

TABLE OF BENEFITS

MaxMed GOLD GROUP 2024

CATEGORY	SME (10 employees to 300 members) – no claims data required
AREA OF COVERAGE	Worldwide excl. USA
NETWORK	MedNet Silver Premium
ANNUAL AGGREGATE LIMIT	AED 250,000
MEDICAL UNDERWRITING TYPE	MaxHealth questionnaire is applicable for any member with ongoing major conditions enlisted in our form. Members 65 years and above are subject to fill MAF.

BENEFITS	COVERAGE/LIMIT	CLARIFICATIONS/EXPLANATIONS
Pre-existing, Critical Illness and Chronic conditions	In full up to Annual Limit	This benefit covers Chronic conditions – any treatment for a disease, illness or injury which has a characteristic of chronic condition and treatment for a pre-existing condition, related symptom, or any condition that results from or is related to a pre-existing condition.

DEDUCTIBLE, CO-INSURANCE & CO-PAYMENT		
Deductible	20% max. of AED 50	Deductible applies to consultation only, including Maternity consultation. No co-insurance applies on a follow-up visit if made within seven (7) days for the same reason and the same doctor/physician/specialist.
In Patient Services Co-payment	Nil	Co-payment means the percentage/amount of Eligible Expenses payable by the insured member for related services.
Out Patient Services Co-payment	10%	Co-payment means the percentage/amount of Eligible Expenses payable by the insured member for related services. Out Patient Services Co-payment also applies to Physiotherapy.
Pharmaceuticals/Drugs Co-payment	10%	Co-payment means the percentage/amount of Eligible Expenses payable by the insured member for related services.
Pharmaceuticals/Drugs Sublimit	Nil	We will only pay for an eligible expense related to Pharmaceuticals/Drugs, Materials, Injections and dressing up to the specified Limit.

BASIS OF CLAIM SETTLEMENT		
Direct Billing (cashless access)	100%	Subject to any applicable deductible and co-payment as per the chosen plan.
Reimbursement - Elective	80% as per UAE Reasonable and Customary (R&C) rates	Any treatment undertaken outside of the network. Any benefit co-insurance will apply in addition to the member reimbursement claims co-insurance. Reimbursement (non-network) claims co-insurance does not apply to Dental and Optical services.
Emergency Treatment - Reimbursement	100% as per UAE Reasonable and Customary (R&C) rates	Any benefit co-insurance will apply in addition to the member reimbursement claims co-insurance. Note: By Emergency we mean, any Life Threatening conditions. Note: Claims incurred within UAE, USA, Hong Kong and Singapore will be settled 100% of the UAE R&C rates.
Emergency Life Threatening	100% as per UAE	This benefit covers any services extended Worldwide including USA if the

BASIS OF CLAIM SETTLEMENT

conditions - Worldwide	Reasonable and Customary (R&C) rates	treatment is deemed as Medical Emergency. Any benefit co-insurance will apply in addition to the member reimbursement claims co-insurance.
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INPATIENT BENEFIT

