

NAME

EBP PRODUCT (LSB Members)

Eligibility Criteria	Employees (LSB) & their direct Dependents
Annual Limit	AED 150,000 PPPY
Geographical Coverage	Basic healthcare services: Within the Emirate of Dubai & Northern Emirates Emergency medical treatment (Including Ambulance Charges): Within all emirates of the UAE
Assigned Network	EBP Outpatient treatment restricted to clinics only
Third Party Administrator (TPA)	MEDNET
Treatment outside network within UAE (other than emergency cases)	No Coverage outside Network within UAE
Pre-existing & Chronic Conditions	Covered with Nil waiting period for existing members who were covered previously under any insurance scheme with continuity of cover. Any member with no continuity of coverage will be subject to 6 months waiting period on pre-existing and chronic conditions. All pre-existing or chronic conditions which develop into an emergency within the 6 months waiting period shall be covered up to the annual aggregate limit.

IN-PATIENT BENEFITS

Covered up to Annual Limit - *subject to below co-insurance

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

Approval Requirements	Non urgent cases (Elective) - Prior approval is compulsory Emergency medical service - Approval required from the insurance company within 24 hours of admission to the authorized network hospital
*Co-insurance for all IP Services	20% coinsurance payable by the insured with a cap of AED 500 payable per encounter An annual aggregate cap of AED 1,000 Above these caps the insurer will cover 100% of the treatment
Room and Board	Semi - Private / Ward In-patient services will be received in rooms of two or more beds

Hospital Accommodation and related services	Covered
Intensive care unit and coronary artery disease treatment	Covered
Consultant's, Surgeon's and Anesthetist's Fees	Covered
Various therapies including physiotherapy, chemotherapy, radiation therapy etc.	Covered
Ground transportation services in the UAE provided by an authorized party for medical emergencies (Ground Ambulance Services)	Covered
The cost of accommodating a person accompanying an insured child up to the age of 16 years	Covered maximum up to AED 100 per night
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 maximum up to AED 100 per night
OUT-PATIENT BENEFITS Covered up to Annual Limit - *subject to below co-insurance 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.	
Referral Procedure	General Practitioner referral is required for specialists consultation, otherwise consulting a specialist without GP referral is not allowed
Deductible on OP consultation	20% co-insurance per consultation (Nil for follow up visit made within seven days for the same ailment)
Diagnostic Procedures (X-ray, MRI, CT scan, PET, Ultrasound, Lab test etc.)	Covered up to Annual limit, subject to 20% co-insurance
Out Patient Medicine Limit - Restricted to formulary products where available (as per Al Shifa list of formulary products)	Covered up to AED 1,500 PPPY (including coinsurance), subject to 30% copay by the insured in respect of each and every prescription. No cover for drugs and medicines in excess of the annual limit
Physiotherapy treatment services (Prior approval is required)	Max up to 6 sessions per year , subject to 20% co-insurance payable per session

MATERNITY BENEFITS

Maternity Treatment - In-patient

Any condition that turns into an emergency, the medically necessary expenses will be covered up to annual limit and requires prior approval from the company

10% coinsurance payable by the insured
 Maximum benefit 10,000 AED per normal delivery, 10,000 AED for medically necessary C-section, complications and for medically necessary termination (All limits include coinsurance)

Maternity Treatment - Out Patient

Any condition that turns into an emergency, the medically necessary expenses will be covered up to annual limit

10% co-insurance payable by the insured
 8 out patient visits within the network as specified by the table of benefits
 Visits to include reviews, checks and tests in accordance with DHA antenatal care protocols
 All care provided by obstetrician for low risk or specialist obstetrician for high risk referrals by the network provider as specified on the TOB

Investigations to include:

- 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
- 3 ante-natal ultrasound scans

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)

New born is covered up to the mothers annual limit

OTHER BENEFITS

Vaccination

Essential vaccinations and inoculations for new born and children as stipulated in the DHA's policies and its updates (currently the same as Federal MOH)

Diabetes Screening test (only for Dubai Visa Holders)

Normal risk: Every 3 years from age 30
 High risk individuals annually from age 18
 Preventive services as mandated by DHA periodically

Adult Pneumococcal Conjugate Vaccine (only for Dubai Visa Holders)

As per DHA Adult Pneumococcal Vaccination guidelines

Influenza Vaccine (only for Dubai Visa Holders)

Once in a year

Hepatitis C Virus Screening and treatment (only for Dubai Visa Holders)

To be followed as per the guidelines laid out in the Hepatitis C Support program

Hepatitis B Virus Screening and treatment (only for Dubai Visa Holders)	To be followed as per the guidelines laid out in the Hepatitis B program
Hearing and vision aids, and vision correction by surgeries and laser	Covered only for emergency cases, subject to 20% co-insurance
Diagnostic and treatment services for dental and gum treatments	Covered only for emergency cases, subject to 20% co-insurance
Cancer Treatment (Breast, Cervical and Colorectal) Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only (only for Dubai Visa Holders)	Covered as per terms, conditions and exclusions of the program defined by DHA (To high risk patients for Breast /Cervical /Colorectal Cancer)

Total Number of Employees with Dubai Visa	1
Total Number of Employees with NE Visa	0
Gross Contribution PMPY (Age 0-80 years)	AED 4266.53
Basmah incl. VAT (only for Dubai Visa Holders)	AED 37.00
VAT 5%	AED 215.18
Total Gross Premium (After VAT)	AED 4518.71

Notes

01. Please note that in case the benefits fall below the minimum required by DHA or there is a benefit which is not provided in this TOB but is required by DHA, then the cover under the policy will automatically increase/include the benefit to the same level as required by DHA.
02. The above plan is applicable for LSB Employees (or Low Salary Band means those whose Gross monthly salary is AED 4,000 or less) holding Dubai & NE visa only.
03. SALAMA has the right to change the plans and Rates if any scheme does not comply with the mentioned guidelines.
04. The list of Drug Formulary products will be as per the minimum-mandated Al Shifa formulary.
05. Members enrolled without COCs will be subject to 6 months waiting period on Treatment for chronic and pre-existing conditions.
06. All Limits mentioned in the table of benefits are inclusive of co-insurance.

Excluded (non-basic) healthcare services – Dubai

- Healthcare Services which are not medically necessary
- All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
- Care for the sake of travelling.
- Custodial care including
 - Non-medical treatment services;
 - Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
- Services that do not require continuous administration by specialized medical personnel.
- 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, hypnotism, 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 hemodialysis 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 scope of health insurance (In Emergency cases as defined by PD 02-2017, the following will 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.