

May 2010



Proposal - Renewal

**A K M G**

Due for renewal on 09/06/10

For

Group Medical Insurance

From



**Dubai Islamic Insurance & Reinsurance Company (AMAN)**

Prepared By: Shyam  
Date: 31<sup>st</sup> May 2010

Dr. T.C. Satish

A.K.M.G

U.A.E

Dear Dr. Satish,

**Re: Renewal Group Medical Insurance Quotation-AKMG Policy # 200393 GMQ 10-287**

Reference the above; we are pleased to enclose our renewal quotation for the above policy due for renewal on 9/6/10

We are please to offer expiring terms and conditions with the enhancements requested:-

Bronze Plan, U.A.E & Indian Sub Continent (in patient cover) only.

**Cover – Limit AED 250,000/- per person per year with Private Room.**

Kindly note, upon renewal your appointed TPA will be NAS and you can access NAS Resident Network.

We trust that you will find our quotation to be competitive and we look forward to receiving your instructions to commence the cover. Please write or give us a call if there are any queries or in case you require any clarification on the attached quotation.

Kind Regards,  
Sun Insurance Brokers.

## A.K.M.G

Summary of Benefits	Bronze Plan
Area of Cover	U.A.E & Indian Sub Continent
<b>Overall Annual Limit</b>	<b>AED. 250,000</b>
<b>In Patient Benefits</b>	
Hospital Accommodation	<b>Private Room inside the Network – No Limit Applicable with in network</b> and Outside the network limited to AED 1,000/- per day
Prescription drugs & materials	Covered
Surgical fees, including anesthesia & theatre charges	Covered
Physician, surgeon & anesthetist fees	Covered
Surgical appliances and prostheses (if surgically required)	Covered
Diagnostics Tests	Covered
Prescribed Physiotherapy	Covered
Organ transplantation (ex. donor's expenses)	Covered
Psychiatric treatment	Covered if referred by the treating physician and related to medical condition
Acc. Costs for one parent staying with child < 18	Covered
<b>Other Benefits</b>	
<b>Day Care treatment</b>	<b>Covered</b>
Out Patient Surgery	Covered
Nursing at Home (Immediately after or instead of hospital) on approval	Covered up to 12 weeks after a hospitalization when referred by the physician
Local ambulance	Covered
ICU & Ventilator	<b>Covered Full. No limit applicable with in network</b>
Emergency treatment outside area of cover	Not Covered
CT, MRI scans (I/P treatment)	Covered
Oncology (I/P & day care treatment)	Covered
Accidental Damage to Natural teeth	Covered

following and accident	
Pre-existing & Chronic conditions	Covered
Body Repatriation	Covered in full
Work related injuries	Covered over and above WCP
<b>Network applicable</b>	<b>NAS Resident Network</b>
<b>Claims outside UAE within Geographical Scope</b>	<b>Reimbursed at 100% incurred cost subject to policy terms &amp; conditions</b>
Claims Settlement inside UAE	100% under direct billing & 80% reimbursed outside the network subject to applicable network tariff

**PREMIUM TABLE IN AED**

Age	Premium Per Member Per Year
0 -17	585/-
18 - 65	740/-

### **Terms & Conditions:**

- **The premium rates are based on the members details provided to us.**
- **Rates quoted for employees aged up to 65 years only.**
- **Dependants (if any) will include spouse and children only(maximum upto the age of 25. Children above the age of 18 allowed only if they are dependent on the principal member ).**
- **Cover compulsory for all employees and all dependents in UAE at time of inception. Later addition of Employees and dependents who are already residing in UAE at the time of inception of the policy will not be permitted. New employees /dependents will have to be added to the scheme within 30 days of visa , if not Aman will have the right to refuse any such addition**
- **Cover subject to AMAN's standard policy conditions.**
- **The mode of premium payment is annually in advance.**
- **Validity of quote is up to the date of renewal.**
- **AMAN will have to reprice/cancel the policy in case of any major deletions.**
- **Please note the AMAN reserves the right to update the network.**
- **Pro rata refund will only be allowed for members without claims**

### **General Exclusions**

The items, procedures and medical conditions listed below and their related or consequential expenses are excluded from the coverage provided under this Policy unless specifically stated to be included in the Schedule of Benefits or Endorsement(s) to this Policy.