Hospital charges and accommodation (Room and Board)	100% in Private Room	This benefit covers for the full length of stay in an eligible Room if the admission and inpatient procedure are medically necessary including hospital meals (for the patient). Note: We do not pay for personal items such as but not limited to guest and or companion's meals, outside hospital or additional meals apart from the meals being served routinely in the hospital, telephone calls, etc.
Parent accommodation	Covered	This benefit covers for the cost of Accommodation for one parent to stay in hospital with a child under 16, where the medical treatment is being covered *Subject to prior-approval from the insurance company
Accompanying Accommodation	Covered	This benefit covers for the cost of Accommodation for a person accompanying an admitted member in the same room based on the medical necessity and doctor's recommendation *Subject to prior-approval from the insurance company
Emergency ward services	Covered	This benefit covers for Emergency/Observation Room or ward / (or their equivalents) when the length of observation is medically necessary for the procedure or condition that you are observed or triaged for.
Surgical appliances and prostheses	Covered	This benefit covers for a surgical appliances and or prosthetic implant needed as part of your treatment. By this, we mean: <ul style="list-style-type: none"> • An artificial limb, prosthesis or device which is inserted during surgery; for example, to replace a joint or ligament, a sphincter muscle • An artificial prosthesis or device which is a necessary part of the Treatment immediately following surgery for as long as is required by Medical Necessity; for example, heart pacemaker or heart valves • A prosthesis or appliance which is medically necessary and is part of the recuperation process immediately following an In-Patient Treatment on a short-term basis.
Cash Indemnity (Hospital Cash Benefit) for Inpatient Treatment	AED 200 up to 180 days	An amount we pay you for each day you spend in hospital, for treatment we would normally cover, but where no charge is made.
Intensive care unit (ICU)	Covered	This benefit covers for intensive care/therapy unit/high dependency or coronary/critical care unit (or their equivalents) when: 1.) it is an integral part of your treatment and/or 2.) it is medically necessary in the event of unexpected circumstances for example if you have an allergic reaction during surgery
X-rays, Pathology and diagnostic tests	Covered	This benefit covers for Laboratory testing, radiographic and Nuclear Medicine procedures used to diagnose and treat medical conditions. Laboratory and X-ray Services must be requested by a Physician.
Physician, surgeon, & anesthetist fees	Covered	This benefit covers for regular visits by a GP, Surgeons, Specialist Physician during stays in hospital including intensive care for as long as it is required by medical necessity.
Prescribed Medicines and Drugs	Covered	This benefit covers for the prescribed medicines, drugs and dressings during an In-Patient admission.
Organ Transplantation	Covered	This benefit covers for the organ transplant services that you need as a result of an eligible condition. We pay for medical expenses if you need to receive Human Kidney, Liver, and Heart transplant only. Note: We do not pay for any costs associated with the donor, the donor organ and for organ donor search.
MRI & CT Scans	Covered	This benefit covers for Radiology services such as, Magnetic Resonance

INPATIENT BENEFIT

		Imaging (MRI), Computed Tomography (CT), Positron Emission Tomography (PET) when recommended by your physician/specialist/consultant to diagnosed, evaluate and/or treat your condition.
Surgical fees, including anesthesia & theatre charges	Covered	This benefit covers for the fees charged by the surgeons and anaesthetists' for a surgical operation, including all pre- and post-operative care, and operating room/theatre charges. We pay for nursing services, drugs and surgical dressings you need as part of your treatment in hospital. Note: we do not pay for nurses or assistants hired in addition to the hospital's own staff without medical necessity.
Emergency road ambulance services to and from hospital by registered ambulance services provider	Covered	This benefit covers for a local road ambulance from the location of an accident to a hospital, for a transfer from one hospital to another, or from your home to the hospital when a local road ambulance is medically required, when related to eligible In-Patient or Day-care treatment and the local ambulance is a registered ambulance service provider in the country. NOTE: We do not pay for any kind of Air Transportation/Ambulance such as a helicopter.

OUTPATIENT BENEFIT

General Out-Patient Services	Covered	This benefit covers for Outpatient services provided by or ordered by a Physician who is licensed as a General Practitioner.
Medical Practitioner and Specialist's Fees	Covered	This benefit covers for the charges of consultation with Medical Practitioners and Specialists.
Out Patient Surgery	Covered	This benefit covers for Treatment or surgery that does not require an overnight hospital stay, with shorter medical procedure duration when carried out by a medical practitioner.
X-ray, Pathology and Diagnostic tests	Covered	This benefit covers for Laboratory testing, radiographic and Nuclear Medicine procedures used to diagnose and treat medical conditions. Laboratory and X-ray Services must be provided by or ordered by a Physician.
MRI & CT Scans	Covered	This benefit covers for Radiology services such as, Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Positron Emission Tomography (PET) when recommended by your physician/specialist/consultant to diagnosed, evaluate and/or treat your condition.
Physiotherapy	15 Sessions pppa	This benefit covers for Physiotherapy charges if: • Medically necessary and prescribed by a specialist/physician. • There must be a Treatment plan from the Physiotherapist with duration and expected outcome.

