

**Policy Number** 0787020000 - CITIBANK N.A. DUBAI  
**Certificate No.** 6276 **Dependent:** 1  
**Policy Name** CITIBANK N.A. DUBAI  
**Member Name** ASHWIN SENTHIL KUMAR  
**Mobile Number** 971563447644  
**Email Address** ashwinsk@outlook.com  
**Coverage Status** Active  
**Member Date Of Birth** 25/09/1998  
**Member Gender** Male  
**VIP Status** No  
**Active Medical Coverage** Medical / Dental / Optical / Maternity  
**In Network** Yes  
**Card Expiry Date** 31/12/2022  
**Pre-Existing Conditions**

<b>Medical Copay O/P</b>	<b>20.0% upto AED 50</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 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  Print Form

**Additional Information :**

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