



Table Of Benefits

Name of Client	University of Wollongong in Dubai
Plan Type	INPATIENT and OUTPATIENT
Territorial Limit for Elective treatment	UAE
Territorial Limit for Emergency treatment while on Holidays or on official duty (Maximum 45 days during single journey)	UAE
Annual Maximum Limit per person	AED 300,000
Maximum Limit per admission or treatment	AED 300,000
Hospital cost band	NLGIC Bronze (INAYAH)+ AL RAFA POLYCLINIC BR TECOM
Pre-existing/Chronic conditions Limit for Inpatient and Outpatient	Covered

In Patient Benefits within applicable network

Hospital Accommodation and Services	General Room (+2 Beds)
ICU	Covered in full ^{See note 1}
Consultant's, Physician's, Surgeon's and Anesthetist's Fees	Covered in full ^{See note 1}
Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full ^{See note 1}
Laboratory	Covered in full ^{See note 1}
Medications	Covered in full ^{See note 1}
Organ transplantation and related expenses excluding donor's expenses	Covered if insured is recipient however the expenses incurred in procurement of organ is excluded
Nursing at Home, for recovery and in lieu of a hospital stay up to a maximum of 14 days per admission or procedure	AED 2500 per person subject to prior approval ^{See note 2}
Hospital Cash Benefit if Inpatient Treatment is received free of charge in a Government Hospital in UAE only	Maximum AED 150 per day
Parental accommodation for child less than 16 years of age	Maximum AED 100 per day
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 the insurance company providing coverage	Maximum AED 100 per day
Ground ambulance services in UAE	Covers the reasonable expenses in transporting the insured member to the nearest medical facility in the event of medical emergency
Work related injury	Covered over and above medical expenses payable under workmen's compensation policy on reimbursement basis only
Transportation expenses for Inpatient treatment abroad	Maximum AED 5000 per person per year subject to: - Treatment is taken more economically in these countries - obtaining prior approval from the insurance company/TPA

Out Patient Benefits within applicable network

Diagnostics (X-ray, MRI, CT scan, Ultra sound, etc.)	Covered in full ^{See note 1}
Laboratory	Covered in full ^{See note 1}
Medications	Covered up to AED 10,000 PPPY
Physiotherapy Charges	Covered in full subject to prior approval ^{See note 2}
Accidental damage to natural teeth	Covered in full ^{See note 1}
Preventive services	Diabetes screening: Every 3 years from age 30 High risk individuals annually from age 18
Vaccines and immunizations	Essential vaccinations and inoculations for newborns and children as stipulated by Federal MOH
Deductible per each and every claim (1 free follow up within 7 days relating to same illness and same provider) ,Consultant's, Physician's, Surgeon's and Anesthetist's Fees	10% copay subject to a maximum of AED 25 per claim

Conditions covered for medical emergencies

Diagnostic and treatment services for dental and gum treatments	Covered in full
Hearing and vision aids, and vision correction by surgeries and laser	
Where any maternity condition develops life threatening(either to the mother or to the new born)medically necessary expenses will be covered	Covered up to AED 150,000 PPPY

