

Government of Dubai

Employee Healthcare Benefits Scheme

Table of Benefits

Starting from: **1 January 2021**

Category VIP END

Please note that the applicable co-insurance under each benefit is mandatory under the policy stipulations.

Maximum Annual Limit		AED 3,500,000	
Eligibility		Above 16	
Cover		<ul style="list-style-type: none"> - In-patient Hospitalization - Outpatient treatment - Maternity - Prescription Drugs 	
Network	Applicable Network for Direct Billing		Platinum Network
Geographical Coverage: Worldwide including USA and Canada		ELECTIVE	EMERGENCY
	UAE:IN NETWORK(direct billing)	No co-insurance	No co-insurance
	UAE: OUTSIDE NETWORK	20% co-insurance	20% co-insurance
	OUTSIDE UAE	35% co-insurance	20% co-insurance
Basis of Claims Settlement	Elective Treatment at Non-network facilities inside UAE		Covered with 20% coinsurance
	Elective Treatment Outside of the UAE		Subject to 35% co-insurance, reimbursement allowed
Deductible (Applicable to each visit where a consultation fee is charged)	Private Facilities		Covered 100%
	DHA Facilities		Covered 100%
Consultation	UAE		Covered 100%
	Outside UAE		Covered 100%
In-patient (Subject to Pre-authorization)	Room & Board : * Private Room * VIP suite (in DHA facilities only)	UAE in Network	Covered 100%
		UAE out of Network	Covered, subject to 20% co-insurance
		Outside UAE	Covered, Elective subject to 35% co-insurance, Emergency subject to 20% co-insurance
	ICU	UAE in Network	Covered 100%
		UAE out of Network	Covered, subject to 20% co-insurance
		Outside UAE	Covered, Elective subject to 35% co-insurance, Emergency subject to 20% co-insurance
	Companion Charges		Covered 100% for children 18 years & under
	Surgery, Anesthesiology & Surgeon's Fees		Covered 100%
	Doctor Consultations & Nursing		Covered 100%
	Visiting Consultants		Covered, subject to limitations above
Laboratory, Pathology etc.		Covered 100%	
Diagnostic & Therapeutic Radiology, Ultrasounds, CT & MRI Scans etc.		Covered 100%	
Medications, IV Fluids, Blood Transfusions, Analgesics, Surgical Implants*, Chemotherapy etc.		Covered 100%	

	Disposables & Consumables	Covered 100%
	Take home / Discharge medications	Covered 100%
	Physiotherapy	Covered 100%
	Dialysis	Covered 100%
Out-patient	GP & Specialist Consultations	Covered 100%
	Follow-up Consultations	Covered 100%
	Laboratory, Pathology etc.	Covered 100%
	Diagnostic & Therapeutic Radiology, Ultrasounds, CT & MRI Scans etc.	Covered 100%
	Prescription Medications	Covered 100%
	Physiotherapy	Covered, subject to NIL 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 100% if medically necessary and prescribed by a medical doctor, limited to 12 sessions per annum
	**Emergency Dental	Covered 100%; 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 100%
Chronic Conditions		Covered
Pre-existing Conditions		Covered without waiting period
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
(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 30,000 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
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)	
Dental (Routine) Subject to Pre-authorization	Limit	Maximum AED 10,000 per member
		1. Dental consultation
		2. Tooth extraction, gum surgeries & root canals
		3. Antibiotics and analgesics

