

## Table of benefits

We have set out a schedule of benefits applicable to your cover. Full details of these including the terms, conditions and exclusions can be found in the Policy Wording.

Plans designed by Morgan Price International Healthcare Ltd.



1	Maximum Sum Insured and Area of Cover	<span style="color: blue;">+</span> <i>Enhanced modules available</i> <span style="color: red;">-</span> <i>Along with options to reduce cover</i>
<b>Overall maximum sum insured</b>	This is the maximum amount of money we will pay in respect of all benefits available under the selected level to each insured person in each period of insurance unless otherwise stated. Benefit provisions where the limit is Full Refund are collectively subject to the overall maximum benefit applying.	\$2,000,000
<b>Area of cover: Out-Patient Cover</b>	Area in which you are applicable for medical treatment.	WW exc USA <span style="float: right;">+</span>
<b>Area of cover: In-Patient and Day-Patient Cover</b>	Area in which you are applicable for medical treatment.	WW exc USA <span style="float: right;">+</span>
<b>In-patient and Out-Patient Direct Billing Network</b>	As per Tier 1 network list of selected Third Party Administrator, terms and conditions apply.	100% <span style="float: right;">-</span>
<b>Out Of Network</b>	Treatment outside of your selected network.	80% <span style="float: right;">-</span>
2	Out-Patient Benefits	<span style="color: blue;">+</span> <i>Enhanced modules available</i>
<b>Out-Patient Services</b>	The services of a physician and/or consultant including: diagnostic tests; investigations including ECG, x-rays, pathology, histology, MRI/CT/PET scans and minor surgery in a doctors' clinic/consulting rooms.	Full Refund
<b>Physiotherapy</b>	Amount available for the treatment of Physiotherapy, maximum 10 sessions per year.	10 sessions per year <span style="float: right;">+</span>
<b>Prescription drugs</b>	Prescribed drugs, medicines, slings, supports and bandages.	Full Refund
<b>Mobility aids</b>	The cost of hiring mobility aids including: walking sticks or frames; wheelchairs and crutches.	\$1,800
<b>Alternative therapies</b>	Chiropractic, Homeopathy, Osteopathy, Acupuncture, Ayurvedic, Herbal and Chinese Medicines, provided by a licensed practitioner, including prescribed drugs and medicines.	\$1,000
<b>Child vaccination</b>	Routine and preventative vaccinations for an insured child up to age 10. Included as per Ministry of Health list.	Full Refund (reimbursement only)

### 3 In-Patient and Day-Patient Benefits

<p><b>In-Patient Treatment</b> The cost of hospital accommodation in a standard single bedded room, nursing, operating theatre fees, high dependency/ intensive care/coronary care unit, special nursing fees, surgeons' fees, anaesthetics fees, consultant's fees, physician fees, diagnostic procedures (including x-rays), pathology, MRI/CT/ PET scans, physiotherapy and prescribed drugs and medicines.</p>	Full Refund
<p><b>Day-Patient Treatment</b> The cost of hospital accommodation, operating theatre fees, nursing fees, surgeons' fees, anaesthetist's fees, consultants' fees, physicians' fees, diagnostic procedures and prescribed drugs and medicines. This benefit is applicable for Medical treatment provided in a hospital where an insured person is formally admitted but is not required, out of medical necessity, to stay overnight.</p>	Full Refund
<p><b>Organ implantation</b> Costs directly related to the implantation of the following natural human organs: kidney, heart and lung.</p>	Full Refund
<p><b>Rehabilitation</b> Rehabilitation, received on an in-patient and day-patient basis in a recognised rehabilitation unit, where under the supervision and direction of a physician.</p>	120 days
<p><b>Surgical appliances</b> Surgical appliances or prosthesis where used as an integral part of a surgical procedure and fitted inside the body.</p>	Full Refund
<p><b>Accommodation to stay with child</b> Hospital accommodation costs for one insured person to stay with an insured child dependant, who is under age 16, and being admitted to hospital as an in-patient for medical treatment covered by this policy.</p>	Full Refund
<p><b>Additional hospital accommodation</b> Accommodation of one accompanying person to stay in the same room in the hospital in case of critical conditions.</p>	Full Refund
<p><b>Newborn child accommodation</b> Hospital accommodation for the newborn immediately following birth.</p>	Full Refund

### 4 Pre-existing Conditions

<p><b>Pre-existing benefit Out-Patient</b> Treatment for pre existing medical conditions.</p>	Full Refund
<p><b>Pre-existing benefit In-Patient</b> Treatment for pre existing medical conditions.</p>	Full Refund

## 5 Newly Diagnosed Chronic Conditions

+ Enhanced modules available

### Acute treatment of a newly diagnosed chronic medical condition

Full Refund

In-patient, day-patient and out-patient treatment including: diagnostic tests, investigations and prescribed drugs and medicines; for the medical treatment of acute exacerbations of a chronic medical condition.

