

TABLE OF BENEFITS

MaxMedical GOLD - DHA Plan MSH

CATEGORY	Individuals / Small groups up to 300 Members
AREA OF COVERAGE (ELECTIVE)	Worldwide excl. USA + Cdn
MEMBERS COVERED	Eligible Individuals or Employees and their eligible dependents
ANNUAL AGGREGATE LIMIT (OP + IP)	Covered up to AED 2,500,000
NETWORK	MSH International PLATINUM
FAMILY OF BENEFITS	In & Out Patient
HOSPITAL CLASS	Private Room
SCOPE OF COVERAGE	To cover the Reasonable and Customary Medical Expenses and costs arising due to accidental injuries and / or illness occurring during the policy period as per DIC Group policy wording, provisions, terms, conditions and exclusions
INTERNATIONAL ASSISTANCE COVER	
Covered while traveling outside of UAE and outside of Home countries	Emergency Medical Evacuation Covered up to USD 1,000,000 Emergency Medical Repatriation Covered up to USD 10,000 Repatriation of Mortal remain Covered up to USD 10,000
DEDUCTIBLE	NIL
MEDICAL UNDERWRITING CLAUSE	
Declared Conditions will be priced and substandard premiums shall apply. Undeclared pre-existing conditions will not be covered during the policy period and will be underwritten at renewal. The completion of Individual Application Form is required for 1 to 9 Individuals / Employees. The completion of Group Major Medical Declaration Form is required for 10 Employees up to a group size of 70 members. The completion of Group Major Medical Declaration Form is waived for group size of more than 71 members. It is mandatory for all additions in groups up to 70 Member to complete the Major Medical Declaration Form.	
WAITING PERIOD CLAUSE	
If no Certificate of Continuity of Cover (COC) is provided, a waiting period of 6 months applies. If Certificate of Continuity of Cover (COC) is provided, the waiting period is waived. The above clause is applicable for ALL cases including maternity (individuals/groups/additions) up to 70 Members.	
BASIS OF CLAIM SETTLEMENT	DEDUCTIBLE & CO-INSURANCE
Within Applicable Network (Direct Billing & Reimbursement)	100% as per UAE Usual Customary applicable network tariff
Outside Applicable Network (Reimbursement)	80% as per UAE Usual Customary applicable network tariff
EMERGENCY TREATMENT	
Worldwide	100% as per UAE Usual Customary applicable network tariff

INPATIENT BENEFIT	
Hospital accommodation (Room and Board)	Covered*
Intensive care unit	Covered*
Emergency ward services	Covered*
Organ Transplant cost - Kidney, Heart & Liver	Covered*
MRI & CT Scans received as an inpatient and pre-authorized	Covered*
X-rays, Pathology and diagnostic tests	Covered*
Oncology test, Drugs and consultant's fee (including cover for chemotherapy and radiotherapy)	Covered*
Surgical fees, including anesthesia & theatre charges	Covered*
Physician, surgeon, & anesthetist fees	Covered*
Prescribed Medicines and Drugs	Covered*
Emergency road ambulance services to and from hospital by registered ambulance services provider	Covered*
Organ Transplant cost (cost of surgical procedures in performing an organ transplant of either: Kidney, Heart & Liver in respect of the insured person as recipient and not the organ donor)	Covered*
Surgical appliances and prostheses	Covered*
Parent accommodation (Hospital accommodation cost in respect of a parent or legal guardian staying with an insured person who is under 18 years of age and is admitted to a hospital).	Covered*
The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	Covered*
Cash Indemnity for Inpatient Treatment	AED 200/- up to 180 days for all inpatient hospitalization that are not submitted to the insurance company

OUTPATIENT BENEFIT	
General Out-Patient Services	Covered*
Specialist fees and consultations	Covered*
Follow up consultations	Covered*
Outpatient (X-ray and Pathology and Diagnostic tests)	Covered*
MRI & CT Scans received as an outpatient and pre-authorized	Covered*
Out-Patient Prescribed Drugs	Covered*
Inpatient and Outpatient Physiotherapy (which is medically necessary and prescribed by a specialist)	Covered up to 15 Sessions pppa*
Routine maintenance of chronic illness (For non pre-existing illnesses only)	Covered*
Materials, Injections and dressing	Covered*
Outpatient Oncology tests and drugs	Covered*
Outpatient Surgical operations	Covered*
Accidental Damage to Natural Teeth following an accident (Only initial treatment is covered. Follow up not covered. No cover for treatment resulting from consumption of food or drink or any foreign bodies contained in such food/drink)	Covered for treatment required immediately (within 7 days of accident) following accidental damage to natural teeth by external trauma and when treatment is given by medical practitioner
Psychiatry	Expenses are covered up to a sub-limit of AED 5,000

*Subject to any applicable deductible amount and Co-Insurance amount.

