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Foreword

Introduction

ENAYA – The Government of Dubai Employee Healthcare Benefits Scheme - is by far one of the finest programmes developed in the Emirate of Dubai.

The Government of Dubai cares for all its employees' as well as their families' health and well-being. With this in mind, and in accordance with the Government of Dubai Human Resources Law 2006, ENAYA was designed and officially launched on 01 July 2009.

ENAYA provides a broad range of cover including treatment for almost all types of ailments (chronic and/or acute). Preventative treatment is likewise covered along with routine health check-ups.

The programme encompasses 39 Government-owned departments with more than 90 thousand beneficiaries (ie Dubai Government employees and their families) who receive high quality services through direct access to Dubai Health Authority facilities and over a thousand service providers in the private sector within the Emirate of Dubai and beyond.

ENAYA Benefits:

ENAYA offers comprehensive coverage including:

- Maternity

Under ENAYA, expectant mothers and their babies are cared for from the start of the pregnancy to birth and afterwards.

And, unlike other policies, there is no waiting-period for this benefit under ENAYA.

- Pre-existing and Chronic Diseases
- Disease Prevention

Routine periodic check-ups and vaccinations are fully covered and may be availed at DHA facilities.

Important Features:

- Second Opinion

Patients are protected through case referrals to DHA specialists and unnecessary procedures/surgeries are avoided.

- ENAYA Helpline

A dedicated customer service helpline operating 24 hours a day, 7 days a week and 365 days a year.

Exclusively available to ENAYA members for any queries or clarifications regarding their coverage.

If you have any questions that you would like to have clarified, please contact your HR Department or Neuron on the following numbers:

- **800 4 ENAYA (800 4 36292) - within UAE**
- **+971 4 382 3700 – outside UAE**

Neuron

Neuron LLC is a Dubai-based third party administration company offering a wide range of administration and management services to clients in the UAE and GCC. Operating from offices in Dubai since 2001, Neuron offers clients access to an extensive network of private hospitals, clinics, pharmacies, laboratories and diagnostic centres in the UAE. Neuron also provides, through associate companies or strategic partnerships, access to medical care in all parts of the globe.

Other services offered by Neuron include operating a 24 hours a day/ 7 days a week Helpline, issuing of membership cards, medical assessment and processing of claims, compilation of statistical data and related services aimed at providing clients with a comprehensive range of benefits.



Section I

Coverage for Enaya Category D Members

The Table of Benefits provided below describes what you and your eligible dependents are entitled to claim under the ENAYA Scheme.

Table of Benefits Policy Period: 1st July 2010 to 30 June 2011	
Maximum Aggregate Limit	AED 150,000 per person per year
Geographical Scope	<ul style="list-style-type: none"> ● Inside UAE for elective and emergency; Covered 80%; 20% Co-insurance applicable
UAE Network	Silver
Reimbursement (for treatment out of Network)	Not eligible
Deductible	<ul style="list-style-type: none"> ● Nil at private facilities ● AED 20 at DHA (does not apply to Nationals)
Co-participation	<ul style="list-style-type: none"> ● Inside UAE = 20% on all Out-patient, In-patient and pharmacy
Consultation limits	Inside UAE = Up to AED 300 per consultation
In-patient (Subject to Pre-authorisation, Maximum Aggregate Limit)	
Room	Private (Non-suite)
<ul style="list-style-type: none"> ● UAE in Network 	Covered 80%; 20% Co-insurance applicable
Intensive Care Unit	
<ul style="list-style-type: none"> ● UAE in Network 	Covered 80%; 20% Co-insurance applicable
Companion Charges	For children 18 years and under, covered 80%; 20% Co-insurance applicable

Surgery, Anaesthesiology and Surgeon's Fees	Covered 80%; 20% Co-insurance applicable
Doctor Consultations and Nursing	Covered 80%; 20% Co-insurance applicable
Visiting Consultants	Covered 80%; 20% Co-insurance applicable
Laboratory, Pathology etc.	Covered 80%; 20% Co-insurance applicable
Diagnostic and Therapeutic Radiology, Ultrasounds, CT and MRI Scans etc	Covered 80%; 20% Co-insurance applicable
Medications, IV Fluids, Blood Transfusions, Analgesics, Surgical Implants, Chemotherapy etc.	Covered 80%; 20% Co-insurance applicable
Disposables and Consumables	Covered 80%; 20% Co-insurance applicable
Take home medications	Covered 80%; 20% Co-insurance applicable
Physiotherapy	Covered 80%; 20% Co-insurance applicable
Dialysis	Covered 80%; 20% Co-insurance applicable
Maternity	
● Eligibility	Female Employees and Female Spouses
● Limit	Maximum AED 10,000 per pregnancy for Normal Delivery, C-Section Delivery and Complications; Covered 80%; 20% Co-insurance applicable; Nil waiting period
● New born	Newborn children covered 80% from the first day of birth if added within 60 days of birth; coverage is subject to maternity benefits limits = AED 10,000; 20% Co-insurance applicable

