

DHA – Shifa EBP Plan

Area of cover	Emirates of Dubai and Northern Emirates Emergency extension to UAE
Yearly Maximum per insured member	AED 150,000
Eligibility of Cover	<ul style="list-style-type: none"> • Employees drawing salary less than AED 4,000/ • Employees holding valid Dubai Visas / Northern Emirate, excluding Abu Dhabi & Al Ain.
Network	Inpatient : Neuron IP Network (As attached) Outpatient : Global Net / Aster Clinics (As attached)
Level of cover / reimbursement	No Benefit outside the applicable network except for emergencies within United Arab Emirates

In-patient and Day care Treatment

In-patient and Day care treatment	<p>In-patient treatment at authorized hospitals. 20% coinsurance payable by the insured with a cap of AED 500 payable per encounter; and an annual aggregate cap of AED 1,000. Above these caps the insurer will cover 100% of the treatment.</p> <ul style="list-style-type: none"> ✓ Tests, diagnosis, treatments and surgeries in hospitals for non-urgent medical cases (Prior approval required from the insurance company). ✓ Emergency treatment - Approval required from the insurance company within 24 hours of admission to the authorized hospital.
Daily Room and Board	In-patient services will be received in rooms of two or more beds. Prior approval required from the insurance company.
Parent accommodation	The cost of accommodating a person accompanying an insured child up to the age of 16 years is covered under Covered under the below Companion Accommodation' benefit.
Companion accommodation of a person accompanying an insured member in cases of medical necessity.	<p>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.</p> <p>Maximum AED 100 per night.</p>

(Access to outpatient specialists only upon referral by a General Practitioner)

Out-patient Treatment

Deductible/coinsurance on Consultations	Please refer to the co-insurance mentioned against the respective In and out-patient treatment services.
Diagnostics (x-ray, MRI, CT, PET, Ultrasound, etc), Laboratory	<ul style="list-style-type: none"> ✓ Examination, diagnostic and treatment services by authorized general practitioners, specialists and consultants - 20% coinsurance from the insured member per visit. No coinsurance if a follow-up visit made within seven days. (Access to outpatient specialists only upon referral by a General Practitioner) ✓ Laboratory test services carried out in the authorized facility assigned to treat the insured person - 20% coinsurance from the insured member. ✓ Radiology diagnostic services carried out in the authorized facility assigned to treat the insured person - 20% coinsurance from the insured member. In cases of non-medical emergencies, the insurance company's prior approval is required for MRI, CT scans and endoscopies.
Prescribed Drugs	<p>Cost of drugs and medicines up to an annual limit of AED 1,500 (including coinsurance) - 30% from the insured member in respect of each and every prescription.</p> <p>No cover for drugs and medicines in excess of the annual limit.</p>
Physiotherapy (Prior approval of the insurance company is required).	Covered up to maximum 6 sessions per year - 20% coinsurance from the insured member per session.

Core Benefits

Pre-existing and Chronic conditions	Treatment for chronic and pre-existing conditions excluded for first 6 months of first scheme membership. Waiting period not applicable where there is proof of continuous uninterrupted insurance coverage for more than 6 months.
Ambulance	Ground transportation services in the UAE provided by an authorized party for medical emergencies

Other Benefits

<p>Global Assistance Program (For outside UAE)</p> <ul style="list-style-type: none"> ✓ Emergency Medical Evacuation. ✓ Medical Repatriation ✓ Return of Mortal Remains ✓ Second medical Opinion ✓ Hospital Admission Assistance ✓ Lost Luggage or Document Assistance ✓ Pre-trip Information <p>Please contact Assist America directly to avail the service and no claims to be submitted to ADNIC for reimbursement. Cover will be limited to Geographical area specified only. Refer ADNIC's General Terms & Conditions / Assist America cover for more details.</p>	<p>Covered through Assist America</p>
<p>Vaccinations & Immunizations</p>	<p>Covered - Essential vaccinations and inoculations for newborns and children up to age 6 years as stipulated in the DHA's policies and its updates (currently the same as Federal MOH).</p>
<p>Diabetes Screening - Every 3 years from age of 30. High risk individual annually from age of 18</p>	<p>Covered</p>
<p>Hearing, vision aids, vision correction by surgeries and laser in case of medical emergencies only</p>	<p>Covered - 20% coinsurance from the insured member</p>
<p>Diagnostic and treatment services for dental and gum treatments in case of medical emergencies only</p>	<p>Covered - 20% coinsurance from the insured member</p>

Additional Benefits Extensions

<p>Pregnancy and Childbirth</p>	<p>Out-patient ante-natal services 10% coinsurance from the Insured member 8 visits to PHC; All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals. Initial investigations to include:</p> <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 Alc for all due to high prevalence of diabetes in UAE. <p>Visits to include reviews, checks and tests in accordance with DHA, Antenatal Care Protocols, 3 ante-natal ultrasound Scans. *Above requires prior approval from the Insurance company.</p> <p>In-patient maternity services: 10% coinsurance from the insured member Maximum benefit: AED 7,000 per normal delivery, AED 10,000 AED for medically necessary C-section, complications and for medically necessary termination (All limits include coinsurance) *All above treatments require prior approval from the insurance company or within 24 hours of emergency treatment.</p>
<p>Pre- and post-natal complications</p>	<p>Covered within the above 'Pregnancy and Childbirth' benefit</p>
<p>New Born Cover</p>	<p>Cover for 30 days from birth under the mother's card</p> <ul style="list-style-type: none"> ✓ BCG, ✓ Hepatitis B and neo-natal screening tests Phenylketonuria (PKU), Congenital ✓ Hypothyroidism, ✓ Sickle cell screening, congenital adrenal hyperplasia). <p>*All above treatments require prior approval from the insurance company or within 24 hours of emergency treatment.</p>

<p>Annual Screening</p> <p>Female (Above 35 years): Breast cancer screening including</p> <ul style="list-style-type: none"> a) Clinical Exam b) Mammogram c) Pelvic Sonogram and d) CA 15.3 <p>Male (Above 45 years) Prostate cancer screening including</p> <ul style="list-style-type: none"> a) Clinical exam b) PSA c) Rectal sonogram 	<p>Covered</p>
<p>Cover Extension</p> <p>On sole discretion of ADNIC, the coverage shall be extended outside the UAE for treatment, along with Airfare.</p>	<p>The Coverage shall be extended provided the cost of treatment outside UAE for the required medical procedures is less than 70% of applicable Network rates with a minimum difference of AED 3,000/-,</p> <p>Air ticket will be covered for insured members in respect of elective treatment subject to the following:</p> <ol style="list-style-type: none"> 1. On eligibility, Covered up to a maximum of AED 2,000/- on reimbursement basis 2. Benefit if covered only for In-Patient treatments for Economy class round trip ticket only for patients (i.e. accompanying persons are not covered)

This Benefits Table applicable to your plan shows the maximum benefits we will pay for each member.

Please note that benefit values are reduced each time you claim (Invoice value less any deductible, excess, co-insurance or ineligible treatment) we have actually paid. In applying deductibles and coinsurance (the percentage of eligible benefit payable by the insured member) we will subtract the deductible first and then apply the co-insurance to the balance of eligible benefit remaining. If you incur costs in excess of the limits you will have to pay the difference