates and R&C clause
Primary Consultation and treatment to include General Practitioners' fees and Specialist Fees	Covered
Prescribed Medicine and Drugs	Covered up to annual limit



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<b>X-ray, pathology, diagnostic, procedures</b>	Covered
<b>Specialist or Consultant fees for consultation with prescribed medicines, drugs and dressings</b>	Covered
<b>Physiotherapy recommended / referred by a General Practitioner or a Specialist</b>	Covered upto 12 sessions PPPA SUBJECT TO A MAXIMUM OF 15 SESSIONS
<b>Oncology tests, drugs and consultants fees including cover for chemotherapy and radiotherapy</b>	Covered, Subject to pre-approval / authorization
<b>MRI, PET, CT Scans</b>	Covered, Subject to pre-approval / authorization
<b>Out-Patient Surgical Operations</b>	Covered, Subject to pre-approval / authorization
<b>Pre-existing condition &amp; Disease cover</b>	Treatment for chronic and pre-existing conditions excluded for the first 6 months of first scheme membership and included THEREAFTER up to AED 150,000 per person per annum
<b>Vitamins prescribed as replacement therapy for known vitamin deficiency (sufficient &amp; insufficient levels not covered) (Deficient values to be defined as per the diagnostic Report) conditions up to prescribed pharmaceutical limit only</b>	Covered
<b>EMERGENCY LOCAL AMBULANCE: Cost of road ambulance transport required due to an emergency or medical necessity to the nearest available and appropriate local hospital and followed by admission.</b>	Covered AS PER DHA REGULATION
<b>ADDITIONAL BENEFITS</b>	
<b>MATERNITY BENEFIT (10% coinsurance) Mandatory coverage for all married females.</b>	DHA Co -Pay
<b>Inside UAE – Inside Network</b>	Covered
<b>Ante/Post-Natal Consultation</b>	Covered
<b>Ante/Post-Natal Investigations</b>	Covered
<b>Maternity complications (Life threatening maternity complications are covered up to indemnity limit)</b>	Covered
<b>Normal Delivery</b>	AED 20,000
<b>Medically Necessary C-section</b>	AED 20,000
<b>Legal Abortion / Miscarriage / Complications / D&amp; C</b>	AED 20,000
<b>Inside UAE – Outside Network &amp; Abroad. Limited to an aggregate for all maternity related services (Subject to policy deductibles &amp; Co-insurances)</b>	AED 20,000
<b>NEW BORN COVER</b>	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening test Phenylketonuria (PKU), congenital hypothyroidism, sickle cell screening, congenital adrenal hyperplasia.
<b>Congenital (ABNORMALITY, DEFORMITY, DISEASE, ILLNESS OR INJURY, BIRTH DEFECTS) EXISTING AT OR</b>	Not Covered



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<b>FROM BIRTH, WHETHER DIAGNOSED OR NOT</b>	
<b>NURSING AT HOME:</b> Immediately following Hospital discharge on the recommendation of a specialist and must be provided by a qualified nurse. All treatments under this benefit must be pre- authorized by OIC	AED 5,000
<b>RENAL DISORDER: RENAL Dialysis</b> (Cost of organ not covered, Donor costs also not covered)	Not Covered
<b>Hospital Expense for recipient of an Organ for Transplant</b> (Kidney, Heart, Liver, Bone Marrow etc.). Donor expenses not covered.	Covered
<b>Hearing and vision aids, and vision correction by surgeries and laser.</b>	Covered only in cases of medical emergencies with 20% co – insurance.
<b>Alternative Medicine (HERBAL, Ayurveda, Homeopathy, Chiropractory, Osteopathy, ACCUPUNTURE)- Consultation &amp; Medication only BY A LEGALLY REGISTERED PHYSICIAN. CHINESE / AYURVEDIC MESSAGES ARE NOT COVERED)</b>	AED 5,000
<b>Vaccines and immunization</b>	Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates (currently the same as federal MOH)- Only at DHA Facilities
<b>Preventive services as stipulated by DHA to include initially diabetes and Papanicolaou test. (The DHA has to notify authorized insurance companies of any preventive services that will be added to the basic package at least three months in advance of the implementation date and the newly covered preventive services will be covered from that date).</b>	Covered
<b>REPATRIATION OF MORTAL REMAINS:</b> In the event of death, the cost of air transportation of the body / mortal remains / or the ashes of THE insured person who dies outside the home Country	AED 10,000
<b>Return Air Fare to Patient for Surgery in Home Country. (if treatment is not available within UAE network hospital and/or the treatment expense in home country is up to 50% of the cost in UAE) (only on reimbursement basis)</b>	AED 3,000/- plus AED 2,000/- for accompanying Family Member ( Most Economical Economy Class Air Fare available subject to actuals, On Pre- Approval basis)
<b>Eligibility</b>	All UAE residents (UAE Nationals & Expatriates having a Valid UAE Residence Visa)- Excluding AUH and AI Ain Visa
<b>DEFINITION OF FAMILY:</b> Principal and spouse and children up to 18 years of age. Unmarried and Unemployed children on the parents' sponsorship can be up to the age of 21 years.	Applicable to all categories
<b>OPTIONAL COVERS</b>	



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<p><b>DENTAL EXPENSES: (only on reimbursement basis). Only the below shall be covered:</b></p> <ol style="list-style-type: none"> <li>1. Root Canal Treatment (RCT)</li> <li>2. Fillings – Composite &amp; Amalgam only</li> <li>3. Tooth Extractions</li> <li>4. Medications – Only Antibiotics for Infection of Gums and following tooth extraction / RCT</li> <li>5. Dental Consultation and dental X- ray.</li> </ol> <p><b>Exclusions – All dental services other than those mentioned above. However, Diagnostic and treatment services for dental and gum treatments Covered only in cases of medical emergencies with 20% CO – INSURANCE</b></p> <p><b>Coverage Up to AED 2,000 with 20% co-insurance</b></p>	<p>OPTIONAL</p>
<p><b>OPTICAL COVER: (20% coinsurance and only on reimbursement basis) &gt; Ophthalmologist’s Consultation&gt; Single Vision Lens up to AED 350/- pair &gt; Bifocal &amp; Trifocal Lens up to AED 525/- pair &gt; Contact Lens up to AED 700/- pair*All other services, except the above mentioned, are not covered.</b></p> <p><b>Coverage Up to AED 1,500 with 20% Co-insurance</b></p>	<p>OPTIONAL</p>

The payment plan shall be as under:

Sr. No.	Premium Volume	Premium Payment Terms
1.	Upto Dhs. 100,000/-	100% Up-front
2.	Over Dhs. 100,000/- to Dhs. 300,000/-	50% up-front 50% Within 30 days
3.	Over 300,000/- to Dhs. 1,000,000/-	34% Up-front 33% within 30 days 33% within 60 days
4.	Over Dhs. 1,000,000/-	Quarterly Installments 25% Up-front 25% within 60 days 25% within 150 days 25% within 240 days



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- Premium to be paid before coverage inception date as stated above upon cover confirmation for coverage to remain valid.
- Original Policy and Health Cards will be dispatched to broker / insured on receipt of premium payment.