

# Table of Benefits

## Summit Plans for the Northern Emirates

For small and medium corporate groups  
Valid from 1st August 2023





Available for corporate groups of three employees or more.



## Policy terms and conditions














This Table of Benefits was designed for promotional purpose and offers an overview of the cover we provide under each plan. All amounts are per person, per Insurance Year, unless otherwise specified. Cover is subject to our policy terms and conditions, as detailed in our Employee Benefit Guide.

### Key to Table of Benefits

-  Covered in full, up to the maximum plan benefit.
-  Not available.
-  Waiting period applies.
-  Treatments/costs require pre-approval through submission of a Pre-authorisation Form. Details of our pre-approval process can also be found in the Employee Benefit Guide.

## Summit Plans

Our Summit Plans cover you for in-patient, out-patient, wellness and maternity benefits. You can add optional plans (Dental, Optical, Maternity and Repatriation Plans, appearing further in this document) to extend your cover.

	NE Summit 1750	NE Summit 2500	NE Summit 4000	NE Summit 5000
Maximum plan benefit	US\$ 1,750,000	US\$ 2,500,000	US\$ 4,000,000	US\$ 5,000,000
Co-payment options Co-payments apply to all treatments received on an out-patient basis, with the exception of: <ul style="list-style-type: none"> <li>• Oncology</li> <li>• Video consultation services (when accessed via TeleHealth Hub)</li> <li>• Psychiatry and psychotherapy (out-patient treatment)</li> <li>• Vaccinations</li> <li>• Health and wellbeing checks</li> <li>• Cancer screening</li> </ul> A separate co-payment may apply to dental, optical and maternity benefits (where included).		No co-payment or 10% up to max. US\$ 14 per visit or 20% up to max. US\$ 28 per visit	No co-payment or 10% up to max. US\$ 14 per visit or 20% up to max. US\$ 28 per visit	No co-payment or 10% up to max. US\$ 14 per visit or 20% up to max. US\$ 28 per visit
<b>Core Plan benefits</b>				
Hospital accommodation	Private room	Private room	Private room	Private room
Intensive care				
Prescribed drugs and materials (in-patient and day-care treatment only)				
Surgical fees, including anaesthesia and theatre charges				

	NE Summit 1750	NE Summit 2500	NE Summit 4000	NE Summit 5000
Physician and therapist fees (in-patient and day-care treatment only)	✓	✓	✓	✓
Surgical appliances and materials	✓	✓	✓	✓
Diagnostic tests (in-patient and day-care treatment only)	✓	✓	✓	✓
Organ transplant (in-patient treatment only)	✓	✓	✓	✓
Psychiatry and psychotherapy (in-patient and day-care treatment only)	Max. 30 days, up to US\$ 5,000	Max. 30 days, up to US\$ 5,000	Max. 30 days, up to US\$ 10,000	✓
Accommodation costs for one parent staying in hospital with an insured child under 18	✓	✓	✓	✓
Reconstructive surgery (to restore natural function or appearance after a disfiguring accident or surgery for cancer) (where treatment for the accident or initial surgery is covered by this policy)	✓	✓	✓	✓
CT and MRI scans (in-patient and day-care treatment)	✓	✓	✓	✓
PET and CT-PET scans (in-patient and day-care treatment)	✓	✓	✓	✓
Emergency in-patient dental treatment	✓	✓	✓	✓
Day-care treatment	✓	✓	✓	✓
Kidney dialysis (in-patient, day-care and out-patient treatment)	✓	✓	✓	✓
Out-patient surgery	✓	✓	✓	✓
Nursing at home or in a convalescent home (immediately after or instead of hospitalisation)	✓	✓	✓	✓
Rehabilitation treatment (in-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases) (covered only if you've received in-patient treatment for three or more consecutive days/ nights for the same medical condition)	Max. 30 days per discharge	Max. 60 days per discharge	Max. 90 days per discharge	Max. 120 days per discharge
Local ambulance	✓	✓	✓	✓
Post-hospitalisation treatment (covered when it is needed in the 90 days following discharge from in-patient or day-care treatment for the same acute medical condition)	✓	✓	✓	✓

