

PROPOSED BENEFIT SCHEDULE

2016 EXPAT SUPERIOR (EIC-DHA)

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INDIVIDUALS INSURABLE	Policy holder of any nationality and their family members. Persons who engage mostly in physical work also known as Blue-Collar-Work cannot be insured. Partners and children living together are regarded as family members
CONTRACTUAL BASIS	Terms and conditions of health insurance of the EXPAT Series (ME), part I and part II (2016 EXPAT SUPERIOR (EIC-DHA) tariff).
START OF INSURANCE COVER	The insurance cover commences on the first day of the month applied for, but not before the submission of the application and not before the premium has been paid.
DURATION OF INSURANCE	12 months with yearly renewal.
END OF INSURANCE COVER	The insurance policy may be cancelled by the policy holder and the insurance company at the end of each 12 months period in writing.
PREMIUM PAYMENTS	The premium is an annual premium and must be paid before insurance is issued. It becomes due again before each annual renewal.
DATA ON INSURED PERSONS STATE OF HEALTH	Health Declaration (Confidential medical history) must be submitted with application. Qualified medical history of the entire group to be insured may be applicable if available (Subject to insurers decision).

BENEFITS	
SUM INSURED PER ANNUM	Unlimited.
AREA OF COVER	Worldwide excluding USA, Canada, Japan and Singapore.
COVER OUTSIDE AREA OF COVER	Cover includes 30 days (accumulated) of life threatening emergency cover in the USA, Canada, Japan and Singapore per annum.

INPATIENT TREATMENT - The reimbursement rules of inpatient and outpatient treatments apply	
INPATIENT TREATMENT	100% of invoiced amount for hospital treatments (including operations, X-rays, radiation treatment and diagnostics) in approved network facilities as a private patient in a private room. 100% of elective out of network treatment is covered, if pre-authorization has been granted. Without pre-authorization elective treatment is covered with 75% of comparable costs in UAE facilities.
APPLICABLE PROVIDER NETWORK	Premium Network.
ACCOMMODATION	Private room.
PHYSICIAN, SURGEON & ANESTHETIST FEES	Covered.
SURGICAL APPLIANCES & PROSTHESES (IF SURGICALLY REQUIRED)	Covered.
KIDNEY TRANSPLANT AND/ OR DIALYSIS	Covered.
ONCOLOGY	Covered.
ORGAN TRANSPLANT (EXCLUDING DONOR'S EXPENSES)	Covered.
HIV/ AIDS	Covered.
REHABILITATION (IMMEDIATELY AFTER HOSPITALIZATION)	Not covered in respect to a stay in a spa or health resort, even if this involves a stay in hospital, else covered.

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MATERNITY	<p>Covered up to maternity annual limit for each normal delivery. Nine months waiting period is applicable for dependents who are confirmed pregnant after time of enrolment. Medically necessary C-section, complications and for medically necessary termination are covered up to annual limit.</p> <p>Newborn Cover: Covered for 30 days from birth as long as mother is insured. This includes Bacillus Calmette-Guerin (BCG), Hepatitis B and Neo-Natal Screening Tests (Phenylketonuria (PKU), Congenital Hypothyroidism, Sickle Cell Screening, Congenital Adrenal Hyperplasia).</p>
MATERNITY - ANNUAL LIMIT	Unlimited.
MATERNITY - ANTE-NATAL OUTPATIENT BENEFIT	<p>Covered as per the following:</p> <p>Eight visits: All care provided by Obstetrician for low risk or Specialist Obstetrician for high risk referrals.</p> <p>Nine months waiting period is applicable for dependents who are confirmed pregnant after time of enrolment.</p> <p>Initial investigations to include:</p> <ul style="list-style-type: none"> - Full Blood Count (FBC) and Platelets - Blood group, Rhesus status and Antibodies - Venereal Disease Research Laboratory Test (VDRL) - Midstream Specimen of Urine (MSU) and Urinalysis - Rubella Serology - Human Immunodeficiency Virus (HIV) - Hep C offered to high risk patients - Glucose Tolerance Test (GTT) if high risk - Fasting Blood Sugar (FBS), Random S or A1c <p>Visits include reviews, checks and tests in accordance with DHA Antenatal Care Protocols.</p> <p>Three (3) Ante-Natal Ultrasound Scans.</p>
INPATIENT CASH BENEFIT (WHERE INPATIENT TREATMENT HAS BEEN RECEIVED FREE OF CHARGE)	Covered up to 28 days where treatment has been received free of charge - AED 190 per night.
OUTPATIENT TREATMENT - The reimbursement rules of inpatient and outpatient treatments apply	
OUTPATIENT TREATMENT	100% of invoiced amount for outpatient treatments. Please refer to the Insurance Manual for procedures that require pre-authorisation.
APPLICABLE PROVIDER NETWORK	Premium Network.
DEDUCTIBLE/ EXCESS PAYABLE BY THE INSURED	Nil.
PRIMARY CONSULTATIONS/ MEDICAL PRACTITIONER (GP) FEES	Covered.
PHARMACEUTICALS, BANDAGES AND MEDICINES	Actual costs are covered if prescribed by a doctor and related to current treatment covered as per the terms and conditions.

