

Elite Plan

Coverage Details	
Area of Cover	UAE, In-patient only for Indian Sub-Continent & Philippines
Area of Cover- Emergency	UAE, In-patient only for Indian Sub-Continent & Philippines
Limit per insured per annum	AED 500,000 (including any co-insurance and/or deductible)
Third Party Administrator	Neuron
Eligibility of cover	<ul style="list-style-type: none"> • Age from 18 to 65 for enrollment. • Dubai resident visa holders only. • Minimum group size of 2 employees required to avail group rates.
In-patient Network	Covered in the below mentioned hospitals. <ul style="list-style-type: none"> • Aster Hospital, Dubai • Cedars Jebel Ali International Hospital, Dubai • Iranian Hospital, Dubai • Belhoul Speciality Hospital, Dubai • Central Private Hospital • Thumbay Hospital, Dubai • Thumbay Hospital (Ex Gulf Medical College Hospital & Research Centre (L.L.C.)) • Thumbay Hospital LLC, Fujairah Branch (Ex Gulf Medical College Hospital & Research Centre (L.L.C.))
Out-patient Network	Aster Network (UAE only)
Reimbursement Claims	80% reimbursement subject to UAE R&C rates applicable to the assigned network only for inpatient treatments.
Pre-existing & Chronic conditions (In-patient & Maternity & Out-patient combined)	Excluded for first 6 months of first scheme membership. Covered thereafter. Note: - Where a pre-existing condition develops in to an emergency within 6 months exclusion period, it will be covered up to the annual aggregate limit.
In-patient and Day Care Cover	
Room and Board costs for hospitalisation	Covered. Room with one bed.
Test, Diagnosis, Treatments and Surgeries in hospitals for non-urgent medical cases (prior approval required from RAK Insurance).	Covered 100%.
Test, Diagnosis, Treatments and surgeries in hospitals for emergency treatment (approval required from RAK Insurance within 24 hours of admission to the authorized hospital).	Covered 100%.
Healthcare services for emergency cases	Covered 100%.
Ground transportation service in the UAE provided by an authorized party for medical emergencies	Covered 100%.

The cost of accommodating a person accompanying an insured child up to the age of 16 years.	Covered. Maximum AED 150 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 RAK Insurance.	Covered. Maximum AED 150 per night
Out-Patient Cover	
Out-patient treatment Benefits	Covered. <ul style="list-style-type: none"> All Out Patient Visits will only be to a General Practitioner or General Practitioner Pediatrician or General Practitioner Obstetrician. 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.
Examination, diagnostic and treatment services by authorized general practitioners, specialists and consultants.	Covered. 20% co-insurance payable by the insured per visit. (No co-insurance if follow-up visit made within seven days).
Laboratory test services carried out in the authorized facility assigned to treat the insured person.	Covered. 20% co-insurance payable by the insured.
Radiology diagnostic services carried out in the authorized facility assigned to treat the insured person (in cases of non-emergency RAK Insurance prior approval is required for MRI, CT Scans and endoscopies)	Covered. 20% co-insurance payable by the insured.
Physiotherapy treatment services (prior approval of RAK Insurance is required)	Covered up to 6 sessions per person per year. 20% co-insurance payable by the insured.
Pharmaceutical Drugs	<ul style="list-style-type: none"> Covered up to AED 1,500/- subject to 30% co-insurance in respect of each and every prescription (Restricted to a list of formulary products to be published by DHA). No cover for drugs and medicines in excess of the annual limit.
Maternity Benefits Cover	
Maternity Services (Outpatient ante-natal services) requires prior approval from RAK Insurance.	Covered. <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 obstetrician for low risk or specialist obstetrician for high risk referrals. Initial investigations to include: <ul style="list-style-type: none"> FBC and Platelets Blood group, Rhesus status and antibodies VDRL