PHARMACEUTICALS, DRUGS AND DRESSINGS

Materials, Injections and dressing	Covered	This benefit covers for materials, injections or wound dressings by a qualified medical practitioner when they are appropriately qualified and registered to practice in the country where treatment is received.
Prescribed Medicines and Drugs	Covered	This benefit covers for the prescribed medicines/drugs by a GP or Specialist for an eligible treatment Note : • The length of prescription allowed for Chronic Medicines is up to 90 days. • Prescribed vitamins are covered in cases of vitamin deficiency conditions (confirmed case of vitamin deficiency), or for neuropathy and neuropathy in diabetic patients.

PHARMACEUTICALS, DRUGS AND DRESSINGS

- Diabetes strips & lancets are not covered.
- We do not cover non-prescribed over-the-counter medications and vitamins.

CANCER CARE/ONCOLOGY BENEFIT

Cancer/Oncology Treatment (In-Patient and Out-Patient)

Covered

This benefit covers the charges related specifically to planning and carrying out Treatment for cancer. This includes consultation, laboratory & radiological investigations, prescribed medications, chemotherapy and radiotherapy. We do cover cancer genetic test only for an established/diagnosed cancer condition to aid in further assessment of treatment regimen. Note: We do not pay for any cost related to Genetic Therapy and we do not cover genetic test for screening purposes.

MATERNITY CARE

Maternity In-Patient Limit

AED 20,000

This benefit covers for Maternity In-Patient Services as: Normal Vaginal Delivery, Medically necessary abdominal delivery (Caesarian section). Note: We do not pay for Elective Caesarian Delivery

Maternity In Patient Co-payment

Nil

Maternity (life threatening) complications

In full up to Annual Limit

By complications we mean those conditions which only ever arise as a direct result of pregnancy or childbirth and is life threatening. Examples of Maternity life threatening complications but not limited to are hemorrhage/severe bleeding, blood clots, sepsis, amniotic fluid embolism, pre-eclampsia and eclampsia, miscarriage (spontaneous or missed abortion), and others.

Maternity Out Patient Limit

In full up to Annual Limit

This benefit includes prescribed multivitamins and supplements for pregnancy and Maternity Out Patient Services such as examination, diagnostic tests and out-patient treatment services as per DHA Antenatal Protocol. The following are the screening tests as per DHA protocol: FBC and Platelets Blood group, Rhesus status and antibodies, VDRL, MSU & urinalysis, Rubella serology, HIV, Hepatitis C (offered to high risk patients), GTT, if high risk, FBS, Random blood sugar OR HbA1C, Ultrasonography: 3 scans. Note: We do not cover maternity supplements prescribed with Omega 3 formula, (e.g., Pregnacare Plus)

Maternity Out Patient Co-payment

Nil

Maternity prescribed drugs and pharmaceuticals is included under the Maternity Outpatient services. Note: Maternity Deductible is not part of the Out-patient co-payment while it follows the standard applicable Deductible shown in the "DEDUCTIBLE, CO-INSURANCE & CO-PAYMENT" section of the TOB.

NEW BORN COVER

Newborn care

Covered for 30 days under the mother's policy

This benefit includes newborn expenses and services as per DHA or DOH mandate. Coverage includes BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia). Note: When a baby is born outside UAE, he/she will be enrolled to the scheme only following their entry to the UAE, with a valid entry permit and entry stamp. If the mother is not insured under the policy, the coverage will start after the baby is enrolled to the policy.

DENTAL

DENTAL

Dental Limit	Not Covered	
Routine Dental Treatment	Not Covered	Scope of Cover: Dental consultation, teeth extraction, Amalgam/temporary/permanent/composite filling, Root canal treatment, antibiotics, X-rays, Prophylaxis and Crown (if preceded by RCT).
Major Dental Treatment	Not Covered	This benefit includes Major Dental treatment including Orthodontics & Prosthodontics, crowns, bridges, dentures, & gum treatment Orthodontics is covered up to the age of 18 years old
Dental Co-payment	20%	Co-payment means the percentage/amount of Eligible Expenses payable by the insured member for related services.
Accidental Damage to Natural Teeth following an accident	Covered	This benefit includes treatment received immediately (within 7 days of accident) following accidental damage to natural teeth by external trauma and when treatment is given by medical practitioner. Note: Only initial treatment is covered. Follow up treatment and services are not covered. No cover is provided for treatment resulting from consumption of food or drink or any foreign bodies contained in such food/drink).

