

Conditions Healthcare Insurance

1. Policy and medical cards release will be subject to the payment of the first installment as per agreed mode of payment.
2. Unless specifically agreed otherwise, the premium payment mode is annual in advance.
3. The quote assumes coverage is compulsory for all employees, residing in UAE on valid Residence Visa. No voluntary selection allowed.
4. Dependants are covered upto a maximum of 25% of the total number employees proposed.
5. New employee will be covered from the day of employment. All Addition/deletion of members on pro-rata basis, unless otherwise specified. All additions/deletions to be reported as soon as possible/within 30 days max.
6. Members shall be removed or included in the policy within 30 days of eligibility (new employees, new born baby, dependants "date of arrival" or "date of marriage", date resignation or termination). Deletion shall not be processed if the original card is not returned.
7. The rates quoted are based on the group size, demography/categorization of the census provided at the proposal phase and other details submitted. Maximum allowed reduction under this scheme between the quoted census and census at policy inception is 5%. Maximum allowed reduction in group size during the policy year is 15% from the census at inception. Oman Insurance reserves the right to revise the terms if the details and demographical structure provided at the policy inception varies and impacts the risk calculation.
8. The scheme quoted herewith is subject to the Company being informed and advised of any chronic or major illness or any diagnosed to develop into major conditions at the inception of the policy as well as on the addition of any member. Failure to disclose such material facts will prejudice the insured's position from the Company's acceptance of any claims relating to such conditions.
9. The insured is expected to ensure that all members are to be enrolled under the policy who are eligible for the offered scheme as per the federal and local state regulatory requirements, including that of the requirements specified for the coverage of UAE national employees.
10. The Scheme being offered doesn't apply to the UAE Nationals enrolled under Thiqa Scheme.
11. The broker, involved in Abu Dhabi territory based groups, should be registered and approved from Health Authority of Abu Dhabi (HAAD).
12. The rates quoted are for the age band upto 65 years only. For members above 65, the following percentages apply to the quoted rates for varying age bands for new enrollments. Age between 66-70 years : 400% of adult rate, 71-75 years : 550% of adult rate & 76-80 years : 650% of adult rate. If group has any member above 80 years, they will have to intimate OIC for the applicable rates.
13. Emergency as defined by Law is "A situation which calls for immediate medical intervention by a health services provider for the rescuing of a person's life/organ or the elimination of the danger threatening that person's life/organ".
14. Extended territory if offered is covered only for medical necessitated emergency while insured member is traveling (vacation/business trip) subject to maximum aggregate period of 60 days in a policy year.
15. Emergency Dental: Treatment is covered to restore or replace sound natural teeth lost or damaged in an accident and for which medical treatment is provided within 72 hours following the accident. These expenses are covered under general treatment and do not fall under the dental limit if applicable.
16. All benefits are inclusive of its co-insurance (if co-insurance is applied).
17. Servicing of this scheme shall be subject to Oman insurance operational as well as claims management standard SLAs.
18. Claims paid by Oman Insurance Company (OIC) to Medical Providers such as uncovered services, excess of limits or services taken by terminated members following their termination shall be debited to the policy holder. Policy holder hereby confirms acceptance to pay such amounts within 30 days.
19. If a dispute between the Insurance Company and the parties (includes policyholder and/or the insured member) arises out of or is related to this Policy, the concerned Party and the Insurance Company shall meet and negotiate in good faith to attempt to resolve the dispute. In case the Parties are not able to resolve the dispute between themselves, the dispute shall be submitted to HAAD/DHA for an amicable settlement, and any other dispute resolution procedures shall be of no force and effect unless and until the complaints procedure set out in HAAD/DHA has been exhausted. If the dispute or conflict is not resolved, then it shall be referred to and determined by the UAE Courts, which shall have exclusive jurisdiction.
20. This offer is valid for 30 days from the date of this quotation.
21. Upon your confirmation of business with us, please provide us with all the requirements as listed in the attached 'Documentation Checklist'. From the date of receipt of complete information defined therein, Oman Insurance requires upto 10 working days to set up and issue your policy and cards. This is exclusive of any undue delays that may be experienced from the regulators in approving the products. Hence, our valued clients are advised to ensure that all the required documents and data are submitted sufficiently in advance, to avoid any unforeseen delays in issuance of policy and cards.
22. Elective treatment outside the designated network is not covered. However, life threatening medical emergency within UAE are covered on reimbursement basis, upto the applicable network tariff.
23. HAAD – Health Authority Auhb Dhabi, DHA – Dubai Health Authority.
24. TAXES:
 - (A) Premium Payments :

For avoidance of doubt, all premium amounts mentioned herein are exclusive of Value added tax (VAT). VAT and any other taxes currently applicable or which will be applicable in connection with this insurance policy shall solely be borne by the Insured/Policyholder.

The Insured/Policyholder hereby agrees to pay to the Insurer the applicable VAT/any other taxes paid by the Insurer, on the Insured/Policyholder's behalf, within 15 working days of receiving the invoice failing which the Insured/Policyholder shall be considered to be in material breach of the Policy's terms and conditions and, the Insurer shall be within its right to invoke legal remedies available to the Insurer including to terminate the policy and/or offsetting such VAT or other tax amounts from any other

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amount which the Insured/Policyholder owes to the Insurer without the need to obtain any further consent from the insured/policyholder and/or any court judgment/order. The Insured hereby unconditionally accepts to the same. In the event that VAT/any other tax treatment as assessed by relevant tax authorities is different from that assigned by the Insurer on our tax invoice/invoice to you and/or the invoice generated/computed by the Insurer is incorrect/, the Insured/Policyholder hereby agrees to pay immediately and on demand the differential balance of any VAT/tax to the Insurer.