	NE Summit 1750	NE Summit 2500	NE Summit 4000	NE Summit 5000
Emergency treatment outside area of cover (for trips of a maximum period of six weeks)	US\$ 13,500, max. 42 days	US\$ 13,500, max. 42 days	✔ max. 42 days	✔ max. 42 days
Medical evacuation (in the event of <b>emergency</b> treatment)				
• Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre.	✔	✔	✔	✔
• Where ongoing treatment is required, we will cover hotel accommodation costs.	✔	✔	✔	✔
• Evacuation in the event of unavailability of adequately screened blood.	✔	✔	✔	✔
• If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs.	Max. 14 days	Max. 14 days	Max. 14 days	Max. 14 days


Medical evacuation  
(in the event of **non-emergency** treatment)










Available to add to your plan if you want to upgrade your medical evacuation cover – talk to us for more information.

Expenses for one person accompanying an evacuated person	✔	✔	✔	✔
Travel costs of insured family members in the event of an evacuation	✘	US\$ 2,700 per event	US\$ 2,700 per event	US\$ 2,700 per event
Repatriation of mortal remains or burial expenses	✔	✔	✔	✔
Travel costs of insured family members in the event of the repatriation of mortal remains	✘	US\$ 2,700 per event	US\$ 2,700 per event	US\$ 2,700 per event
Travel costs of insured members to be with a close relative who is at peril of death or who has died (one round trip per insured member per Insurance Year)	✘	✘	✔	✔
Oncology (in-patient, day-care and out-patient treatment)	✔	✔	✔	✔
• Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes	US\$ 270	US\$ 270	US\$ 675	US\$ 675
Preventative surgery (in-patient, day-care and out-patient treatment)	✘	✘	US\$ 40,500	US\$ 40,500
In-patient cash benefit (per night) (where treatment has been received free of charge)	US\$ 125, max. 20 nights	US\$ 125, max. 20 nights	US\$ 125, max. 20 nights	US\$ 125, max. 20 nights
Congenital conditions (in-patient and day-care treatment)	✘	US\$ 25,000 per lifetime	US\$ 50,000 per lifetime	US\$ 100,000 per lifetime

	NE Summit 1750	NE Summit 2500	NE Summit 4000	NE Summit 5000
Out-patient dental treatment (required as follow-up to an in-patient stay for accidental damage to natural teeth) (covered when required in the 90 days following discharge from in-patient treatment)	✓	✓	✓	✓
Emergency out-patient dental treatment (where these benefit amounts are reached, any additional costs may be reimbursed within the terms of any separate Dental Plan)	✗	US\$ 500	US\$ 750	US\$ 1,500
Palliative care (in-patient, day-care and out-patient treatment)	✗	✓	✓	✓
Long term care (in-patient, day-care and out-patient treatment)	Max. 90 days per lifetime	Max. 90 days per lifetime	Max. 90 days per lifetime	Max. 90 days per lifetime
HIV/AIDS treatment (in-patient, day-care and out-patient treatment)	✗	US\$ 5,000	US\$ 10,000	US\$ 15,000
Accidental death (insured members aged 18 to 70)	✗	✗	✗	US\$ 13,500
<b>Additional Core Plan services</b>				
Employee Assistance Programme** Offers access to a range of 24/7 multilingual support services as follows: <ul style="list-style-type: none"> <li>Confidential, professional counselling (in-person, phone, video and chat)</li> <li>Legal and financial support services</li> <li>Critical incident support</li> <li>Wellness website access</li> </ul>	✓	✓	✓	✓
Travel Security Services** Offers 24/7 access to personal security information and advice for all your travel safety queries. This includes: <ul style="list-style-type: none"> <li>Emergency Security Assistance Hotline (not a free phone number)</li> <li>Country intelligence and security advice</li> <li>Daily security news updates and travel safety alerts</li> </ul>	✓	✓	✓	✓
MyHealth Digital Services <ul style="list-style-type: none"> <li>Manage your cover online with our app or portal anytime, anywhere</li> <li>Submit and track progress of claims</li> <li>Access your policy documents, health services, payment details and more</li> </ul>	✓	✓	✓	✓
Olive** Our Health & Wellness support program includes, for example: <ul style="list-style-type: none"> <li>HealthSteps fitness app</li> <li>Access to wellness resources</li> </ul>	✓	✓	✓	✓
Second Medical Opinion Service** Offers access to expert help on the best treatment options available, if you have been diagnosed with a serious illness or had surgery recommended	✓	✓	✓	✓

