



دبي للتأمين
DUBAI INSURANCE
CARE & COMMITMENT SINCE 1970

Flexi Health Insurance
Schedule of Benefits
DoH No: 52762

Annual Maximum Limit for Treatment Services Per Individual	AED 150,000
Geographic Territorial (Elective Treatment)	Emirate of Abu Dhabi
Geographic Territorial (Emergency Cases)	UAE
Healthcare Providers Network	DubaiCare N5 (OP restricted to clinics)
Inpatient Treatment Services for Main High Cost Diseases as per DoH list	Coverage subjects to 6 month waiting period as from the starting date of the first health insurance policy with the contracted company. Such costs during this period shall be covered by the person who is obliged to enroll the insured in the health insurance scheme.
Medical Treatment Services at the Authorized Hospitals Coverage is up to the Annual Maximum Limit for Treatment Services per Individual per Policy upon Pre-authorization	
Procedures of Referral to specialty clinics at hospitals	<p>Referral Procedures:</p> <ul style="list-style-type: none"> The insured shall not bear any costs to get an advice or consultations provided by specialists or consultants at hospitals, if he/she is referred by a GP at the network (or equivalent as determined by DoH), provided that such GP is licensed by DoH or any other competent authority in UAE and eligible for payment from the insurance company. GP must refer the insured with justifications via the electronic system, so as the claim will be considered by the insurance company.



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Coverage Authorization Requirements	<ul style="list-style-type: none"> • Non-emergency medical cases (elective) – pre-authorization is mandatory. • Medical emergency services –to notify the insurance company within 24 hours of the admission to the hospital included in the insurance network.
Copayment by Insured	<ul style="list-style-type: none"> • 20% payable by the insured, maximally AED 500 paid for each new service. • Total annual copayment limit: AED 1000. • In case of exceeding the limits, the insurance company shall cover 100% of the treatment cost.
Hospital Stay Type	Providing inpatient treatment services at a room of 2 or more beds
Hospital Stay and related services	Covered
ICU and Coronary Artery Diseases Treatment	Covered
Consultant/Surgeon/Anesthetist's Fees	Covered
Various treatments including physiotherapy, chemotherapy, radiotherapy and so on.	Covered
Using medical devices and equipment (e.g. cardiac and pulmonary support systems, and so on)	Covered
Ground transportation services in UAE which are provided by a medical emergency- licensed entity. (Ground Ambulance)	Covered
Companion Stay (to accompany an insured child up to the age of 16.	Covered – maximum up to AED 100 per night
Cost of a patient's companion stay at the same room in medical necessity cases upon a recommendation from the treating physician, and after pre-authorization from the insurance company that provides the coverage.	Covered – maximum up to AED 100 per night



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Outpatient Treatment
(Basic Health Service: at Licensed Outpatient Clinics)

<ul style="list-style-type: none"> • Primary care/first line of care at healthcare providers network. • GP or Network Gatekeeper only. 	<p>Referral Procedures:</p> <ul style="list-style-type: none"> • The insured shall not bear any costs to get an advice or consultations provided by specialists or consultants at outpatient clinics, if he/she is referred by a GP at the network (or equivalent as determined by DoH), provided that such GP is licensed by DoH or any other competent authority in UAE and eligible for payment from the insurance company. • GP must refer the insured with justifications via the electronic system, so as the claim will be considered by the insurance company.
<p>Examination, diagnostic and treatment services provided by authorized practitioners, specialists and consultants.</p>	<p>Copayment of 20% payable by the insured for each visit. Not applicable in case of follow-up visit within 7 days.</p>
<p>Laboratory investigations and Diagnostic Radiology Services.</p>	<p>Copayment of 20% payable by the insured for each visit. In non-emergency medical cases, pre- authorization is required for MRI, CT and endoscopy.</p>
<p>Pharmaceuticals</p>	<p>30% copayment payable by the insured for each prescription. Cost of drugs and medicines are covered up to an annual limit of AED 1,500 (including copayment).</p> <p>*copayment is restricted to products listed in the medical prescriptions where available.</p>
<p>Newborn vaccines and immunizations</p>	<ul style="list-style-type: none"> • Essential vaccinations for newborns and children as stipulated in MOHAP's policies and any updates thereto. • Claims are covered on reimbursement basis (refund of expenses due) as per the coverage specified in 'Medical Claims Settlement Terms' chapter of this document.



