

Basic Medical Plan Plus 2

Table of Benefits

GENERAL BENEFITS

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Maximum plan benefit per year <i>(including any coinsurance and/or deductibles)</i>	AED 150,000	
	Out-Patient	In-Patient
Area of Coverage	UAE & Indian Sub-continent & South East Asia (As per NEXtCARE Network customary rates)	UAE & Indian Sub-continent & South East Asia (upon referral).
	Emergency medical treatment within all emirates of the UAE.	
Provider Network	NEXtCARE PCP Network (and RN3 upon referral only) + Cedars Jebel Ali, Iranian, International Modern Hospital, NMC DIP & Belhoul Specialty Hospitals	NEXtCARE (IP) Network. India - direct billing available at assigned providers only (Paramount Healthcare Management Pvt. Ltd).
Pre-existing conditions <i>(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)</i>	Treatment for chronic and pre-existing conditions excluded for first 6 months of first scheme membership of an individual's first scheme entered into UAE (Here "scheme" includes any and all schemes providing cover for medical expenses whether or not on a self-funded or insured basis). In all other cases, pre-existing conditions must be covered from date of enrolment.	
Reimbursement Outside Network	Emergency medical treatment within the UAE. Eligible claims incurred in the Indian Subcontinent & South East Asia will be reimbursed based on coinsurance levels (and per reasonable & customary charges within the network).	

IN-PATIENT BENEFITS

Basic healthcare services for in-patients at authorized hospitals

Referral procedure: In respect of Essential benefit plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The GP must make his referral together with reasons via the DHA e-Referrals system (or other such temporary manual systems) for the claim to be considered.

Tests, diagnosis, treatments and surgeries for Non-urgent cases <i>Pre-approval is required for this benefit</i>	20% co-pay of maximum AED 500/incident and AED 1,000/year applied at the time of payment in areas of coverage only (see "General benefits" above). Any treatment above the maximum co-pay will be 100% covered by MetLife.
Emergency Treatment <i>Approval required within 24 hours of admission to the authorized hospital</i>	Covered
Room & Board	In-patient services will be received in rooms of two or more beds. Prior approval required from the insurance company.
Ambulance	Ground transportation services in the UAE provided by an authorized party for medical emergencies
Accommodation costs for one parent/guardian staying in hospital with an insured child under 16	Maximum AED 100/night can be applied
Accommodation costs for one adult staying in hospital with an in-patient	Covered in cases where the treating doctor has recommended this as a medical necessity and has received pre-approval from MetLife Maximum AED 100/night can be applied

OUT-PATIENT BENEFITS

Basic healthcare services for out-patients at authorized hospitals/clinics/health centers

Referral procedure: In respect of Essential benefit plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The GP must make his referral together with reasons via the DHA e-Referrals system (or other such temporary manual systems) for the claim to be considered.

Examination, diagnostic and treatment by authorized general practitioners, specialists and consultants	10% co-pay per visit applied at the time of payment. You should not be charged the co-pay for follow-up visits within 7 days from your initial consultation.
Laboratory tests carried out in authorized facility	10% co-pay applied at the time of payment Covered.
Radiology diagnostic services carried out in authorized facility <i>Non-medical emergencies require pre-approval for MRI, CT scans and endoscopies</i>	10% co-pay applied at the time of payment.
Physiotherapy <i>Pre-approval is required for this benefit</i>	Covered for a maximum of 12 sessions per year 10% co-pay per session.
Medication <i>Pre-approval is required for this benefit</i> <i>Restricted to a list of formulary products to be published by DHA</i>	Maximum AED 5,000/year (including co-pay). 10% payable by member on each prescription. Any medication in excess of the annual limit will not be covered.
Dental Benefits	50% discount at NEXtCARE Dental Network. <ol style="list-style-type: none"> 1. Unicare Medical Centre-Bur Dubai 2. Unicare Medical Centre-AI Qusais 3. Unicare Medical Centre –Satwa 4. Badr Al Sama Medical Centre –Bur Dubai
Alternative medical benefit Limited to Homeopathy, Ayurveda and Herbal Medicines	Coverage is limited to consultation and medicines dispensed through pharmacies only and available only on reimbursement basis at reasonable and customary charges of NEXtCARE Standard Network and covered up to a limit of AED 2,000/ per person per year with 10% copay applicable on consultation and 10% copay applicable on medicines.
NEXtCARE Basic Annual Health Check up <ol style="list-style-type: none"> 1. Consultation – Physician Examination 2. ECG 3. X-ray 4. CBC 5. Blood Sugar 6. Cholesterol 7. Blood Urea 8. Liver Function Test 	At the below NEXtCARE Polyclinics only. (Deductible AED 150 per Health Checkup) <ol style="list-style-type: none"> 1. Unicare Medical Centre-Bur Dubai 2. Unicare Medical Centre-AI Qusais 3. Unicare Medical Centre –Satwa 4. Badr Al Sama Medical Centre –Bur Dubai

PREVENTIVE SERVICES, VACCINES AND IMMUNIZATIONS

Vaccination <i>As specified by the DHA</i>	Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates (currently the same as Federal MOH).
Preventive Services <i>As specified by the DHA</i>	Diabetes screening every 3 years from age 30. High risk individuals annually from age 18.
Additional Preventive Services	The DHA will notify authorized insurance companies of any preventative services that will be added to the basic package 3 months prior to the date of implementation. The new preventive services will be covered from the effective date.

MATERNITY

Waiting period	Nil.
<p>Out-patient pre-natal services <i>Pre-approval is required for this benefit</i></p> <p><i>Note: Where any condition develops which becomes life threatening to either the mother or the newborn, the medically necessary expenses will be covered up to the annual aggregate limit.</i></p>	<p>10% co-pay applied at the time of payment.</p> <p>8 visits to PHC; All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals.</p> <p>All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals. Services include:</p> <ul style="list-style-type: none"> • 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 s or A1c for all due to high prevalence of diabetes in UAE • 3 ante-natal ultrasound scans <p>Visits to include reviews, checks and tests in accordance with DHA pre-natal care protocols</p>
<p>In-patient maternity services <i>Pre-approval required for this benefit or within 24 hours of emergency treatment</i></p>	<p>10% co-pay applied at the time of payment.</p> <p>Maximum AED 7,000 for normal delivery (including co-pay).</p> <p>Maximum AED 10,000 for medically necessary C-section, complications and medically necessary termination (including co-pay) All limits include coinsurance.</p>
<p>Newborn cover</p>	<p>30 days coverage from date of birth.</p> <p>BCG, Hepatitis B and neo-natal screening test. <i>(Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)</i></p> <p>Coverage of a pregnant female is extended by the insurer to provide the same benefits for a new born child of that female for a period up to 30 days from its date of birth. This cover is provided regardless whether or not the new born is eventually enrolled as a dependent member under the insurer's policy.</p>
ADDITIONAL BENEFITS	
Second Opinion Hospitalization Program	Applicable
Body Repatriation up to age 65 only	<p>Lump sum of AED 20,000 payable in cases of natural death only.</p> <p>Lump sum of AED 20,000 payable in cases of accidental death.</p>
Critical Illness up to age 65 only - Option 1	Lump sum of AED 20,000 payable in cases of major cancers.