

Schedule of Benefits (Ziyarah – Etihad Plan)

Plan Name	Ziyarah – Etihad Plan
Benefits	Emergency “In Patient” Medical Conditions only
Limit per person	AED 1,000,000 for the coverage period.
Territorial Limit	United Arab Emirates
Network	Visitors Plan Network
Pre-existing and/ or Chronic Medical Conditions	Not Covered
Inpatient and Day Treatment	Network
Accommodation Type-Shared Room	100% covered
Hospital Accommodation & Services	100% covered
Consultant’s, Surgeon’s & Anesthetist’s Fees and other fee	100% covered
Ambulance for an emergency leading to hospital confinement only	100% covered
Pharmaceuticals during hospitalization only	100% covered
Physiotherapy & other Rehabilitation therapy during inpatient treatment only	100% covered
Post-Traumatic dental treatment (due to accidents during the coverage period within UAE only)	100% covered
Hospitalization for Covid-19 ¹	100% covered
Medical Evacuation and Repatriation	100% covered
Repatriation of Mortal Remains (Up to AED 10,000)	100% covered
Dental/ Maternity/ Optical	Not covered
Treatment out of Network (Unless medical emergency)	Not covered

- Covid-19 coverage, subject to:
 - Member should mandatorily conduct the PCR test for COVID 19 within 96 hours of the flight along with subsequent medical report confirming negative results
 - Excluded (1) Case not requiring Hospitalization (2) Any Quarantine (3) Any outpatient treatment and outpatient pharmaceuticals, (4) All types of testing related to Covid-19.
 - Other Policy terms and conditions applicable

(Quarantine – means to isolate, separate and restrict the movement of member who are asymptomatic or exhibit only mild symptoms for disease, in any designated quarantine facility such as but not limited to hospital, institutional facility, home isolation, etc. Also, includes mandatory requirement of quarantine applicable in different countries for passengers traveling in or out of the country)

COVERED SERVICES

Covered Services described in this section are Covered only if the services are assured in the Schedule of Benefits and as a result of an Emergency medical condition which has occurred during the Policy Period:

1. **Emergency Day Treatment.** Services and supplies provided in a Health Service Provider, when there is no overnight Confinement. This Benefit only applies to services, which cannot be provided in an outpatient facility, such as a Physician's office.
2. **Emergency Inpatient Hospital and Related Health Services.** Confinement, including room and board, and services and supplies provided during Confinement in a Hospital. Health Services must be provided by or through a Physician. Certain Health Services rendered during Policyholder's Confinement are subject to specific Benefit restrictions as described elsewhere in this Policy.
3. **Professional Fees for Surgical and Medical Services.** Professional fees for surgical services and other medical care provided by or through a Physician. Health Services must be provided in a Hospital setting.
4. **Ambulance Services.** Emergency ambulance transportation by a licensed ambulance service to the nearest Hospital where Emergency Health Services can be rendered. Coverage is only provided in the event of an Emergency.
5. **Hospitalisation Class/ Accommodation Type.** The class of hospitalisation for which Policyholder is entitled is defined in Schedule of Benefits.

The selection by the Policyholder of Coverage for a specific Hospitalisation Class does not guarantee the availability of that accommodation class for an admission into the Hospital. If Policyholder is admitted into a more expensive Hospitalisation Class than has been contracted for, the Policyholder will be responsible for all charges in excess of those that would have been incurred under the Hospitalisation Class indicated in Schedule of Benefits.

6. **Inpatient Prescribed Drugs.** Coverage is only provided for prescription drugs prescribed by a licensed Physician during Hospitalisation.
7. **Inpatient Physiotherapy.** Physical therapy services provided during inpatient treatment. Physical therapy must be provided under the direction of a Physician and approved in advance by Daman.
8. **Medical Evacuation and repatriation.**
Coverage for the costs of emergency evacuation is offered if:
 - Eligible Person needs to be admitted for an emergency in-patient treatment, and
 - Daman appointed doctor and the treating doctor believe Eligible Person current or nearest medical facilities are not able to provide the treatment Eligible Person need.
 - Daman will cover the costs of repatriating Eligible Person to country of residence a country that Eligible Person hold a passport for if we have agreed to cover Eligible Person emergency evacuation.
 - Daman will not cover the cost of evacuating or repatriating Eligible Person if Eligible Person decides to travel elsewhere or to country of residence for treatment and Daman believes the nearest medical facilities are adequate for Eligible Person treatment.
9. **Repatriation of Mortal Remains** – In the unfortunate event of an Eligible Person's death, Daman will pay the necessary cost for transporting the Eligible Person's mortal remains to country of residence. Benefit provides coverage for reasonable and necessary expenses for embalming, an appropriate container for transportation, and shipping costs to transport the Eligible Person's remains via the most direct and economical route. This Benefit does not include funeral, burial, or cremation expenses or related containment expenses for items such as urns or coffins or any other expenses unless expressly mentioned herein.

All Emergency cases do not require prior approval but should be notified to Daman within 24 hours.

GENERAL EXCLUSION

- 1) Healthcare Services, which are not medically necessary.
- 2) All Elective and /or non-Emergency medical condition.
- 3) Any Health Services that are received as Out-of-Hospital benefits.
- 4) All pre-existing and/or Chronic Medical Conditions.
- 5) All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
- 6) Custodial care includes
 - (1) Non-medical treatment services; or
 - (2) Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
- 7) Services which do not require continuous administration by specialized medical personnel.
- 8) Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
- 9) Healthcare Services that are not performed by Authorised Healthcare Service Providers, apart from Healthcare Services rendered in a Medical Emergency.
- 10) Prosthetic devices and consumed medical equipments.
- 11) Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports activities.
- 12) Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
- 13) Mental Health diseases, in-patient treatments, unless the condition is a transient mental disorder or an acute reaction to stress.
- 14) Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency).
- 15) Services rendered by any medical provider related to a patient for example the Policyholder's family, including spouse, brother, sister, parent or child.
- 16) All Healthcare services & Treatments for in-vitro fertilization (IVF), embryo transport; ovum and male sperms transport.
- 17) Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A.
- 18) Air or Terrestrial Medical evacuation except for Emergency cases or unauthorised transportation services.
- 19) Health services and associated expenses for organ and tissue transplants, irrespective of whether the Policyholder is a donor or recipient.
- 20) Injuries or illnesses suffered by the Policyholder as a result of military operations of whatever type.
- 21) Injuries or illnesses suffered by the Policyholder as a result of wars or acts of terror of whatever type.
- 22) Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
- 23) Injuries resulting from natural disasters (including but not limited to) earthquakes, tornados and any other type of natural disaster.
- 24) Injuries resulting from criminal acts or resisting authority by the Policyholder.
- 25) Healthcare services for patients suffering from AIDS and its complications.
- 26) 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.
- 27) All cases resulting from the use of alcohol, drugs and hallucinatory substances.
- 28) Any test or treatment not prescribed by a doctor.
- 29) Injuries resulting from attempted suicide or self-inflicted injuries.
- 30) Diagnosis and treatment services for complications of exempted illnesses.
- 31) All healthcare services for internationally and locally recognised epidemics.
- 32) Venereal sexually transmitted diseases.