

First: Total Upper Limit Coverage

Sr. No	Details			
1.	DOH Product ID	60997_C		
2.	Product Name	INDIVIDUAL OPAL BH	TPA	Liva In House

Second: Geographic Coverage

Sr. No	Details	Coverage
1.	The Annual Upper Limit for Healthcare Services	AED 250,000

Third: Inpatient Healthcare Services at Authorized Hospitals

Sr. No	Details	Coverage
1.	Health Insurance Services Offered inside the Emirate of Abu Dhabi	100% inside network 80% R&C outside network 100% for emergency case
2.	Health Insurance Services Offered in other Emirates	100% inside network 80% R&C outside network 100% for emergency cases
3.	UAE Only (Prior Approval required for Reimbursement outside Network)	80% R&C of applicable network
4.	Other territories	Not covered

Fourth: Inpatient Healthcare Services

Sr. No	Details	Coverage
1.	In-patient Healthcare Services, subject to prior approval	Semi Private Sharing Room
	Daily room and board	100% inside network 80% R&C outside network
2.	Intensive care unit	100% inside network 80% R&C outside network
3.	Tests, diagnosis, treatments and surgeries in hospitals for non-urgent medical cases, subject to prior approval	100% inside network 80% R&C outside network
4.	Healthcare services for emergency cases	100% inside network
5.	Transportation services for medical emergencies inside the Emirate of Abu Dhabi by an authorized party	100% refund
6.	Accommodation for a person accompanying an insured child up to 10 years of age	Actuals upto Maximum AED 100 per day

7.	Accommodation of an accompanying person in the same room in cases of critical conditions and as per recommendation of attending physician, subject to prior approval	AED 100 per day
8.	In-patient maternity services (With Additional Premium per Eligible Female)	Inside Emirates of Abu Dhabi - AED 100 per day - Deductible AED 500 per delivery - Emergency and life threatening cases & treatment not available in the network on 100% within UAE - Waiting period of 6 months unless there is continuity of Health insurance coverage. 80% R&C outside network Outside Emirates of Abu Dhabi - Limit of AED 10,000 for Normal Delivery Limit of AED 10,000 for C-Section
9.	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.	Covered
10.	The inpatient coverage of high cost medical conditions as defined by the Health Authority (to be attached with the table of benefits), is subject to a 6 month waiting period unless there is continuity of health insurance coverage or specifically waived in this table of benefits	Waiting period of 6 months, not waived

Fifth: Outpatient Healthcare Services

Sr. No	Details	Coverage
1.	Examination, diagnostic and treatment services of clinics and health centers by general practitioners, and specialists. (Subject to referral from GP) Follow ups are exempted from fees if made within a week from the date of first examination.	100% inside network with Deductible excess of AED 20 for GP and additional AED 10 for SP. (Subject to referral from GP) 80% R&C outside network with Deductible of AED 20 for GP and AED 10 for SP. (Subject to referral from GP)
2.	Laboratory tests services.	100% inside network 80% R&C outside network - AED 10 for diagnostics for Network and Outside Network

3.	X-ray diagnostic services. In cases of non-medical emergencies, the insurance company's prior approval is required for MRI, CT scans and endoscopies, X-ray diagnostic services. In cases of non-medical emergencies, the insurance company's prior approval is required for MRI, CT scans and endoscopies.	100% inside network 80% R&C outside network - AED 10 for diagnostics for Network and Outside Network
4.	Physiotherapy treatment services, subject to insurance company prior approval.	100% inside network 80% R&C outside network
5.	Cost of medicine (Formulary Drug), subject to insurance company's prior approval for prescriptions which exceed AED 500 and above 15days prescription with an Annual limit AED 1,500.	100% inside network with 30% Copay 70% R&C outside network with 30% Copay
6.	Alternative Medicines: Covers Ayurvedic – Consultation and Medication (Prior Approval require and on reimbursement basis)	Limited to AED 500 per person per annum subject to 20% Copay
7.	Examination, diagnostic and treatment services for pregnancy and gynecology services in Authorized health centers and clinics by general practitioners and specialists, provided that the Insured Person is referred to a specialist and/or consultant by a general practitioner. (Subject to referral from GP) Follow ups are exempted from fees if made within a week from the date of first examination	Inside UAE and ISC In-Network 100% refund up to annual maximum limit - Emergency and life-threatening cases & treatment not available in the network on 100% within UAE - Deductible of AED 20 for GP and AED 10 for SP. (Subject to referral from GP) 80% R&C outside network
8.	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.	100% refund