	<ul style="list-style-type: none"> • MSU & urinalysis • Rubella serology • HIV • Hepatitis C offered to high risk patient • GTT if high risk • FBS, random s or A1c for all due to high prevalence of diabetes in UAE. <p>- Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols.</p> <p>- 3 ante-natal ultrasound scans.</p>
In patient maternity services (requires prior approval from RAK Insurance or within 24 hours of emergency treatment).	Covered. 10% co-insurance payable by the insured. Maximum benefit AED 7000 per normal delivery, AED 10,000 for medically necessary C-section, complications and for medically necessary termination (all limits include co-insurance).
Where any maternity condition develops in to life threatening (either to the mother or to the new born)	Medically necessary expenses will be covered up to the annual aggregate limit. -10% coinsurance applicable
New born cover	Covered 100%. - Cover for 30 days from birth. 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.	Covered. Only available for services administered at DHA facilities.
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).	Covered. Frequency restricted to: - Diabetes: <ul style="list-style-type: none"> • Every 3 years from age 30. • High risk individuals annually from age 18. - Papanicolaou: <ul style="list-style-type: none"> • Every 3 years from becoming sexually active.
Medical emergencies on diagnostic and treatment services for dental and gum treatments.	Covered. <ul style="list-style-type: none"> • 20% co-insurance payable by the insured. • No treatment will be covered after 3 months of the accident. • Treatment required as the result of the consumption of food or drink or any foreign bodies contained in such food or drink is not covered.
Medical emergencies on Hearing and vision aids, and vision correction by surgeries and laser.	Covered. 20% co-insurance payable by the insured.
Emergency mental health treatments	Covered.

	20% co-insurance payable by the insured.
Procedure.	Pre-approval required for treatments, tests exceeding AED 500 each. Medicines pre-approval required in the following cases: - 1. Amount exceeding AED 500; 2. For more than one type of antibiotics; 3. More than two packs of one type of antibiotics.
Medical Procedures Conditions	Please refer to the below Conditions.

Excluded (non-basic) healthcare services

1. Healthcare Services, which are not medically necessary.
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Home nursing; private nursing care; care for the sake of travelling.
4. Custodial care including
 - (1) Non-medical treatment services;
 - (2) 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 reduction regimens.
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 foetal 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. Sterilization is allowed only if medically indicated and if allowed under the Law
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, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports 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 Covered person himself or first degree relatives.
 24. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during 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 investigations, treatments or procedures.
 31. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A.
 32. 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 Covered Person's health.
 37. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance/ 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 Covered Person is a donor or a recipient.
 41. Any expenses related to immunomodulators and immunotherapy.
 42. Any expenses related to treatment of sleep related disorders.
 43. Services and educational programs for handicaps.

Healthcare services outside the scope of health Insurance cover

1. Injuries or illnesses suffered by the Covered Person as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Covered Person 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: earthquakes, tornados and any other type of natural disaster.
5. Injuries resulting from criminal acts or resisting authority by the Covered Person.
6. Injuries resulting from a road traffic accident
7. Healthcare services for work related illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, 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 investigation 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/or 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 Conditions and Procedures

1. Quoted premium is payable annually and in advance
2. Quoted terms are valid for 30 days from the date of quotation.
3. The quote assumes coverage is compulsory for all active at work, permanent employees residing in UAE on valid Residence permit. No voluntary selection.
4. If Policy holder has opted to add dependents for certain category, all dependents in the category residing in UAE on valid Residence permit should be enrolled without exception in this Policy from inception. No voluntary selection.
5. The scheme being offered doesn't apply to the UAE nationals eligible for Thiqa scheme.
6. Medical cover shall automatically cease for deceased and terminated employees along with the dependents of the employee being deleted.
7. Enrolment of new employee or dependent shall be restricted to the following within 30 days of eligibility:
 - New employees – Official date of employment with passport and visa copies to be to be submitted
 - New spouse – Date of marriage or date of entry in UAE (whichever is later) with passport and visa copies to be submitted
 - New born child – date of birth or date of entry in UAE (whichever is later) with passport and visa copies to be submitted
8. The effective date of addition/deletion request shall be the email date or the acknowledged letter request date. All additions/ deletions should be reported as soon as possible but not exceeding 30 days.
9. Additions/deletions shall be calculated on pro-rata basis
10. Claims paid by RAK Insurance to medical providers for uncovered services / members related to the group policy in concern such as excess of limits or service availed by the member following his cancellation shall be debited to the Policyholder. Policyholder hereby confirms to pay such amounts within 30 days from notice.
11. RAK Insurance reserves rights to amend terms, rates and conditions in case of risk findings reveals misrepresented or undisclosed material facts that could affect the decision of the underwriter.
12. Diagnostic test MRI, CT and Endoscopies are subject to pre-approval.
13. Claim submission within 60 days for inside UAE and 90 days for outside UAE subject to 8 days notification from date of discharge for inpatient and consultation for outpatient.
14. Quoted Network is subject to periodical revision.
15. Change in benefits may only take place at renewal of the policy.

