

Government of Dubai

Employee Healthcare Benefits Scheme

Table of Benefits

Starting from: 1 January 2020 to 30 June 2020

Category B END

Please note that the applicable co-insurance (10%, 50%) under each benefit is mandatory under the policy stipulations.

Maximum Annual Limit		AED 500,000	
Eligibility		8 - 11	
Cover	- In-patient Hospitalization		
	- Outpatient treatment		
	- Maternity		
	- Prescription Drugs		
Network	Applicable Network for Direct Billing	Platinum Network	
Geographical Coverage	Elective Treatment (at In-network Facilities)	For elective and emergency: Covered with 10% co-insurance	
	Emergency (Non-Elective)	Worldwide (excluding USA and Canada), 20% co-insurance applicable. (Exception is for USA and Canadian Nationals who will be covered in their Home country for emergency treatment).	
Basis of Claims Settlement	Elective Treatment at Non-network facilities	Not Covered	
	Emergency (Non-Elective) Treatment Outside of the UAE	20% co-insurance applicable	
Deductible (Applicable to each visit where a consultation fee is charged)	Private Facilities	Nil	
	DHA Facilities	AED 20 (Not applicable to Emirati)	
Consultation	UAE	Covered subject to 10% co-insurance	
	Outside UAE	Covered subject to 20% co-insurance	
In-patient (Subject to Pre-authorization)	Room & Board - Private (Non-suite)	UAE	Covered, subject to 10% co-insurance
		Outside UAE	Covered, subject to 20% co-insurance
	ICU	UAE	Covered, subject to 10% co-insurance
		Outside UAE	Covered, subject to 20% co-insurance
	Companion Charges		Covered for children 18 years & under, subject to 10% co-insurance
	Surgery, Anesthesiology & Surgeon's Fees		Covered, subject to 10% co-insurance
	Doctor Consultations & Nursing		Covered, subject to 10% co-insurance
	Visiting Consultants		Covered, subject to UCR network rates & 10% co-insurance
	Laboratory, Pathology etc.		Covered, subject to 10% co-insurance
Diagnostic & Therapeutic Radiology, Ultrasounds, CT & MRI Scans etc		Covered, subject to 10% co-insurance	

	Medications, IV Fluids, Blood Transfusions, Analgesics, *Surgical Implants, Chemotherapy etc.	Covered, subject to 10% co-insurance
	*Disposables & Consumables	Covered, subject to 10% co-insurance
	Take home / Discharge medications	Covered, subject to 10% co-insurance
	Physiotherapy	Covered, subject to 10% co-insurance
	Dialysis	Covered, subject to 10% co-insurance
Out-patient	GP & Specialist Consultations	Covered, subject to 10% co-insurance; Nil deductible at Network facilities
	Follow-up Consultations	Covered, subject to 10% co-insurance (where a follow-up consultation fee is charged)
	Laboratory, Pathology etc.	Covered, subject to 10% co-insurance
	Diagnostic & Therapeutic Radiology, Ultrasounds, CT & MRI Scans etc	Covered, subject to 10% co-insurance
	Prescription Medications	Covered, subject to 10% co-insurance
	Physiotherapy	Covered, subject to 10% co-insurance, where medically necessary and prescribed by a medical doctor, limited to 48 modalities per anatomical part up to 3,500 AED or 96 modalities per member up to 10,000 AED – whichever consumed first
	Vocational Speech Therapy	Covered, subject to 10% co-insurance, where medically necessary and prescribed by a medical doctor, Limited to 12 sessions per diagnosis per annum;
	**Emergency Dental	Covered, subject to 10% co-insurance; Restricted to consultation & examination & immediate pain management following injury/trauma/damage to natural tooth structure(s) caused by external force
Same-day Surgery (Day-case)		Covered, subject to 10% co-insurance
Chronic Conditions		Covered, subject to 10% co-insurance
Pre-existing Conditions		Covered without waiting period, subject to 10% co-insurance
Dietician/Nutritionist Consultation	In-patient & Out-patient	Covered, where appropriate (e.g. member's diagnosed with Diabetes, Hypertension or suffering from Obesity etc) and subject to a recommendation from a GP or Specialist; 10% co-insurance applicable
Maternity (Emergency Maternity Complications will be covered up to annual policy limit, <u>excluding ANC, Child birth procedures</u> )	Eligibility	Female Employees, Female Spouse(s), Mothers of Employees
	Limit	Maximum AED 20,000 per policy year, for Antenatal care and delivery (whether via Normal or C-section mode), for Routine Maternity and Complications of pregnancy; Nil waiting period, subject to 10% co-insurance

