



HAYAH



Policy holder name:

Policy start date:

Insured ID:

Policy end date:

Mobile No.:

Email:

INDIVIDUAL MEDICAL INSURANCE

Type of Benefit	Care protect RN
Territorial Scope of Coverage	Worldwide
Aggregate Annual Limit	AED 1 Million
Medical Network	RN
Room type	Private
Parent Accommodation for child under 18 years of age	AED 350 / day
Accommodation of an accompanying person in the same room as per recommendation of attending physician, subject to prior approval.	AED 350 / day
Home Nursing following inpatient treatment	Covered (on reimbursement) up to Maximum AED 5,000 per person per annum
Emergency road ambulance services to and from hospital by registered ambulance services provider	Covered
Deductible per Consultation (will not be applicable for follow-up within 7 days for same treatment and with same doctor)	20% max AED 50/-
Prescribed Drugs & Medicines	Covered up to AED 7,500 subject to 20% Co-Insurance



Diagnostics (X-ray, MRI, CT-Scan, Ultra Sound& Endoscopy diagnostic services)	Covered subject to 20% Co-pay
Pre-existing & Chronic Conditions Subject to Medical Application Form (MAF)	Covered up to a limit of AED 150,000 per member per year. All pre-existing medical conditions should be declared in the medical application. Cover in USA and Canada is limited to 90 days per year and only applies in case of accident / emergency during business trips or holidays abroad (Elective treatment is not covered). Undeclared pre-existing conditions will not be covered during the policy period and will be underwritten at renewal.
Claims Settlement Basis (after application of Copayments)	
Within the Network	Direct billing available. Reimbursement is also possible but will be settled at 80% of the usual & customary rates of the selected Network.
Outside the Network in Countries where respective TPA is not present	Reimbursement at 100% of actual costs (subject to be reasonable) or 100% of the usual & customary rates of the network, whichever is less
Outside the Network in Countries where the respective TPA is present	Reimbursement at 80% of actual costs (subject to be reasonable) or 80% of the usual & customary rates of the network, whichever is less
Cash Indemnity for In-Patient hospitalizations that are not submitted to the Insurance Company	Covered on Reimbursement up to AED 250 per night and a maximum of 10 nights. The Cash Indemnity claim must be submitted within 15 days after discharge from the hospital with a proof of hospitalization including a discharge summary.
Vaccination for Children (as per DHA policies & its updates) includes the vaccinations and inoculations for newborns	Inside Network: 100% of Actual Cost Outside Network : Covered on Network UCR Rates
Cancer Treatment Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only	Covered as per terms, conditions and exclusions of the program defined by DHA



HCV Hepatitis C Virus Infection Screening, Healthcare Services, Investigations and Treatments related to viral Hepatitis and associated complications related to Hepatitis C shall only be for members enrolled under Patient Support Program	Covered as per terms, conditions and exclusions of the program defined by DHA
Influenza Vaccine	Covered once per annum on reimbursement only Limited to the cost of vaccine and its administration only
Adult Pneumococcal conjugate vaccine (Only for Dubai visa holders)	Covered as per DHA Adult Pneumococcal Conjugate Vaccination guidelines
Symptom checker	Covered
Physiotherapy (Subject to pre-approval)	15 sessions per member per annum
Preventive services	As per DHA Regulations
Diagnostic and treatment services for dental and gum treatments(Emergency cases Only) Dental emergency is any injury to your teeth or gums that can put you at a risk of permanent damage, such as Chipped or broken teeth, Knocked-out tooth ,Soft-tissue injuries and etc	Covered subject to 20% coinsurance
Hearing and vision aids, and vision correction by surgeries and laser (Emergency cases Only) Hearing Emergencies include Object/insect in the ear , ruptued eardrum , sudden hearing loss and etc Vision Emergencies include bleeding or discharge from or around the eye, double vision and Loss of vision, total or partial, one eye or both etc.	Covered subject to 20% coinsurance
Psychiatric Treatment	Out Patient Covered up to Maximum AED 10,000/- per person per annum IN Patient Covered up to Maximum AED 10,000/- per person per annum



