

Schedule of Benefits (Select Gold Plan with Dental & Optical)

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| Policy Holder Name : | RIT Dubai FZE | | |
| Reference No. : | UW-2025-48853/1 | | |
| Plan Name | Select Gold Plan with Dental & Optical- Cat (2) | | |
| Annual Benefit Limit | AED 300,000 Per Person Per Policy Year | | |
| Territorial Limit ¹ | Worldwide excluding USA & Canada. Emergency cover worldwide | | |
| Network (Allowing direct billing at designated provider) | Network Within UAE: Royal In & Out-patient on direct billing in UAE | | |
| | Network Outside UAE: Worldwide excluding USA & Canada through MSH | | |
| Pre-existing conditions | Fully Covered | | |
| Inpatient Treatment | Network | Non-network | |
| Inpatient & Day Treatment ² (including Pre & Post In Hospital Treatment Covered) | 100% covered | 50% covered | |
| Accommodation Type- Private Room (First Class) | 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 | |
| Ambulance (Medical emergency cases, subject to General exclusions) | 100% covered | 100% covered | |
| Parent Accommodation for accompanying an Insured Child under 18 years of age (Maximum limit of AED 300 per day) | 100% covered | 50% covered | |
| Companion Accommodation in cases of medical necessity at the recommendation of the treating doctor (Maximum limit of AED 300 per day) | 100% covered | 50% covered | |
| Home Nursing-If medically necessary (Maximum AED 200/day up to 40 days Per Person Per year) | 100% covered | 50% covered | |
| Cash Compensation in case of free Inpatient Treatment ³ (AED 200/day up to 60 days Per Person Per year) | 100% covered | 100% covered | |
| Air fare for outside UAE treatment ³ (limited to geographical area specified) Covered if treatment outside UAE for the required medical procedure is less than 70% of UAE Customary rates with a minimum difference of AED 3,000 ; covered up to a maximum AED 2,000 on reimbursement basis. Covered for in-patient treatment for economy class round trip ticket only for patients. | 100% covered | 100% covered | |
| Out-patient Treatment | Network | Non-network | |
| Physician Consultation (Within Abu Dhabi Emirate - deductible of AED 50. Cleveland Clinic Abu Dhabi (CCAD): 10% coinsurance.) Outside Abu Dhabi Emirate – 20% coinsurance applicable with an Out-of-pocket limit of AED 50) (Co-insurance/deductible not applicable for follow up within 7 days) | Within Abu Dhabi –100% covered Outside Abu Dhabi –80% covered | 50% covered | |
| Diagnostics (X-Ray, MRI, CT-Scan, Ultrasound, etc.), Laboratory (Specialized investigation and scan including but not limited to MRI, Scan, Endoscopies with Pre-authorization only) 10% coinsurance applicable in Cleveland Clinic Abu Dhabi (CCAD) | 100% covered | 50% covered | |
| Pharmaceuticals (20% coinsurance applicable with an Out-of-pocket limit of AED 100) (Long term medications to be dispensed up to 90 days without pre-authorization) | 80% covered | 50% covered | |
| Physiotherapy ² | 100% covered | 50% covered | |
| Psychiatric Treatment, Psychotherapy other than mandated by DOH for Abu Dhabi schemes & Mental Health counselling (Maximum Annual limit AED 10,000 Per Person) | 100% covered | 100% covered | |
| Alternative Medicine ^{3,16} (including consultation up to AED 350 per Policy Year) | 100% covered | 100% covered | |
| Other Benefits | Network | Non-network | |
| Repatriation of Mortal Remains to country of origin Covered on reimbursement up to AED 10,000 Per Person | 100% covered | 100% covered | |
| Emergency Treatment | 100% covered | 100% covered ⁸ | |

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| Diagnostic and treatment services for dental and gum treatment (Medical emergency cases) | 100% covered | 100% covered |
| Hearing and vision aids, and vision correction by surgeries and laser (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 | 50% covered |
| Preventive services ^{3,11} | 100% covered | 100% covered |
| Organ Transplant ² | 100% covered | 50% covered |
| Dialysis ^{3,10} (Maximum limit AED 60,000 per person per policy year, inclusive of coinsurance) | 80% covered | 80% covered |
| Essential vaccinations and inoculations (For newborns, children and adults as stipulated by DHA) ³ (Adult maximum limit AED 100 per person per policy year. Newborn and Children covered up to annual limit) | 100% covered | 100% covered |
| Adult Pneumococcal Conjugate Vaccine ³ (Covered as per DHA Adult Pneumococcal Vaccination guidelines) | 100% covered | 100% covered |
| Influenza Vaccine once per year ² | 100% covered | 50% covered |
| Annual Breast Cancer Screening (applicable for females > 35 years) ^{2,6} | 100% covered | 50% covered |
| Annual Prostate Cancer Screening (applicable for males > 45 years) ^{2,7} | 100% covered | 50% covered |
| Colorectal Cancer Screening (applicable for males and females > 40 years) ^{2,9} | 100% covered | 50% covered |
| Cervical Cancer Screening ^{2,13} (applicable for females aged 25-65 years) | 100% covered | 50% covered |
| Hepatitis B and C Virus Screening ² | 100% covered | 50% covered |
| Patient Support Program ^{2,14} | 100% covered | Not covered |
| Shingles (herpes zoster) Vaccine ^{3,15} (2 doses, once per lifetime) | 100% covered | 100% covered |
| Treatment and services related to viral hepatitis (A) and associated complications Pre-authorization required to avail this benefit" | 100% covered | 50% covered |
| Recreational non-hazardous sports activities (professional and hazardous sports activities even if recreational are not covered). For Dubai policies, Hazardous activities if not related to professional sports are covered | 100% covered | 50% covered |
| Ophthalmology: Medical conditions related to it (Illness/Injury) of the eye excluding vision, sight test & refraction error. | 100% covered | 50% covered |
| Vitamins (Elective Vitamins/Supplements prescribed by relevant physician) (Covered only if medically necessary) | 100% covered | 50% covered |
| Hormone Replacement Therapy (Excluding growth hormones and excluded medical conditions) (Covered if medically necessary) | 100% covered | 50% covered |
| External Prosthetic devices and medical equipment ³ (Reimbursement)- Diabetic strips- Glucose strips & needles- Syringes | 100% covered | 100% covered |
| Immunotherapy and Immunomodulator (Covered if medically necessary) ² | 100% covered | 50% covered |
| Varicocele / polycystic ovary / ovarian cyst / hormonal disturbances (If medically necessary). ² | 100% covered | 50% covered |
| Acne Treatment (If medically necessary for acute cases only, not covered for cosmetic/aesthetic purpose). ² | 100% covered | 50% covered |
| Omacor Medicine ² | 100% covered | 50% covered |

