

## Schedule of Benefits (Enhanced Gold Plan with Dental)

| Plan Name  | Enhanced Gold Plan with Dental - AJMAN UNIVERSITY (Cat. A+ NE)   |                           |  |
|--|--|---------------------------|--|
| Annual Benefit Limit   | AED 1,000,000 Per Person Per Policy Year   |                           |  |
| Territorial Limit <sup>1</sup>   | Worldwide excluding USA & Canada. Emergency cover worldwide  |                           |  |
| Network (Allowing direct billing at designated provider)   | <b>Network Within UAE: Exclusive 1</b><br>In & Out-patient on direct billing in UAE<br><br><b>Network Outside UAE: WW exc. US CAN</b><br>In & Out-patient on direct billing in GCC, Jordan, Syria, Egypt, Yemen, Sudan, Morocco, Tunisia, Algeria, Lebanon<br>Inpatient on direct billing within Territorial limit- Daman respective Network |                           |  |
| Pre-existing conditions  | Fully Covered  |                           |  |
| <b>Inpatient Treatment</b>   | <b>Network</b>   | <b>Non-network</b>        |  |
| Inpatient & Day Treatment <sup>2</sup><br>(including Pre & Post In Hospital Treatment Covered)   | 100% covered   | 80% covered               |  |
| Accommodation Type- Private Room (Deluxe)  | 100% covered   | 80% covered               |  |
| Hospital Accommodation & Services  | 100% covered   | 80% covered               |  |
| Consultant's, Surgeon's & Anesthetist's Fees and other fee   | 100% covered   | 80% covered               |  |
| Ambulance<br>(Medical emergency cases, subject to General exclusions)  | 100% covered   | 100% covered              |  |
| Parent Accommodation for accompanying an Insured Child under 10 years of age<br>(Maximum limit of AED 300 per day)   | 100% covered   | 80% covered               |  |
| Companion Accommodation for Critical Illness<br>(Maximum limit of AED 300 per day)   | 100% covered   | 80% covered               |  |
| <b>Out-patient Treatment</b>   | <b>Network</b>   | <b>Non-network</b>        |  |
| Physician Consultation<br>Deductible AED 100)<br>(Deductible not applicable for follow up within 7 days)   | 100% covered   | 80% covered               |  |
| Diagnostics (X-Ray, MRI, CT-Scan, Ultra Sound, etc.), Laboratory<br>(Specialized investigation and scan including but not limited to MRI, Scan, Endoscopies with Pre-authorization only) | 100% covered   | 80% covered               |  |
| Pharmaceuticals<br>(Long term medications to be dispensed up to 90 days without pre-authorization)<br>(Out of pocket limit of AED 200 Per prescription)                                  | 80% covered  | 80% covered               |  |
| Physiotherapy <sup>2</sup>   | 100% covered   | 80% covered               |  |
| <b>Other Benefits</b>  | <b>Network</b>   | <b>Non-network</b>        |  |
| Repatriation of Mortal Remains to country of origin<br>Covered on reimbursement up to AED 10,000 Per Person  | 100% covered   | 100% covered              |  |
| Emergency Treatment  | 100% covered   | 100% covered <sup>7</sup> |  |
| Diagnostic and treatment services for dental and gum treatment<br>(Medical emergency cases)  | 100% covered   | 100% covered              |  |
| Psychiatric Treatment (IP & OP) <sup>3</sup><br>(Maximum Annual limit AED 3,000 Per Person)  | 100% covered   | 100% covered              |  |
| Vitamins   | 100% covered   | 100% covered              |  |
| Vaccinations <sup>3,9</sup>  | 100% covered   | 100% covered              |  |
| Preventive services <sup>3,10</sup>  | 100% covered   | 100% covered              |  |
| Chronic conditions requiring hemodialysis or peritoneal dialysis and related test/treatment of procedure   | 100% covered   | 100% covered              |  |
| Circumcision for new born  | 100% covered   | 100% covered              |  |
| Treatment and services related to viral hepatitis (A, B & C)   | 100% covered   | 100% covered              |  |
| Hearing and vision aids, and vision correction by surgeries and laser<br>(Medical emergency cases)   | 100% covered   | 100% covered              |  |
| 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% covered   | 80% covered               |  |
| Annual Breast Cancer Screening <sup>2,5</sup><br>(applicable for females > 35 years)   | 100% covered   | 80% covered               |  |
| Annual Prostate Cancer Screening <sup>2,6</sup><br>(applicable for males > 45 years)   | 100% covered   | 80% covered               |  |

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|  |                |                    |
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| Colorectal Cancer Screening<br>(applicable for males and females > 40 years) <sup>2,8</sup>  | 100% covered   | 80% covered        |
| <b>Maternity</b>   | <b>Network</b> | <b>Non-network</b> |
| Maximum Annual limit Per Person (Inpatient & Outpatient Maternity):<br>Within UAE : 100% Covered<br>Outside UAE : AED 25,000       |                |                    |
| Inpatient Maternity <sup>2</sup>   | 100% covered   | 80% covered        |
| Outpatient Maternity<br>(Deductible for Physician Consultation AED 100)<br>(Deductible not applicable for follow up within 7 days) | 100% covered   | 80% covered        |
| <b>Dental Module 1</b>   | <b>Network</b> | <b>Non-network</b> |
| Dental <sup>2,4</sup><br>(Maximum Annual limit of AED 4,000 Per Person)  | 80% covered    | 80% covered        |
| Accidental dental treatment  | 100% covered   | 100% covered       |
| <b>Optical not covered</b>   |                |                    |
| <b>Other Services covered (Through Service Providers Only)</b>   |                |                    |
| Teleconsultation healthcare services<br>(Deductible Nil)   |                |                    |
| International Assistance Service through service provider only   |                |                    |
| Second Medical Opinion through service provider only   |                |                    |

<sup>1</sup> Please note: (1) A single holiday or business trip may not exceed 90 days. (2) Coverage outside UAE is limited to 90 days per treatment. Exception: For Maternity benefit, coverage is extended up to 180 days.

<sup>2</sup> Pre-authorization required to avail this benefit. All Emergency cases do not require pre-authorization but should be notified to Daman within 24 hours.

<sup>3</sup> Available on reimbursement only. Non-network Providers covered on re-imbusement only.

<sup>4</sup> Following services are covered: a) X-Rays; b) Extractions; c) Amalgam / Composite Fillings; d) Root Canal Treatments; e) Consultations; f) Prescribed Drugs for the above mentioned services (covered as part of Outpatient Pharmaceuticals)

<sup>5</sup> Includes: a) Clinical Exam b) Mammogram c) Pelvic Sonogram (if medically indicated) d) CA 15.3 (if medically indicated)

<sup>6</sup> Includes: a) Clinical exam b) PSA c) Rectal sonogram

<sup>7</sup> Exception: For in and outpatient maternity treatment at Non Network Provider, 80% covered outside UAE

<sup>8</sup> Includes: a) FIT (Fecal Immunochemical Test) every 2 years; b) Colonoscopy every 10 years

<sup>9</sup> Vaccinations and inoculations for new born and children as per HAAD

<sup>10</sup> Preventive services for diabetes, every 3 years from age 30 and for High risk individuals annually from age 18