

# Summit Plans for the Northern Emirates

For small and medium corporate groups

Available for corporate groups of three employees or more.

# Table of Benefits

Valid from 1<sup>st</sup> August 2025



## Policy terms and conditions

This Table of Benefits was designed for promotional purposes 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 limit.
-  Not available.
-  Waiting period applies.
-  Treatments/costs require pre-authorization through submission of a Pre-authorization Form. Details of our pre-authorization 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 limit  | US\$ 1,750,000  | US\$ 2,500,000  | US\$ 4,000,000  | US\$ 5,000,000  |
| Co-payment options<br>Co-payments apply to all benefits included in both the Out-patient Plan and the Core Plan, where treatment is 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</li> </ul> A separate co-payment may apply to the Maternity Plan, as well as the Dental Plan and Optical Plan (if included). |  | No co-payment<br><br>or<br>10% up to max.<br>US\$ 14 per visit<br><br>or<br>20% up to max.<br>US\$ 28 per visit | No co-payment<br><br>or<br>10% up to max.<br>US\$ 14 per visit<br><br>or<br>20% up to max.<br>US\$ 28 per visit | No co-payment<br><br>or<br>10% up to max.<br>US\$ 14 per visit<br><br>or<br>20% up to max.<br>US\$ 28 per visit |

### Core Plan benefits

|  |   |   |   |   |
|--|---|---|---|---|
| Hospital accommodation    | Private room  | Private room  | Private room  | Private room  |
| Intensive care    |  |  |  |  |
| Prescribed drugs and dressings<br>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<br>In-patient and day-care treatment only   | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| Surgical appliances and materials  | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| Diagnostic tests<br>In-patient and day-care treatment only   | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| Organ transplant<br>In-patient treatment only  | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| Psychiatry and psychotherapy<br>In-patient and day-care treatment only   | Max. 30 days, up to<br>US\$ 5,000 | Max. 30 days, up to<br>US\$ 5,000 | Max. 30 days, up to<br>US\$ 10,000 | ✓                              |
| Accommodation costs for one parent staying in hospital with an<br>insured child under 18   | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| Reconstructive surgery<br>To restore natural function or appearance after a disfiguring accident or surgery for<br>cancer<br>Where treatment for the accident or initial surgery is covered by this policy   | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| CT and MRI scans<br>In-patient and day-care treatment only   | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| PET and CT-PET scans<br>In-patient and day-care treatment only   | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| Emergency in-patient dental treatment  | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| Day-care treatment   | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| Kidney dialysis<br>In-patient, day-care and out-patient treatment  | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| Out-patient surgery  | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| Nursing at home or in a convalescent home<br>Immediately after or instead of hospitalisation   | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| Rehabilitation treatment<br>In-patient, day-care and out-patient treatment; must commence within 14 days of<br>discharge after the acute medical and/or surgical treatment ceases<br>Covered only if you've received in-patient treatment for three or more consecutive days/<br>nights for the same medical condition | Max. 30 days<br>per discharge     | Max. 60 days<br>per discharge     | Max. 90 days<br>per discharge      | Max. 120 days<br>per discharge |
| Local ambulance  | ✓                                 | ✓                                 | ✓                                  | ✓                              |
| Post-hospitalisation treatment<br>Covered when it is needed in the 90 days following discharge from in-patient or day-care<br>treatment for the same acute medical condition   | ✓                                 | ✓                                 | ✓                                  | ✓                              |

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|--|------------------------------|------------------------------|---|-------------------------|
| Emergency treatment outside area of cover<br>For trips of a maximum period of six weeks  | US\$ 13,500,<br>max. 42 days | US\$ 13,500,<br>max. 42 days | ✔<br>max. 42 days   | ✔<br>max. 42 days       |
| Medical evacuation<br>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<br>In the event of <b>non-emergency</b> treatment   |                              |                              |    |                         |
|  |                              |                              | Available to add to your plan if you want to upgrade your medical evacuation cover – talk to us for more information.                                   |                         |
| Travel costs for one person accompanying an evacuated person   | ✔                            | ✔                            | ✔   | ✔                       |
| Travel costs of insured family members in the event of an evacuation   | ✘                            | US\$ 2,700<br>per event      | US\$ 2,700<br>per event   | US\$ 2,700<br>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<br>per event      | US\$ 2,700<br>per event   | US\$ 2,700<br>per event |
| Travel costs of insured members to be with a close relative who is at peril of death or who has died<br>One round trip per insured member per Insurance Year | ✘                            | ✘                            | ✔   | ✔                       |
| Oncology<br>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                |
| Preventive surgery<br>In-patient, day-care and out-patient treatment   | ✘                            | ✘                            | US\$ 40,500   | US\$ 40,500             |
| Bariatric surgery<br>In-patient, day-care and out-patient treatment  | ✘                            | ✘                            | ✘<br><br>Upgrade available – you can add this benefit to your plan | US\$ 20,000             |

