

Schedule of Benefits (Essential Benefits Plan)

Plan Name	Essential Benefits Plan		
Annual Benefit Limit (Annual Limits inclusive of Coinsurance)	AED 150,000 Per Person Per Policy Year		
Territorial Limit	Emirate of Dubai Emergency Cover: UAE		
Network (Allowing direct billing at designated providers)	Network Within UAE: 08 In & out-patient on direct billing in Provider Network in Emirate of Dubai (Network hospitals offer coverage for inpatient treatment only, outpatient treatment not covered. Outpatient treatment covered only in other healthcare providers within the network) Network Outside UAE: Not available		
Pre-existing conditions	Covered with a 6 months waiting period for Inpatient and Outpatient treatments. No waiting period if pre-requisition of uninterrupted (pre-) coverage is fulfilled. (Where a pre-existing or chronic condition develops into an emergency within this exclusion period this will be covered up to the annual aggregate limit)		
Inpatient Treatment	Network	Non-network	
Inpatient & Day Treatment ¹ Up to the relevant annual benefit limit Per Person (including Pre & Post In Hospital Treatment Covered) (Out of pocket limit of AED 500 per encounter and an annual aggregate limit of AED 1,000)	80% covered	Not covered	
Accommodation Type- General Room (2 or more beds)	80% covered	Not covered	
Hospital Accommodation & Services	80% covered	Not covered	
Consultant's, Surgeon's & Anesthetist's Fees and other fee	80% covered	Not covered	
Ambulance Services (Ground transportation in Medical emergency only, subject to General exclusions)	80% covered	80% covered	
Parent Accommodation for accompanying an Insured Child under 16 years of age (Maximum limit of AED 100 per day)	100% covered	Not covered	
Companion Accommodation in cases of medical necessity at the recommendation of the treating doctor (Maximum limit of AED 100 per day)	100% covered	Not covered	
Out-patient Treatment	Network	Non-network	
Physician Consultation (Access to outpatient specialists only upon referral by a General Practitioner) (Coinsurance not applicable for follow up within 7 days)	80% covered	Not covered	
Diagnostics (X-Ray, MRI, CT-Scan, Ultra Sound, etc.), Laboratory (Specialized investigations and scans including but not limited to MRI, Scan, Endoscopies with Pre-authorization only)	80% covered	Not covered	
Pharmaceuticals (Annual Limit Per Person of AED 1,500 inclusive of Coinsurance)	70% covered	Not covered	
Physiotherapy ¹ (Maximum up to 6 sessions per year)	80% covered	Not covered	
Other Benefits	Network	Non-network	
Emergency Treatment	80% covered	80% covered	
Diagnostic and treatment services for dental and gum treatment (Medical emergency cases)	80% covered	80% covered	
Hearing and vision aids, and vision correction by surgeries and laser (Medical emergency cases)	80% covered	80% covered	
Preventive services, vaccines and immunizations ²	100% covered	Not covered	
Annual Breast Cancer Screening (applicable for females > 35 years) ^{2,6}	100% covered	Not covered	
Colorectal Cancer Screening (applicable for males and females > 40 years) ^{2,7}	100% covered	Not covered	
Cervical Cancer Screening (applicable for females aged 25-65 years. Every 3 years for women aged 25-49 years, every 5 years for women aged 50-65 years) ^{2,8}	100% covered	Not covered	
Hepatitis C Virus Screening ² (applicable for males and females)	100% covered	Not covered	
Maternity^{1,3}	Network	Non-network	
Inpatient Maternity Maximum Annual benefit limit per delivery (Annual Limits inclusive of Coinsurance): Normal delivery: AED 7,000 Caesarian section, complications and medically necessary termination: AED 10,000 Newborn Care: Upto 30 days from birth (New Born care to include BCG, Hepatitis B and neo-natal screening tests ⁴)	90% covered	Not covered	
Outpatient Maternity ⁵ (Coinsurance not applicable for follow up within 7 days)	90% covered	Not covered	

¹Pre -authorization required to avail this benefit. All Emergency cases do not require pre-authorization but should be notified to Daman within 24 hours

²Includes: (1) Vaccinations and inoculations for new borns and children as per DHA; (2) Preventive services for diabetes, every 3 years from age 30 and for High risk individuals annually from age 18.

³Maternity: Where any condition develops into life threatening to either the mother or the newborn, the medically necessary expenses will be covered up to the annual aggregate limit.

⁴Neo-natal screening tests includes: Phenylketonuria (PKU), Congenital Hypothyroidism, Sickle cell screening, congenital adrenal hyperplasia.

⁵Outpatient maternity includes: (1) 8 visits to Primary Health Centre (PHC); (2) All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals; (3) Initial investigations to include: FBC and Platelets; Blood group, Rhesus status and antibodies; VDRL;

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MSU & urinalysis; Rubella serology; HIV; Hep C offered to high risk patients; GTT if high risk; FBS random or A1c for all due to high prevalence of diabetes in UAE. (4) Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols, (5) 3 ante-natal ultrasound scans. Prescribed Drugs for the Outpatient Maternity benefit shall be covered as part of Outpatient Pharmaceuticals.

⁶ Includes: a) Clinical Exam b) Mammogram c) Pelvic Sonogram (if medically indicated) d) CA 15.3 (if medically indicated)

⁷ Includes: a) FIT (Fecal Immunochemical Test) every 2 years; b) Colonoscopy every 10 years

⁸ Papanicolaou test (Pap test)

This product must be sold outside Emirate of Abu Dhabi.

SOB REF NO: SOB-US-153-R4-220719 |
 Package NO: (without waiting period) 5001 & 5002, (with waiting period) 5003 & 5004
 SC Package NO: (without waiting period) 13983 & 13984, (with waiting period) 13985 & 13986