

ESSENTIAL MEDICAL POLICY

Frequently Asked Questions



YOUR QUESTIONS	OUR ANSWERS
What is the Essential Medical Policy?	The Essential Medical Plan will provide Sharjah and Northern Emirates Residents holding valid Visas with access to good healthcare to pay for any emergency or curative health care needs.
What is the applicable territorial scope of coverage?	UAE (Excluding the Emirate of Abu Dhabi & Al Ain Region); Emergency extension to UAE; Home country (Excluding USA & Canada)
Who is eligible to buy?	<ul style="list-style-type: none"> Sharjah and Northern Emirates Visa holders can buy this product for themselves and/or their Spouse and Children. RAK Essential Benefits can also be bought for Domestic staff. The Policy can be bought either by the sponsor of the staff member or the staff member themselves.
What is the annual aggregate limit?	<p>There is a limit of AED75,000 per insured member per annum including any co-insurance and/or deductibles. The following are the sub-limits per annum:</p> <ul style="list-style-type: none"> In-patient sub-limit: AED50,000 Out-patient sub-limit: AED25,000 Pre-existing and chronic condition sub-limit: AED30,000
Who is the Third Party Administrator (TPA)/Provider and what is the name of the network offered?	Fortunecare TPA Healthcare is the Third Party Administrator and Fortune Basic Network is the network name.
Are Pre-existing and Chronic conditions covered?	Pre-existing and chronic conditions are not covered for the first 9 months of first scheme membership.
Is there any Maternity cover under RAK Essential Medical Plan? If yes, is there a waiting period?	Maternity is not covered for the first 9 months of first scheme membership. However, on the 10th month, females between 18 to 45 years old who are married are covered for the specified out-patient and in-patient services related to maternity or pregnancy.
What is "co-insurance"?	Co-insurance is a percentage of the costs of consultations, treatments, tests, drugs and medicines that you have to pay. The details of the co-insurance applicable to different services / treatments can be found in the Product Snapshot.
If an individual is unemployed and is on the spouse's visa, is it possible to arrange cover on their behalf?	The Sponsor of the individual can apply for the medical insurance for the Dependent.
How can a member of Domestic staff purchase this insurance?	Domestic staff such as maids, nannies, gardeners or drivers can either have the insurance purchased via their sponsor or can buy it themselves.
What is meant by referral procedure for in-patient and out-patient treatment?	Referral procedure means that in the first instance you must consult a General Practitioner (GP) licensed by the Ministry of Health to cover the consultation of any specialist / consultant doctor in the Policy. The General Practitioner will evaluate if your medical condition needs a Specialist's opinion and subsequently refer you to the Specialist or Consultant.

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Will every Policyholder receive a health insurance card in his/her name?	Health insurance cards will be issued for each member in the Policy which can be presented to the selected medical facilities to serve as identification and therefore access the benefits under the Policy.
Is there any pre-approval / authorisation process applicable for this Policy?	Pre- authorisation/approval is not needed in emergency situations like accidents or sudden illness where immediate medical attention is warranted. Pre-authorisation must be obtained from Fortunecare TPA Healthcare to access certain services, (refer to the Table of Benefits for more details). If any approval is required, contact Fortunecare TPA Healthcare on 800 87204320584 or email at info@fortunecare.ae .
What is the claim process?	The Member can present their health insurance to the Provider to access the benefits offered in the plan.

For further queries, please contact RAK Insurance on 800 RAKI (7254) or email us at online@rakinsurance.com quoting your policy number in all cases.