Dental Exclusions: Cosmetic Services. Implants, General Anesthesia, Appliances, Restorations or procedure to alter vertical dimension or restore occlusion, any precious metal covers Cosmetic filling (i.e. Porcelain, etc.). General check – up, any treatment which is not medically necessary.

OPTICAL

Prescribed Lenses, Annual Eye Exam, Frames and Contact lenses	Not Covered	This benefit includes the cost of annual eye examination and frames only if you have been prescribed new spectacle lenses covered within the applicable sublimit and a maximum of one pair per insured person per period of cover. The cost of disposable contact lenses is covered up to the specified sublimit and submissions are for no more than 90 days' supply at any one time. Note: We do not pay for any types of vision correction or refractive surgery.
Lenses and Annual Eye Exam	Not Covered	The applicable sublimit for lenses and annual eye exam are combined limit. Note: We do not pay for sunglasses even if prescribed and blue light lenses.
Frames and Contact Lenses (combined limit)	Not Covered	The applicable sublimit for frames and contact lenses are combined limit.
Optical Co-payment	Not Covered	Co-payment means the percentage/amount of Eligible Expenses payable by the insured member for related services.

PSYCHIATRY

Psychiatry and Mental Health (Inpatient & Outpatient)	AED 10,000	This benefit includes Inpatient and Outpatient Psychiatric services including Psychotherapy and counselling provided by a registered Psychiatrist/Psychologist. To visit a Psychologist, a detailed referral letter is required from the Psychiatrist (for initial visit only until a diagnosis is concluded). Subsequent visits related to the same condition does not mandate a new referral letter.
Psychiatric Co-payment	20%	Co-payment means the percentage/amount of Eligible Expenses payable by the insured member for related services.
Emergency Psychiatric conditions	In full up to Annual Limit	This benefit includes Inpatient and Outpatient Psychiatric conditions in case of medical emergencies (life threatening). Note: It is the Emergency medical condition of the patient, not the diagnosis, which drives the necessity for immediate Treatment. Symptoms must be sufficiently severe to cause the patient to seek

PSYCHIATRY

immediate medical assistance.

ALTERNATIVE/COMPLEMENTARY MEDICINE

Chiropractic, Ayurveda, Homeopathy, Osteopathy & Acupuncture

AED 2,500

This benefit includes alternative/complementary medicine when they are appropriately prescribed by a qualified medical practitioner and registered to practice in the country where treatment is received, provided that:

- It is needed (medically necessary) as part of your treatment for an eligible medical condition.
- Clinical and Radiological results (or any necessitated details) to establish the diagnosis might be required on case-to-case basis.

Note: We do not cover any form of massage and Chinese Medicine (TCM).

Alternative Medicine Co-payment

20%

Co-payment means the percentage/amount of Eligible Expenses payable by the insured member for related services.

HEALTH CHECK, WELLNESS, VACCINATIONS & OTHER SCREENING TESTS

Health Check/Wellness Package

Not Covered

This benefit includes the cost of health check/wellness package to assess your state of health.

Note: We will only pay for one health check per period of cover.

Health Check/Wellness Co-payment/Deductible

Nil

Co-payment means the percentage/amount of Eligible Expenses payable by the insured member for related services.

Children Vaccination

Covered

This benefit includes the cost of routine and preventive care, including check-ups and inoculations for newborns and children up to age 6 years, as stipulated in the Dubai Health Authority's (DHA) policies and updates in the assigned facilities (currently the same as the Federal Ministry of Health (MOH).

Diabetes Screening

Covered

This benefit includes Diabetes screening every 3 years for low risk individuals from age 30 years, and also for high risk individuals annually from age 18 years

Hepatitis C Virus Screening and Treatment

Covered

This benefit includes Hepatitis C screening and Treatment in accordance with Dubai Health Authority (DHA) Hepatitis C guidelines.

Pap Smear for cervical cancer screening

Covered

This benefit includes an annual Papanicolaou screening for women aged 21-65 years old in accordance with Dubai Health Authority (DHA) Cancer guidelines.

