

BASIC PLAN FOR EXPAT MAIDS WORKERS SERVICES CENTER

Summary of Benefits		CAT D
Area of Cover (Elective & Emergency treatment)		U.A.E + Home country*
Overall Annual Limit		*Only In Patient will be covered in Home countries (Out Patient treatment NOT covered) AED 150,000 per insured member per year
A In Patient Benefits		1. Co-insurance of 20% for all inpatient services subject to a ceiling of AED 500 per claim and AED 1,000 in aggregation (maximum per year).
1 Patient accommodation		Shared room 20% co-insurance with maximum ceiling 1
2 Tests, diagnosis, treatments and surgeries in hospitals for non- urgent medical cases		Shared room 20% co-insurance with maximum ceiling 1
3 Emergency treatments		Shared room 20% co-insurance with maximum ceiling 1
4 Transportation services for medical emergencies by an authorized party		Shared room 20% co-insurance with maximum ceiling 1
5 Accommodation for a person accompanying an insured child up to 16 years of age or accompanying person in the same room in case of critical conditions and as per recommendation of attending physician.		Covered up to AED 100 per night Shared room 20% co-insurance with maximum ceiling1
6 Gatekeeping		Referral procedure: In respect of Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The GP must make his referral together with reasons via the DHA e-Referrals system (or other such temporary manual system) for the claim to be considered by the Insurer.
B Out Patient Benefits		
1 Examination, diagnostic and treatment services of clinics and health centres by general practitioners and specialists, provided that the insured member is referred to a specialist and/or consultant by a general practitioner. Follow ups are exempted from fees if made within a week from the date of first examination		GP consultation & Specialist consultation on referral from GP 20% co-insurance
2 Laboratory tests		Covered 20% co-insurance
3 X-ray diagnostic services including MRI, CT scans and endoscopies		Covered 20% co-insurance
4 Physiotherapy treatment. Subject to referral from a specialist and prior approval		6 sessions covered every year covered 20% co-insurance
5 Cost of medicine – pharmacy		Covered with a limit of AED 2,500 per year including co-insurance. Co-insurance: 30% Coverage as per DHA approved formulary.
6 Gatekeeping		Referral procedure: In respect of Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The GP must make his referral together with reasons via the DHA e-Referrals system (or other such temporary manual system) for the claim to be considered by the Insurer
C Maternity		
1 Inpatient Maternity		Normal Delivery: AED 10,000 per policy year. Medically necessary C-Section, abortion and other maternity complications: AED 10,000 per policy year 10% coinsurance applicable on all services (all limits include coinsurance). Maternity complications, if leading to emergency, will need to be covered up to the annual indemnity. Waiting period on pre-existing condition does not apply to maternity.
2 Outpatient Maternity		Antenatal Care 8 visits to primary healthcare facility. All consultations by PHC Obstetrician for low risk or Specialist Obstetrician for high risk, on referral. Initial investigations includes the below: ☐ FBC and Platelets ☐ Blood group, Rhesus status and antibodies ☐ VDRL ☐ MSU & urinalysis ☐ Rubella serology ☐ HIV ☐ Hep C offered to high risk patients ☐ GTT if high risk ☐ FBS , random s or A1c for all due to high prevalence of diabetes in UAE Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols 3 ante-natal ultrasound scans. Visits to includes reviews, checks and tests in accordance with DHA Antenatal Care Protocols 10% coinsurance for all services.
D Other Benefits		
1 Maternity Complications		Where any condition develops which becomes life threatening to either the mother or the new born, the medically necessary expenses will be covered up to AED 150,000/-
2 New Born Cover		Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)
3 Preventive Services, Vaccines and Immunizations (within the Emirate of Dubai)		Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates (currently the same as Federal MOH) Preventive services as stipulated by DHA to include initially diabetes screening, Frequency restricted to: Diabetes: Every 3 years from age 30 High risk individuals annually from age 18 Hepatitis B Virus Screening and Treatment To be followed as per the guidelines to be laid out in the hepatitis B Support program by DHA Hepatitis C Virus Screening and Treatment To be followed as per the guidelines laid out in the hepatitis C Support program by DHA Cancer Screening and Treatment To be followed as per the guidelines laid out in the cancer support program (Colorectal, Cervical and Breast Cancer for LSB segment)

