

## GROUP MEDICAL INSURANCE

<b>Date</b>	27-Jul-2021
<b>Quotation Number</b>	43-43-03
<b>Policy Holder</b>	MURDOCH UNIVERSITY
<b>Quote Type</b>	RENEWAL
<b>Period of Cover</b>	12 months from Effective date
<b>Quotation Validity</b>	30 days from quotation date
<b>Third Party Administrator</b>	NAS
<b>OTHER CONDITIONS</b>	<p>This quotation is based entirely on details, data set, census &amp; background information provided in chain of emails for this group. Since the terms quoted are very sensitive to this data, any variation in it will require revision of the quotation. The quoted rate is subject to change if the total member at inception will vary by more than 10%. Reimbursement claim submission within 60 days for UAE claims &amp; 90 days for outside UAE.</p>

<b>Category</b>	<b>CAT A</b>
<b>Network</b>	Workers Network (WN)
<b>Sum Insured</b>	AED 150,000
<b>Geographical Cover</b>	UAE, Indian Sub-continent and South East Asia
<b>Reimbursement (Within UAE)</b>	<p>Elective: 80% of UCR applicable Network Rates</p> <hr/> <p>Emergency: 100% at actual</p>

<b>Reimbursement (Outside UAE)</b>	<p>Elective: 80% of UCR Rates of applicable Network Rates</p> <hr/> <p>Emergency: 100% of UCR Rates of applicable Network Rates</p>
<b>Pre-existing &amp; Chronic Conditions</b>	<p>Members who are enrolled at the policy inception: Covered up to annual aggregate limit per person per year with no waiting period.</p> <p>New additions/Entrants (with existing cover): Covered up to annual aggregate limit per person per year with no waiting period.</p> <p>New additions/Entrants (without existing cover): 6 months waiting period applicable for Treatment of chronic and pre-existing conditions.</p> <p>If a pre-existing or chronic condition develops into an emergency within the 6 month exclusion period will be covered up to the annual aggregate limit.</p>
<b>Home country Treatment / Air ticket</b>	<p>Covered for the insured members in respect of elective treatment subject to the following:</p> <ul style="list-style-type: none"> <li>● Cost of treatment outside UAE (Within Geographical area) for the required medical procedures is less than 70% of customary rates with a minimum difference of AED 10,000/-</li> <li>● Only for inpatient treatments.</li> <li>● Economy class round trip ticket</li> <li>● Only for patient i.e. accompany person not covered</li> <li>● Up to a maximum of AED 5,000/- per year Reimbursement basis</li> </ul>
<b>Regulatory Compliance</b>	<p>DHA</p>
<b>Out Patient Treatment at hospitals</b>	<p>Covered</p>
<b>Out Patient Treatment at clinics</b>	<p>Covered</p>
<b>Inpatient Treatment</b>	
<p><b>COINSURANCE FOR IN-PATIENT SERVICES:</b> (Applicable for all In-Patient treatments taken)</p> <p><b>If opted, applicable coinsurance payable by the insured with a cap of AED 500 payable per encounter. An annual aggregate cap of AED 1,000. Above these caps the insurer will cover 100% of the treatment.</b></p>	<p>NIL</p>

In-patient and Daycare Treatment	Covered
Accommodation Type	Semi - Private Room
Hospital Accommodation & services	Covered
Consultant"s, Surgeon"s & anesthetist"s Fees and other fee etc.	Covered
MRI, PET, CT Scans, X-Rays, Pathology, diagnostic tests and Procedures Oncology tests, drugs and consultants fees including cover for chemotherapy and radiotherapy Covered	Covered
Hospital Expense for recipient of an Organ for Transplant(Kidney, Heart, Liver, Bone Marrow etc.). Donor expenses not covered.	Covered
Physiotherapy recommended / referred by a General practitioner or a Specialist	Covered
Prostheses: Artificial body parts surgically implanted to form permanent parts of an insured person"s body	Covered
Ground Ambulance Services (Medical emergency only, subject to General Exclusion)	Covered
Parent Accommodation accompanying an Insured Child under 16 years of age	Up to 250 AED per day
Companion Accommodation in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	Up to 250 AED per day
Cash Indemnity for Inpatient Treatment	AED 200/- up to 180 days for all inpatient hospitalization that are not submitted to the insurance company.
Emergency Treatment	Covered
<b>Outpatient Treatment</b>	
Physician Consultation Deductible / Copay (not applicable for follow up within 7 days)	20% Up to AED 25
Diagnostics (X-Ray, MRI, CT-Scan, Ultra Sound, etc.), Laboratory (MRI, CT and Endoscopies with pre- authorization only) (co-pay)	NIL
Pharmaceutical copay / out of pocket	10%

Pharmaceutical Limit	AED 5,000
Physiotherapy (with pre-authorization only)	upto 6 sessions covered
Oncology tests, drugs and consultants" fees including cover for chemotherapy & radiotherapy(with pre-authorization only)	covered
<b>Maternity benefit</b>	
Maternity Services(Within UAE) Normal Delivery	AED 7,000
Maternity Services (Within UAE) Medically Necessary C-section	AED 10,000
Maternity Services(Outside UAE) Medically Necessary C-section	Covered up to AED 7000 per married female employee & spouse for all anti-notable and delivery cases including normal, caesarean / complication & legal abortions.
Maternity Co-Pay deductible (IP and OP) (not applicable for 7 day follow up)	10%
Anti/Post-Natal Consultation & Investigations	Covered
Maternity complications	Covered - (Life threatening maternity complications are covered up to Annual Benefit Limit)
Legal Abortion / Miscarriage / Complications /D&C	Covered within Maternity Sum Insured
New Born Cover	Cover for 30 days from date of birth same as mother"s coverage The following diagnostics for the new born are covered as part of the maternity limit:  <ol style="list-style-type: none"> <li>1. BCG</li> <li>2. Hepatitis B</li> <li>3. Neo-Natal screening tests (Phenylketonuria (PKU) Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)</li> </ol>
Congenital	Life threatening cases are covered only
<b>Optional Benefits</b>	
Repatriation of Mortal remains to country of origin	AED 5000
<b>Additional Benefits</b>	



<b>Diagnostic and treatment services for dental and gum treatments (Emergency cases)</b>	Covered - Medical Emergency Cases Only
<b>Hearing &amp; Vision Aids, and vision correction by surgeries, and laser (Emergency Cases)</b>	Covered - Medical Emergency Cases Only
<b>Preventive Services, Vaccines and Immunizations</b>	Vaccinations: Covers vaccinations required by MOH per child per annum. (Reimbursement Basis Only) Preventive services as stipulated by DHA to include initially diabetes screening a follows : - Every 3 years from age 30 - High risk individuals annually from age 18
<b>Hepatitis C Virus Screening and treatment</b>	To be followed as per the guidelines laid out in the Hepatitis C support program
<b>Cancer Screening and treatment</b>	To be followed as per the guidelines laid out in Cancer support program
<b>Adult Pneumococcal Conjugate Vaccine</b>	To be followed as per the guidelines laid out in Cancer support program
<b>Exclusions</b>	As per DHA
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