

TABLE OF BENEFITS

MaxMedical SILVER 2020 GROUP - MSH - DOH

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| 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) | AED 1,500,000 |
| NETWORK | MSH International COMPREHENSIVE |
| 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 | AED 50 per Doctor visit |
| 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 to running policy to complete the Group 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 (individuals/groups/additions) up to 70 Members. The waiting period of 6 month applies to inpatient treatment only for the following medical conditions; Diabetes mellitus, Arterial diseases, COPD (Chronic Obstructive Pulmonary Disease), All cancer cases, Neurosurgery, Cerebro Vascular diseases, All delivery cases (Maternity). The waiting period of 6 months shall not apply; if pre-requisition of uninterrupted (pre-coverage is fulfilled) | |
| 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 (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* |
| 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* |
| 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 |
| Psychiatry (Only acute mental illness are covered as per DOH guidelines) | Not Covered |

| OUTPATIENT BENEFIT | |
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| 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) | 100% |
| 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 |

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

| MATERNITY | |
|---|---|
| For Delivery inside Emirates of Abu Dhabi & Al Ain | A Deductible of AED 500/- is applicable as per DoH (applicable for inpatient) |
| Inpatient & Outpatient coverage (Inpatient Maternity Treatments are subject to Prior Approval) | 1. Pre & Post natal treatments 2. Normal delivery 3. Medically necessary Caesarean Section 4. Maternity related Complications 5. Medically necessary legal terminations |
| Inside Abu Dhabi & Al Ain- Combined Inpatient & Outpatient | Expenses are covered up to Annual limit |
| For Delivery outside Emirates of Abu Dhabi & Al Ain | Normal Delivery expenses are covered up to a sub limit of AED 20,000/- Medically necessary Caesarean Section and complication expenses are covered up to a sub limit of AED 20,000/- |
| Out Patient eligible Maternity | Expenses are covered up to Annual limit |
| Maternity Consultations | Deductible as per the selected Plan |
| Medical Emergency expenses related to Maternity | Expenses are covered up to Annual limit |

| NEW BORN COVER | |
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| 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 DOH benefit guidelines |

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

| DENTAL | |
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| Dental consultation | Covered up to AED 3,000 with 20% co-insurance |
| 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 | |
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| Optical examination conducted for the purpose of obtaining eyeglasses or upgrading existing lenses including the cost of the glasses/lens | Covered up to AED 1,500 with 20% co-insurance Contact lenses and Frames are not covered |

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

| ALTERNATIVE MEDICINE | |
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| Only chiropractic, Ayurveda, homeopathy & osteopathy | Covered up to AED 2,000 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 | Not Covered |

| OTHER BENEFITS | |
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| 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 as per DOH schedule |
| Preventive Services | Covered Initial Diabetic Screening. Frequency Restricted to: Every 3 years from age 30 High risk individual annually from age 18 |
| Injuries resulting from Road Traffic Accidents | Covered* |
| Home nursing | Covered up to 30 days |
| Ambulatory Services (in Medical emergency only, subject to General exclusions) | 100% |
| Diagnostic and treatment services for dental and gum treatment (Medical emergency cases) | 100% |
| Hearing and vision aids, and vision correction by surgeries and laser (Medical emergency cases) | 100% |
| Work related Injuries (Healthcare services for work related injuries & diseases as determined in Law no. (8) of 1980 regarding work relation, its amendments and the applicable laws and resolutions in this regard) | Covered* |

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

DoH 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 (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. Domiciliary care; private nursing care; care for the sake of travelling.
4. Custodial care includes
 - (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 which 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. Healthcare Services and associated expenses for replacement of an existing breast implant. Cosmetic operations which improve physical appearance and 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. Breast reconstruction following a mastectomy for cancer is covered.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medically non-approved experimental, research, investigational healthcare services, treatments, devices and pharmacological regimens.
10. Healthcare Services that are not performed by Authorised Healthcare Service Providers, apart from Healthcare Services rendered in a Medical Emergency.
11. Healthcare services, treatments & associated expenses for alopecia, baldness, hair falling, dandruff or wigs.
12. Supplies, Treatment and services for smoking cessation programs and the treatment of nicotine addiction.
13. Non-medically necessary Amniocentesis.
14. Treatment, services and surgeries for sex transformation, sterility and sterilization.
15. Treatment and services for contraception.
16. Treatment and services related to fertility/sterility (treatment including varicocele/polycystic ovary/ovarian cyst/hormonal disturbances/sexual dysfunction).
17. Prosthetic devices and consumed medical equipment, unless approved by the insurance company.
18. Treatments and services arising as a result of hazardous 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 professional sports activities
19. Growth hormone therapy
20. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
21. Mental health diseases, inpatient and outpatient treatments, unless the condition is a transient mental disorder or an acute reaction to stress.
22. Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency).
23. Preventive services, including vaccinations, immunizations, allergy testing and desensitization; any physical, psychiatric or psychological examinations or testing during these examinations.
24. Services rendered by any medical provider relevant of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent or child.
25. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during treatment.
26. Healthcare services for adjustment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, by any means, except treatment of fractures and dislocations of the extremities.
27. Healthcare services and treatments by acupuncture; acupressure, hypnosis, rolfing, massage therapy, aromatherapy, homeopathic treatments, and all forms of treatment by alternative medicine.
28. All Healthcare services & Treatments for in-vitro fertilization (IVF), embryo transport; ovum and male sperms transport.
29. Elective diagnostic services and medical treatment for correction of vision.
30. Nasal septum deviation and nasal concha resection.
31. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related test/treatment or procedure.
32. Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A.
33. Birth defects, congenital diseases for newborn &/or deformities unless life-threatening.
34. Healthcare services for Senile dementia and Alzheimer's disease.
35. Air or Terrestrial Medical evacuation except for Emergency cases or unauthorised transportation services.
36. Circumcision healthcare services.
37. Inpatient treatment received without prior approval from the insurance company including cases of Medical Emergency which were not notified within 24 hours from the date of admission.
38. Any inpatient treatment, tests and other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
39. Any test or treatment, for purpose other than medical such as tests related for employment, travel, licensing or insurance purposes.
40. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, 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, convenience items/options, exercise equipment and sanitary supplies.
41. More than one consultation or follow up with a medical specialist in a single day unless referred by a physician.
42. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient.
43. Services and educational program for handicaps.

Healthcare Services Outside Scope of 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. Healthcare services for patients suffering from AIDS and its complications.
7. Healthcare services for work illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, as amended, and applicable laws in this respect. - **Covered**
8. All cases resulting from the use of alcohol, drugs and hallucinatory substances.
9. Any test 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 locally recognised epidemics.
13. Venereal sexually transmitted diseases. A list with respect thereto will be set out by the General Authority of Health Services.

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 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 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 MSH International 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 in 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.