Additional Benefits	
Passive war risk	Covered ^{See note 1}
Road Traffic Accidents	Covered
Repatriation Benefit on Death By Any Cause (For members up to the age of 65 years)	AED 10,000 based on actuals
Psychiatric Treatment	Covered up to AED 3,500 PPPY
Second Medical opinion - is a rider aiming at assisting the insured member with a second medical opinion in order to determine or reconfirm the diagnosis and decide on the appropriate treatment protocols for a medical condition	Covered ^{See note 1}
Trudoc Conceirge services	Covered
Dental Benefit	
Dental Sickness: - (Consultations, Extractions, Amalgam Fillings, Composite Fillings, Glass Ionomer, Dental X-Rays, Root Canal Treatment and Gum Treatment) - Coinsurance for dental treatments (after the other applicable deductible)	Not Covered
Optical Benefit	
Optical: - (Consultations, Medications, Vision tests) - Coinsurance for optical treatments (after the other applicable deductible)	Not Covered
Maternity Benefit	
Out-patient ante-natal services	10% coinsurance payable by the insured 8 visits to PHC; All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals Initial investigations includes: 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 sugar or HbA1c Visits shall include reviews, checks and tests in accordance with DHA Antenatal Care Protocols 3 ante-natal ultrasound scans
In-patient maternity services	10% coinsurance payable by the insured Maximum benefit 7,000 AED per normal delivery, 10,000 AED for medically necessary C-section, complications and for medically necessary termination (All limits include coinsurance)
New born cover	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)
Claims Settlement for Elective & Emergency Medical Treatment	
Elective Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network - Covered (Reimbursement on Reasonable & Customary charges of applicable network in UAE with 20% Coinsurance) (on top of applied deductible inside the network)
Emergency Treatments (Inside UAE and Outside UAE, as per the geographical coverage)	Inside network - Covered, even for outside UAE as per network. Outside network: (WITHIN UAE) - Covered (Reimbursement with NIL coinsurance) (OUTSIDE UAE) - Outside network - Covered (Reimbursement on Reasonable & Customary charges of applicable network in UAE with 20% Coinsurance) (on top of applied deductible inside the network)
Other Conditions	

Card Issuance upon confirmation of cover (New/Renewal)	Minimum of 3 working days is required for printing of cards upon receipt of photos in JPEG format and member list in excel format
Pre-authorization requirements	As per annexure
Exclusions	As attached
Premium payment warranty	100% upon delivery of cards
Claims submission period (Reimbursement)	Within 60 days of availing the treatment

Notes

1. Coverage is subject to annual maximum limit and sub limits per person. Maximum age at entry shall be 65 years of age.
2. For non-emergency inpatient treatments, at the discretion of the insurer and subject to pre-authorization.
3. Treatment for emergency conditions shall not require pre-authorization, but such cases are to be notified to the company within 48 hours of the emergency treatment.
4. Terms and conditions are as per policy wording.
5. This benefit schedule is not applicable for members (visa holders) based in the emirate of Abu Dhabi.
6. National Life & General Insurance Company or its TPA reserves the right to include/exclude/upgrade banding/degrade banding of any clinic at anytime from the designated provider network list.
7. 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.
8. 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
9. It is hereby declared and agreed that the premiums quoted are exclusive of VAT (Value Added Tax). If VAT is made applicable on this policy either prospectively or retrospectively from the date of VAT implementation (i.e., 1st January 2018), the same shall be fully borne by the Insured. The Insurer reserves the right to collect the same as per the applicable VAT laws and regulations

Addition Clause

The Policyholder may add Primary insured to the policy subject to:

- *Compliance to regulatory requirements, if any and their timelines.*
- *Submission of completed addition request form/template, issued by Insurer or other mode acceptable to the insurer.*
- *Submission of other documents (eg. Health declaration, Passport copy, Visa copy etc.), wherever applicable, as informed/requested by the Insurer.*
- *The addition shall be effected from the date of the receipt of the request for addition.*
- *The premium payable for additions shall be on prorated basis.*

Dependents addition are not allowed in this policy

Deletion Clause

The insured may at any time, upon completing and sending the insurer the relevant request form, to delete Primary insured from the Policy subject to:

- Submission of completed deletion request form, issued by Insurer or other mode acceptable to the insurer
- Return of materials facilitating Treatment prior to the deletion date

The deletion shall be effected from the date of the receipt of the request for deletion.

- The Premium refund relating to any approved deletion shall be calculated in accordance with the following Conditions:

Insured members will be proportionately refunded the Premiums for the remaining period until the Expiry date.

- As digital cards are issued, refund would be processed automatically upon deletion. Return of membership card not applicable here.

The amount of refund will be reduced proportionately if the return of any other materials Facilitating Treatment is delayed. In addition, insured will be the sole and fully liable party towards the Provider and/or Insurer in respect of any expenses incurred by the deleted Insured member from his deletion date, until the materials facilitating Treatment are returned.

- Covered benefits arising from Accident or Illness occurring during the Policy period for your Insured member Shall cease immediately upon his deletion from the Policy.