MATERNITY	
Normal vaginal delivery, Medically necessary abdominal delivery (Caesarian section), Dilatation & Curettage (D&C) for miscarriage/legal abortion, all complication of delivery/maternity cases) Note: Where any condition develops which becomes an emergency, the medically necessary expenses will be covered up to AED 150,000	Expenses are covered up to a sub-limit of AED 25,000 per delivery & C-section
Nil waiting period	Covered*
Ongoing cases	Covered*
Elective Caesarian	Not Covered
Out Patient eligible Maternity	Expenses are covered up to Annual limit
All Maternity treatments including out-patient Maternity consultation (no Deductible applies)	Nil copayment applicable
Medical Emergency expenses related to Maternity	Covered up to a sublimit of AED 150,000
Screening tests as per DHA Antenatal care protocol. FBC and Platelets Blood group, Rhesus status and antibodies, VDRL, MSU & urinalysis, Rubella serology, HIV, Hepatitis C (offered to high risk patients), GTT, if high risk, FBS, Random blood sugar OR HbA1C, Ultrasonography: 3 scans	Covered*

NEW BORN COVER	
BCG ,Hepatitis B and Neo-Natal Screening test (Phenylketonuria, Congenital Hypothyroidism, sickle cell screening, Congenital adrenal hyperplasia)	Cover for 30 Days from birth
Newborn expenses for babies born in the UAE	Covered from day 1 (from Date of Birth) under its own policy up to the policy annual limit
Babies born outside UAE	Coverage will be offered upon acquiring UAE residency status and will be subject to medical underwriting
Coverage for newborn	In line with DHA benefit guidelines

*Subject to any applicable deductible amount and Co-Insurance amount.

DENTAL	
Dental consultation	AED 5,000 excluding Braces and Dentures with 20% Co-Payment
Teeth extraction	
Amalgam/temporary/permanent/composite filling	
Root canal treatment	
X-rays	
Antibiotic	
Scaling & polishing	Once a year up to AED 250 pppa
Exclusions: Orthodontics, Cosmetic Services. Appliances, Restorations or procedure to alter vertical dimension or restore occlusion, any Prosthetic or Precious metal covers Cosmetic filling (i.e. Porcelain, etc.), Gum treatment, and general check - up, any treatment which is not medically necessary	

*Claim will be on reimbursement basis and is subject to 20% Co-Insurance per claim

OPTICAL	
Optical examination conducted for the purpose of obtaining eyeglasses or upgrading existing lenses including the cost of the glasses/lens	AED 2,500 with AED 500 for Frames and Lenses and 20% Co-Payment

*Claim will be on reimbursement basis and is subject to 20% Co-Insurance per claim

ALTERNATIVE MEDICINE	
Only chiropractic, Ayurveda, homeopathy & osteopathy	Covered up to AED 5,000 per person per annum*

HEALTH CHECK	
1. Complete Blood Picture (RBC, Hemoglobin, MCH, MCV, MCHC, Hematocrit, Platelets, ESR, Total WBC, DC) 2. Check up on Diabetes (Fasting blood Sugar, Post prandial Blood Sugar) 3. Cholesterol Profile (Total Cholesterol, LDL, HDL, Triglycerides, VLDL). 4. Kidney Function Tests (Blood Urea, Serum Creatinine, Uric Acid). 5. Liver Function Tests (Total Bilirubin, SGOT, SGPT). 6. General Tests- Urine Analysis/ BP monitoring/ Consultation with GP	Covered through Aster DM health care One Health check package per year up to a limit of AED 1,500 (Member can only avail the service once in a policy year)

OTHER BENEFITS	
Repatriation of Mortal Remains from UAE to Home Country	Covered up to AED 10,000 per person
Vaccinations (Covered on reimbursed basis)	Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates in the assigned facilities (currently the same as Federal MOH)
Preventive Services	Covered Initial Diabetic Screening. Frequency Restricted to: Every 3 years from age 30 High risk individual annually from age 18
Hepatitis C Virus Screening and treatment	To be followed as per terms, conditions and exclusions of the program defined by DHA Mandatory for Dubai visa holders only
Cancer Screening and treatment	To be followed as per terms, conditions and exclusions of the program defined by DHA Mandatory for Dubai visa holders only
Work related injuries	Covered*
Injuries resulting from Road Traffic Accidents	Covered*
Home nursing	Covered up to 30 days

**Subject to any applicable deductible amount and Co-Insurance amount.*

NON-HAAD EXCLUSIONS

This Insurance Policy is intended to provide cover for expenses incurred for Medical Treatment of Medical Conditions or Bodily Injuries which, in the opinion of both the treating physician are Medically Necessary and which are covered under the Terms and Conditions of the Insurance Policy.