Mammograms for Breast Cancer Screening

Covered

This benefit includes for Mammogram in accordance with Dubai Health Authority (DHA) Breast Cancer guidelines as:

- a.) one baseline Mammogram for asymptomatic women aged 35-39;
- b.) Mammogram for asymptomatic women aged 40-49 every two years;
- c.) Mammogram every year for women aged 50 and over.

Colorectal (Bowel) Cancer Screening

Covered

This benefit includes the following tests for men and women aged between 40 and 75 years old in accordance with Dubai Health Authority (DHA) Cancer guidelines as:

- 1.) Colonoscopy every 10 years; or
- 2.) Fecal Immunochemical Test (FIT) every two years

Influenza Vaccine & Adult (Pneumococcal) Conjugate Vaccine

Covered

This benefit includes Influenza vaccine for all members (regardless the age) as long as prescribed by the treating physician as per DHA guidelines. Pneumococcal Vaccination is covered once per year for adult only as per DHA guidelines.

PALLIATIVE, LONG TERM CARE AND REHABILITATION BENEFITS

Palliative and Long-Term Care

30 days

This benefit includes long term/hospice and palliative care services if you have received a terminal diagnosis (with a life expectancy of less than six

PALLIATIVE, LONG TERM CARE AND REHABILITATION BENEFITS

		<p>(6) months) and can no longer have treatment which will lead to your recovery.</p> <p>This includes hospital or hospice accommodation, nursing care, prescribed medicines.</p> <p>Note: We do not cover for any services which are to primarily aid in the performance of activities of daily living (e.g., personal hygiene, feeding, dressing, transfers).</p> <p>This benefit is on a reimbursement basis only.</p>
Rehabilitation	30 days	<p>This benefit includes Rehabilitation which is aimed at the restoration of a normal form and/or function after an acute illness or injury. The treatment maybe in the form of a combination of therapies such as physical, occupational and speech therapy The Rehabilitation benefit is only payable for treatment that starts within 14 days of discharge after the acute medical and/or surgical treatment ceases for the same medical condition that we have covered.</p>
Nursing at Home	30 days	<p>This benefit includes Home Nursing following treatment in hospital, when it:</p> <ul style="list-style-type: none"> * If medically necessary and recommended by the treating physician * If the home nursing is recommended immediately (within 14 days) after an authorized and covered inpatient admission * Reduces the length of your stay in hospital * Is provided by a qualified nurse in your home and is needed to provide medical care, not personal assistance. <p>Note: This benefit is on a reimbursement basis only</p>

ADDITIONAL BENEFITS

Renal Dialysis	Covered	<p>This benefit includes kidney/renal dialysis provided as in-patient, day-case or as out-patient treatment and its related investigations, treatments or procedures.</p>
Circumcision	Covered	<p>This benefit includes medically necessary circumcision (Excluding Religious/Routine/Ritual purposes)</p>
Hepatitis and Associated Complications	Covered	<p>This benefit includes any healthcare services, investigations and Treatments related to hepatitis A & C and associated complications.</p>
Hormone Replacement Therapy (HRT)	Covered	<p>This benefit includes the costs related to medically necessary Hormone replacement therapy treatment (excluding Growth Hormone Therapy and excluded medical conditions).</p> <p>Note: We don't pay for any experimental or unproven methods, procedures and or treatment.</p>
Oral and Maxillofacial Surgeries	Covered	<p>This benefit includes Treatment for any disorder related to the upper and lower jaws (temporomandibular joint/ oro-facial/ maxilla and mandibula) if treated by a licensed oral and maxillofacial surgeon and NOT by a dentist.</p>
Allergy	Covered	<p>This benefit includes treatment of a diagnosed allergic conditions (i.e Atopic Dermatitis, Rhinitis, etc.) except for Allergy testing and Desensitization or Neutralization</p>
Ophthalmology related services excluding vision and refraction error related conditions	Covered	<p>This benefit includes Ophthalmology related services excluding vision and refraction error related tests as this will form part of Optical Benefit.</p>
Immunotherapy and Immunomodulator	Covered	<p>This benefit includes medically necessary immunotherapy and immunomodulator.</p>
Warts Removal	Covered	<p>This benefit includes medically necessary treatment and or removal of warts.</p>
Air Ticket Fare	Covered	<p>This benefit includes Return Economy Class Air Fare to patient for Surgery in Home Country if the treatment expense in home country is up to 50%</p>