### Routine management and palliative treatment for each newly diagnosed chronic medical condition

\$50,000

+

In-patient, day-patient and out-patient treatment including: diagnostic tests, investigations and prescribed drugs and medicines; for the medical treatment, routine management and palliative treatment of a chronic medical condition

## 6 Cancer Care

### Cancer Care Out-Patient

Full Refund

Including fees that are related specifically to planning and carrying out treatment for cancer. This includes oncology, radiotherapy and chemotherapy. For a condition newly diagnosed after the start date of the policy.

### Cancer Care In-patient and Day-Patient

Full Refund

Including fees that are related specifically to planning and carrying out treatment for cancer. This includes oncology, radiotherapy and chemotherapy. For a condition newly diagnosed after the start date of the policy.

## 7 Pregnancy & Childbirth Benefits

+ Enhanced modules available

### Routine maternity care & childbirth In-patient

\$2,500

+

In-patient maternity costs including delivery costs and hospital accommodation for the new born immediately following birth and received in authorised health centers and clinics.

### Out-Patient

\$41,000

Medically necessary out-patient costs incurred during normal pregnancy and childbirth including pre and post natal check ups subject to pre-authorisation

\*Cover is provided for eight visits to a Primary Healthcare (PHC) obstetrician for low risk patients or specialist obstetrician for high risk patient referrals

\* Visits to include reviews and checks and tests with the DHA antenatal Protocols, Initial investigations to include :FBC and platelets, blood group, rhesus status and antibodies, VDRL, MSU, urinalysis, rubella serology, HIV, FBS, randoms or A1C and high risk patients GTT and Hepatitis C

\* The cost of three antenatal ultrasound scans

## 7 Pregnancy & Childbirth Benefits - *Continued*

+ *Enhanced modules available*

### Complications

\$50,000

The costs of complications of pregnancy only for toxemia, gestational hypertension, preeclampsia, ectopic pregnancy, hydatidiform mole, ante and post partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, medically necessary caesarean caused by any of the previous mentioned conditions and medically necessary abortions.

Cover is for delivery costs and hospital accommodation for the new-born immediately following birth.

Where any condition develops which becomes life threatening to either the mother or the new born, the medically necessary expenses will be covered up to the annual aggregate limit.

### Paediatric check-up

\$200

Contribution towards the initial paediatric check-up for the new-born.

### Premature baby cover

Full Refund

Medical treatment for a premature baby where received during the first two months from birth. Please note that no cover is available for continuing treatment after expiry of the initial 2 months' period other than for new and unrelated conditions.

## 8 Medical Evacuation and Repatriation

### Emergency medical transfer

Full Refund

The costs of transporting the insured person to the nearest suitable hospital in either their country of residence or a nearby country and returning the insured person to their country of residence after treatment.

### Overnight accommodation

\$200

Overnight accommodation costs for the accompanying friend or close relative, to stay with or near, the insured person while hospitalised. The amounts stated are on a per night basis up to a maximum of 10 nights for each new and separate event.

### Transportation of children

Full Refund

Following an emergency medical transfer or evacuation under this section, we will arrange and pay to transport, to a specified destination, any children under age 19 left at home unattended or pay for the travelling costs (one economy class return ticket) of a person to take care of the children at home.

## 9 Transportation of mortal remains

### Transportations of mortal remains

\$3,000

Transportation of mortal remains to the deceased's home country.

## 10 Hospital Accommodation outside of UAE

### In-Patient room and board

Paid up to \$500 for board

The cost of hospital accommodation in a standard single bedded room when outside the UAE

## 11 Additional Benefits for UAE residents only within the Emirate of Dubai

### **Newborn baby coverage**

Cover from 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening and congenital adrenal hyperplasia).