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|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| In-patient cash benefit (per night)<br>Where treatment has been received free of charge   | US\$ 125,<br>max. 20 nights |
| Congenital conditions<br>In-patient and day-care treatment only   | ⊗                           | US\$ 25,000 per lifetime    | US\$ 50,000 per lifetime    | US\$ 100,000 per lifetime   |
| Out-patient dental treatment<br>Required as follow-up to an in-patient stay for accidental damage to natural teeth<br>Covered when required in the 90 days following discharge from in-patient treatment  | ✓                           | ✓                           | ✓                           | ✓                           |
| Emergency out-patient dental treatment<br>Can also be reimbursed within the terms of any separate Dental Plan   | ⊗                           | US\$ 500                    | US\$ 750                    | US\$ 1,500                  |
| Palliative care<br>In-patient, day-care and out-patient treatment   | ⊗                           | ✓                           | ✓                           | ✓                           |
| Long term care<br>In-patient, day-care and out-patient treatment  | Max. 90 days per lifetime   |
| HIV/AIDS treatment<br>In-patient, day-care and out-patient treatment  | ⊗                           | US\$ 5,000                  | US\$ 10,000                 | US\$ 15,000                 |
| Accidental death<br>Insured members aged 18 to 70   | ⊗                           | ⊗                           | ⊗                           | US\$ 13,500                 |
| <b>Additional Core Plan services</b>  |                             |                             |                             |                             |
| Employee Assistance Programme**<br>Offers access to a range of 24/7 multilingual support services as follows: <ul style="list-style-type: none"> <li>Confidential and professional counselling up to 5 sessions per issue, per calendar year (in-person, phone and video)</li> <li>Legal and financial referral services</li> <li>Wellness website access</li> </ul>              | ✓                           | ✓                           | ✓                           | ✓                           |
| Travel Security Services**<br>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**<br>Our Health & Wellness support program includes, for example: <ul style="list-style-type: none"> <li>Fitness app</li> <li>Access to wellness resources</li> </ul>   | ✓                           | ✓                           | ✓                           | ✓                           |
| Second Medical Opinion Service**<br>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<br>Covered when they are needed in the 72 hours before in-patient or day-care treatment  | US\$ 1,000     |   |  |  |
| Video consultation services**<br>Accessed via our TeleHealth Hub   | ⊗              |   |  |  |
| Medical practitioner fees  | ⊗              |   |  |  |
| Prescribed drugs and dressings   | ⊗              | US\$ 5,000<br>or ask us for other options available | US\$ 15,000<br>or ask us for other options available | ✓<br>or ask us for other options available |
| Specialist fees  | ⊗              |   |  |  |
| Diagnostic tests   | ⊗              |   |  |  |
| MRI scans  | ⊗              |   |  |  |
| Emergency out-patient treatment  | ⊗              |   |  |  |
| PET scans and CT-PET scans   | ⊗              | ✓   | ✓  | ✓  |
| CT scans   | ⊗              | ✓   | ✓  | ✓  |
| Post-hospitalisation physiotherapy<br>Covered when required in the 90 days following in-patient or day-care discharge  | US\$ 750       |   |  |  |
| Prescribed physiotherapy<br>Referral from doctor required<br>After every 12 sessions, your doctor or therapist needs to provide a progress report and a treatment plan for your condition                                    | ⊗              |   |  | ✓  |
| Prescribed speech therapy and occupational therapy   | ⊗              | US\$ 1,500  | US\$ 2,000   |  |
| Chiropractic treatment, osteopathy and podiatry<br>After every 4 sessions, your therapist needs to provide a progress report and a treatment plan for your condition   | ⊗              |   |  | US\$ 4,000                                 |
| Homeopathy, Chinese herbal medicine, Tui na, cupping, bone setting, acupuncture and ayurvedic treatment<br>After every 4 sessions, your therapist needs to provide a progress report and a treatment plan for your condition | ⊗              | US\$ 300  | US\$ 750   | US\$ 1,500                                 |
| Fertility treatment<br><b>12 month waiting period applies</b>   | ⊗              | ⊗   | ⊗  | US\$ 16,200, per lifetime                  |