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Physiotherapy (pre-authorization is required)	20% copayment payable by the insured per session. Covered up to 6 sessions per member yearly.
Other Additional Benefits	
One Day Treatment	Covered
Outpatient Surgery	Covered
Newborn Coverage	First 30 days after DOB of newborn are covered under Mother's Annual Benefit Maximum Limit / AED 150,000 BCG, Hepatitis B and neo-natal screening tests are covered for the first 30 days from DOB.
Diagnostic and therapeutic services for dental and gum treatments	Covered only in medical emergency cases subject to 20% copayment payable by the insured.
Hearing and vision aids, and vision correction by surgeries and laser	Covered only in cases of medical emergencies subject to 20% copayment payable by the insured.
Maternity Services (Where any condition develops to be an emergency case, the necessary medical expenses will be covered up to the annual aggregate limit)	
Outpatient ante-natal services (Requires pre- authorization from the insurance company)	<ul style="list-style-type: none"> • 10% copayment payable by the insured. • 8 visits to PHC centers including reviews, checks and tests in accordance with the Antenatal Care Protocols. • All care types provided by PHC obstetrician for low risk, or specialist obstetrician for high risk referrals.
Inpatient maternity services (Requires pre- authorization from the insurance company or notification within 24 hours as of the emergency case treatment)	<ul style="list-style-type: none"> • 10% copayment payable by the insured. • AED 7,000/- for normal delivery OR AED 10,000/- for medically necessitated C-section, complications and medically necessary termination of pregnancy.



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Newborn Coverage	Covered for the first 30 days from birth
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Medical Claims Settlement Terms (what is Paid by Insurance Company)

Elective Treatment:

- Free or Cashless Access (Network)
 - Within healthcare providers Network - 100% of actual covered costs
- Refund of expenses (Non-Network healthcare providers)
 - At Government Hospitals in UAE - 80% of actual covered cost subject to maximum of 100% of the applicable network rates
 - In UAE except Government Hospitals - Not Covered
 - Refund of expenses due within covered countries (Inpatient treatments only) - 100% of actual covered cost subject to the maximum of 100% of the applicable network rates in UAE

Emergency treatment within Geographical Territorial of Coverage:

- Free Access (within healthcare providers Network) - 100% of actual covered cost
- Refund of expenses due (Non-Network healthcare providers within UAE) - 100% of actual covered cost

Premium

Annual Premium	750.00
VAT 5%	37.50
Total Premium	787.50

Product Guidelines

The following categories can benefit from the flexi health insurance policy:

- Member of age 64 and below
- An expatriate residing in the Emirate who works in the private sector, provided that his/her monthly income exceeds 5,000 dirhams.
- Investors and holders of free enterprises licenses, who desire to have this policy, and their families and employees.
- The family of the resident expatriate and his/her workers who are not covered by employer's health insurance policy (governmental or private).



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DOH EXCLUSIONS

1. Healthcare Services, which are not medically necessary	Not Covered
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.	Not Covered
3. Domiciliary care; private nursing care; care for the sake of travelling.	Not Covered
4. Custodial care includes (1) Non medical treatment services; or (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.	Not Covered
5. Services which do not require continuous administration by specialized medical personnel.	Not Covered
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).	Not Covered
7. Healthcare Services and associated expenses for replacement of an existing breast implant. Cosmetic operations which improve physical appearance and 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. Breast reconstruction following a mastectomy for cancer is covered.	Not Covered
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.	Not Covered
9. Medically non-approved experimental, research, investigational healthcare services, treatments, devices and pharmacological regimens.	Not Covered
10. Healthcare Services that are not performed by Authorized Healthcare Service Providers, apart from Healthcare Services rendered in a Medical Emergency.	Not Covered
11. Healthcare services, treatments & associated expenses for alopecia, baldness, hair falling, dandruff or wigs.	Not Covered
12. Supplies, Treatment and services for smoking cessation programs and the treatment of nicotine addiction.	Not Covered
13. Non-medically necessary Amniocentesis.	Not Covered
14. Treatment, services and surgeries for sex transformation, sterility and sterilization	Not Covered
15. Treatment and services for contraception	Not Covered
16. Treatment and services related to fertility / sterility (treatment including varicocele / polycystic ovary / ovarian cyst / hormonal disturbances / sexual dysfunction).	Not Covered
17. Prosthetic devices and consumed medical equipments, unless approved by the insurance company	Not Covered
18. Treatments and services arising as a result of hazardous 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 professional sports activities	Not Covered
19. Growth hormone therapy	Not Covered
20. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.	Not Covered
21. Mental Health diseases, in-patient and out-patient treatments, unless the condition is a transient mental disorder or an acute reaction to stress.	Not Covered
22. Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency).	Not Covered
23. Preventive services, including vaccinations, immunizations, allergy testing and desensitization; any physical, psychiatric or psychological examinations or testing during these examinations.	Not Covered
24. Services rendered by any medical provider relevant of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent or child.	Not Covered
25. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during treatment.	Not Covered
26. Healthcare services for adjustment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, by any means, except treatment of fractures and dislocations of the extremities.	Not Covered



