

## Patient Details

|                    |                                         |
|--------------------|-----------------------------------------|
| Card Number        | 097110040140106201                      |
| DHA Member ID      | I008-036-115598532-03                   |
| Mobile Number      | United Arab Emirates (+ 971 ) 502283582 |
| Email              |                                         |
| Identification     | Emirates ID :                           |
| First Name         | MUHSIN                                  |
| Last Name          | KHASHEH                                 |
| Date of Birth      | 24 Jan 1974                             |
| Gender             | Male                                    |
| Start Date         | 30 Jun 2022                             |
| Expiry Date        | 29 Jun 2023                             |
| Member Network     | Gold                                    |
| Policy Holder      | OMNICELL INTERNATIONAL INC.             |
| Policy Issued From | Dubai-DHA                               |

## Member Benefits

|                          |                                  |
|--------------------------|----------------------------------|
| Payer's Name             | Orient Insurance PJSC_Enhanced_4 |
| Assist America Coverage  | YES                              |
| Package Default Network  | Gold                             |
| Approvals Classification | Standard                         |
| HAAD/DHA Approval Number | DHA-MN5369A                      |

|                                                         |                                  |
|---------------------------------------------------------|----------------------------------|
| Territory of Coverage                                   | Worldwide Excluding USA & Canada |
| Pre-Existing Conditions Waiting Period                  | 0 Month(s)                       |
| Chronic Condition Waiting Period                        | 0 Month(s)                       |
| Outpatient Plan                                         | Covered                          |
| Physician Consultation Copayment                        | 20%                              |
| Physician Consultation Copay Maximum Amount             | 50 AED                           |
| Laboratory Services Copayment                           | 0%                               |
| Radiology Services Copayment                            | 0%                               |
| Outpatient Services Copayment                           | 0%                               |
| Pharmaceutical Copayment                                | 0%                               |
| Dental Coverage                                         | Covered                          |
| Dental Access                                           | 02 Reimbursement & Free Access   |
| Dental Copayment                                        | 20%                              |
| Alternative Medicine                                    | Covered                          |
| Alternative Medicine Access                             | 02 Reimbursement & Free Access   |
| Alternative Medicine Copayment                          | 10%                              |
| Optical Plan                                            | Covered                          |
| Optical Copayment                                       | 0%                               |
| Optical Access                                          | 01 Reimbursement                 |
| Wellness Access                                         | 01 Reimbursement                 |
| Vaccination Access                                      | 03 Not Covered                   |
| Vaccination Copayment                                   | 0%                               |
| Out Mat Physician Consultation Copayment                | 0%                               |
| Out Mat Physician Consultation Copayment Maximum Amount | 0 AED                            |
| Out Mat Laboratory Copayment                            | 0%                               |

|                                   |                       |
|-----------------------------------|-----------------------|
| Out Mat Radiology Copayment       | 0%                    |
| Out Mat Pharmaceuticals Copayment | 0%                    |
| Maternity IP Plan                 | Not Covered           |
| Physiotherapy Services Copayment  | 0%                    |
| Inpatient Copay                   | 0%                    |
| DHA Member Registration ID        | I008-036-115598532-03 |

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**DISCLAIMER:**

ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SUBMISSION.  
CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.

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