16. The company reserves the right to vary the premium rates, if there is change in the total number of insured members above or below 15% during the policy year.
17. This proposal is based on the information given. Any change in the number, age, sex, nationality, benefits or category of the persons to be insured or the scope of coverage will result in recalculation of the premium rates and benefits.
18. 18 years and over but below 25 years of age, having the same permanent residence under employee, and who are full time students at an accredited college or university, such children shall be dependent upon the employee for support, and registered as dependents of the employee in the records of the policyholder.
19. Members above 65 years of age would have to complete individual enrolment form, they can be considered for coverage subject to individual underwriting on special rates to be agreed on.
20. Quoted terms are subject to company being informed of any major chronic condition or major illness or any condition diagnosed to develop into major condition at inception of the policy and at addition of a member. Failure to disclose such material facts may result in claim denial.
21. All benefits are inclusive of co-insurance (if co-insurance applicable).
22. The Table of Benefit will override the exclusion list provided above.
23. Arab countries (if mentioned) in the quote include : Algeria, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kingdom of Saudi Arabia, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Somalia, Sudan, Syria, Tunisia, Yemen.
24. South East Asia Countries (if mentioned) in the quote include: Cambodia, Laos, Myanmar, Thailand, Vietnam, Malaysia, Indonesia, Philippines, Brunei, Singapore, East Timor.
25. Indian Subcontinent countries (if mentioned) in the quote include: India, Pakistan, Bangladesh, Nepal, Maldives, Bhutan, Sri Lanka, Brunei, Indonesia, Malaysia, Philippines, Singapore, Cambodia, Laos, Myanmar, Thailand, East Timor & Vietnam.

Gross Premiums - EBP Elite Plan								
Age Band	Individual (Male)	Individual (Female)	Group 2-20 (Male)	Group 2-20 (Female)	Group 21-100 (Male)	Group 21-100 (Female)	Group 101-250 (Male)	Group 101-250 (Female)
0-17	2,408	2,019	1,993	1,683	1,979	1,669	1,965	1,656
18-24	1,733	8,985	1,456	7,246	1,442	7,232	1,428	7,218
25-29	1,667	9,285	1,400	7,781	1,386	7,767	1,372	7,753
30-34	1,833	9,746	1,535	7,575	1,521	7,561	1,507	7,547
35-39	2,090	10,213	1,739	7,947	1,725	7,933	1,711	7,919
40-44	2,239	3,551	1,858	2,906	1,844	2,892	1,831	2,878
45-49	2,854	4,229	2,350	3,449	2,336	3,435	2,322	3,421
50-54	4,026	5,343	3,285	4,338	3,271	4,324	3,257	4,310
55-59	6,096	7,313	4,938	5,911	4,924	5,897	4,910	5,883
60-64	8,039	10,814	6,492	8,707	6,478	8,693	6,464	8,679

Note:

- For any Out-patient related requests/enquiries, please contact Symphony (for Aster Network) at 052-9034848.
- For any In-Patient related requests/enquiries, please contact Neuron TPA at 800 4408.