(B) Claim settlements - where OIC agree to pay the policyholder

When Oman Insurance Company ("OIC" or "we") pays a claim, your VAT registration status will determine the amount we pay you.

When you are:

1. Not registered for VAT, the amount we pay, will be the sum insured/limit of indemnity or any other limits of insurance cover, including VAT;
2. Registered for VAT, the amount we will pay will be the sum insured/limit of indemnity or any other limits of insurance cover and where you are liable to pay an amount of VAT in respect of an acquisition relevant to your claim, we will pay the VAT amount. However we will reduce the VAT amount we pay for by the amount of any input tax credits to which you are or would be entitled to if you had made the relevant acquisition. In such instances the input tax credit would be claimable by you upon filing of your VAT return.

All policyholders making a claim with OIC must declare their VAT registration status.

Any VAT liability arising from your incorrect declaration is and will be payable by you (the policyholder).

Where the settlement amount of your claim is less than the sum insured/limit of indemnity or any other limits of insurance cover, we will only pay an amount of VAT (less any entitlement to an input tax credit) applicable to the settlement amount.

25. Errors & Omissions excepted (E & OE)

Table of Benefits Healthcare Insurance

All amounts are in AED

TPA : IRIS – Category A

I. Total upper limit coverage	
The annual upper limit for Healthcare Services Per insured member per year	AED 150,000
II. Geographic Coverage	
UAE	Dubai & Northern Emirates only; Emergencies covered in the Emirate of Abu Dhabi on reimbursement
Arab Countries & South East Asia / International	Cover extended to Home Country (Excluding USA & Canada) for Elective IP treatment subject to prior approval, on reimbursement basis Reimbursement : 80% of UAE Network rates
Emergency Abroad	Cover extended to Worldwide excluding USA & Canada on reimbursement basis at applicable network rates Reimbursement : 80% of UAE Network rates
Treatment outside the Network within UAE (other than Emergency)	Not Covered
Emergency Outside network within UAE	Emergencies covered in line with DHA guidelines
Government Hospital	Emergencies covered in line with DHA guidelines
III. Network	
Medical Providers Network (Subject to ongoing changes)	Ezyclaim Plus
Network Access - Outpatient	Clinics & Limited Hospitals (*Note3)
Network Access - Inpatient	Hospitals
IV. Inpatient Healthcare Services at designated network Hospitals (Prior Approval is required from the Insurance company)	
	Sublimit : None
In-patient Healthcare Services - Room Type	Shared Room
Tests, diagnosis, treatments and surgeries in hospitals for non- emergency medical cases	Covered; Nil coinsurance
Healthcare services for emergency cases	Covered; Nil coinsurance

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Transportation services for medical emergencies by an authorized party.	Covered; Nil coinsurance
Accommodation for a person accompanying an insured child up to 16 years of age.	Covered; Nil coinsurance
Accommodation of an accompanying person in the same room in cases of critical conditions and as per recommendation of attending physician	Covered up to AED 100 per night; Nil coinsurance
In-patient maternity services	- AED 7000 per policy year for Normal Delivery - AED 10,000 per policy year for: Medically necessary C-Section, Medically necessary abortion, and Other maternity complications Nil coinsurance - Maternity complications, if leading to emergency, will be covered up to the annual indemnity

V. Outpatient Healthcare Services at designated network clinics only(Prior Approval is required except consultation)	Sublimit : None
Services provided by General Practitioners and Specialists. Examination, diagnostic and treatment services of clinics and health centers by general practitioners, and specialists. Follow ups are exempted from fees if made within a week from the date of first examination.	20% coinsurance with a maximum of AED 25
Laboratory tests services	Nil coinsurance
X-ray diagnostic services, including MRI, CT scans and endoscopies.	Nil coinsurance
Physiotherapy treatment services	Limited to 10 session PPPA – Nil coinsurance
Cost of medicine	· Coverage as per DHA approved formulary · Nil coinsurance · Limit AED 10,000 per year for standard plan
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. Follow ups are exempted from fees if made within a week from the date of first examination. All Out patient maternity services are subject to Prior approval from the company.	Nil coinsurance Antenatal Care a) 8 visits to Primary Health Care b) All Consultation by PHC Obstetrician for low risk or Specialist Obstetrician for high risk on referral c) Initial investigations including: FBC and Platelets, Blood group, Rhesus status and antibodies, VDRL, MSU & urinalysis, Rubella serology, HIV, FBS , random s or A1c, Hep C, where recommended, GTT where recommended, 3 antenatal ultrasound scans

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VI. Other Benefits	
Diagnostic and treatment services for dental and gum treatments.	Medical Emergency cases only (note 2) Nil coinsurance
Hearing and vision aids, and vision correction by surgeries, and laser.	Medical Emergency cases only (note 2) Nil coinsurance
Pre-existing conditions	Covered
Chronic conditions	Covered
Hepatitis A	Covered
New born cover	<ul style="list-style-type: none"> • Covered for 30 days from birth • Coverage includes BCG, Hepatitis B and neo- natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia) • The cover is provided under the mother's policy
Preventive services, vaccines and Immunizations	<ul style="list-style-type: none"> · Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates in the assigned facilities (currently the same as Federal MOH), through selected providers (*note 1). · Diabetes screening once a year through selected providers (*note 1).
Medical Expenses related to Work Related Accidents, Injuries and Illness	Covered upto AED 15000/- pppy
Injuries related to Road Traffic Accidents	Covered
Organ Transplant	Covered
Renal Dialysis	Covered
<p>*Note 1: PAR = Pre Authorization request *Note 2: These benefits are covered in case of life threatening medical emergencies *Note 3: For Plans with OP access to hospitals, please refer to the list of hospitals specifically for OP services</p>	