Out-patient (Subject to Maximum Aggregate Limit and Co-participation Rules)	
GP and Specialist Consultations	<ul style="list-style-type: none"> • Network: Covered 80% ; 20% Co-insurance applicable • DHA: Subject to Deductible (AED 20) (does not apply to Nationals)
Follow-up Consultations (where a follow-up consultation fee is charged)	<ul style="list-style-type: none"> • Network: Covered 80% ; 20% Co-insurance applicable • DHA: Subject to Deductible (AED 20) (does not apply to Nationals)
Laboratory, Pathology etc.	Covered 80%; 20% Co-insurance applicable
Diagnostic and Therapeutic Radiology, Ultrasounds, CT and MRI Scans etc	Covered 80%; 20% Co-insurance applicable
Prescription Medications	Covered 80%; 20% Co-insurance applicable
Physiotherapy	Covered 80%; 20% Co-insurance applicable; Maximum annual limit = 12 sessions per diagnosis
Emergency Dental	Covered 80%; 20% Co-insurance applicable; Restricted to consultation, examination and immediate pain management following injury/trauma/ damage to natural tooth structure(s) caused by external force
Maternity Ante-natal Check-ups	Covered 80% up to maximum aggregate limit; 20% Co-insurance applicable
Same-day Surgery (Day-case)	Covered 80%; 20% Co-insurance applicable
Chronic Conditions	Covered 80%; 20% Co-insurance applicable
Pre-existing Conditions	Covered 80%; 20% Co-insurance applicable; Nil waiting period
Dental (Routine)	Not covered
Optical (Routine)	Not covered



Other Benefits and Conditions (Subject to Maximum Aggregate Limit)

Other Benefits and Conditions (Subject to Maximum Aggregate Limit)	
Women's Health	
● Uterine fibroids, ovarian cysts, endometriosis, polycystic ovarian disease, menstrual disorders	Covered 80%, if not related to fertility treatment; 20% Co-insurance applicable
● Menopause	Covered 80%; 20% Co-insurance applicable
● Osteoporosis	Covered 80%; 20% Co-insurance applicable
Hormonal Replacement Therapy	Covered 80%, if not related to fertility treatment; 20% Co-insurance applicable
Nervous Disorders and Psychiatric Treatment	<ul style="list-style-type: none"> ● Psychiatric consultations: Covered 80%; 20% Co-insurance applicable ● Psychotherapy: Covered 80%; 20% Co-insurance applicable; Maximum 12 sessions per member per annum
Acne	Covered 80%; 20% Co-insurance applicable; Medications restricted to members aged 30 and under ONLY
Keloids, Molluscum Contagiosum and Warts	Covered 80%; 20% Co-insurance applicable
Lipoma	Covered 80%; 20% Co-insurance applicable
Moles, Nevus and Other Skin Growths	Covered 80%, where proven to be cancerous or infected per histopathology report, on REIMBURSEMENT BASIS ONLY; 20% Co-insurance applicable Mole mapping excluded.
Deviated Nasal Septum (DNS) and Septoplasty	Not covered

Hearing Loss	
● Accident or Illness	Covered 80%; 20% Co-insurance applicable
● Age-related	Covered for hearing aids limited to AED 500
Durable Medical Equipments, including, but not limited to Orthopaedic Accessories, Crutches, Wheelchairs and Medical Beds	Covered, limited to AED 500 only (for all items, not per item)
Alternative Medicine within the UAE including chiropractors, osteopathy, homeopathy, ayurveda, acupuncture, chiropody, podiatry and other alternative medicine treatment	Not covered
Benefits Covered at DHA Facilities Only	
Vaccinations: Childhood, Geriatric, Risk Group, Pilgrim and Flu	
Well Baby Clinic (Baby Supplies not included)	
Health Packages	
Birth Defects, Congenital Diseases and Disorders	
Obesity	Restricted to Dietician Consultation
Hepatitis B and C	
Routine Health Check Up	
Vocational Speech Therapy	Maximum 12 sessions per member per annum



**Pre and Post Organ Tissue
Transplant and Related
Services**

**Periods of Quarantine and/or
Isolation**

**Immunomodulators and/or
Immunotherapy treatment**



Section II

Enaya Exclusions

Now that you are aware of your ENAYA benefits, it is equally important that you are aware of what is not covered under ENAYA. The table below will hopefully give you a clear understanding as to the excluded services and/or treatment at DHA Facilities and within the ENAYA Network (private hospitals and/or clinics).