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MAINTENANCE OF CHRONIC CONDITIONS	Covered.
EMERGENCY OUTPATIENT TREATMENT	Covered.
OUTPATIENT SURGERY	Covered.
DAY-CARE TREATMENT	Covered.
CT, MRI, & PET SCANS	Covered.
X-RAYS, DIAGNOSTIC TESTS AND PROCEDURES	Covered.
PSYCHIATRIC TREATMENT	Not covered.
PREVENTIVE CHECKUP	Yearly outpatient preventive checkup for early recognition of cancerous conditions (see Insurance Manual for specific checkups covered).
PREVENTIVE SERVICES, VACCINES, AND IMMUNIZATIONS	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 Diabetes Screening. Frequency restricted to: - Every three years from age 30 - High risk individuals annually from age 18.
WELLNESS BENEFIT	Not covered.
COMPLEMENTARY THERAPIES	Physiotherapy, osteopathy, homeopathy and chiropractic treatments are covered. Chinese or Ayurvedic medical treatments and prescribed medicines up to 1,000 AED per annum. (Only approved practitioners with a doctor's referral).
INFERTILITY TREATMENT	Not covered.
DENTAL	
MEDICALLY NECESSARY ROUTINE DENTAL TREATMENT	80% of invoiced amount for outpatient treatments in simple form with annual limit of AED 3,000.
ANNUAL PREVENTIVE DENTAL CHECKUP	Covered.
DENTAL PREVENTIVE TREATMENTS	Not covered.
EMERGENCY DENTAL TREATMENT	100% covered for diagnostic and treatment services for dental and gum treatments.
TOOTH REPLACEMENT & ORTHODONTIC TREATMENT	Overall annual limit of AED 5,000. Tooth replacement is covered with 20% co-insurance after a waiting period of 12 months. Orthodontic treatment is covered with 20% co-insurance after a waiting period of 12 months for children up to the age of 18 years. Tooth implants are not covered.
WAITING PERIOD - ROUTINE DENTAL TREATMENT	Six months.

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EXTRA BENEFITS	
PRE-EXISTING CONDITIONS	Included up to an annual limit of 150,000 AED. Despite this, major medical conditions that are known by the policy holder prior to policy inception, such as HIV infection / AIDS - cancerous conditions or benign tumours, acute coronary conditions (e.g. heart attack/angina), and major chronic conditions (e.g. multiple sclerosis, Crohn's disease) must be declared.
DEGENERATIVE CONDITIONS	Covered excluding Senile Dementia and Alzheimer's Disease.
LOCAL ROAD AMBULANCE	The transport costs are covered to the nearest suitable hospital.
LOCAL AIR AMBULANCE	The transport costs are covered to the nearest suitable hospital.
RETURN TRANSPORT OR CONVEYANCE TO THE PERMANENT PLACE OF RESIDENCE	The insurance company will reimburse up to AED 22,000 within a continent and up to AED 45,000 between continents. If for the return journey an authorized ambulance aero plane should be called for, the restriction to the benefit amount no longer applies. The most economical means of transport is to be selected for the return journey, as long as this is possible from a medical perspective.
DOCTOR'S TRAVEL EXPENSES	100% of the doctor's travel expenses or travel expenses to or from the nearest suitable inpatient treatment if there is no local doctor available or if the insured person has been certified by a doctor to be unable to walk.
NURSING AT HOME	Covered if immediately after or instead of hospitalization.
DIAGNOSTIC TESTS	Covered.
VISITING DOCTOR FEES	Covered for visiting doctors to the UAE.
PRESCRIBED MEDICAL AIDS IN SIMPLE FORM	Bandages, orthopaedic inserts and crutches covered.
WORK-RELATED INJURIES	Covered on reimbursement basis over and above existing workmen's compensation.
ACCOMMODATION OF ACCOMPANYING PERSON FOR AN INSURED CHILD	Covered up to a limit of AED 100 per night for a person accompanying an insured child up to 16 years of age.
ACCOMODATION OF ACCOMPANYING PERSON	Covered subject to approval and up to a limit of AED 100 per night for the accommodation of a person in the same room accompanying the Insured undergoing a medically necessary inpatient treatment as recommended by the treating doctor.
HEARING AND VISION AIDS AND VISION CORRECTION BY SURGERIES AND LASER	100% covered for emergency cases only.
VISUAL AIDS	80% covered up to AED 500 per year for lenses (A pair of optical lenses (excluding frames) as per benefit limit if medically necessary. Only payable if bills are submitted with current dated eye-checkup showing deterioration of sight).
INTERNATIONAL EMERGENCY ASSISTANCE	Available, but subject to approval.
EXCLUSIONS	
EXCLUSIONS:	PLEASE REFER TO § 7 EXCLUSIONS OF THE EXPAT SERIES ME - DHA COMPLIANT, THE TERMS AND CONDITIONS FOR HEALTH INSURANCE OF THE EXPAT SERIES (ME) PART I, §7, LIST OF DEFINED TREATMENTS/BENEFITS NOT COVERED