1. Pre-existing Conditions and Chronic illnesses unless stated as covered in the Schedule of Benefits.
2. Services, accommodation or treatment charges incurred in health hydrous, spas, nature cure clinics, rest homes or any similar place even if it is registered as a hospital. Residential stay in hospital or any other similar institution arranged wholly or partly for domestic reasons and which is not directly related to treatment, or beyond the period required for recovery from treatment.

3. Routine medical examinations or check-ups, routine eye and ear examination, optometric examinations (vision tests) spectacles, contact lenses and correction of vision.
4. Vaccinations, inoculations, medical certificates and examination for residence, employment or travel.
5. Dental treatment unless listed in the Schedule of Benefits. The following dental treatments are specifically excluded from the cover:-
  1. Orthodontic/Endodontic treatments
  2. Dentures
  3. Any cosmetic alterations
  4. Bridges
  5. Crowns
  6. Scaling & Polishing
  7. Dental consultations
  8. Periodontitis, Gingivitis & any gum related disease & related treatment
6. Elective/cosmetic treatment, acne, keloid, Mole and related conditions.
7. Circumcision.
8. Obesity related conditions
9. Deviated Nasal septum
10. Tests or treatment related to contraception, or sterilization, infertility, impotence, sexual dysfunction, or any similar condition.
11. Birth defects, congenital illness or hereditary conditions.
12. Maternity Examinations/complications and any treatment/condition related to or caused by pregnancy and childbirth.
13. Treatment of varicose veins unless listed in the Schedule of Benefits.
14. Treatment of mental illness and psychiatric and development disorder, sleep disorders unless related to treatment covered by the Policy. This includes but is not restricted to anorexia and bulimia.
15. Any treatment or test for Acquired Immune Deficiency Syndrome (AIDS) and AIDS/HIV- related conditions; or for sexually transmitted diseases.

16. Immunotherapy
17. Self-inflicted injury, suicide, alcohol or drug addiction/abuse.
18. Treatment of Injury resulting from racing of any form other than on foot, and all professional or hazardous sports; including but not restricted to scuba diving, sky diving, parachuting, paragliding, mountaineering and martial arts.
19. Treatment resulting from an injury suffered by the Insured due to war (active or passive whether declared or not), acts of terrorism (active or passive), riot, civil commotion, or any illegal act, including resultant imprisonment and any Accident or Illness incurred while serving as a full-time employee of a police or military unit and/or Injury caused by nuclear fission, nuclear fusion or radioactive contamination, chemical or biological warfare.
20. Treatment received outside the territorial limits/geographical scope of cover described in the Schedule of Benefits and/or costs and expenses incurred where the Insured has traveled against medical advice.
21. Costs incurred in connection with locating or the acquisition of a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs.
22. Replacement of an existing Breast Implant, however Breast Reconstruction following mastectomy for malignancy will be covered.
23. Prostheses, corrective devices and medical appliances that are not surgically required, including hearing aids but not limited to same.
24. Any substance not considered a medicine such as, but not limited to, vitamins, tonics, slimming pills, scalp and hair lotions and shampoos etc. but not limited to same.
25. Allergy testing , however, the treatment for allergy will be covered
26. Hormone replacement therapy.
27. Treatment/investigations related to Menopause.
28. Any treatment or test, second or subsequent opinion for which the required Pre-authorization is not obtained.

29. Any treatment or tests which do not relate to the specific diagnosis as mentioned on the claim form.
30. Any treatment deemed not medically necessary by the medical officer at AMAN.
31. Any costs for any treatments which is considered to be not as per the reasonable and customary charges in UAE or as per the area where the treatment was taken.
32. Treatments rendered by overseas and visiting doctors unless approved by AMAN, any cost related to these will be paid as per the UCR applicable to the plan.
33. Any experimental treatment or investigations.
34. Growth Hormone Therapy.
35. Viral warts.
36. Any treatment related to alopecia, baldness and related.
37. Any claims related to accidents at work or any work related disease.
38. Diseases defined by the WHO as an epidemic.