ADDITIONAL BENEFITS

		of the cost in the UAE. Note: This benefits is subject to pre-approval by TPA/Insurer
Second Medical Opinion	Covered	This benefit includes SMO program to allow you to receive a documented second medical opinion on a complex, grave or critical illness diagnosis, directly from a specialist working in a world-class medical institution.
Telehealth & Telemedicine	Covered	This benefit includes telehealth services within our affiliated network providers only.
Medical Expenses related to Work related injuries and accidents.	Covered	This benefit covers bodily injury sustained at the member's place of work causing physical injury to a body part.
Injuries resulting from Road Traffic Accidents	Covered	This benefit covers Healthcare services resulting from Road Traffic Accidents. This will be covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit
Injuries resulting from Amateur, Hazardous sports	Covered	This benefit covers Healthcare services resulting from amateur (non-professional) and hazardous sports. This will be covered as part of normal benefits i.e. the same as any general condition or sickness, up to the benefit limit.
Injuries Resulting from Natural Disasters	Covered	This benefit includes any costs related to injuries caused by or resulting from natural disasters, including but not limited to: earthquakes, tornadoes and any other type of natural disaster
Injuries Resulting from Attempted Suicide or Self-Inflicted Injuries, Life threatening only	Covered	This benefit includes costs related to Injuries resulting from attempted suicide or self-inflicted injuries for Life threatening only up to the point of stabilization.
Passive War Risk	Covered	This benefit is covered in a situation where the Insured Person is not actively involved in War, whether declared or not, or any Warlike operations, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
HIV/AIDS, Life threatening only	Covered	This benefit includes Life threatening HIV/AIDS cases up to the point of stabilization only.
Health Pass Digital Services	Included	Manage your benefits with our MedNet app anytime, anywhere. Generate your E-card, Travel Certificate and COC. Submit and track progress of claims. Access your policy documents, health services and more.
Congenital, Life threatening only	Covered	This benefit includes Life threatening congenital cases only up to the point of stabilization. By congenital, we mean a medical condition that is present at birth, whether it is inherited or caused by environmental factors.
Ovarian cysts and related conditions	Covered	This benefit includes medically necessary investigation & treatment for Ovarian cysts and related conditions excluding those related to infertility.
Hernia Treatment	Covered	This benefit includes medically necessary treatment for Hernia excluding congenital (unless congenital is covered).
Sexually Transmitted Infections (STD / STI)	Covered	This benefit includes medically necessary investigation & treatment for STDs/STIs. Note: Screening tests are not covered.
Diagnostic and treatment services for dental and gum treatments	Covered with 20% Copayment	This benefit includes diagnostic and treatment services for dental and gum treatment in case of medical emergencies (life threatening). Note: It is the Emergency medical condition of the patient, not the diagnosis, which drives the necessity for immediate Treatment. Symptoms must be sufficiently severe to cause the patient to seek immediate medical assistance.
Hearing and vision aids, and vision	Covered with 20%	This benefit includes hearing and vision aids, and vision correction by

ADDITIONAL BENEFITS

correction by surgeries and laser

Copayment

surgeries and laser in case of medical emergencies (life threatening).

Note: It is the Emergency medical condition of the patient, not the diagnosis, which drives the necessity for immediate Treatment. Symptoms must be sufficiently severe to cause the patient to seek immediate medical assistance.

INTERNATIONAL EMERGENCY ASSISTANCE COVER

Worldwide Emergency Medical Evacuation	Covered thru Assist America No Financial limitations applicable under this benefit.	Covered while traveling outside of UAE and outside of Home countries We do not cover for any costs where the trip was made specifically for the purpose of, or with the intention of, getting surgery or medical help. All services must be arranged and provided through Assist America.
Worldwide Hospital Admission Assistance		Note: No claims for reimbursement will be accepted.
Repatriation of mortal remains to home country from anywhere in the world incl. country of residence		Covered while traveling outside of UAE and outside of Home countries. Repatriation of mortal remains to home country from anywhere in the world, including country of residence. We do not cover for any costs where the trip was made specifically for the purpose of, or with the intention of, getting surgery or medical help. All services must be arranged and provided through Assist America.
Medical Consultation, Evaluation, Referral & Monitoring		Note: No claims for reimbursement will be accepted.
Prescription Assistance		Covered while traveling outside of UAE and outside of Home countries We do not cover for any costs where the trip was made specifically for the purpose of, or with the intention of, getting surgery or medical help. All services must be arranged and provided through Assist America.
		Note: No claims for reimbursement will be accepted.

