

| Plan Name | Secure Bronze without Dental | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------|
| Annual Benefit Limit | AED 250,000 Per Person Per Policy Year | | |
| Territorial Limit ¹ | UAE Extended to Southeast Asia, India Subcontinent and Arab Country* for inpatient treatment only on reimbursement basis for elective and emergency treatment | | |
| Network (Allowing direct | Network Within UAE: Narrow | C , | |
| billing at designated provider) | In & Out-patient on direct billing in UAE | | |
| Pre-existing Conditions | <u>Network Outside UAE</u> : Not applicable Fully Covered | | |
| Inpatient Treatment | | Network | Non-Network |
| | +2 | Network | |
| Inpatient & Day Treatment ² (including Pre & Post In Hospital Treatment Covered) | | 100% covered | 50% covered |
| Accommodation Type – Shared Room | | 100% covered | 50% covered |
| Hospital Accommodation & Services | | 100% covered | 50% covered |
| Consultant's, Surgeon's & | Anesthetist's Fees and other fee | 100% covered | 50% covered |
| | , subject to General exclusions) | 100% covered | 100% covered |
| Parent Accommodation for accompanying an Insured Child under 16 years of age (Maximum limit of AED100 per day) | | 100% covered | 50% covered |
| Companion Accommodatic recommendation of the tre (Maximum limit of AED 10 | | 100% covered | 50% covered |
| Out-patient Treatment | | Network | Non-Network |
| Physician Consultation (Within Abu Dhabi Emirate - A deductible of AED 25 applicable; Outside Abu Dhabi Emirate – 10% coinsurance applicable with an Out of pocket limit of AED 25) (Co-insurance not applicable for follow up within 7 days) | | Within Abu Dhabi – 100% Covered Outside Abu Dhabi – 90% covered | 50% covered |
| | CT-Scan, Ultra Sound, etc.), Laboratory | 5070 0070100 | |
| | and scan including but not limited to MRI, Scan, | 100% covered | 50% covered |
| authorization) | ED 1,500 Per Person) be dispensed up to 30 days without pre- | 70% covered | 50% covered |
| Physiotherapy ² (Maximum up to 12 sessic | ons per year) | 100% covered | 50% covered |
| Other Benefits | | Network | Non-Network |
| Emergency Treatment | | 100% covered | 100% covered ¹ |
| | services for dental and gum treatment) | 100% covered | 100% covered |
| Hearing and vision aids, and vision correction by surgeries and laser (Medical emergency cases) | | 100% covered | 100% covered |
| | rk illnesses and injuries as per Federal Law No. Regulation of Work Relations, as amended, and pect | 100% covered | 50% covered |
| Vaccinations ^{3,4} | | 100% covered | 100% covered |
| Preventive services ^{3,5} | 2 | 100% covered | 100% covered |
| Influenza Vaccine once per year ² | | 100% covered | 50% covered |
| Repatriation of Mortal Remains to country of origin ³ (Maximum limit AED 5,000 Per Person) | | 100% covered | 100% covered |
| Annual Breast Cancer Screening (applicable for females> 35 years) ^{2,8} | | 100% covered | 50% covered |
| Annual Prostate Cancer Screening (applicable for males> 45 years) ^{2,9} | | 100% covered | 50% covered |
| | | | |
| (applicable for males> 45 Colorectal Cancer Screenir (applicable for males and Cervical Cancer Screening | ng females> 40 years) ^{2,10} | 100% covered 100% covered | 50% covered 50% covered |

Schedule of Benefits (Secure Bronze without Dental)



| (applicable for females aged 25-65 years. Every 3 years for women aged | | |
|---------------------------------------------------------------------------|------------------|-------------|
| 25-49 years, every 5 years for women aged 50-65 years) ^{2,12} | | |
| Hepatitis B and C Virus Screening ² | 100% covered | 50% covered |
| Patient Support Program ^{2,13} | 100% covered | Not covered |
| Maternity | Network | Non-Network |
| Inpatient Maternity (Maximum annual limit per person) ^{2,6} | | |
| Within UAE: | | |
| Normal delivery: AED 7,000 | | |
| Caesarian section, complications and medically necessary termination: | | |
| AED 10,000 | 100% covered | 50% covered |
| Outside UAE: | 100/0 0000100 | |
| Normal delivery, Caesarian section, complications and medically necessary | | |
| termination: AED 8,000 | | |
| Newborn Care: Upto 30 days from birth (New Born care to include BCG, | | |
| Hepatitis B and neo-natal screening tests ⁷) | | |
| Outpatient Maternity | 100% covered | 50% covered |
| Outpatient Maternity- Physician Consultation | Within Abu Dhabi | |
| (Within Abu Dhabi Emirate - A deductible of AED 25 applicable; | -100% covered | |
| Outside Abu Dhabi Emirate – 10% coinsurance applicable with an Out of | Outside Abu | 50% covered |
| pocket limit of AED 25) | Dhabi –90% | |
| (Co-insurance/deductible not applicable for follow up within 7 days) | covered | |
| Dental Not Covered | | |
| Other Services covered (Through Service Providers Only) | | |
| Teleconsultation healthcare services | | |
| (Deductible Nil) | | |
| International Assistance Service through service provider only | | |
| Second Medical Opinion through service provider only | | |
| *As defined by Daman | | |

As defined by Daman

¹ Please note: (1) A single holiday or business trip may not exceed 180 days. (2) Coverage outside UAE is limited to 180 days per treatment.

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

³ Available on reimbursement only. Non-network Providers covered on re-imbursement only.

⁴ a) Vaccinations and inoculations for new borns and children as per DHA; b) Adult Pneumococcal Conjugate Vaccine covered as per DHA Adult Pneumococcal Vaccination guidelines. ⁵ Preventive services for diabetes, every 3 years from age 30 and for High risk individuals annually from age 18.

⁶ Maternity: Where any condition develops into life threatening to either the mother or the newborn, the medically necessary expenses will be covered up to the annual aggregate limit.

⁷Neo-natal screening tests includes: Phenylketonuria (PKU), Congenital Hypothyroidism, Sickle cell screening, congenital adrenal hyperplasia.

⁸ Includes: a) Clinical Examination b) Mammogram c) Pelvic Sonogram (if medically indicated) d) CA 15.3 (if medically indicated) ⁹ Includes: a) Clinical Examination b) PSA c) Rectal sonogram

¹⁰ Includes: a) FIT (Fecal Immunochemical Test) every 2 years; b) Colonoscopy every 10 years

¹¹ Exception: For inpatient maternity treatment at Non Network Provider, 50% covered outside UAE.

¹² Papanicolaou test (Pap test).

¹³ Mandated patient support program offering coverage for treatment of Cancer, Hepatitis B and Hepatitis C as per applicable DHA support program.