Organ Transplant	Organ transplantation shall cover the organ transplantation as recipient excluding any cost related to donor, and excluding the acquisition and organ cost Organs covered are: heart, lung, kidney, pancreas, liver, Allogeneic & autologous bone marrow.
Repatriation of Mortal Remains to Home Country	Covered up to Maximum AED 10,000 per person per annum settled on Reimbursement basis with no co-pay
Second Medical Opinion	Not Covered
In-patient maternity services (requires prior approval from the insurance company or within 24 hours of emergency treatment) Subject to Medical Application Form (MAF)	Covered subject to 10% coinsurance, up to AED 12,500 for normal delivery and up to AED 12,500 for medically necessary C-Section, termination and complications. In case of any condition developing into an emergency, the medically necessary expenses will be covered up to AED 150,000. Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting. Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.
Out-patient maternity services: Initial investigations to include FBC and Platelets, Blood group, Rhesus status and antibodies, VDRL, MSU & urinalysis, Rubella serology, HIV, Hep C (for high risk patients), GTT (if high risk), FBS, random s or A1c. Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols Subject to Medical Application Form (MAF)	Covered subject to 10% coinsurance, and a maximum of 12 visits and 6 ante-natal ultrasound scans Pregnancy at time of application should be declared in the medical application form and is subject to medical underwriting Undeclared Pregnancy at time of application will not be covered during the policy period and will be underwritten at renewal if needed.
New Born baby coverage	Babies born inside and out-side UAE - New born expenses are covered from Date of Birth under the mother's card for the first 30 days from date of birth upto Annual Benefit Limit of mother. New born babies will be added to the principle policy only if requested by the policy holder and is subject to Medical underwriting. Coverage for new born are in line with DHA benefit guidelines.
Dental benefit Covers the following: Consultation & X-Ray, Scaling, Tooth Extraction, Amalgam fillings, Temporary and/or permanent composite, fillings and root canal treatment only.	Covered up to AED 2,500/- subject to 20% Co-pay In-Network: Direct Billing Out of Network: Reimbursement



Optical benefit covers the following: Optical examinations conducted for the purpose of obtaining eye glasses or lenses In-Network: Direct Billing Out of Network: Reimbursement	Covered subject to 20% Co-pay and up to AED 1,250 in total and up the following sub-limits: AED 300 for Frames - one pair per year AED 200 per pair per single vision lenses - once per year AED 250 per pair per bifocal or tri-focal vision lenses - once per year AED 300 for contact lenses per year
Alternative Medicines/ therapies Covers the following: Chiropractic/ Osteopathy/ Homeopathy and Ayurvedic	Limited to AED 1,500 per person per annum
Dialysis	Covered up to AED 60,000/- Outpatient - 20% coinsurance payable by the insured per visit
No claim bonus	Policy sum insured increases by 10% for every IP claim free year. The maximum increase allowed is 50% of policy sum insured. In any policy year, the accrued No claims bonus, shall not exceed 50% of the sum insured available in the renewed policy. The no claim bonus shall be applicable on an annual basis subject to continuation of the policy. The entire No claims bonus will be forfeited if the policy is no continued/ renewed on or before policy period end date or the expiry of the grace period whichever is later.
Auto recharge	If a claim is payable under the policy, the company agrees to automatically make the reinstatement of up to the sum insured once in a policy year which is valid for the policy year only, subject to the conditions specified below: The recharge shall be utilized only after sum insured & no claim bonus has been completely exhausted in that policy year. The recharge shall be available only for all future claims i.e next incident / admission which are not in relation to any illness or injury for which a claim has already been admitted for the insured person during that policy year. For any treatment related to a declared PEC & Maternity - auto recharge would not be applicable.
Health check-up in India	Covered. This benefit shall be available only once during a policy year. This benefit does not reduce the sum insured
Portability in India	Port benefits are available subject to continuous 4 year coverage of this policy in UAE. Portability benefits will give credit for waiting period on named ailments and pre-existing diseases movement to India on the similar available Care Health Insurance product subject to guidelines applicable
Preventive Vaccinations	Covered under reimbursement basis