		Adult Pneumococcal Conjugate Vaccine. (As per DHA Adult Pneumococcal Vaccination guidelines)
4	Diagnostic and treatment services for dental and gum treatments	Covered only for life threatening medical emergency cases only, 20% coinsurance
5	Hearing and vision aids, and vision correction by surgeries and laser	Covered only for life threatening medical emergency cases only, 20% coinsurance
6	Organ Transplantation	Covered up to AED 100,000/- Per Person Per Annum Outpatient: 20% coinsurance payable by the insured per visit Covered up to limit of AED 800/- Per Person Per Annum
7	Mental Health	Outpatient counselling only Outpatient: 30% coinsurance payable by the insured per visit
8	Influenza Vaccine	Covered once per annum
9	Shingrix Vaccine (For NLSB members)	Covered only for members satisfying the eligibility criteria set by DHA. Limited to the cost of the vaccine and its administration only
10	Dialysis	Covered to a limit of AED 60,000/- Per Person Per Annum Outpatient: 20% coinsurance payable by the insured per visit
11	Dental Benefit (Dental consultation, extraction, fillings, root canal treatment, scaling, x-rays, antibiotics and prophylaxis).	Covered up to limit of AED 500/- Per Person Per Annum Outpatient: 30% coinsurance payable by the insured per visit No coinsurance if a follow-up visit is made within seven days
12	Body Repatriation	Covered up to AED 5,000/- pppy
13	Pre-existing & Chronic conditions	Waiting period of 6 months is applicable (Where a pre-existing or chronic condition develops into an emergency within the 6 month exclusion period this must be covered up to the annual aggregate limit.) Waiting period does not apply for members who were previously insured, subject to establishing continuity of coverage by providing the proof of previous medical insurance cover.
14	Network Applicable	NAS Value Lite Network (OP restricted to Clinics only)
15	Claims Settlement inside UAE	100% under direct billing & Not Covered outside the Network
16	Claims Settlement outside UAE (Applicable Home Country)	100% Incurred Cost subject to the maximum of 100% of applicable network rates in UAE (In Patient treatments only)
17	Emergency Treatment inside UAE	100% Incurred Cost
18	Emergency Treatment outside UAE (Applicable Home Country)	100% Incurred Cost subject to maximum of 100% of applicable network rates in UAE
D Exclusions (please refer DHA Exclusion)		

Excluded healthcare services except in cases of medical emergencies

1. Diagnostic and treatment services for dental and gum treatments
2. Hearing and vision aids, and vision correction by surgeries and laser

Excluded (non-basic) healthcare Services

1. Healthcare Services which are not medically necessary
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Care for the sake of travelling.
4. Custodial care including
 - (1) Non-medical treatment services;
 - (2) Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
5. Services that do not require continuous administration by specialized medical personnel.
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
7. All cosmetic healthcare services and services associated with replacement of an existing breast implant. Cosmetic operations which are related to an Injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body and breast reconstruction following a mastectomy for cancer are covered.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens.
10. Healthcare Services that are not performed by Authorized Healthcare Service Providers.
11. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
12. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
13. Treatment and services for contraception
14. Treatment and services for sex transformation, sterilization or intended to correct a state of sterility or infertility or sexual dysfunction. Sterilization is allowed only if medically indicated and if allowed under the Law.
15. External prosthetic devices and medical equipment.
16. Treatments and services arising as a result of professional sports activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other professional sports activities.
17. Growth hormone therapy unless medically necessary.
18. Costs associated with hearing tests, prosthetic devices or hearing and vision aids.
19. Mental Health diseases, both outpatient and in-patient treatments, unless it is an emergency condition.
20. Patient treatment supplies (including for example: elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments,) excluding supplies required as a result of Healthcare Services rendered during a Medical Emergency.
21. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment); any physical, psychiatric or psychological examinations or investigations during these examinations.
22. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree relatives.
23. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
24. Healthcare services for adjustment of spinal subluxation.
25. Healthcare services and treatments by acupuncture; acupressure, hypnosis, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
26. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
27. Elective diagnostic services and medical treatment for correction of vision
28. Nasal septum deviation and nasal concha resection.
29. All chronic conditions requiring haemodialysis or peritoneal dialysis, and related investigations, treatments or procedures.
30. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A and C.
31. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
32. Healthcare services for senile dementia and Alzheimer's disease.
33. Air or terrestrial medical evacuation and unauthorized transportation services.
34. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency that were not notified within 24 hours from the date of admission where possible.

35. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
36. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
37. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, , food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions); and all equipment not primarily intended to improve a medical condition or injury, including but not limited to: air conditioners or air purifying systems, arch supports, exercise equipment and sanitary supplies.
38. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
39. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or a recipient. This exclusion also applies to follow-up treatments and complications unless if left untreated will develop into an emergency.
40. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
41. Any expenses related to the treatment of sleep related disorders.
42. Services and educational programs for people of determination, this also includes disability types such as but not limited to mental, intellectual, developmental, physical and/or psychological disabilities.

Healthcare services outside the health insurance

1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
4. Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other type of natural disaster.
5. Injuries resulting from criminal acts or resisting authority by the Insured Person.
6. Injuries resulting from a road traffic accident.
7. Healthcare services for work related illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, and applicable laws in this respect.
8. All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances.
9. Any investigation or treatment not prescribed by a doctor.
10. Injuries resulting from attempted suicide or self-inflicted injuries.
11. Diagnosis and treatment services for complications of exempted illnesses.
12. All healthcare services for internationally and/or locally recognized epidemics.
13. Healthcare services for patients suffering from (and related to the diagnosis and treatment of) HIV – AIDS and its complications and all types of hepatitis except virus A and C hepatitis.