	Newborn Children	New born babies are covered under the mother's annual limit immediately after birth for outpatient and inpatient services for 30 days from birth. Coverage to include birth vaccination, elective circumcision, routine baby charges, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, and sickle cell screening, congenital adrenal hyperplasia). Advanced tests (e.g. Advanced hearing tests) will be covered at DHA only. (no co-insurance) (eff. 31.07.2018) with 10% co-insurance
Dental (Routine) Subject to Pre-authorization	Limit	Maximum AED 3000/ per member, subject to 10% co-insurance
	Inclusions	1. Dental consultation
		2. Tooth extraction, gum surgeries & root canals
		3. Antibiotics and analgesics
		4. Crown placement (following root canal treatment):
		<ul style="list-style-type: none"> <li>• For posterior teeth, coverage for crowns is restricted to any one of the following - <ul style="list-style-type: none"> <li>(i) porcelain-fused to metal (non-precious)</li> <li>(ii) all metal (non-precious)</li> <li>(iii) all ceramic, only when indicated (except where high-end dental materials such as but not limited to Emax, Zirconia etc. are used)</li> </ul> </li> <li>• For anterior teeth, coverage for crowns is restricted to any one of the following - <ul style="list-style-type: none"> <li>(i) porcelain-fused to metal (non-precious)</li> <li>(ii) all ceramic, only when indicated (except where high-end dental materials such as but not limited to Emax, Zirconia etc. are used)</li> </ul> </li> <li>• Where a tooth is indicated for crown restoration with a post &amp; core component, the coverage is restricted to (non-precious) metal post &amp; core only</li> <li>• Where a member opts for high-cost or high-end dental materials to be used for (crown and/or post &amp; core) restorations, the difference in costs (between the normal and high-cost types) will be borne directly by the concerned member</li> </ul>
5. one routine dental check with cleaning and scaling per six months including Fluoridization and sealants covered for members up to 18 years of age only		
6. Amalgam & Composite Fillings, except Zirconia Composite Inlays & Crowns		

		7. X-rays (inclusive of panoramic x-rays), when performed as part of any covered treatment	
Newborn Children	New born babies are covered under the mother's annual limit immediately after birth for outpatient and inpatient services for 30 days from birth. Coverage to include birth vaccination, elective circumcision ( <b>first hospitalization</b> ), routine baby charges, Hepatitis B and neo-natal screening tests(Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia). Advanced tests (e.g. Advanced hearing tests) will be covered at DHA only. (10% co-insurance) (eff. 31.07.2018)		
***Optical (Routine) Subject to Pre-authorization	Limit	AED 1,000 per member per annum, 50% co-insurance applicable on frames & contact lenses (The coverage for optical lenses is limited to 500AED)	
	Inclusions	Consultation, tests, eye glass lenses, frames (with 50% co-insurance), contact lenses (with 50% co-insurance) - For members above 18 years old: coverage to be considered once every 2 years - For members below 18 years old: coverage to be considered once every year	
	LASIK Surgery (covered eff. 17.03.2019)	Available at specific providers only. If benefit is availed, the member will be ineligible for routine optical cover for 12 years from the approval date-50% co-insurance	
Other Benefits & Conditions Subject to Pre-authorization	Women's Health	Uterine fibroids, ovarian cysts, endometriosis, polycystic ovarian disease, menstrual disorders	Covered, if not related to fertility treatment & subject to 10% co-insurance
		Menopause, Osteoporosis	Covered, subject to 10% co-insurance
	Hormonal Replacement Therapy		Covered, if not related to fertility treatment & subject to 10% co-insurance
	Nervous Disorders & Psychiatric Treatment		Covered for Psychiatric consultations and medications, 10% co-insurance applicable; Psychotherapy limited to 12 sessions per member per annum, 10% co-insurance applicable.
	Acne		Covered, 10% co-insurance applicable
	Birth Defects, Congenital Diseases & Disorders		Covered, 10% co-insurance applicable
	Keloids, Molluscum Contagiosum & Warts		Covered, subject to 10% co-insurance
	Lipoma		Covered, subject to 10% co-insurance
	Moles, Nevus & Other Skin Growths		Covered on REIMBURSEMENT BASIS ONLY & subject to 10% co-insurance, when proven to be cancerous or infected per histopathology report. Mole mapping excluded.
	Senile Cataract & Other Degenerative Conditions of the Eye		Covered, subject to 10% co-insurance