Full Refund

### **Hearing aid**

Contribution towards a hearing aid where prescribed by an audiologist/ENT consultant. (medical emergencies only)

\$100 - 20% co-insurance

### **Vision correction**

Vision correction by surgery and/or laser on medical emergencies only.

\$270 - 20% co-insurance

### **Diabetes Screening**

Amount available towards Diabetic Screening

Full Refund

### **Emergency dental treatment**

Dental treatment necessary because of an accident caused by an extra-oral impact, received within 48 hours from the date and time of the accident for the immediate relief of pain caused by natural teeth being lost or damaged.

Full Refund

# Additional Selected Modules

<div style="display: flex; align-items: center;"> <span style="background-color: #f4a460; padding: 5px 10px; font-weight: bold; color: white;">+</span> <span style="margin-left: 10px;"><b>Wellness &amp; Dental Module 1</b></span> </div>		<i>Add Wellness and Dental Benefits to your policy Please note that you can reduce the cost of this module by including a 20% co-insurance on this Benefit</i>
<p><b>Routine Dental Treatment</b> One annual check-up, one annual visit to the hygienist, simple tooth extraction, x-rays, moulds, fillings using amalgams or composite materials and treatment for the relief of an infection including: prescribed antibiotics and temporary fillings, oral prophylaxis restricted to scaling and polishing only.</p>	\$500	
<p><b>Major Dental Treatment</b> Root canal treatment, new or repairs to porcelain crowns, new or repairs to bridgework.</p>	\$500	
<p><b>Wisdom tooth Extraction</b> Extraction of buried, impacted or un-erupted wisdom teeth only on an in-patient, day-patient or out-patient basis.</p>	Full Refund	
<p><b>Orthodontic</b> Orthodontic work for insured children under age 19.</p>	\$270	
<p><b>Travel Vaccinations</b> Vaccinations and immunization's that are directly related to overseas travel requirements.</p>	\$250	
<p><b>Full Wellness check</b> Cost towards a preventative Health check up.</p>	\$300 - 10% co-insurance applies	
<p><b>Cancer Screening</b> Covers cervical smears, mammograms and prostate/colon/ testicular screening.</p>	Full Refund	
<div style="display: flex; align-items: center;"> <span style="background-color: #f4a460; padding: 5px 10px; font-weight: bold; color: white;">+</span> <span style="margin-left: 10px;"><b>Wellness &amp; Dental Module 2</b></span> </div>		<i>Add Wellness and Dental Benefits to your policy Please note that you can reduce the cost of this module by including a 20% co-insurance on this Benefit</i>
<b>Overall Annual maximum for this benefit \$500</b>		
<p><b>Routine Dental Treatment</b> One annual check-up, one annual visit to the hygienist, simple tooth extraction, x-rays, moulds, fillings using amalgams or composite materials and treatment for the relief of an infection including: prescribed antibiotics and temporary fillings, oral prophylaxis restricted to scaling and polishing only.</p>		
<p><b>Major Dental Treatment</b> Root canal treatment, new or repairs to porcelain crowns, new or repairs to bridgework</p>		
<p><b>Wisdom tooth Extraction</b> Extraction of buried, impacted or un-erupted wisdom teeth only on an in-patient, day-patient or out-patient basis.</p>		
<p><b>Orthodontic</b> Orthodontic work for insured children under age 19.</p>		
<p><b>Travel Vaccinations</b> Vaccinations and immunization's that are directly related to overseas travel requirements.</p>		
<p><b>Full Wellness check</b> Cost towards a preventative Health check up.</p>	10% co-insurance applies	
<p><b>Cancer Screening</b> Covers cervical smears, mammograms and prostate/colon/ testicular screening.</p>		



### Wellness & Dental Module 3

Overall Annual maximum for this benefit \$1000

Add Wellness and Dental Benefits to your policy  
Please note that you can reduce the cost of this module by including a 20% co-insurance on this Benefit

#### Routine Dental Treatment

One annual check-up, one annual visit to the hygienist, simple tooth extraction, x-rays, moulds, fillings using amalgams or composite materials and treatment for the relief of an infection including: prescribed antibiotics and temporary fillings, oral prophylaxis restricted to scaling and polishing only.

