



Table of Benefits

DHA Plans – Healthcare Insurance

	All amounts are in AED		
	Coverage Details		
Total Annual Limit Coverage & Pre-existing			
Annual upper limit for healthcare services	150,000 per insured member per year		
Pre-existing & chronic conditions	Waiting period of 6 months is applicable from the first scheme enrollment. Waiting period does not apply for members who were previously insured, subject to proof of previous medical insurance cover.		
Healthcare Services Geographical Scope			
In Dubai	Covered		
In Abu Dhabi	Emergency only		
Other Emirates	Covered		
Arab Countries and South East Asia	Not Covered		
International	Not Covered		
Medical Network			
DHA plus	Inpatient services are restricted to DHA Plus Network Hospitals Outpatient services are restricted to DHA Plus Network clinics		
Inpatient Healthcare Services (at designated network hospitals – prior approval is required)			
Patient Accommodation	Shared room 20% co-insurance with maximum ceiling*1		
Tests, diagnosis, treatments and surgeries in hospitals for non- urgent medical cases	Covered 20% co-insurance with maximum ceiling*1		

Inpatient Healthcare Services (at designated network hospitals – prior approval is required)			
Patient Accommodation	Shared room 20% co-insurance with maximum ceiling 1		
Tests, diagnosis, treatments and surgeries in hospitals for non- urgent medical cases	Covered 20% co-insurance with maximum ceiling*1		
Emergency treatments	Covered 20% co-insurance with maximum ceiling*1		
Transportation services for medical emergencies by an authorized party	Covered 20% co-insurance with maximum ceiling*1		
Accommodation for a person accompanying an insured child up to 16 years of age.	Covered up to AED 100 per night 20% co-insurance with maximum ceiling*1		
Accommodation for an accompanying person in the same room in case of critical conditions and as per recommendation of attending physician.	Covered up to AED 100 per night 20% co-insurance with maximum ceiling*1		
In patient maternity services	Normal Delivery: AED 7,000 per policy year Medically necessary C-Section, abortion and other maternity complications: AED 10,000 per policy year 10% coinsurance applicable on all services. Maternity complications, if leading to emergency, will need to be covered up to the annual indemnity. Waiting period on pre-existing condition does not apply to maternity.		





Coverage Details

Outpatient Healthcare Services (at designated	network hospitals – prior approval is required)		
Examination, diagnostic and treatment services of clinics and health centers by general practitioners and specialists, provided that the insured member is referred to a specialist and/or consultant by a general practitioner. Follow ups are exempted from fees if made within a week from the date of first examination.	GP consultation & Specialist consultation on referral from GP 20% co-insurance		
Laboratory tests	Covered 20% co-insurance		
X-ray diagnostic services including MRI, CT scans and endoscopies	Covered 20% co-insurance		
Physiotherapy treatment. Subject to referral from a specialist and prior approval from OIC	6 sessions covered every year 20% coinsurance		
Cost of medicine – pharmacy	Covered with a limit of AED 1,500 per year including co-insurance. Co-insurance: 30% Coverage as per DHA approved formulary.		
Examination, diagnostic and treatment for pregnancy and gynecology services in authorized health centers and clinics by general practitioners and specialists, provided that the insured member is referred to a specialist and/or consultant by a general practitioner. Follow ups are exempted from fees if made within a week from the date of first examination.	Antenatal Care 8 visits to primary healthcare facility. All consultations by PHC Obstetrician for low risk or Specialist Obstetrician for high risk, on referral. Initial investigations includes the below. FBC and Platelets Blood group, rhesus status and antibodies VDRL MSU & urinalysis Rubella serology HIV FBS, random s or A1c Hep C, where recommended GTT where recommended 3 antenatal ultrasound scan Visits to includes reviews, checks and tests in accordance with DHA Antenatal Care Protocols 10% coinsurance for all services.		

Other Benefits		
Diagnostic and treatment services for dental and gum treatments.	Covered only for life threatening medical emergency cases only 2 20% coinsurance	
Hearing and vision aids, and vision correction by surgeries, and laser.	Covered only for life threatening medical emergency cases only*2 20% coinsurance	
New born cover	Covered for 30 days from birth. Coverage includes BCG, Hepatitis B and neo- natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia). The cover is provided under the mother's policy.	
Preventive services, vaccines and immunizations	Essential vaccinations and inoculations for newborns and childre is covered as stipulated in the DHA's policies and its updates in t assigned facilities (currently the same as Federal MOH), through selected providers. Diabetes screening once a year through selected providers.	