TRAVEL EMERGENCY ASSISTANCE BENEFIT

Compassionate Visit	Covered thru Assist America	Assist America will arrange and pay for economy-class roundtrip transportation for family member or a friend to join a member who is traveling alone and expected to be hospitalized for more than five days.
Care of Minor Children		If an injured member has minor children left unattended, Assist America will pay for them to return home to a family member, or will arrange childcare locally or at home.
Lost Luggage or Document Assistance		Assist America will help members locate lost luggage, documents, or personal belongings.
Emergency Message Transmission		Assist America will receive and transmit authorized emergency messages for members.
Interpreter and Legal Referrals		Assist America will refer members to interpreters and/or legal personnel, as necessary.

TRUDOC CONCIERGE SERVICES

Medical call center	<ul style="list-style-type: none"> • 24-7 Access to western trained doctors • Advice on medication and Chronic Disease Management • Medication delivery and Home Lab services, where available • Reference to nearest in-network facility • Appointment booking on behalf of the member • Sick leave management
Wellness, Fitness and Nutrition	<ul style="list-style-type: none"> • Access to wellness experts • Customized meal and exercise plans • Healthy life style counselling • Fitness activity monitoring
Interactive mobile application	<ul style="list-style-type: none"> • Voice, Video and life chart • Medical provider search • Wellness tips • Health risk assessment

TRUDOC CONCIERGE SERVICES

- Exclusive deals, Newsletters and Webinars

*Subject to telecom operator

*Disclaimer:
- Should the Benefits under the Plan fall below the minimum required by the regulator then the cover under the policy will automatically increase as per the requirement laid by the DHA or DOH.
- All Benefits are subject to Medical Necessity review pursuant to MaxHealth's medical coverage policies or other internationally accepted clinical standard/guidelines.

NON-HAAD 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. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Care for the sake of travelling.
4. 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.
5. Services that do not require continuous administration by specialized medical personnel.
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
7. 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.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens.
10. Healthcare Services that are not performed by Authorized Healthcare Service Providers.
11. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
12. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
13. Treatment and services for contraception
14. 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.
15. External prosthetic devices and medical equipment.
16. 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.
17. Growth hormone therapy unless medically necessary.
18. Costs associated with hearing tests, prosthetic devices or hearing and vision aids.
19. Mental Health diseases, both outpatient and in-patient treatments, unless it is an emergency condition.
20. 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.
21. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment); any physical, psychiatric or psychological examinations or investigations during these examinations.
22. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree relatives.
23. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
24. Healthcare services for adjustment of spinal subluxation.
25. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
26. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
27. Elective diagnostic services and medical treatment for correction of vision
28. Nasal septum deviation and nasal concha resection.
29. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related investigations, treatments, or procedures.
30. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A and C.
31. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
32. Healthcare services for senile dementia and Alzheimer's disease.
33. Air or terrestrial medical evacuation and unauthorized transportation services.
34. 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.
35. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.

- 36. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
- 37. 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.
- 38. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
- 39. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or a recipient. This exclusion also applies to follow-up treatments and complications unless if left untreated will develop into an emergency.
- 40. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
- 41. Any expenses related to the treatment of sleep related disorders.
- 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

(In emergency cases as defined by PD 02-2017, the following must be covered until stabilization at minimum)

