

ESSENTIAL BENEFIT PLAN

Benefit Type	Benefit	Conditions	Coinsurance and limits
Annual upper aggregate claims limit (including any coinsurance and/or deductibles)	150,000 AED		
Geographic scope of coverage	Basic healthcare services	Within the Emirate of Dubai & Northern Emirates	
	Emergency medical treatment (Including Ambulance Charges)	Within all emirates of the UAE	
Provider network	MEDNET : EBP Network		
Pre-existing conditions 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.		Treatment for chronic and pre-existing conditions excluded for first 6 months of membership, After 6 months, covered to the annual policy limit	

IN-PATIENT BENEFIT

Basic healthcare services: in-patient treatment at authorized hospitals 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.	Tests, diagnosis, treatments and surgeries in hospitals for non-urgent medical cases	Prior approval required from the insurance company	20% coinsurance payable by the insured with a cap of 500 AED payable per encounter and an annual aggregate cap of 1000 AED. Above these caps, the insurer will cover 100% treatment
	Emergency treatment	Approval required from the insurance company within 24 hours of admission to the authorised hospital	
	In-patient services will be received in rooms of two or more beds	Prior approval required from the insurance company	
	Healthcare services for emergency cases (where a pre-existing or chronic condition develops into an emergency within the 6 months exclusion period this must be covered upto the annual aggregate limit)		
	Ground transportation services in the UAE provided by an authorized party for medical emergencies		
	Companion accommodation	The cost of accommodating a person accompanying an insured child up to the age of 16 years	Maximum 100 AED 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	

ESSENTIAL BENEFIT PLAN

OUT-PATIENT BENEFIT

Benefit Type	Benefit	Conditions	Coinsurance and limits
Basic healthcare services: out-patient in authorized out-patient clinics of hospitals, clinics and health centres 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)	Examination, diagnostic and treatment services by authorized general practitioners, specialists and consultants		"20% coinsurance payable by the insured per visit No coinsurance if a follow-up visit made within seven days"
	Laboratory test services carried out in the authorized facility assigned to treat the insured person		20% coinsurance payable by the insured
	Radiology diagnostic services carried out in the authorized facility assigned to treat the insured person.	In cases of non-medical emergencies, the insurance company's prior approval is required for MRI, CT scans and endoscopies	20% coinsurance payable by the insured
	Physiotherapy treatment services	Prior approval of the insurance company is required	Maximum 6 sessions per year. 20% coinsurance payable per session.
	Drugs and other medicines	Cost of drugs and medicines up to an annual limit of 1,500 AED (including coinsurance). Restricted to formulary products where available (as per Al Shifa list of formulary products)	30% payable by the insured in respect of each and every prescription No cover for drugs and medicines in excess of the annual limit

MATERNITY SERVICES

Maternity services Note: 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 the annual aggregate limit.	Out-patient ante-natal services	Requires prior approval from the insurance company	10% coinsurance payable by the insured 8 visits to PHC; All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals. Initial investigations to include: <ul style="list-style-type: none"> • 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
---	---------------------------------	--	---

ESSENTIAL BENEFIT PLAN

Benefit Type	Benefit	Conditions	Coinsurance and limits
	In-patient maternity services	Requires prior approval from the insurance company or within 24 hours of emergency treatment	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)
	New born cover	Coverage of a pregnant female is extended by the insurer to provide the same benefits for a new born child of that female for a period up to 30 days from its date of birth. This cover is provided regardless of whether or not the new born is eventually enrolled as a dependent member under the insurer's policy	Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)

PREVENTIVE CARE SERVICES

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 initially diabetes screening		Frequency restricted to: Diabetes: Every 3 years from age 30 High risk individuals annually from age 18
	Adult Pneumococcal Conjugate Vaccine		As per DHA Adult Pneumococcal Vaccination guidelines
	Hepatitis C Virus Screening and treatment	To be followed as per the guidelines laid out in the Hepatitis C support program	
	Cancer Screening and treatment (Breast, Cervical & Colorectal)	To be followed as per the guidelines laid out in the Cancer support program	Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program
	Hepatitis B Virus Screening and treatment	To be followed as per the guidelines laid out in the Hepatitis B program	
	Influenza Vaccine	Mandatory	Once in a year
Excluded healthcare services except in cases of medical emergencies	Diagnostic and treatment services for dental and gum treatments		Subject to 20% coinsurance
	Hearing and vision aids, and vision correction by surgeries and laser		Subject to 20% coinsurance