	NE Summit 1750	NE Summit 2500	NE Summit 4000	NE Summit 5000
<b>Out-patient Plan benefits</b>				
Pre-hospitalisation tests (covered when they are needed in the 72 hours before in-patient or day-care treatment)	US\$ 1,000			
Video consultation services**	⊗			
Medical practitioner fees	⊗			
Prescribed drugs and dressings	⊗			
Specialist fees	⊗	US\$ 5,000	US\$ 15,000	✓
Diagnostic tests	⊗			
MRI scans	⊗			
Emergency out-patient treatment	⊗			
PET scans and CT-PET scans	⊗	✓	✓	✓
CT scans	⊗	✓	✓	✓
Post-hospitalisation physiotherapy (covered when required in the 90 days following in-patient or day-care discharge)	US\$ 750			
Prescribed physiotherapy (referral from doctor required) (initially limited to 12 sessions per condition)	⊗			✓
Prescribed speech therapy and occupational therapy	⊗	US\$ 1,500	US\$ 2,000	
Chiropractic treatment, osteopathy and podiatry (max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit)	⊗			US\$ 4,000
Homeopathy, Chinese herbal medicine, Tui na, cupping, bone setting, acupuncture and ayurvedic treatment	⊗	US\$ 300	US\$ 750	US\$ 1,500
Infertility treatment 	⊗	⊗	⊗	US\$ 16,200, per lifetime
Psychiatry and psychotherapy (Referral from doctor required for psychotherapy and initially limited to 10 sessions per condition)	⊗	US\$ 1,000	US\$ 2,000	US\$ 10,000

	NE Summit 1750	NE Summit 2500	NE Summit 4000	NE Summit 5000
Prescribed medical aids	US\$ 1,000	US\$ 1,000	US\$ 1,000	US\$ 2,000
Hormone replacement therapy	⊗	⊗	US\$ 500	US\$ 500
Dietician fees	⊗	⊗	⊗	4 visits
<b>Wellness Plan benefits</b>				
Vaccinations	US\$ 150	US\$ 150	US\$ 250	US\$ 250
Health and wellbeing checks including screening for the early detection of illness or disease	⊗ 	⊗ 	US\$ 500	US\$ 1,000
Cancer screening	Upgrade available – you can add this benefit to your plan	Upgrade available – you can add this benefit to your plan		
Annual hearing examination	⊗	⊗	⊗	US\$ 250
Annual eye examination	⊗	⊗	⊗	
<b>Maternity Plan benefits</b>				
Co-payment	⊗	10%	10%	10%
Routine maternity (in-patient and out-patient treatment) 	⊗	⊗  Ask us for other options available	⊗  Ask us for other options available	⊗  Ask us for other options available
Complications of pregnancy and childbirth 	⊗	US\$ 15,000 per pregnancy	US\$ 15,000 per pregnancy	US\$ 50,000 per pregnancy
Elective circumcision for newborn males	⊗	US\$ 500	US\$ 500	US\$ 500

## Our optional plans

The following plans are optional. You can select them to extend the cover of your NE Summit Plan, but you cannot buy them separately. Optional plans are subject to the maximum plan benefit limit on your Summit plan.

### Dental Plans




Please note that we offer various co-payment options for the Dental Plans: contact us to explore what's available to you. We also offer you the opportunity to tailor some of your benefit limits, to further tune your cover: talk to us for the options available.

		NE Summit 1750	NE Summit 2500	NE Summit 4000	NE Summit 5000
<b>Dental Plan benefits</b>					
Dental treatment	 6 months				
Dental surgery	 6 months		US\$ 750  Ask us for other options available	US\$ 1,000  Ask us for other options available	US\$ 1,500  Ask us for other options available
Periodontics	 6 months				
Dental prostheses	 6 months				
Orthodontic treatment				US\$ 500  Ask us for other options available	US\$ 1,000  Ask us for other options available
Dental implants					US\$ 500  Ask us for other options available



## Optical Plans

We offer you the opportunity to tailor some of your benefit limits, to further tune your cover: talk to us for the options available.

