

Oriental Insurance

Good Health Begins Here

DUBAI



ORIENTAL WELLNESS

HEALTH INSURANCE POLICY



800 NATURE (628873)
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.

TABLE OF BENEFITS (TOB)

ORIENTAL WELLNESS – SME 1

Coverage Details	
Area of Cover	UAE, Indian Sub-Continent, Southeast Asia.
Geographical Territory - Extended	Not Covered.
Limit per insured per annum	AED 150,000 (including any coinsurance and/or deductibles).
Third-Party Administrator	MEDNET
Eligibility of Cover	Employees and Dependents holding valid Dubai and Northern Emirates Visas (Excluding Abu Dhabi & Al Ain).
Network	<p>EBP PLUS NETWORK</p> <p>Out-patient treatments are covered in UAE-eligible network clinics + Iranian hospitals.</p>
Coverage Outside Network within UAE	<ul style="list-style-type: none"> • AT NON-GOVERNMENT FACILITIES, ELECTIVE TREATMENT - FOR NON-EMERGENCY & NON-LIFE-THREATENING CASES – NOT COVERED. • AT NON-GOVERNMENT FACILITIES AN EMERGENCY / LIFE-THREATENING, AS DEFINED IN THE POLICY, IS COVERED AS PER THE UCR, OR ER RATES ARE LOWER.
Pre-existing & Chronic conditions (In-patient & Out-patient combined)	
Note: Where a pre-existing or chronic condition develops into an emergency within the 6-month exclusion period, this must be covered up to the annual aggregate limit)	Treatment for chronic & pre-existing conditions is excluded for the first 6 months of the first scheme membership, included thereafter.

In-Patient Benefit	
In-patient and Day-patient (Prior approval is required from the Insurance Company within 24 hours of admission to the authorized hospital)	Referral Procedure: No treatment may be provided by specialists or consultants without the insured first consulting a General Practitioner licensed by DHA or another competent UAE Authority. The GP must make his referral together with reasons via the DHA e-claims system.
Room and board costs for hospitalization	Wardroom.
Tests, diagnosis, treatments, and surgeries in hospitals for non-urgent medical cases (prior approval required from Insurer).	20% co-insurance payable by the insured with a cap of AED 500 payable per encounter and an annual aggregate cap of AED 1,000. Above the cap Insurer will cover 100% of treatment.



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Tests, diagnosis, treatments, and surgeries in hospitals for emergency treatment (approval required from the Insurer within 24 hours of admission to the authorized hospital).	20% coinsurance payable by the insured with a cap of AED 500 payable per encounter and an annual aggregate cap of AED 1,000. Above the cap Insurer will cover 100% of treatment.
Healthcare services for emergency cases.	20% coinsurance payable by the insured with a cap of AED 500 payable per encounter and an annual aggregate cap of AED 1,000. Above the cap Insurer will cover 100% of treatment.
Ground transportation service in the UAE provided by an authorized party for medical emergencies	20% coinsurance payable by the insured with a cap of AED 500 payable per encounter and an annual aggregate cap of AED 1,000. Above the cap Insurer will cover 100% of the treatment.
The cost of accommodating a person accompanying an insured child up to 16 years old.	Maximum AED 100 per night.
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 insurer.	Maximum AED 100 per night.

Out –Patient Benefits	
Examination, diagnostic, and treatment services by authorized general practitioners, specialists, and consultants.	Referral Procedure: No treatment may be provided by specialists or consultants without the insured first consulting a General Practitioner licensed by DHA or another competent UAE Authority. The GP must make his referral together with reasons via the DHA e-claims system - <ul style="list-style-type: none"> AED 25 Deductible (or 20% co-insurance, whichever is less) payable by the insured per visit. (Free follow-up visit is made within seven days).
Laboratory test services are carried out in the authorized facility assigned to treat the insured person.	20% co-insurance payable by the insured.
Radiology diagnostic services are carried out in the authorized facility assigned to treat the insured person (prior approval is required)	20% co-insurance payable by the insured.
Physiotherapy treatment services (prior approval is required)	Covered up to 6 sessions per person per year. 20% co-insurance payable per person.
Drugs and other medicines	<ul style="list-style-type: none"> Generic / Formulary Drug only (As per DHA applicable Generic / Formulary Drug list). Covered up to an annual limit of AED 5,000 subject to 30% co-insurance in respect of every prescription. No cover for drugs and medicines more than the annual limit.