	Rehabilitation	Covered in the agreed centers subject to assessment, subject to 10% co-insurance
	Immunomodulators and/or Immunotherapy treatment or drugs including but not limited to Remicade, Interferon	Covered, subject to 10% co-insurance
	Hearing Loss	Covered *** see clause related to hearing aid
	Durable Medical Equipment's, including, but not limited to, Orthopedic accessories, crutches, wheelchairs, medical beds etc	Covered, subject to 50% co-insurance
	Breast Reconstruction Surgery after Cancer Treatment	Covered (eff. 31/07/2018)
Other Benefits	Skin grafts, Bone grafts, tendon graft, Corneal transplants & Bone Marrow Transplant	Covered, 10% co-insurance applicable
	Oral Surgeries (including jaw fractures and other maxilla-facial surgeries)	Covered, 10% co-insurance applicable
	Circumcision for new born / adults	Covered, 10% co-insurance applicable
	Senility related consultations, investigations, medications and IP admissions	Covered, 10% co-insurance applicable
	Herbal Treatment	Covered, 10% co-insurance applicable
	Enzyme preparations	Covered, 10% co-insurance applicable
	Covered in marked septal deviation with functional impairment, subject to 2nd opinion from the agreed list of physicians and 10 % co-insurance	Covered, 10% co-insurance applicable
	Genetic Testing	Covered, 10% co-insurance applicable
	Snoring, sleep apnea, sleep tests, redundant soft palate, enlarged tongue, enlarged uvula and any related conditions	Covered, 10% co-insurance applicable
	STDs	Covered, 10% co-insurance applicable
	Claims/Services related to Acute symptoms due Alcohol Consumption	Covered, 10% co-insurance applicable
	Claims/Services related to chronic symptoms & complications due Alcohol Consumption/Addiction	Covered at DHA facilities only
	Insulin Pump	Covered, 10% co-insurance applicable
	Orthotics	Covered, 10% co-insurance applicable
	Bariatric Surgery	Covered in cases of BMI of 50 or more. And covered if BMI 40 or more with obesity-related health conditions, such as high blood pressure or diabetes (comorbidities)

		Covered if BMI 35 with A1C 9 or more
<b>Benefits Covered at DHA Facilities</b>	<b>Vaccinations: Childhood, Geriatric, Risk Group, Pilgrim &amp; Flu</b>	Covered at DHA facilities only
	<b>Hepatitis B &amp; C</b>	Covered at DHA facilities only
	<b>Pre &amp; Post Organ Tissue Transplant &amp; Related Services</b>	Covered at DHA facilities only
	<b>Vitamin D test</b>	Covered at DHA facilities only
	<b>Periods of Quarantine and/or Isolation</b>	Covered at DHA facilities only
<b>Assistance Cover with Pre- Authorization</b>	<b>Transfer of the patient to the nearest hospital when medically necessary under medical supervision when Adequate facilities are not locally available</b>	Covered, subject to 10% co-insurance
	<b>Medically appropriate and necessary repatriation after stabilization treatment for illness/injuries occurring abroad</b>	Covered, subject to 10% co-insurance
	<b>Companion economy airfare to join patient for cases where insured is hospitalized for emergency abroad for more than 7 days</b>	Covered
	<b>Care and/or transportation home of minor children who are left unattended due to insureds emergency hospitalization</b>	Covered
	<b>Emergency Cash Advance</b>	Covered
	<b>Repatriation of Mortal Remains to country of origin or residence</b>	Covered
	<b>Limit</b>	<b>Maximum Annual Limit</b>
<b>Dependent insurance residing outside UAE</b>		<b>Not Eligible</b>
<b>Passive War and Terrorism</b>		<b>Not Covered</b>
<b>Work-related Illness / injury</b>		<b>Covered</b>
<b>Parkinson's Disease</b>		<b>Covered (eff. 31/07/2018)</b>

<b>***Hearing Aid</b>	<b>Covered subject to cap of AED 2500 for unilateral and AED 5000 for bilateral hearing aid (after 50% co-insurance)</b>
<b>Knee Replacement Surgery</b>	<b>Covered subject to 10% co-insurance</b>
<b>Cochlear Implant</b>	<b>Covered with 10% co-insurance subject to Second Medical Opinion and approval from ENAYA</b>

\* The coverage limit for prosthesis, implants and consumables are subjected to the case management review and approval.

\*\* Emergency dental : is 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)

\*\*\*Below is an explanation for the coverage of the optical benefit under ENAYA scheme:

- The benefit includes consultation, tests, eye glass lenses, frames.
- A cap of 500AED is applied only on the optical lenses (glasses).
- The AED500 cap is not applicable on the frames and contact lenses.

- Frames and contact lenses will be covered up to the maximum optical limit according the category of the member (with the applicable coinsurance).
- Benefit will cover either prescription contact lenses OR prescription glasses – not both
- Benefit will cover only one pair of prescription glasses per year per member
- If prescription contact lenses are chosen, then up to a year's supply will be allowed – even if the cost may be less than the limit.
- All optical benefits have to be availed within the restricted optical network only. (In case of children below the age of 14 who require the eye testing by an ophthalmologist; in case the optometrist could not be able to do the test in the optical shop, it is suggested to visit a provider within ENAYA network and this subject to pre-approval.
- Prescription sunglasses will NOT be covered.

**Important points:**

- Case management: is a method of managing the provision of health care to members with high cost medical conditions. The goal is to coordinate the care so as to both improve continuity and quality of care as well as cost effectiveness. Case Management is a collaborative process which assess, plans, implements, coordinates, monitors and evaluates the options and services required to meet an individual's health needs , using communication and available resources to promote quality , cost-effective outcomes.
- ENAYA reserves the right to subject the approval for any treatment for which the medical justification is not clearly evident to the case management finding and the second opinion report.
- According to ENAYA scheme some treatments can be capped to certain limit and any additional costs beyond the cap will be borne by the member.