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Herpes zoster (shingles)- Shingrix Vaccine(GSK) is a recombinant subunit vaccine which is to be offered to people above the age of 50 and immunocompromised patients above the age of 18. Dose: 2 doses, 2 to 6 months apart once per lifetime (As per DHA/DHIC guidelines for Dubai Visa Holder only).	
Cashless IPD in India	Covered
Mental Health (Outpatient counselling)	Covered up to the limit of AED 800/- Outpatient - 30% coinsurance payable by the insured per visit
Organ Transplantation (Covered for recipients only)	Covered; Outpatient - 20% coinsurance payable by the insured per visit
Virtual consultation Basic healthcare services: out-patient in authorized clinics of hospitals, clinics and health centres	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 within seven days
Please note that in case benefits fall below the minimum required by DHA or the benefit which is not provided in this TOB and is required by DHA, then the cover under the policy will automatically increase/include the benefit to the same level as requested by DHA	

Premium Calculation

Category	No. of lives	Actual Premium	Basma	Premium Amount	Vat	Final Premium
Principal age						

VAT Clause

The quote provided above is inclusive of Value Added Tax ('VAT') which may be applicable on the policy.

DHA 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. Care for the sake of travelling.
3. 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.
4. Services that do not require continuous administration by specialized medical personnel.
5. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
6. 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.
7. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
8. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens.
9. Healthcare Services that are not performed by Authorized Healthcare Service Providers.
10. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
11. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
12. Treatment and services for contraception
13. 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.
14. External prosthetic devices and medical equipment.
15. 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.
16. Growth hormone therapy unless medically necessary.
17. Costs associated with hearing tests, prosthetic devices or hearing and vision aids.
18. Mental Health diseases (in-patient treatments), unless it is an emergency condition.
19. 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.



20. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment)
21. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree relatives.
22. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
23. Healthcare services for adjustment of spinal subluxation.
24. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
25. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
26. Elective diagnostic services and medical treatment for correction of vision
27. Nasal septum deviation and nasal concha resection.
29. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to **Hepatitis A, B and C**.
30. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
31. Healthcare services for senile dementia and Alzheimer's disease.
32. Air or terrestrial medical evacuation and unauthorized transportation services.
33. 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.
34. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
35. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
36. 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.
37. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
38. Health services and associated expenses for organ and tissue transplants, where the Insured Person is a donor. This exclusion also applies to follow-up treatments and complications unless if left untreated will develop into an emergency.
39. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
40. Any expenses related to the treatment of sleep related disorders.
41. All expenses relating dental treatment, dental prostheses, and orthodontic treatments except Emergency cases (Elective treatments will be covered only if the "Dental Benefit" is chosen and fully as specified in the table of benefit)
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

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,B and C hepatitis.

Terms & Conditions:

- > The proposal assumes compulsory coverage for all members residing in UAE on valid residence and there is no voluntary option exercised by any member.
- > This policy assumes that all UAE national members, if any, enrolled under this scheme do not hold Thiqa medical Cards.
- > 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.
- > The quote is valid for 30 days from the date of issue.
- > 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.
- > 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 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
- > Children are covered from Date of Birth
- > Change of benefits class may only take place at renewal of the Individual Scheme or upon satisfactory proof of promotion.
- > Deductibles and any co-insurance amounts are to be paid by the insured person.
- > Premiums are per person per annum and are payable annually in advance.
- > If routine dental treatment is covered all persons must be enrolled.
- > Any expenses related to declared pandemic would not be covered.



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- > Where pre-existing conditions are not covered, Medical Health Declaration form needs to be completed by all the applicants. 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.
- > 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.
- > Treatment within the Network in UAE will be settled on a direct billing basis.
- > 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.
- > 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 Insurance company. In the event of cancellation by the Policyholder, Insurance company. 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.

Insurance company. have the right to cancel the policy with immediate effect if

- ✓ Premium is not paid as per the premium payment agreed terms or issued CDC/PDC Cheques are not honoured.
- ✓ Misrepresentation of info
- ✓ Non disclosure of material facts.

The prorate refund will be subject to, providing evidence of visa cancellation or obtaining new insurance.

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