

**Policy Coverage for the Facility - PY09974 - Print Form**

Eligibility Verification Date - **08/11/2024**

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|                                  |   |
|----------------------------------|---|
| <b>Policy Number</b>             | 6251300048 - DELOITTE & TOUCHE ME-AUH STAFF FLX RA  |
| <b>Certificate No.</b>           | 202010847 <b>Dependent:</b> 1   |
| <b>Policy Name</b>               | DELOITTE & TOUCHE ME-AUH STAFF FLX RA   |
| <b>Member Name</b>               | HARATA NG   |
| <b>Mobile Number</b>             | 447411558111  |
| <b>Email Address</b>             | harnng@deloitte.com   |
| <b>Coverage Status</b>           | Active  |
| <b>Member Date Of Birth</b>      | 25/03/1992  |
| <b>Member Gender</b>             | Male  |
| <b>VIP Status</b>                | No  |
| <b>Active Medical Coverage</b>   | Medical / Dental / Optical / Maternity  |
| <b>In Network</b>                | <b>Yes</b>  |
| <b>Coverage in this facility</b> | In-Patient : Covered<br>Out-Patient : Covered<br>Maternity IP : Covered<br>Maternity OP : Covered |
| <b>Card Expiry Date</b>          | 31/03/2025  |
| <b>Emirates/Country</b>          | ABU DHABI   |
| <b>Pre-Existing Conditions</b>   |   |
| <b>Additional Remarks</b>        |   |

|   |                 |
|---|-----------------|
| <b>Medical Copay O/P</b>                | <b>AED 50.0</b> |
| <b>Medical Copay I/P</b>                | <b>NIL</b>      |
| <b>Dental Copay</b>                     | <b>NIL</b>      |
| <b>Medical Coinsurance O/P</b>          | <b>100%</b>     |
| <b>Medical Coinsurance I/P</b>          | <b>100%</b>     |
| <b>Pharmacy Copay</b>                   | <b>NIL</b>      |
| <b>Dental Coinsurance</b>               | <b>80.0%</b>    |
| <b>Pharmacy Coinsurance</b>             | <b>100%</b>     |
| Alternative Treatment IP IP Copay       | 100%            |
| Alternative Treatment IP IP Coinsurance | 100%            |
| Alternative Treatment IP IP Deductible  | 100%            |
| Alternative Treatment OP OP Copay       | 100%            |
| Alternative Treatment OP OP Coinsurance | 100%            |
| Alternative Treatment OP OP Deductible  | 100%            |
| MANDATORY VACCINE Copay                 | 100%            |
| MANDATORY VACCINE Coinsurance           | 100%            |
| MANDATORY VACCINE Deductible            | 100%            |
| Psychiatry IP IP Copay                  | 100%            |
| Psychiatry IP IP Coinsurance            | 100%            |
| Psychiatry IP IP Deductible             | 100%            |
| Psychiatry OP OP Copay                  | 100%            |
| Psychiatry OP OP Coinsurance            | 100%            |
| Psychiatry OP OP Deductible             | 100%            |

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DENTAL  Print Form

**Additional Information :**

Day case will follow OP patient share