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27. Healthcare services and treatments) by acupuncture; acupressure, hypnotism, rolfing, massage therapy, aromatherapy, homeopathic treatments, and all forms of treatment by alternative medicine.	Not Covered
28. All Healthcare services & Treatments for in-vitro fertilization (IVF), embryo transport; ovum and male sperms transport	Not Covered
29. Elective diagnostic services and medical treatment for correction of vision.	Not Covered
30. Nasal septum deviation and nasal concha resection.	Not Covered
31. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related test/treatment or procedure.	Not Covered
32. Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A.	Not Covered
33. Birth defects, Congenital diseases for newborn &/or Deformities unless life-threatening.	Not Covered
34. Healthcare services for Senile dementia and Alzheimer's disease.	Not Covered
35. Air or Terrestrial Medical evacuation except for Emergency cases or unauthorized transportation services.	Not Covered
36. Circumcision healthcare services.	Not Covered
37. Inpatient treatment received without prior approval from the insurance company including cases of Medical Emergency which were not notified within 24 hours from the date of admission.	Not Covered
38. Any inpatient treatment, tests and other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.	Not Covered
39. Any test or treatment, for purpose other than medical such as tests related for employment, travel, licensing or insurance purposes.	Not Covered
40. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, 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, convenience items / options, exercise equipment and sanitary supplies.	Not Covered
41. More than one consultation or follow up with a medical specialist in a single day unless referred by a physician.	Not Covered
42. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient.	Not Covered
43. Services and educational program for handicaps.	Not Covered
Healthcare Services outside the Scope of Health Insurance	
1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.	Not Covered
2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.	Not Covered
3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.	Not Covered
4. Injuries resulting from natural disasters (including but not limited to) earthquakes, tornados and any other type of natural disaster.	Not Covered
5. Injuries resulting from criminal acts or resisting authority by the Insured Person.	Not Covered
6. Healthcare services for patients suffering from AIDS and its complications.	Not Covered
7. Healthcare services for work illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, as amended, and applicable laws in this respect.	Covered
8. All cases resulting from the use of alcohol, drugs and hallucinatory substances.	Not Covered
9. Any test or treatment not prescribed by a doctor.	Not Covered
10. Injuries resulting from attempted suicide or self-inflicted injuries.	Not Covered
11. Diagnosis and treatment services for complications of exempted illnesses.	Not Covered
12. All healthcare services for internationally and locally recognised epidemics.	Not Covered
13. Venereal sexually transmitted diseases. A list with respect thereto will be set out by the General Authority of Health Services.	Not Covered



Terms & Conditions:

- The proposal assumes compulsory coverage for all employees residing in UAE on valid residence and there is no voluntary option exercised by any employee.
- All employees must be on the payroll of the policy holder.
- This policy assumes that all UAE national members, if any, enrolled under this scheme do not hold Thiqa medical Cards
- The quote is valid for 30 days from the date of issue.
- All employees must be on the payroll of the policy holder
- If dependants are to be covered it has to be on compulsory basis within the group /sub group for all employees with dependants residing in UAE on valid residence. There is no voluntary option exercised by any employee to add his/her dependants
- 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.
- This quote is valid only if all categories proposed are selected and with no substantial variation in total member census or distribution of members in each category.
- Maximum age of entry is up to 64 years, members 65 years and 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/coinsurance.
- Children are covered from Date of Birth
- Change of benefits class may only take place at renewal of the Group Scheme or upon satisfactory proof of promotion.
- Deductibles and any co-insurance amounts are to be paid by the insured person. If deductibles and/or co-insurance amounts are paid by the employer the premium quoted will be subject to revision.
- Premiums are per person per annum and are payable annually in advance.
- If maternity cover is included all female employees and spouses must be enrolled.
- If routine dental treatment is covered all persons must be enrolled.
- 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.
- Additions/Deletions will be on a pro-rata premium basis.
- Treatment within the **DubaiCare** Network in UAE will be settled on a direct billing basis.
- The company reserves the right to vary the premium rates, if there is a change in the total number of insured members above or below 15% during the policy year.
- 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.
- Required minimum number of employees in a category is 03.
- 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 Dubai Insurance co. (P.S.C).

In the event of cancellation by the Policyholder, Dubai Insurance co. (P.S.C) 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.

Dubai insurance co. (P.S.C) 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
- None disclosure of material facts.

In the event of cancellation by the company, Dubai insurance co. (P.S.C) will refund premium for the remaining policy period on prorata premium basis.

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