A. STANDARD POLICY EXCLUSIONS:

SI No.	Description	Enaya Network (Private Hospitals / Clinics)	DHA Facilities
1	Allergy Testing	Not covered	Not covered
2	Artificial Insemination, Treatment for Infertility, Impotency	Not covered	Not covered
3	Auto-therapy (or self prescription)	Not covered	Not covered
4	Cosmetic Treatment and Surgery, unless medically indicated or resulting from an accident which has occurred after the first enrolment date under the policy	Not covered	Not covered
5	Elective (non-medically necessary) circumcision	Not covered	Not covered
6	Gum Medicines	Not covered	Not covered
7	Hair and Scalp Treatment	Not covered	Not covered
8	Immunisations and Routine Physical Exams	Not covered	Covered
9	Injury sustained while participating in Professional or Hazardous Sports	Not covered	Not covered
10	Organ or Tissue Transplants or Related Services	Not covered	Not covered However pre and post transplantation management are covered at DHA facilities ONLY
11	Visual Aids	Not covered	Not covered

A. Standard Policy Exclusions: Continued

12	Radioactive Contamination	Not covered	Not covered
13	Rehabilitation Devices	Not covered	Not covered
14	Routine Dental Treatment	Not covered	Not covered
15	Routine Examinations and Health Packages	Not covered	Covered
16	Self Inflicted Injuries	Not covered	Not covered
17	Sterilisation or Reversal, Contraception Devices (eg Condom, Spermicidal Cream)	Not covered	Not covered
18	Treatment for Substance Abuse or Drug Addiction including but not limited to anabolic steroids, non-medical use of water pills, diuretics etc	Not covered	Not covered
19	Treatment not related to disease	Not covered	Not covered
20	Venereal Disease, AIDS and related illness	Not covered	Not covered
21	Hepatitis B and C	Not covered	Covered
22	Vocational Speech Therapy	Not covered	Covered; Limited to a maximum of 12 sessions per member per annum
23	Baby Supplies	Not covered	Not covered
24	Well Baby Clinic	Not covered	Covered
25	Abortions except when the life	Not covered	Not covered



A. Standard Policy Exclusions: Continued

	of the mother would be medically endangered		
26	All ground ambulance services other than for cases that are deemed legitimate emergencies by Government of Dubai	Not covered	Not covered
27	All alternative medicines and therapies including but not limited to chiropractic, osteopathy, homeopathy, ayurveda, chiropody, podiatry treatment etc	Not covered	Not covered
28	In-patient companion room charges for children over the age of 18	Not covered	Not covered
29	Any drug, device, medical treatment or procedure that, in the sole discretion of Government of Dubai, is deemed to be experimental, unproven and has not been established as being effective	Not covered	Not covered
30	Genetic engineering and cloning	Not covered	Not covered
31	Sex-change procedures or operations and related services	Not covered	Not covered
32	Smoking Cessation and its treatment	Not covered	Not covered
33	Any claim in its entirety where the member acts against medical advice	Not covered	Not covered

A. Standard Policy Exclusions: Continued

34	Any treatment/tests conducted by a family, or relative member, or a physician not licensed to operate in the country where medical treatment is being delivered	Not covered	Not covered
35	Any treatment/test not required or prescribed by a licensed doctor	Not covered	Not covered
36	Any treatment/test not required that, in the sole discretion of Government of Dubai, is not medically necessary	Not covered	Not covered
37	Any treatment/test that requires pre-authorization but has not been approved	Not covered	Not applicable
38	Terrorism: loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. An act of terrorism means an act, including but not limited to, the use of force or violence and / or the threat thereof, of any person or group (s) of persons, whether acting alone or on behalf of or in connection with any organisation (s) or government (s), committed for political, religious, ideological or similar purposes including	Not covered	Not covered