Inside UAE – Outside Network (Coinsurance applies over and above Network Deductions)			
Emergency in UAE			
Coinsurance (with or without PAR)	0% Coinsurance		
Basis of Claims Settlement	Actual		
Elective in UAE (If treatment / service is not available within the network then cover is 100% at actual subject to PAR)*1			
Coinsurance (with or without PAR)	Not Covered		
Basis of Claims Settlement	Not Applicable		

Abroad (within agreed territory) – Coinsurance applies over and above network deductibles			
Emergency Abroad			
Coinsurance	Not Covered		
Basis of Claims Settlement	Not Applicable		
Elective Abroad			
Coinsurance	Not Covered		
Basis of Claims Settlement	Not Applicable		

^{*1} Co-insurance of 20% for all inpatient services subject to a ceiling of AED 500 per claim and AED 1,000 in aggregation (maximum per year).

^{*2} These benefits are covered only in case of life threatening medical emergencies.





Conditions

- 1. Premium is payable upfront and in advance.
- 2. If termination of your policy is required, it must be reported immediately and the original card must be returned. Termination of your policy shall not be processed if the original card is not returned.
- 3. Premium for cancellation shall be calculated based on short rate basis as per the table below.
- 4. The benefits offered in this quotation do not comply with the Abu Dhabi Health Authority regulation for mandatory insurance. The insured is required to report in case the group has any Abu Dhabi based members for whom a separate compliant plan can be offered.
- 5. This offer is valid only for domestic workers with a gross monthly salary of AED 4000 or less.
- 6. This offer is subject to DHA approved exclusions list.
- 7. Outpatient treatments are restricted to clinics only. All specialist doctor visits are subject to referral from a network general practitioner, as per the DHA referral system.
- 8. This scheme does not support reimbursement of claims incurring outside or inside the designated medical network or abroad. Only non-excluded, life threatening emergency medical conditions in the UAE will be considered pursuant to DHA Policy Directive Number 1 of 2016 (PD 01/2016).
- 9. From the date of receipt of completed documentation, Oman Insurance requires up to 14 working days to set up and issue your policy and cards. This is exclusive of any undue delays that may be experienced from the regulators in approving the products. Hence, our valued clients are advised to ensure that all the required documents and data are submitted sufficiently in advance, to avoid any unforeseen delays in issuance of policy and cards.
- 10. This offer is valid for 30 days from the date of this quotation.
- 11. The Company shall not provide cover not shall it 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 expose the Company to any sanction, laws or regulations of the European Union, United Kingdom, United States of America, United Arab Emirates and all other jurisdictions where the Company transacts its business.
- 12. All benefits limits are inclusive of its co-insurance (where co-insurance is applicable).
- 13. Referral procedure: In respect of Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialist or consultants without the insured first consulting a General Practitioner (or equivalent, as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The General Practitioner must make his referral together with reasons via DHA e-referrals system for the claim to be considered by the insurer.

Short Rate Premium Applicable for Member Deletion					
Period of policy in force	Annual Premium % retained by company	Period of policy in force	Annual Premium % retained by company		
1 month	20%	6 months	70%		
2 months	30%	7 months	75%		
3 months	40%	8 months	80%		
4 months	50%	9 months	85%		
5 months	60%	Over 9 months	100%		





Exclusions

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. Home nursing; private nursing care; 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 which 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).
 - All cosmetic healthcare services and services associated with replacement of an existing breast implant.
- 7. 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 and 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. Any investigations, tests or procedures carried out with the intention of ruling out any foetal anomaly.
- 14. Treatment and services for contraception.
- 15. 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.
- 16. External prosthetic devices and medical equipment.
- 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.
- 18. Growth hormone therapy.
- 19. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
- 20. Mental Health diseases, both out-patient and in-patient treatments, unless it is an emergency condition.
- Patient treatment supplies (including for example: elastic stockings, ace bandages, gauze, syringes, diabetic
- 21. test strips, and like products; non-prescription drugs and treatments) excluding supplies required as a result of healthcare services rendered during a medical emergency.
- 22. 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.
- 23. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first degree relatives.
- 24. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
- 25. Healthcare services for adjustment of spinal subluxation.
- Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.





- 27. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
- 28. Elective diagnostic services and medical treatment for correction of vision.
- 29. Nasal septum deviation and nasal concha resection.
- 30. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related investigations, treatments or procedures.
- 31. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A.
- 32. Birth defects, congenital diseases and deformities.
- 33. Healthcare services for senile dementia and Alzheimer's disease.
- 34. Air or terrestrial medical evacuation and unauthorized transportation services.
- 35. 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.
- 36. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
- Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.

 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
- 38. 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.
- 39. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
- 40. 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.
- 41. Any expenses related to immunomodulator and immunotherapy.
- 42. Any expenses related to the treatment of sleep related disorders.
- 43. Services and educational programs for handicaps.

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.
- 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.
- 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 hepatitis.