Fifth: Conditions covered for medical emergencies

Fifth: Conditions covered for medical emergencies		
1.	Diagnostic and treatment services for dental and gum treatments.	Covered in full
2.	Hearing and vision aids, and vision correction by surgeries and laser	Covered in full
3.	Complications arising from the maternity / child birth	Covered in full

Age Banded Premium is below

Employee & Dependents						
Age Band	Expatriate Employees			Dependents		
	Members	Premium Rate	Total Premium	Members	Premium Rate	Total Premium
0-17	-	-	-	-	1,754	-
18-40	-	998	-	-	2,101	-
41-59	-	1,523	-	-	4,988	-
60-64	-	8,674	-	-	18,073	-
65+	-	8,674	-	-	18,073	-
Maternity Premium				-	751	-

Small Investor						
Age Band	Expatriate Employees			Dependents		
	Members	Premium Rate	Total Premium	Members	Premium Rate	Total Premium
0-17	-	-	-	-	1,754	-
18-40	-	2,836	-	-	2,101	-
41-59	-	3,466	-	-	4,988	-
60-64	-	8,674	-	-	18,073	-
65+	-	8,674	-	-	18,073	-
Maternity Premium				-	751	-

Sponsored by individuals- fourth son, children 18-year-old, parents						
Age Band	Expatriate Employees			Dependents		
	Members	Premium Rate	Total Premium	Members	Premium Rate	Total Premium
0-17	-	-	-	-	1,523	-
18-40	-	-	-	-	2,101	-
41-59	-	-	-	-	7,172	-
60-64	-	-	-	-	18,073	-
65+	-	-	-	-	18,073	-
Maternity Premium				-	751	-

Notes:

1. The direct billing facility is provided in UAE as per the network provided and for all other territories the claim settlement shall be on reimbursement basis.
2. Plan is applicable for child only, if the father or mother is enrolled under the scheme.
3. Coverage is subject to annual maximum limit and sub limits per person. Entry to the policy is subject to Medical HD and Insurance company approval.
4. For non-emergency inpatient treatments, at the discretion of the insurer and subject to preauthorization.
5. Treatment for emergency conditions shall not require pre-authorization, but such cases are to be notified to the company within 24 hours of the emergency treatment.
6. Terms and conditions are as per policy wording.
7. National Life & General Insurance Company or its TPA reserves the right to include/exclude/upgrade banding/degrade banding of any clinic at any time from the designated provider network list.
8. 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.
9. The Benefits and Network applicable to the policy, which are negotiated and confirmed before communication of the policy shall not be modified/alterd under any circumstances during the policy period.
10. Not with standing any other provision to the contrary, any coverage under this agreement or any provision of this agreement shall be void if, and in so far as: Such coverage or provision would breach any economic sanctions laws, regulations, or government orders issued, administered or enforced from time to time by the United states/ United Nations and /or the European Union or Members states either thereof and having jurisdiction regarding sanction regulation over Insurance company ("Sanctions Rules"); or Any action taken or intended to be taken in relation to the proceeds of such coverage would breach Sanctions Rules (including, without limitation, using, lending, contributing or otherwise making available to provide services, funds, assets, insurance coverage or other economic sources, directly or indirectly, to any person or entity which is designated or otherwise subject to sanctions under Sanctions Rules).