A. Standard Policy Exclusions: Continued

	the intention to influence the government and / or to put the public, or any section of the public, in fear		
39	War or warlike operations (whether war be declared or not), or invasion, act of foreign enemy, intervention of foreign power, hostilities, mutiny, strikes, riots or civil commotion, civil war, civil uprising or looting, sabotage, rebellion, revolution, insurrection, conspiracy, usurp of power whether by political or military means, state of siege or emergency, martial law, or any of the events or causes which determine the proclamation or maintenance of state of siege or emergency and martial law, every kind of projectile, explosives, including accidental explosion and / or deliberate explosion of weapons of war, during war or directly as a result of previous war, bullets, bombs or other military devices, acts or criminal acts by armed persons whether affiliated or not to any organisation or political party, or militia, or military or paramilitary organisation and/or the state becoming under the control of "De facto" or "De jure" authorities acting on their own behalf or for and on behalf of other organisation(s), also	Not covered	Not covered

A. Standard Policy Exclusions: Continued

	murder or assault or any attempt thereat, and all malicious acts of any nature whatsoever		
40	Senility and/or Psycho-geriatric related conditions including but not limited to Alzheimer's disease, dementia etc and complications arising there from; (Senility-related cataract is covered)	Not covered	Not covered
41	Snoring, sleep apnea, sleep tests, redundant soft palate, enlarged tongue, enlarged uvula and any related conditions	Not covered	Not covered
42	Nevus, mole and other skin growths. However, when infected or where proven to be cancerous the consultation, investigations and/or treatment are covered on REIMBURSEMENT BASIS ONLY	Not covered	Not covered
43	Corns, bunions, pigmentation problems	Not covered	Not covered
44	Fertility-related treatment for ovarian cysts, endometriosis, menstrual cycle problems or irregularities, fibroids, and varicocele	Not covered	Not covered



A. Standard Policy Exclusions: Continued

45	Immunomodulators and/or immunotherapy treatment or drugs including but not limited to Remicade, Interferon, enzyme preparations, anti-oxidants, liver tonics etc	Not covered	Covered
46	Services or treatment in any long term care facility, rehabilitation centre, spa, hydro clinic, nature cure clinics, rest cures, sanatorium, home care, nursing home or home for the aged	Not covered	Not covered except for periods of quarantine and /or isolation which are covered at DHA facilities ONLY
47	Surgical treatment of obesity	Not covered	Not covered However, consultation with a dietician is covered.
48	Amounts which exceed Usual, Customary and Reasonable (UCR) charges which are defined as a charge or expense for medical care which according to the payers' sole experience does not exceed the general level of charges being made by other Providers of similar standing in the locality where the charge was incurred, when furnishing like or comparable medical treatment, services or supplies.	Not covered	Not applicable
49	Deviated Nasal Septum (DNS) and Septoplasty	Not covered	Not covered

B. STANDARD PHARMACY EXCLUSIONS:

SI No.	Description	Enaya Network (Private Pharmacies)	DHA Facilities
1	Antiseptic Solutions (Douche/Savlon)	Not covered	Not covered
2	Baby Formula	Not covered	Not covered
3	Braces	Not covered	Not covered
4	Breast Pump	Not covered	Not covered
5	Contraceptive Medicines	Not covered	Not covered
6	Cosmetic Preparation (Creams/Lotions)	Not covered	Not covered
7	Contact Lens Preparations	Not covered	Not covered
8	Dietary Supplements, unless medically indicated	Not covered	Not covered
9	Slimming products	Not covered	Not covered
10	Exercise Machines	Not covered	Not covered
11	Glucose Strips	Not covered	Not covered
12	Heel Pads and Arch Supports	Not covered	Not covered
13	Infertility Medications	Not covered	Not covered
14	Impotence Medicines	Not covered	Not covered
15	Lozenges	Not covered	Not covered
16	Lumbar Supports and Corsets	Not covered	Not covered
17	Mood Altering Medications	Not covered	Not covered
18	Mouth Gargles and Mouthwashes	Not covered	Not covered



B. Standard Pharmacy Exclusions: Continued

19	Massage Machines	Not covered	Not covered
20	Mouth Guards	Not covered	Not covered
21	Needles	Not covered	Not covered
22	Nebuliser Machine	Not covered	Not covered
23	Other Joint Supports	Not covered	Not covered
24	Orthopaedic Consumables (Bandages etc)	Not covered	Not covered
25	Orthotics	Not covered	Not covered
26	Slings	Not covered	Not covered
27	Soaps and Shampoos	Not covered	Not covered
28	Support Stockings and Pantyhose	Not covered	Not covered
29	Syringes	Not covered	Not covered
30	Toothbrushes/Floss/Pastes	Not covered	Not covered
31	Vitamins, unless medically necessary and for the following conditions - pregnancy, anaemia and vitamin deficiencies	Not covered	Not covered
32	Vaccinations	Not covered	Covered
33	Any other non-prescription drug or otherwise known as 'over the counter' (OTC) medications including but not limited to herbal medications etc	Not covered	Not covered