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|--|---|---|---|---|
| Psychiatry and psychotherapy<br>Referral from doctor required for psychotherapy and initially limited to 10 sessions per condition | ✗   | US\$ 1,000  | US\$ 2,000  | US\$ 10,000   |
| Developmental delay  | ✗   | ✗   | ✗   | US\$ 5,000  |
| Prescribed medical aids  | US\$ 1,000  | US\$ 1,000  | US\$ 1,000  | US\$ 2,000  |
| Prescribed vitamins, minerals and supplements  | ✗   | ✗<br><br>Upgrade available – you can add this benefit to your plan   | ✗<br><br>Upgrade available – you can add this benefit to your plan | ✗<br><br>Upgrade available – you can add this benefit to your plan |
| Hormone replacement therapy  | ✗   | ✗   | ✓   | ✓   |
| Dietician fees   | ✗   | ✗   | ✗   | 4 visits  |
| <b>Wellness Plan benefits</b>  |   |   |   |   |
| Vaccinations   | US\$ 150  | US\$ 150  | US\$ 250<br><br>or ask us for other options available              | US\$ 250<br><br>or ask us for other options available              |
| Health and wellbeing checks including screening for the early detection of illness or disease                                      | ✗<br><br>Upgrade available – you can add this benefit to your plan | ✗<br><br>Upgrade available – you can add this benefit to your plan | US\$ 500<br><br>or ask us for other options available            | US\$ 1,000<br><br>or ask us for other options available          |
| Cancer screening   | ✗<br><br>Upgrade available – you can add this benefit to your plan | ✗<br><br>Upgrade available – you can add this benefit to your plan | or ask us for other options available   | or ask us for other options available   |
| Annual hearing examination   | ✗   | ✗   | ✗   | US\$ 250  |
| Annual eye examination   | ✗   | ✗   | ✗   | US\$ 250  |

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|---|----------------|--|--|--|
| <b>Maternity Plan benefits</b>  |                |  |  |  |
| Co-payment  | ⊗              | 10%  | 10%  | 10%  |
| Routine maternity<br>In-patient and out-patient treatment<br><b>12 month waiting period applies</b> | ⊗              | ⊗<br>Upgrade available – you can add this benefit to your plan | ⊗<br>Upgrade available – you can add this benefit to your plan | ⊗<br>Upgrade available – you can add this benefit to your plan |
| Complications of pregnancy and childbirth<br><b>12 month waiting period applies</b>                 | ⊗              | 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 can't buy them separately. Optional plans are subject to the maximum plan 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 about the options available.

|  | NE Summit 1750 | NE Summit 2500                                    | NE Summit 4000                                      | NE Summit 5000                                      |
|--|----------------|---|---|---|
| <b>Dental Plan benefits</b>  |                |   |   |   |
| Dental treatment<br><b>6 month waiting period applies</b>  | ⊗              |   |   |   |
| Dental surgery<br><b>6 month waiting period applies</b>  | ⊗              | US\$ 750<br>or ask us for other options available | US\$ 1,000<br>or ask us for other options available | US\$ 1,500<br>or ask us for other options available |
| Periodontics<br><b>6 month waiting period applies</b>  | ⊗              |   |   |   |
| Dental prostheses<br><b>6 month waiting period applies</b>   | ⊗              |   |   |   |
| Orthodontic treatment<br>Please contact us and submit the details we will require before starting treatment, so we can verify if you are covered | ⊗              | ⊗   | US\$ 500<br>or ask us for other options available   | US\$ 1,000<br>or ask us for other options available |
| Dental implants  | ⊗              | ⊗   | ⊗   | US\$ 500<br>or 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 about 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<br><br>or ask us for other options available | 80% refund, up to US\$ 250<br><br>or ask us for other options available | 80% refund, up to US\$ 500<br><br>or 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         |
| Travel costs 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, fitness 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 fitness app does not provide medical or health advice and the wellness resources contained within Olive are for informational purposes only. The fitness 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 for geographical cover, which can be customised to suit the needs of large group schemes.



Worldwide



Worldwide  
excluding USA

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:

## **Mohamad Hamadeh**

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