This Insurance Policy does not cover, amongst other things, expenses arising directly or indirectly from the following:

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 scope of insurance

(In emergency cases as defined by PD 02-2017, the following must be covered until stabilization at minimum)

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.

TERMS AND CONDITIONS

1. The proposal assumes compulsory coverage for all employees residing in UAE on valid residence and there is no voluntary option exercised by any employee.
2. This policy assumes that all UAE national members, if any, enrolled under this scheme do not hold Thiqa medical Cards.
3. All employees must be on the payroll of the policy holder.
4. The benefits offered in this quotation do not comply with the Health Authority Abu Dhabi regulation for compulsory insurance and hence Abu Dhabi residence visa holders and/or members working/residing in Abu Dhabi/AI Ain and/or any person likely to be working in Abu Dhabi/AI Ain temporarily or permanently are not eligible for this cover.
5. The quote is valid for 30 days from the date of issue.
6. If dependents are to be covered it has to be on compulsory basis within the group /sub-group for all employees with dependents residing in UAE on valid residence. There is no voluntary option exercised by any employee to add his/her dependents
7. Quotation is available only to United Arab Emirates Nationals and persons holding a valid residence status visa for the United Arab Emirates and who are ordinarily resident in the United Arab Emirates.
8. All known major pre-existing / Chronic cases including but not limited to Chemotherapy, radiotherapy, Heart surgery, any major surgery, renal dialysis & osteoarthritis treatment to be mentioned to Dubai Insurance Company before submitting the final documents to issue the policy if the policy is subject to major medical declaration and Members having any major medical conditions (as detailed above) shall be subject to individual medical evaluation & acceptance shall be at the discretion of the insurer with an additional premium &/or application of sub limits or declined
9. This quote is valid only if all categories proposed are selected and with no substantial variation in total member census or distribution of members in each category
10. Maximum age of entry is up to 64 years, members 65 years and above shall be subject to individual medical evaluation & acceptance shall be at the discretion of the insurer with an additional premium &/or application of sub limits or declined
11. Children are covered from Date of Birth
12. Change of benefits class may only take place at renewal of the Group Scheme or upon satisfactory proof of promotion.
13. Deductibles and any co-insurance amounts are to be paid by the insured person. If deductibles and/or co-insurance amounts are paid by the employer the premium quoted will be subject to revision.
14. Premiums are per person per annum and are payable annually in advance.
15. If maternity cover is included all female employees and spouses must be enrolled.
16. If routine dental treatment is covered all persons must be enrolled.
17. Where pre-existing conditions are not covered, Medical Health Declaration form needs to be completed by all the applicants.
Dubai Insurance Company reserves the right to ask for any medical check-up if necessary and the cost of which should be borne by the applicant.
18. This proposal is based on the information given. Any change in the number, age or sex of the persons to be insured or the scope of coverage will result in recalculation of the premium rates.
19. Additions/Deletions will be on a pro-rata premium basis.
20. Treatment within the MedNet Network in UAE will be settled on a direct billing basis.
21. The company reserves the right to vary the premium rates, if there is a change in the total number of insured members above or below 25% during the policy year.
22. No Insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would be in violation of any trade or economic sanctions, laws or regulations applicable in the insurer jurisdiction of domicile, or which the insurer is legally obligated to comply.
23. Required minimum number of employees in a category is 03.
24. ALL NETWORKS: Please note that the network list is subject to change without any prior notice due to various factors.

Cancellation of the Policy:

The Policy can be cancelled by either party giving 30 days' notice in writing to Dubai Insurance Co. psc.
In the event of cancellation by the Policyholder, Dubai Insurance Co. psc will retain premium as per the following short term premium rates.

- 25% of the annual premium for the first month or part thereof.
- 12.5% of the annual premium for each subsequent month or part thereof.

Dubai insurance Co.psc have the right to cancel the policy with immediate effect if;
Premium is not paid as per the premium payment agreed terms
Misrepresentation of info
None disclosure of material facts.

In the event of cancellation by the company, Dubai insurance Co. psc will refund premium for the remaining policy period on prorata premium basis.

Errors & Omissions excepted (E & OE):

We make every effort to make sure that the information in this document is accurate and up to date, based on the information given to us.
We will promptly correct any errors brought to our attention. If you find an error please contact us.
We cannot accept responsibility for the supply of incorrect information, copied within this document.
We reserve the right to withdraw this quotation and its acceptance at any point and for any reason.
You will be informed immediately if such a situation arises.