Section III

Seeking Medical Care

A. Within the UAE/within the ENAYA network (private hospitals/clinics)

1. For Out-patient treatment, please remember to:



- (i) Check the ENAYA Network list (available with your HR Department) and book an appointment with the selected hospital/clinic
- (ii) Check that the consultation / service is covered under the policy by calling the ENAYA Helpline (800 4 36292)



Present your ENAYA membership card at the hospital/clinic, in order for your consultation and/or related tests, treatment etc to be on direct billing (otherwise, you will be required to pay for your visit)



Sign on the Neuron Claim Form after completion of consultation, treatment, laboratory test(s) etc. Pay the Co-insurance and/or Deductible (whichever is applicable)



Present a copy of the duly completed Neuron Claim Form -Direct Billing along with original prescription as well as the ENAYA membership card and pay the co-insurance at a Network Pharmacy to claim for medications

2. For In-patient treatment:

- The ENAYA membership card should be presented at the time of your admission to the hospital
- Network hospitals are required to seek pre-authorisation before they proceed with any elective admissions or surgeries
- Network hospitals do not need to seek pre-authorisation for emergency admissions; However, they are required to inform Neuron within 24 hours from the time of admission

Please note:

- Network hospitals / clinics / diagnostic centres / pharmacies are required to collect payment from any member who fails to present the ENAYA membership card at the time of visit
- Always remember that refund and/or reimbursement is not allowed
- Network hospitals / clinics/ diagnostic centres/ pharmacies are required to seek pre-authorisation / approval from Neuron before proceeding with certain procedures / investigations / treatment etc
- Whenever prompted to pay by any service provider, contact the ENAYA Helpline for clarification and guidance
- For inquiries regarding the status of a pre-authorisation request, kindly contact the ENAYA Helpline toll-free number (800 4 ENAYA / 800 4 36292)
- Ask your doctor whether all actions required of tests / x-ray / check / essential drugs before proceeding
- You are required to pay for expenses related to treatment or conditions that are excluded from cover under the ENAYA Scheme
- Prescription drugs that cost AED 500 and more require prior (verbal) approval
- All inpatient services require prior approval in writing
- In the event of any complaints concerning the service providers ENAYA Helpline, please inform the designated ENAYA coordinator within your Department
- If you observe or discover the existence of any fraud, please inform the coordinator of ENAYA at the department you are working with.

B. Within the UAE, at DHA Facilities

1. For Out-patient treatment at a Primary Health Care Centre (PHC), please remember to:

- Book an appointment at your registered Primary Health Care Center (DHA facility) according to the catchment area
- Present your ENAYA membership card at the time of your visit

2. For treatment at the Outpatient Clinic of any DHA Hospital, please remember to:

- Secure a referral letter from a Primary Health Care Clinic (DHA facility)
- Book an appointment with your selected (Out-patient) Clinic
- Present your ENAYA membership card at the Out-patient Clinic at the time of your appointment

3. For In-patient treatment:

- Present your ENAYA Membership card at hospital at the time of your admission

C. Within the UAE / Outside the ENAYA network

Treatment outside the ENAYA Network (within the UAE) is not covered.

Section IV

Important Information & Definitions

DHA Facilities:

There are certain conditions and related treatment that are not covered within the ENAYA Network (of private hospitals/clinics/pharmacies). However, ENAYA members are eligible to avail of such treatment at DHA facilities. (Please refer to the Table of Benefits for details of such conditions and/or treatment.)

HOSPITALS		
		PHONE (04)
1	AL WASL HOSPITAL	219-3000
2	DUBAI HOSPITAL	219-5000
3	RASHID HOSPITAL	219-2000
PRIMARY HEALTH CENTRE		
4	ABU HAIL MEDICAL CENTRE	502-1700
5	AIRPORT CLINIC	216-4959
6	AL BADA'A HEALTH CENTER	508-1046
7	AL KHAWANEEJ MEDICAL CENTER	502-3000
8	AL LUSAILY HEALTH CENTER	502-2500
9	AL MAMZAR CENTRE	502-1800
10	AL MANKOOL MEDICAL CENTER	502-1200
11	AL MUHAISNAH MEDICAL FITNESS CENTER	502-3939
12	AL QUSAIS CLINIC	502-2000
13	AL RASHIDIYA CLINIC	502-2300
14	AL SAFA HEALTH CENTER	502-1400
15	AL SATWA CLINIC	508-1100
16	AL TWAR MEDICAL CENTER	502-2100
17	DUBAI GYNAECOLOGY & FERTILITY CENTRE	334-4300
18	HATTA CLINIC	219-1880
20	JABEL ALI CLINIC	884-6489
21	NAD AL SHEBA CLINIC	502-1600
22	OCCUPATIONAL HEALTH CENTER	342-0306
23	PORT RASHID CLINIC	345-7043
24	PRIMARY HEALTH CARE	219-6666
25	THALASEMIA CENTRE	219-3795
26	UMM USQAIM CLINIC	502-3100
27	Joslin Diabetes Center	219-4142