- 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 AND CONDITIONS

1. The proposal assumes compulsory coverage for all employees. residing in UAE on valid residence and there is no voluntary option exercised by any employee.
2. This policy assumes that all UAE national members, if any, enrolled under this scheme do not hold Thiqa medical Cards.
3. All employees must be on the payroll of the policy holder.
4. The quote is valid for 30 days from the date of issue.
5. If dependents are to be covered it must be on compulsory basis within the group /sub-group for all employees with dependents residing in UAE on valid residence. There is no voluntary option exercised by any employee to add his/her dependents.
6. 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.
7. All known and ongoing high value claims or any potential for high value claims including but not limited to claims related to all types of cancer (benign or malignant), major disorders and diseases of internal organs and any autoimmune disorder to be mentioned to Dubai Insurance Company before submitting the final documents to issue the policy.
8. If you are aware that any of the members to be enrolled under the Policy have a high likelihood of a potentially high value claim, because you are aware of a previous high value claim or a condition that could rise to such a high value claim such as those listed above, and you have not given us the details in the course of discussing your Policy needs and preparation of this proposal, we reserve the right to make this proposal void and if we become aware of your failure to disclose this information to us after the start of the Policy we will take action under the Policy including to terminate the policy, to apply an applicable loading, to deny payment of claims or claim our losses from you.
9. 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.
10. 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 or declined.
11. Children are covered from Date of Birth.
12. Change of benefits class may only take place at renewal of the Group Scheme or upon satisfactory proof of promotion.
13. 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.
14. Premiums are per person per annum and are payable annually in advance, unless agreed otherwise for other payment terms option.
15. Where pre-existing conditions are not covered, Medical Health Declaration form needs to be completed by all the applicants. Dubai 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.
16. 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.
17. Additions/Deletions will be on a pro-rata premium basis.
18. Any Medical Claim incurred by the policyholder after the date they were cancelled, will be the liability of the policyholder and not the insurance company. For Dubai Visa holder, we shall follow the cancellation guidelines laid by the regulator.
19. Treatment within the MedNet Network in UAE will be settled on a direct billing basis.
20. This proposal is conditional on the accuracy and completeness of the information provided to us and the actual number of enrolled members. This information shall be considered as an integral part of the insurance policy.
21. If such information materially changes or is inaccurate or incomplete or if there is a significant change in the number of members to be enrolled, (plus or minus 15% of total members), we reserve the right in our sole discretion to make changes to and re-issue this proposal. If the proposal was accepted and the Policy has commenced by the time, we identify that we have been provided with inaccurate or incomplete information or we are otherwise provided with material changes to the information including the number of enrolled members, we will amend the Premium under the Policy in accordance with the terms and conditions of the policy.
22. 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.
23. Required minimum number of employees in a category is 03.
24. ALL NETWORKS: Please note that the network list is subject to change without any prior notice due to various factors.
25. All Inpatient Reimbursement claims require prior notification. In an emergency when we cannot be contacted in advance, then the admission to Hospital must be reported as soon as possible and not later than 2 working days after admission. Failure to notify us may mean that all the costs will not be payable.
26. Treatment outside territory for In-patient Emergency is provided to the beneficiary while on a visit (vacation, business travel) not exceeding 90 days. Reimbursement claims to be submitted 60 days after the treatment date for claims incurred within UAE and 90 days for outside UAE.
27. Applicants working in the medical facility/industry will be accepted provided that the facility (including the visiting facility) where they work will be excluded in the Network for both direct billing and reimbursement for the duration of the policy.

28. The benefits listed as covered or with an applicable sublimit in our "Table of Benefits" will override and supersede any Standard General Exclusion listed.
29. Endorsement requirements: a.) Discharge summary is mandatory for adding newborn babies (up to 3 months) and b.) Completion of Major declaration form is required for late addition (after 30 days of visa stamping).
30. Endorsements (Deletion Requirements): a.) Copy of Visa Cancellation document – Please note that as per DHA regulation, additional 30 days cover will be applied from visa cancel date. (not applicable for non-Dubai visa holders) b.) Copy of Labour cancellation and visa copy – for self-sponsored members.

Cancellation of the Policy:

The Policy can be cancelled by either party giving 30 days' notice in writing to Dubai Insurance Co. psc.

In the event of cancellation by the Policyholder, Dubai Insurance Co. psc 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.psc have the right to cancel the policy with immediate effect if;

Premium in 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. psc will refund premium for the remaining policy period on prorated 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.