#### Major Dental Treatment

Root canal treatment, new or repairs to porcelain crowns, new or repairs to bridgework

#### Wisdom tooth Extraction

Extraction of buried, impacted or un-erupted wisdom teeth only on an in-patient, day-patient or out-patient basis.

#### Orthodontic

Orthodontic work for insured children under age 19.

#### Travel Vaccinations

Vaccinations and immunization's that are directly related to overseas travel requirements.

#### Full Wellness check

Cost towards a preventative Health check up.

10% co-insurance applies

#### Cancer Screening

Covers cervical smears, mammograms and prostate/colon/ testicular screening.



### Optical Module

Select one of these options to add Optical benefits to your policy  
Please note a 20% co-insurance applies to both options

#### Glasses and Lenses Level 1

Contribution towards glasses or contact lenses where prescribed by an ophthalmologist or optician.

\$250

#### Glasses and Lenses Level 2

Contribution towards glasses or contact lenses where prescribed by an ophthalmologist or optician.

\$500



### Psychiatric Module

Add Psychiatric benefits to your policy  
Please note a 20% co-insurance applies to this option

#### Annual Maximum

Maximum amount payable under this particular Module

\$18,000

#### In-Patient Psychiatric Treatment

The cost of hospital accommodation in a standard single bedded room in a registered Psychiatric Unit. Cover is limited to the specified number of night's in- patient treatment in each period of insurance.

30 nights

#### Out-Patient Psychiatric Treatment

Treatment of a mental illness, psychiatric and psychological disorders including: consultations and prescribed drugs and medicines. This benefit is covered up to the sub limits.

10 sessions

Please note selecting any of the below **Enhanced Modules** override the existing core benefit and are not in addition to the core benefits.

<div style="background-color: #e0e0e0; padding: 5px;"> <span style="color: green; font-weight: bold; font-size: 1.2em;">+</span> <span style="margin-left: 10px;"><b>Worldwide Module</b></span> <span style="float: right; color: green; font-style: italic; font-size: 0.9em;">Change your Area of coverage from Worldwide Excluding USA to Worldwide including USA</span> </div>	
<p><b>Worldwide</b> Area in which you are applicable for medical treatment</p>	All Benefits
<div style="background-color: #e0e0e0; padding: 5px;"> <span style="color: green; font-weight: bold; font-size: 1.2em;">+</span> <span style="margin-left: 10px;"><b>Enhanced Physiotherapy Modules</b></span> <span style="float: right; color: green; font-style: italic; font-size: 0.9em;">Select one of these options to enhance your Physiotherapy benefits</span> </div>	
<p><b>Physiotherapy Increase Level 1</b> Amount available for the treatment of Physiotherapy, maximum 15 sessions per year, increase from 10 sessions on the Gulfhealth Options Core Product</p>	15 sessions per year
<p><b>Physiotherapy Increase Level 2</b> Amount available for the treatment of Physiotherapy, maximum 20 sessions per year, increase from 10 sessions on the Gulfhealth Options Core Product</p>	20 sessions per year
<div style="background-color: #e0e0e0; padding: 5px;"> <span style="color: green; font-weight: bold; font-size: 1.2em;">+</span> <span style="margin-left: 10px;"><b>Enhanced Routine Chronic Module</b></span> <span style="float: right; color: green; font-style: italic; font-size: 0.9em;">Enhance your cover for newly diagnosed chronic medical conditions</span> </div>	
<p><b>Routine management and palliative treatment for each chronic medical condition</b> In-patient, day-patient and out-patient treatment including: diagnostic tests, investigations and prescribed drugs and medicines; for the medical treatment, routine management and palliative treatment of a chronic medical condition. Increased from \$50,000 on the Gulfhealth Options core product.</p>	Full Refund
<div style="background-color: #e0e0e0; padding: 5px;"> <span style="color: green; font-weight: bold; font-size: 1.2em;">+</span> <span style="margin-left: 10px;"><b>Enhanced Maternity Module 1</b></span> <span style="float: right; color: green; font-style: italic; font-size: 0.9em;">Enhance your Pregnancy &amp; Child Birth benefits</span> </div>	
<p><b>Routine maternity care &amp; childbirth In-Patient</b> In-patient maternity cost including: delivery costs, hospital accommodation for the new-born immediately following birth, and received in authorised health centers and clinics.</p>	\$5,000
<p><b>Out-Patient</b> Medically necessary out-patient costs incurred during normal pregnancy and childbirth including pre and post natal check ups subject to pre-authorisation</p> <p><i>*Cover is provided for eight visits to a Primary Healthcare (PHC) obstetrician for low risk patients or specialist obstetrician for high risk patient referrals</i></p> <p><i>* Visits to include reviews and checks and tests with the DHA antenatal Protocols, Initial investigations to include :FBC and platelets, blood group, rhesus status and antibodies, VDRL, MSU, urinalysis, rubella serology, HIV, FBS, randoms or A1C and high risk patients GTT and Hepatitis C</i></p> <p><i>* The cost of three antenatal ultrasound scans</i></p>	\$41,000
<p><b>Complications</b> The costs of complications of pregnancy only for toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, medically necessary caesarean caused by any of the previous mentioned conditions and medically necessary abortions. Cover is for delivery costs and hospital accommodation for the new-born immediately following birth.</p>	Full Refund