Elective Treatment:

Any medical treatment that is medically necessary, but does not constitute an emergency.

Emergency Treatment:

Any medical treatment required to be performed immediately to prevent loss of life or permanent disability or permanent damage to bodily functions.

ENAYA Membership Card:

- Property of the GOVERNMENT OF DUBAI
- **MUST** be presented at all times to facilitate treatment on direct billing
- Non-transferable
- **MUST** be returned when membership ceases
- Validity is subject to continuity of membership
- Each member should only have one card from ENAYA (or any other insurance policy issued by the government of Dubai), as members are not allowed to retain multiple cards.
- If ENAYA card is lost for the first time, the employee has options to either 1. Provide a police report stating that the card is lost furnished to the relevant HR Department, OR 2. To pay AED 200. If the card is lost for the second time, payment of AED 200 is mandatory and police report won't be accepted.



ENAYA Helpline:

- 800 4 ENAYA (800 4 36292)
- Toll-free in the UAE
- Operates 24 hours a day, 7 days a week
- Agents ready to answer queries regarding your coverage under ENAYA, status of a pre-authorisation request etc

Pre-Authorisation:

Pre-authorisation is a `mechanism' by which several important objectives are achieved. Namely:

1. Neuron is able to ascertain that all medical treatment recommended by providers is appropriate and necessary – thereby ensuring that patient's health and well-being are protected.
2. Neuron is able to confirm to providers before they proceed with any medical treatment or procedure that it is covered under the benefits and limits offered by ENAYA

As members you should be aware that pre-authorisation is not required

1. In emergencies (by which we mean life-threatening situations or conditions which, if not treated urgently, would result in permanent disability or damage)
2. For general consultations or simple tests

Pre-authorisation is, however, required for :

1. All inpatient admissions/surgical procedures/major diagnostic procedures, MRI & CT Scans etc
2. All day cases, endoscopies and any other special diagnostic procedures
3. All maternity-related treatment
4. All physiotherapy treatment

Please note that it is the responsibility of the network provider – and NOT the member – to seek and obtain pre-authorisation. In most cases, this process is carried out over the telephone and does not involve a significant length of time. In the case of inpatient admissions, surgical or major diagnostic procedures, Neuron is required to obtain and assess detailed medical reports before authorising them – and the time taken for this purpose, depends on the time taken by the medical provider to send the medical reports to Neuron. You are recommended to ring 800 4 ENAYA (800 4 36292) should you, at any point, feel that the time taken for a pre-authorisation to be granted is inordinate – Neuron will advise the exact position at that point in time.

Section V

Frequently Asked Questions (FAQs)

1. When is an ENAYA member required to pay the Co-insurance and/or the Deductible?

Within the network (of private hospitals, clinics, medical centres, pharmacies etc), members are required to pay (i) 20% Co-insurance for all Out-patient, In-patient services, Pharmacy, Day-case procedures, Laboratory, MRI & CT scans etc.

The deductible should be paid at DHA facilities whenever a consultation fee is charged by your doctor regardless whether the visit is an initial visit or a follow-up visit. However, this does not apply to Nationals who seek consultation at DHA facilities.

2. Is there maternity coverage under the ENAYA Scheme (i.e. pregnancy test, routine investigations, delivery, etc.)?

Yes, maternity coverage is included. All female employees and female spouses are covered under the ENAYA Maternity Benefit.

3. What should I do in the event that a provider on the ENAYA Network list refuses to accept my card?

Please call the ENAYA Helpline (800 4 ENAYA / 800 4 36292) immediately and report the matter.

4. What is Usual, Customary Reasonable (UCR) rate / charge?

Usual, Customary and Reasonable rate / charge or UCR rate is a charge or expense for medical care which does not exceed the general level of charges being made by other Providers or a similar facility in the UAE, when furnishing like or comparable medical treatment, services or supplies. It is the sole discretion of the Government of Dubai to assign UCR rates.

