

## Patient Details

|                    |                                         |
|--------------------|-----------------------------------------|
| Card Number        | 097110780056122801                      |
| DHA Member ID      | I035-036-113400285-06                   |
| Mobile Number      | United Arab Emirates (+ 971 ) 507683993 |
| Email              |                                         |
| Identification     | Emirates ID :                           |
| First Name         | RAMI                                    |
| Last Name          | JANDALI                                 |
| Date of Birth      | 16 Aug 1992                             |
| Gender             | Male                                    |
| Start Date         | 01 Jan 2023                             |
| Expiry Date        | 31 Dec 2023                             |
| Member Network     | Silver Premium                          |
| Policy Holder      | SALAMA GT                               |
| Policy Issued From | Dubai-DHA                               |

## Member Benefits

|                          |                                            |
|--------------------------|--------------------------------------------|
| Payer's Name             | Islamic Arab Insurance Co. (P.S.C.)_TPA_78 |
| Assist America Coverage  | YES                                        |
| Package Default Network  | Silver Premium                             |
| Approvals Classification | Standard                                   |
| HAAD/DHA Approval Number | DHA-SIAC-MNG-502                           |

|                                             |                                                                                                                                |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Territory of Coverage                       | UAE, Arab Countries, South East Asia, Iran & Afghanistan                                                                       |
| Special Remark for Provider                 | 20% Co-Pay on all OP services (incl. consultation) at<br>Mediclinic, Al Zahra, Suleiman Habib & Saudi German Groups<br>applied |
| 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                           | 10%                                                                                                                            |
| Optical Access                              | 02 Reimbursement & Free Access                                                                                                 |
| Wellness Access                             | 01 Reimbursement                                                                                                               |
| Vaccination Plan                            | Covered                                                                                                                        |
| Vaccination Access                          | 01 Reimbursement                                                                                                               |

|                                                         |                       |
|---------------------------------------------------------|-----------------------|
| 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                              | I035-036-113400285-06 |

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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.