

Government of Dubai
Employee Healthcare Benefits Scheme
Table of Benefits
Policy Period: 1 January 2019 to 31 December 2019

Category C			
Please note that the applicable co-insurance (20%, 50%) under each benefit is mandatory under the policy stipulations.			
Maximum Annual Limit	AED 250,000		
Eligibility	5 - 7		
Cover	- In-patient Hospitalization		
	- Outpatient treatment		
	- Maternity		
	- Prescription Drugs		
Network	Applicable Network for Direct Billing	Gold Network	
Geographical Coverage	Elective Treatment (at In-network Facilities)	For elective and emergency: Covered with 20% co-insurance	
	Emergency (Non-Elective)	Worldwide (excluding USA and Canada), covered 80% of eligible costs; 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	Covered 80% of eligible costs; 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 20% 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 20% co-insurance
		Outside UAE	Covered, subject to 20% co-insurance
	ICU	UAE	Covered, subject to 20% co-insurance
		Outside UAE	Covered, subject to 20% co-insurance
	Companion Charges		Covered for children 18 years & under, subject to 20% co-insurance
	Surgery, Anesthesiology & Surgeon's Fees		Covered, subject to 20% co-insurance
	Doctor Consultations & Nursing		Covered, subject to 20% co-insurance
	Visiting Consultants		Covered, subject to UCR network rates & 20% co-insurance
	Laboratory, Pathology etc.		Covered, subject to 20% co-insurance
	Diagnostic & Therapeutic Radiology, Ultrasounds, CT & MRI Scans etc.		Covered, subject to 20% co-insurance
Medications, IV Fluids, Blood Transfusions, Analgesics, *Surgical Implants, Chemotherapy etc.		Covered, subject to 20% co-insurance	

	*Disposables & Consumables	Covered, subject to 20% co-insurance
	Take home / Discharge medications	Covered, subject to 20% co-insurance
	Physiotherapy	Covered, subject to 20% co-insurance
	Dialysis	Covered, subject to 20% co-insurance
Out-patient	GP & Specialist Consultations	Covered , subject to 20% co-insurance; Nil deductible at Network facilities
	Follow-up Consultations	Covered , subject to 20% co-insurance (where a follow-up consultation fee is charged)
	Laboratory, Pathology etc.	Covered, subject to 20% co-insurance
	Diagnostic & Therapeutic Radiology, Ultrasounds, CT & MRI Scans etc.	Covered, subject to 20% co-insurance
	Prescription Medications	Covered, subject to 20% co-insurance
	Physiotherapy	Covered, subject to 20% co-insurance, where medically necessary and prescribed by a medical doctor, limited to 12 sessions per diagnosis per annum; For post-surgery, covered up to 12 sessions ONLY
	Vocational Speech Therapy	Covered, subject to 20% co-insurance, where medically necessary and prescribed by a medical doctor, Limited to 12 sessions per annum;
	**Emergency Dental	Covered, subject to 20% 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 20% co-insurance
Chronic Conditions		Covered, subject to 20% co-insurance
Pre-existing Conditions		Covered without waiting period, subject to 20% 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; 20% 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)
	Limit	Maximum AED 15,000 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 20% co-insurance

Newborn Children	<p>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 (first hospitalization), 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. (20% co-insurance) (eff. 31.07.2018)</p>	
<p>Dental (Routine) Subject to Pre-authorization (This coverage is within the RESTRICTED DENTAL NETWORK)</p>	Limit	Maximum AED 2,000/ per member subject to 20% co-insurance
	Inclusions	1. Dental consultation
		2. Tooth extraction, gum surgeries & root canals
		3. Antibiotics and analgesics
		<p>4. Crown placement (following root canal treatment):</p> <ul style="list-style-type: none"> • For posterior teeth, coverage for crowns is restricted to any one of the following - <ul style="list-style-type: none"> (i) porcelain-fused to metal (non-precious) (ii) all metal (non-precious) (iii) all ceramic, only when indicated (except where high-end dental materials such as but not limited to Emax, Zirconia etc. are used) • For anterior teeth, coverage for crowns is restricted to any one of the following – <ul style="list-style-type: none"> (i) porcelain-fused to metal (non-precious) (ii) all ceramic, only when indicated (except where high-end dental materials such as but not limited to Emax, Zirconia etc. are used) • Where a tooth is indicated for crown restoration with a post & core component, the coverage is restricted to (non-precious) metal post & core only • Where a member opts for high-cost or high-end dental materials to be used for (crown and/or post & core) restorations, the difference in costs (between the normal and high-cost types) will be borne directly by the concerned member
		5. one routine dental check with cleaning and scaling per six months including Floridization 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-ray), when performed as part of any covered treatment

Optical (Routine) Subject to Pre-authorization		Not Covered
Other Benefits & Conditions Subject to Pre-authorization	Women's Health	Uterine fibroids, ovarian cysts, endometriosis, polycystic ovarian disease, menstrual disorders
		Menopause, Osteoporosis
	Hormonal Replacement Therapy	
	Nervous Disorders & Psychiatric Treatment	
	Acne	
	Birth Defects, Congenital Diseases & Disorders	
	Keloids, Molluscum Contagiosum & Warts	
	Lipoma	
	Moles, Nevus & Other Skin Growths	
	Immunomodulators and/or Immunotherapy treatment or drugs including but not limited to Remicade, Interferon,	
	Senile Cataract & Other Degenerative Conditions of the Eye	
	Rehabilitation and home visits	
	Hearing Loss	
	Durable Medical Equipment, including, but not limited to, Orthopedic accessories, crutches, wheelchairs, medical beds etc.	
	Breast Reconstruction Surgery after Cancer Treatment	
Benefits Covered at DHA Facilities	Vaccinations: Childhood, Geriatric, Risk Group, Pilgrim & Flu	
	Hepatitis B & C	
	Pre & Post Organ Tissue Transplant & Related Services	
	Periods of Quarantine and/or Isolation	
Assistance Cover with Pre- Authorization	Transfer of the patient to the nearest hospital when medically necessary under medical supervision when Adequate facilities are not locally available	
	Medically appropriate and necessary repatriation after stabilization treatment for illness/injuries occurring abroad	
	Companion economy airfare to join patient for cases where insured is hospitalized for emergency abroad for more than 7 days	
	Care &/or transportation home of minor children who are left unattended due to insured's emergency hospitalization	
	Emergency Cash Advance	
	Repatriation of Mortal Remains to country of origin or residence	

	Limit	Maximum Annual Limit
Dependent insurance residing outside UAE		Not Eligible
Passive War and Terrorism		Not Covered
Work-related Illness / injury		Covered
Parkinson's Disease		Covered (eff. 31/07/2018)

***Hearing Aid	Covered subject to cap of AED 2500 for unilateral and AED 5000 for bilateral hearing aid (after 50% co-insurance)
Knee Replacement Surgery	Covered subject to cap of AED 75000 for unilateral and AED 125000 for bilateral knee replacement (after 20% co-insurance)
Cochlear Implant	Covered with 20% co-insurance subject to Second Medical Opinion and approval from ENAYA

* 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)

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.