Excluded Healthcare Services - Offered Under the Enhanced Health Insurance Policy

1. Healthcare Services, which are not medically necessary. Not Covered
2. All expenses relating to dental treatment, dental prostheses, & orthodontic treatments. Not Covered
3. Domiciliary care; private nursing care; care for the sake of travelling. Not Covered
4. Custodial care includes
 - a) Non-medical treatment services; or
 - 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. Not Covered
5. Services which do not require continuous administration by specialized medical personnel. Not Covered
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies). Not Covered
7. Healthcare Services & associated expenses for replacement of an existing breast implant. Cosmetic operations which improve physical appearance and 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. Breast reconstruction following a mastectomy for cancer is covered. Not Covered
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies. Not Covered
9. Medically non-approved experimental, research, investigational healthcare services, treatments, devices and pharmacological regimens. Not Covered

10. Healthcare Services that are not performed by Authorized Healthcare Service Providers, apart from Healthcare Services rendered in a Medical Emergency. Not Covered
11. Healthcare services, treatments & associated expenses for alopecia, baldness, hair falling, dandruff or wigs. Not Covered
12. Supplies, Treatment and services for smoking cessation programs and the treatment of nicotine addiction. Not Covered
13. Non-medically necessary Amniocentesis. Not Covered
14. Treatment, services and surgeries for sex transformation, sterility and sterilization. Not Covered
15. Treatment and services for contraception. Not Covered
16. Treatment and services related to fertility / sterility (treatment including varicocele / polycystic ovary / ovarian cyst / hormonal disturbances / sexual dysfunction). Not Covered
17. Prosthetic devices and consumed medical equipment's, unless approved by the insurance Company. Not Covered
18. 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, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports activities. Not Covered
19. Growth hormone therapy Not Covered
20. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids. Not Covered
21. Mental Health diseases, in-patient and out-patient treatments, unless the condition is a transient mental disorder or an acute reaction to stress. Not Covered
22. Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency). Not Covered
23. Preventive services, including vaccinations, immunizations, allergy testing and desensitization; any physical, psychiatric or psychological examinations or testing during these examinations. Not Covered
24. Services rendered by any medical provider relevant of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent or child. Not Covered
25. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during treatment. Not Covered
26. Healthcare services for adjustment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, by any means, except treatment of fractures and dislocations of the extremities. Not Covered
27. Healthcare services and treatments) by acupuncture; acupressure, hypnotism, Rolfing, massage therapy, aromatherapy, homeopathic treatments, and all forms of treatment by alternative medicine. Not Covered
28. All Healthcare services & Treatments for in-vitro fertilization (IVF), embryo transport; ovum and male sperms transport. Not Covered
29. Elective diagnostic services and medical treatment for correction of vision. Not Covered
30. Nasal septum deviation and nasal concha resection. Not Covered
31. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related test/treatment or procedure. Not Covered
32. Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A. Not Covered
33. Birth defects, Congenital diseases for newborn &/or Deformities unless life-threatening. Not Covered
34. Healthcare services for Senile dementia and Alzheimer's disease. Not Covered
35. Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation services. Not Covered
36. Circumcision healthcare services. Not Covered

37. 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. Not Covered
38. Any inpatient treatment, tests and other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health. Not Covered
39. Any test or treatment, for purpose other than medical such as tests related for employment, travel, licensing or insurance purposes. Not Covered
40. 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, convenience items / options, exercise equipment and sanitary supplies. Not Covered
41. More than one consultation or follow up with a medical specialist in a single day unless referred by a physician. Not Covered
42. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient. Not Covered
43. Services and educational program for handicaps.

Healthcare Services outside the Scope of Health Insurance

1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type. Not Covered.
2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type. Not Covered.
3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination. Not Covered.
4. Injuries resulting from natural disasters (including but not limited to) earthquakes, tornados and any other type of natural disaster. Not Covered.
5. Injuries resulting from criminal acts or resisting authority by the Insured Person. Not Covered.
6. Healthcare services for patients suffering from AIDS and its complications. Not Covered.
7. All cases resulting from the use of alcohol, drugs and hallucinatory substances. Not Covered.
8. Any test or treatment not prescribed by a doctor. Not Covered.
9. Injuries resulting from attempted suicide or self-inflicted injuries. Not Covered.
10. Diagnosis and treatment services for complications of exempted illnesses. Not Covered.
11. All healthcare services for internationally and locally recognized epidemics. Not Covered.
12. Venereal sexually transmitted diseases. A list with respect thereto will be set out by the General Authority of Health Services. Not Covered.