**+** **Enhanced Maternity Module 1 - continued** *Enhance your Pregnancy & Child Birth benefits*

<b>Paediatric check-up</b> Contribution towards the initial paediatric check-up for the new-born.	\$200
<b>Premature baby cover</b> Medical treatment for a premature baby where received during the first two months from birth. Please note that no cover is available for continuing treatment after expiry of the initial 2 months' period other than for new and unrelated conditions.	Full Refund

**+** **Enhanced Maternity Module 2** *Enhance your Pregnancy & Child Birth benefits*

<b>Routine maternity care &amp; childbirth In-Patient</b> In-patient maternity cost including: delivery costs, hospital accommodation for the new-born immediately following birth, and received in authorised health centers and clinics.	\$10,000
<b>Out-Patient</b> Medically necessary out-patient costs incurred during normal pregnancy and childbirth including pre and post natal check ups subject to pre-authorisation  <i>*Cover is provided for eight visits to a Primary Healthcare (PHC) obstetrician for low risk patients or specialist obstetrician for high risk patient referrals</i>  <i>* Visits to include reviews and checks and tests with the DHA antenatal Protocols, Initial investigations to include :FBC and platelets, blood group, rhesus status and antibodies, VDRL, MSU, urinalysis, rubella serology, HIV, FBS, randoms or A1C and high risk patients GTT and Hepatitis C</i>  <i>* The cost of three antenatal ultrasound scans</i>	\$41,000

<b>Complications</b> The costs of complications of pregnancy only for toxemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, medically necessary caesarean caused by any of the previous mentioned conditions and medically necessary abortions. Cover is for delivery costs and hospital accommodation for the new-born immediately following birth.	Full Refund
<b>Paediatric check-up</b> Contribution towards the initial paediatric check-up for the new-born.	\$200
<b>Premature baby cover</b> Medical treatment for a premature baby where received during the first two months from birth. Please note that no cover is available for continuing treatment after expiry of the initial 2 months' period other than for new and unrelated conditions.	Full Refund

**+** **Enhanced Alternative Therapies Module** *Enhance your Alternative Therapies Benefit*

<b>Alternative Therapies</b> Chiropractic, homeopathy, osteopathy, acupuncture, Ayurvedic, herbal and Chinese medicines provided by a licensed practitioners, including prescribed drugs and medicines.	\$2,000
--	---------

Please note that the following reduced Hospital Network modules are available.

## **Reduced Network Module 1: Gold/Tier 1 or Silver Premium/Tier 2**

<p><b>In-patient and Out-Patient Direct Billing Network</b> As per Network list of selected TPA, terms and conditions apply. <i>*Excluding Cleveland Hospital Abu Dhabi.</i></p>	100%
<p><b>Out Of UAE Network</b> Treatment outside of your selected UAE network</p>	Up to equivalent Usual, Reasonable and Customary as per your country of residence costs

## **Reduced Network Module 2: Silver Classic/Tier 3 or Green/Tier 4**

<p><b>In-patient and Out-Patient Direct Billing Network</b> As per Network list of selected TPA, terms and conditions apply.</p>	100%
<p><b>Out Of UAE Network</b> Treatment outside of your selected UAE network <i>*Excluding hospitals included on Tier 1 and Tier 2</i></p>	100% within the UAE; Usual, Reasonable and Customary Charges Out of the UAE