

**Policy Number** 0787020000 - CITIBANK N.A. DUBAI  
**Certificate No.** 6972 **Dependent:** 1  
**Policy Name** CITIBANK N.A. DUBAI  
**Member Name** RUBEN PAVLOVICH  
**Mobile Number** 971502622773  
**Email Address** ruben.pavlovich@gmail.com  
**Coverage Status** Active  
**Member Date Of Birth** 14/05/1994  
**Member Gender** Male  
**VIP Status** No  
**Active Medical Coverage** Medical / Dental / Optical / Maternity  
**In Network** Yes  
**Card Expiry Date** 31/12/2024  
**Emirates/Country** DUBAI  
**Pre-Existing Conditions**

**Medical Copay O/P** 20.0% upto AED 50  
**Medical Copay I/P** NIL  
**Dental Copay** NIL  
**Medical Coinsurance O/P** 100%  
**Medical Coinsurance I/P** 100%  
**Pharmacy Copay** NIL  
**Dental Coinsurance** 80.0%  
**Pharmacy Coinsurance** 100%  
 Alternative Treatment IP Copay 100%  
 Alternative Treatment IP Coinsurance 80.0  
 Alternative Treatment IP Deductible 100%  
 Alternative Treatment OP Copay 100%  
 Alternative Treatment OP Coinsurance 80.0  
 Alternative Treatment OP Deductible 100%  
 Influenza vaccine Copay 100%  
 Influenza vaccine Coinsurance 100%  
 Influenza vaccine Deductible 100%  
 Mandatory vaccination Copay 100%  
 Mandatory vaccination Coinsurance 100%  
 Mandatory vaccination Deductible 100%  
 Psychiatry IP Copay 100%  
 Psychiatry IP Coinsurance 100%  
 Psychiatry IP Deductible 100%  
 Psychiatry OP Copay 100%  
 Psychiatry OP Coinsurance 80.0  
 Psychiatry OP Deductible 100%

[E Mail Technical Support](#)

DENTAL

**Additional Information :**

20% Coinsurance in Psychiatric consultation ONLY  
 Day case will follow OP patient share"