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Maternity Benefits	
<p>Maternity Services (Outpatient antenatal services) (prior approval required)</p> <p>Note: When any condition develops, that becomes an emergency, the medical expenses will be covered up to the aggregate limit.</p> <p>Newborn Cover: The insurer extends coverage of a pregnant female to provide the same benefits for a newborn child of that female for up to 30 days from its date of birth. This cover is provided regardless of whether the newborn is eventually enrolled as a dependent member under the insurer's policy</p>	<ul style="list-style-type: none"> • 10% co-insurance payable by the insured. • 8 visits to Public Health clinics. • All care provided by Public Health Clinics obstetricians for low-risk or specialist obstetricians for high-risk referrals. • Initial investigations to include: <ul style="list-style-type: none"> ✓ FBC and platelets ✓ Blood group, Rhesus status, and antibodies ✓ VDRL ✓ MSU & urinalysis ✓ Rubella serology ✓ HIV ✓ Hepatitis C offered to high-risk patients ✓ GTT if high-risk ✓ FBS, RBS, or HBA1c as per DHA diabetes screening protocol. • Visits include reviews, checks, and tests by DHA ante-natal care protocols. • 3 ante-natal ultrasound scans.
In-patient maternity services (require prior approval or within 24 hours of emergency treatment)	10% co-insurance payable by the insured. Maximum benefit AED 7,000 per normal delivery, AED 10,000 for medically necessary C-section, complications, and medically necessary termination (all limits included co-insurance).
Newborn cover	<ul style="list-style-type: none"> • Cover for 30 days from birth.
	<ul style="list-style-type: none"> • BCG, Hepatitis, and neo-natal screening tests. (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia).

Other Benefits	
Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates in the assigned facilities.	<p>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 covered at GOVT clinics/hospitals (mentioned as Govt clinic/hospital in provider column in the network list).</p> <p>Influenza vaccine Once Per Annum - Only at GOVT clinics/hospitals (mentioned as Govt clinic/hospital in provider column in the network list).</p>
Preventive services as stipulated by DHA initially include diabetes screening.	<p>Frequency restricted to:</p> <p>Diabetes: - Every 3 years from age 30. - High-risk individuals annually from age 18.</p>



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Medical emergencies on diagnostic and treatment services for dental and gum treatments.	Covered subject to 10% coinsurance.
Medical emergencies on hearing and vision aids, and vision correction by surgeries and laser.	Covered subject to 10% coinsurance.
Organ Transplantation	Covered up to a limit of AED 100,000 per person per year (AS PER DHA COMPLIANCE). 20% coinsurance payable by the insured per visit.
Dialysis	Covered to a limit of AED 60,000/- 20% coinsurance payable by the insured per visit.
REPATRIATION	Covered up to a limit of Aed 5000 (AS PER DHA COMPLIANCE).
Mental Health	Coverage up to a limit of AED 800/- Outpatient: 30 % payable by the insured per visit. No coinsurance if a follow-up visit is made within seven days.
Dental - Covered on Direct Billing. (Dental consultation, extraction, fillings, root canal treatment, scaling, x-rays, antibiotics and prophylaxis)	Coverage up to a limit of AED 500/- Outpatient: 30% coinsurance payable by the insured per visit. No coinsurance if a follow-up visit is made within 7 days.
Alternative Medicine (HERBAL, Ayurveda, Homeopathy, Chiropractor, Osteopathy, ACCUPUNCTURE)- Consultation & Medication only BY A LEGALLY REGISTERED PHYSICIAN. CHINESE / AYURVEDIC MASSAGES ARE NOT COVERED)	NOT COVERED.



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Premium Table	
AGE BAND	PREMIUM (AED)
00-30	1175/-
31-50	1175/-
51-65	1175/-

Basis of Claim Settlement	
<p><u>In-patient and Out-patient Benefit</u></p> <ul style="list-style-type: none"> Network – Within UAE 	<ul style="list-style-type: none"> 100% covered under a free access plan or as Direct Billing ONLY. Reimbursement of any claim is not a benefit.
<ul style="list-style-type: none"> Non-Network (within UAE) 	<ul style="list-style-type: none"> AT NON-GOVERNMENT FACILITIES, ELECTIVE TREATMENT - FOR NON-EMERGENCY & NON-LIFE-THREATENING CASES – NOT COVERED. AT NON-GOVERNMENT FACILITIES AN EMERGENCY / LIFE THREATENING, AS DEFINED IN THE POLICY, COVERED AS PER THE UCR OR ER RATES WHICH EVER IS LOWER.
<ul style="list-style-type: none"> Treatment of Government Hospitals (within UAE) 	<ul style="list-style-type: none"> AT GOVERNMENT FACILITIES, ELECTIVE TREATMENT - FOR NON-EMERGENCY & NON-LIFE-THREATENING CASES – NOT COVERED. AT GOVERNMENT FACILITIES AN EMERGENCY / LIFE THREATENING, AS DEFINED IN THE POLICY, COVERED AS PER THE UCR OR ER RATES WHICH EVER IS LOWER.
<ul style="list-style-type: none"> Outside UAE within Geographical scope of territory 	<ul style="list-style-type: none"> 100% of the equivalent of the UCR of EBP NETWORK rates subject to the applicable deductible/Co-charges as per the terms and conditions in the policy not exceeding 100% of UCR of EBP NETWORK rates.



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The payment plan shall be as under -

Sr. No.	Premium Volume	Premium Payment Terms
1.	Up to 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

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