5. Does my coverage include emergency medical treatment in my home country or places outside the UAE?

No, emergency medical treatment outside the UAE is not available for ENAYA Category D members.

6. Are vitamins and other pharmacy items not generally covered by medical insurers covered under the ENAYA Scheme?

Vitamins and certain other medications which are generally considered standard exclusions by the medical insurance industry are not covered unless supported by a clinical recommendation by your treating physician. However, as implied, if supported by a clinical recommendation by your treating physician these will be covered for certain conditions such as pregnancy and vitamin-deficiency. It must, however, be borne in mind that pharmacies may, based on market practice, initially refuse to allow this. In such cases, you are recommended to contact the ENAYA Helpline for the matter to be clarified to the pharmacy staff. Vitamins prescribed in conjunction with antibiotic therapy are not covered.

7. Will I be allowed to avail of treatment on direct settlement at any ENAYA Network provider even if I am unable to present my ENAYA membership card?

No. You are required to present your ENAYA membership card at all network facilities to establish your identity and eligibility. Network providers will refuse to allow cashless treatment without the card. In case you visit a facility without your card, you will need to pay for the treatment without the option of reimbursement.

8. I was recommended to undergo acupuncture therapy, is treatment covered?

No, you are not covered for alternative and/or complementary therapies and/or medicine such as Homeopathy, Ayurveda, Chinese Herbal Medicine and the like.

9. How long does the Pre-authorisation process take?

In simple cases (ie requests for ECGs, scans etc) this can be obtained almost instantly and indeed are provided verbally (without the need for the provider to send written requests by fax).

However, when requested in connection with in-patient treatment or MRIs etc), Neuron may require detailed medical reports from the medical providers. Neuron will use its best endeavours to respond within a maximum of 24 hours from receipt of full/complete information from the network hospital.

Obtaining pre-authorisation is the responsibility of the medical provider and this requirement is waived in emergencies. Should you wish to be advised of the status of any pre-authorisation request you are requested to ring the ENAYA Helpline.



10. Will I receive reimbursement for expenses for treatment availed from a non-network provider within the UAE?

No, treatment outside the ENAYA Network (within the UAE) is not covered and therefore you will not receive reimbursement for any expenses incurred for treatment availed at a non-network facility.

11. Why do certain ENAYA Network hospitals collect deposits prior to admission, aren't all ENAYA members fully covered for in-patient treatment?

This is a practice followed by some private hospitals for all in-patient admissions – applicable to all their clients, insured, cash-paying or otherwise – to cover costs not normally covered by insurance or employer-funded programmes (eg telephone calls, guests' meals etc). You have the option to either pay this refundable deposit or seek treatment at other facilities on the network where such deposits are not charged.

12. What is the Maximum Aggregate Limit?

Every member covered under ENAYA – the employee and eligible dependents – is entitled to claim medical benefits up to a specified maximum monetary amount every year. This is known as the Maximum Aggregate Limit and in the case of Category D members like yourself and your eligible dependents, this is AED 150,000 per year.

13. What is covered under the Maternity Benefit?

ENAYA covers expectant mothers ie for pre or antenatal costs as well as delivery charges and any complications that may arise during the pregnancy or delivery. However, it should be noted that the Maternity limit indicated in the Table of Benefits refers solely to the Delivery charges – all other costs: for antenatal visits or complications are covered under the Maximum Aggregate Limit.

14. What about coverage for new born babies?

There are several important points you need to note about coverage of/for new born babies:

- a) New born babies are covered under their mother's maternity benefits limits until they are discharged from the hospital (following delivery)
- b) ENAYA offers coverage to new born babies from the moment they are born – provided the parents notify the concerned HR Department and obtain an ENAYA membership card for the new born baby, within 60 days of the delivery.

- c) However, if the new born baby needs to visit a hospital or clinic soon after being discharged after delivery and does not, at the point, have an ENAYA membership card, the treatment will not be covered.
- d) We would, therefore, recommend that parents advise the concerned HR Department and obtain an ENAYA membership card for the baby as soon as possible after the delivery, in order to avail of the benefits offered under ENAYA.
- e) New born babies of Expat employees who already have three enrolled children are covered from delivery up to the point of discharge from the hospital ONLY. Further treatment after discharge are no longer covered under ENAYA.

15. ENAYA excludes moles, nevus and other skin growths and treatment thereof except when established that they are cancerous lesions. In which case, I can claim reimbursement for expenses that I paid towards consultation and investigations leading to the diagnosis. What is the procedure that I should follow to ensure that I receive due settlement?