Maternity

Network

Non-network

Maximum Annual limit Per Person Per Policy Year (Inpatient & Outpatient Maternity):

Within UAE :

Normal delivery: AED 10,000

Caesarian section, complications and medically necessary termination: AED 10,000

Outside UAE :

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| Normal delivery: AED 10,000 | | |
| Caesarian section, complications and medically necessary termination: AED 10,000 | | |
| Including Newborn Care (including BCG, Hepatitis B and neo-natal screening tests ¹²) | | |
| Inpatient Maternity ² | | |
| Including New born care (including BCG, Hepatitis B and neo-natal screening tests ¹²) | 100% covered | 50% covered |
| Outpatient Maternity. | | |
| 10% coinsurance applicable in Cleveland Clinic Abu Dhabi (CCAD) & NIL at other providers | 100% covered | 50% covered |
| Outpatient Maternity – Physician Consultation (Within Abu Dhabi Emirate - deductible of AED 50; 10% coinsurance applicable in Cleveland Clinic Abu Dhabi (CCAD)) Outside Abu Dhabi Emirate – 10% coinsurance applicable with an Out of pocket limit of AED 50) (Co-insurance/deductible not applicable for follow up within 7 days) | Within Abu Dhabi –100% covered Outside Abu Dhabi –90% covered | 50% covered |
| Dental Module 6 | Network | Non-network |
| Dental ^{2,4,5} (Maximum Annual limit of AED 1,500 Per Person) | 80% covered | 80% covered |
| Accidental dental treatment | 100% covered | 100% covered |
| Optical (Not covered) | Network | Non-network |
| Annual Health Check-up ¹⁷ Available on reimbursement only | 100% covered | 100% covered |
| Other Services covered (Through Designated Service Providers Only) | | |
| Teleconsultation healthcare services (Deductible Nil) | | |
| International Assistance Service | | |
| Second Medical Opinion | | |

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 Following services are covered: a) X-Rays; b) Extractions; c) Amalgam / Composite Fillings; d) Root Canal Treatments; e) Consultations; f) Scaling, g) Prophylaxis; h) Antibiotics and Other Prescribed Drugs for the above mentioned services (covered as part of Outpatient Pharmaceuticals).

⁵ Dental and Optical are optional benefits. Optical is offered in conjunction with Dental only.

⁶ Includes: a) Clinical Exam b) Mammogram c) Pelvic Sonogram (if medically indicated) d) CA 15.3 (if medically indicated)

⁷ Includes: a) Clinical exam b) PSA c) Rectal sonogram

⁸ Exception: For in and outpatient maternity treatment at Non Network Provider, 80% covered outside UAE

⁹ Includes: a) FIT (Fecal Immunochemical Test) every 2 years; b) Colonoscopy every 10 years

¹⁰ Inpatient treatment Out of pocket limit of AED 500 per encounter and an annual aggregate limit of AED 1,000.

¹¹ Preventive services for diabetes, every 3 years from age 30 and for High risk individuals annually from age 18

¹² Neo-natal screening tests includes: Phenylketonuria (PKU), Congenital Hypothyroidism, Sickle cell screening, congenital adrenal hyperplasia.

¹³ Papanicolaou test (Pap test) - Every 3 years for women aged 25-49 years, every 5 years for women aged 50-65 years.

¹⁴ Mandated patient support program offering coverage for treatment of Cancer, Hepatitis B and Hepatitis C as per applicable DHA support program.

¹⁵ Vaccine for members above the age of 50 years and immunocompromised patients above the age of 18 years as mandated by DHA. Effective from 1 July 2024 for new and renewal policies.

¹⁶ Alternative Medicine is Limited to Osteopathy, Homeopathy, Acupuncture, Podiatry, Chinese Herbal Medicine & Ayurveda Treatment only

¹⁷ Annual Medical checkup includes: a) Physical Examination by General Practitioner; b) Vital Signs; c) Blood Pressure; d) Urinalysis; e) Complete Blood Count; f) Electrocardiogram; g) Total Cholesterol; h) Creatinine; i) Liver Function Test; j) Blood Urea Nitrogen; k) Stool Analysis