	Inclusions	<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
	Inclusions	<p>5. one routine dental check with cleaning and scaling per six months</p>
		<p>6. Amalgam & Composite Fillings, except Zirconia Composite Inlays & Crowns, also Floridization, sealants covered for members up to 18 years of age only</p>
		<p>7. X-rays (inclusive of panoramic), when performed as part of any covered treatment</p>
		<p>8. Orthodontic treatment</p>
<p>***Optical (Routine) Subject to Pre-authorization</p>	Limit	<p>AED 2,000 per member per annum (The coverage for optical lenses is limited to 500AED)</p>
	Inclusions	<p>Consultation, tests, eye glass lenses, frames, contact lenses - 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</p>
	LASIK Surgery (covered eff. 17.03.2019)	<p>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.</p> <p>If service is availed outside of selected provider list; then claim will be settled on Reimbursement basis subjected to outside of network copayment; with</p>

		applicable capped limit of 7500 AED for both eyes.	
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
		Menopause, Osteoporosis	Covered
	Hormonal Replacement Therapy		Covered, if not related to fertility treatment
	Nervous Disorders & Psychiatric Treatment		Covered 100% for Psychiatric consultations and medications; Psychotherapy limited to 12 sessions per member per annum.
	Acne		Covered
	Birth Defects, Congenital Diseases & Disorders		Covered
	Keloids, Molluscum Contagiosum & Warts		Covered
	Lipoma		Covered
	Moles, Nevus & Other Skin Growths		Covered on REIMBURSEMENT BASIS ONLY, when proven to be cancerous or infected per histopathology report. Mole mapping excluded.
	Immunomodulators and/or Immunotherapy treatment or drugs including but not limited to Remicade, Interferon,		Covered
	Senile Cataract & Other Degenerative Conditions of the Eye		Covered
	Rehabilitation		Covered in the agreed centers subject to assessment
	Deviated Nasal Septum (DNS) and Septoplasty		Covered
	Hearing Loss		Covered *** see clause related to hearing aid
Durable Medical Equipment, including, but not limited to, Orthopedic accessories, crutches, wheelchairs, medical beds etc.		Covered with 50% applicable co-insurance	
	Breast Reconstruction Surgery after Cancer Treatment	Covered (eff. 31/07/2018)	
Other Benefits	Alternative Medicine within the UAE including chiropractors, osteopathy, homeopathy, Ayurveda, acupuncture, chiropody, podiatry & other alternative medicine treatment		Covered on reimbursement basis ONLY , subject to applicable co insurance
	Skin grafts, Bone grafts, tendon graft, Corneal transplants & Bone Marrow Transplant		Covered
	Oral Surgeries (including jaw fractures and other maxilla-facial surgeries)		Covered
	Circumcision for new born / adults		Covered
	Senility related consultations, investigations, medications and IP admissions		Covered
	Herbal Treatment		Covered
	Enzyme preparations		Covered
	Genetic Testing		Covered
	Snoring, sleep apnea, sleep tests, redundant soft palate, enlarged tongue, enlarged uvula and any related conditions		Covered
	STDs		Covered
	Claims/Services related to Acute symptoms due Alcohol Consumption		Covered

	Claims/Services related to chronic symptoms & complications due Alcohol Consumption/Addiction	Covered at DHA facilities only
	Insulin Pump	Covered
	Orthotics	Covered
	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
Benefits Covered at DHA Facilities	Vaccinations: Childhood, Geriatric, Risk Group, Pilgrim & Flu	Covered at DHA facilities only
	Hepatitis B & C	Covered at DHA facilities only
	Pre & Post Organ Tissue Transplant & Related Services	Covered at DHA facilities only
	Vitamin D test	Covered at DHA facilities only
	Periods of Quarantine and/or Isolation	Covered at DHA facilities only
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	Covered
	Medically appropriate and necessary repatriation after stabilization treatment for illness/injuries occurring abroad	Covered
	Companion economy airfare to join patient for cases where insured is hospitalized for emergency abroad for more than 7 days	Covered
	Care and/or transportation home of minor children who are left unattended due to insureds emergency hospitalization	Covered
	Emergency Cash Advance	Covered
	Repatriation of Mortal Remains to country of origin or residence	Covered
	Limit	Maximum Annual Limit
Dependent insurance residing outside UAE		Not Eligible
Passive War and Terrorism		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 100%
Cochlear Implant	Covered with 10% 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)

***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.