	NE Summit 1750	NE Summit 2500	NE Summit 4000	NE Summit 5000
<b>Optical Plan benefits</b>				
Prescribed glasses and contact lenses including eye examination	✘	80% refund, up to US\$ 250  Ask us for other options available	80% refund, up to US\$ 250  Ask us for other options available	80% refund, up to US\$ 500  Ask us for other options available
Laser eye treatment	✘	✘	US\$ 675	US\$ 1,350

## Repatriation Plan

### Repatriation Plan benefits

Medical repatriation	✔
<ul style="list-style-type: none"> <li>Where the necessary treatment is not available locally, you can choose to be medically repatriated to your home country instead of to the nearest appropriate medical centre. This benefit only applies when your home country is within your area of cover.</li> </ul>	✔
<ul style="list-style-type: none"> <li>Where ongoing treatment is required, we will cover hotel accommodation costs.</li> </ul>	✔
<ul style="list-style-type: none"> <li>Repatriation in the event of unavailability of adequately screened blood.</li> </ul>	✔
<ul style="list-style-type: none"> <li>If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs.</li> </ul>	Max. 14 days
Expenses for one person accompanying a repatriated person	US\$ 4,050
Travel costs of insured family members in the event of a repatriation	US\$ 2,700 per event

\*\* Certain services that may be included in your plan are provided by third party providers, such as the Employee Assistance Programme, Travel Security services, HealthSteps app, Second Medical Opinion and tele-medicine services. If included in your plan, these services will show in your Table of Benefits. These services are made available to you subject to your acceptance of the terms and conditions of your policy and the terms and conditions of the third parties. These services may be subject to geographical restrictions. The HealthSteps app does not provide medical or health advice and the wellness resources contained within Olive are for informational purposes only. The HealthSteps app and the wellness resources contained within Olive shouldn't be regarded as a substitute for professional advice (medical, physical or psychological). They are also not a substitute for the diagnosis, treatment, assessment or care that you may need from your own doctor. You understand and agree that the insurer, its reinsurers and administrators are not responsible or liable for any claim, loss or damage, directly or indirectly resulting from your use of any of these third party services.

## Area of cover

We offer a range of options in relation to geographical cover. The area of cover can be tailored for large group schemes.



Worldwide



Worldwide  
excluding USA



Middle East, Africa, South East  
Asia (excluding Hong Kong and  
Singapore) and the Indian sub-  
continent

The areas of cover are subject to our terms and conditions as stated in the Benefit Guide.

## Choice of medical networks

We offer a choice of medical networks you can select depending on your requirements:

- **Comprehensive Network:** includes all medical providers in our UAE network.
- **Comprehensive Network excl. CCAD:** includes all medical providers in our UAE network with exclusion of Cleveland Clinic Abu Dhabi.
- **Standard Network** includes all medical providers in our UAE network with exclusion of Cleveland Clinic Abu Dhabi, out-patient treatment at American Hospital, and hospitals in the Mediclinic Group.
- **RN Enhanced Network:** includes a list of selected providers that cover the full spectrum of medical services throughout the UAE.

We have contractual arrangements in place with the UAE clinics/hospitals and pharmacies included in our networks. Upon presentation of the Access Card (plus a Pharmacy Services Claim Form, in the case of pharmacies) each of these clinics/hospitals and pharmacies will provide their services and products without seeking immediate payment from members (unless the prescribed treatment is specifically excluded under your policy). Please note that where provided under the following benefits, cover is available on a reimbursement basis only i.e. the member will have to pay for eligible treatment and then complete and submit a claim for:

- Health and wellbeing checks including screening for the early detection of illness or disease
- All wellness benefits

# Talk to us, we love to help!

If you have any queries, please do not hesitate to contact us:

## **Cheryl Beattie**

 Tel: +971 56 9968347

 Email: [cheryl.beattie@international-healthcare.com](mailto:cheryl.beattie@international-healthcare.com)

## **Mohamad Hamadeh**

 Tel: +971 54 5867267

 Email: [mohamad.hamadeh@international-healthcare.com](mailto:mohamad.hamadeh@international-healthcare.com)