Once a diagnosis is made that a mole, nevus or skin growth is cancerous in nature, ENAYA will cover the costs paid for the consultation and laboratory investigations etc.

To ensure smooth processing and timely settlement of your reimbursement claim, you are required to submit the following documentation(s) to your HR Department:

- Fully completed Neuron Member Reimbursement Claim Form (available with your HR Department); It is important that all of the information/details requested on the Claim Form are provided by you (on the Member/Patient Section) and your treating doctor (on the Medical section). Failure to do so may cause a delay in processing and settlement of your claim.
- Original invoices and/or receipts which clearly reflect that payments (for consultation, blood tests, medications etc) have been made either by cash or credit card; Photocopies are not allowed.
- Original results or medical reports related to any blood test, imaging (eg MRI, CT Scan, Ultrasound Scan, X-ray etc), biopsy etc; Photocopies are not allowed.
- Original prescription(s), where applicable; Photocopies are not allowed.

Please note:

- All pertinent claims documents **MUST** be submitted within 90 days from the date of treatment.
- It is advisable to retain photocopies of all documents before submission to HR.
- Payment for eligible expenses will be released after 10-working days from the date of receipt of complete claims documents and information by Neuron.

16. What treatments are covered under “Dental Emergency” at DHA Facilities?

An acute disorder of Oral health that requires dental/or medical attention , restricted to broken, loose and/or avulsed teeth caused by traumas; as well as trauma that lead to injuries to soft and hard craniofacial tissues; acute infections lead to facial swelling , limitation of mouth opening and air way obstruction.

According to the definition above the list of dental services include the following categories (non-specific to any specialty):

1. Emergency treatment for Acute Facial Swelling
2. Surgical Emergency treatment due to immediate trauma to oral and craniofacial tissue
3. Treatment due to immediate trauma (teeth)

17. What procedure(s) should I follow for me to avail treatment/ services at DHA hospitals/centers?

Please refer to the procedure described in Section III-B: Seeking Medical Care, within the UAE, at DHA facilities

Instructions:

Before proceeding to any service provider, please check:

1. That you are carrying your valid ENAYA membership card
2. Your ENAYA Network list to ensure that the service provider is within the network. Alternatively, you may contact the ENAYA Helpline (800 4 36292) and an agent will be happy to assist
3. That the consultation / service is covered under the policy by calling the ENAYA Helpline (800 4 36292)
4. The estimated cost of service before you start the treatment as there might be other providers where the same treatment may cost less.

For example, some doctors can conduct operations in different hospitals which may vary in the prices, so always ask about the cost and the option is up to you to decide whether to continue or use other providers.

Section VI

Specimen Claim Form

Claim Form - Provider Direct Billing



Please indicate nature of claim

Medical Claim

Dental Claim

Section A - Details of Member/Patient

Patient's Name and Address	Membership Number from your card
	Date of Birth / /
	Tel Number
	Fax Number

Section B - Medical Section (to be fully completed by treating physician or dentist - all boxes must be completed in block capitals)

Condition/s requiring treatment
Presenting complaint/s
History
Clinical findings
How long has the patient been aware of the complaint/s?
Date first consultation with any practitioner for this/these condition/s?
Planned treatment and prognosis

Section C - Treating Physician/Dentist

I declare that I am the patient's treating Physician/Dentist, and that the particulars given are to the best of my knowledge true and correct	Tel Number
	Fax Number
	Medical Practitioner's Stamp
Signature	Date / /

Other insurer's details (if the treatment is accident-related or covered under another insurance policy please provide details)

Insurance Company Name	Policy Number
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Patient's Declaration and Consent

<p>I confirm I am the patient (or the patient's parent or guardian if the patient is under 16 years of age) and wish to claim benefits and declare that all the particulars given above are to the best of my knowledge true and correct. In respect of any medical claim, I hereby consent to and authorise the medical practitioner, health professional or other relevant medical establishment to provide and discuss any health/treatment details, medical records or discharge arrangements (past and present) with and to the Insurer and/or Third Party Administrator. I agree that a copy of this consent shall have the validity of the original.</p>	
Signature	Date / /

The claim form should be submitted within 90 days of start date of the treatment along with all original receipts/invoices as per the policy membership agreement. All appeals and queries regarding the claim should be submitted within 180 days of treatment. Claims will not be considered if not submitted within 90 days of treatment being received. Send this claim form together with supporting material to: Medical Claims Department, Neuron LLC, PO Box 72071, Dubai, UAE

Claim Number (Neuron use only)