

Government of Dubai
Employee Healthcare Benefits Scheme
Table of Benefits

Policy Period: 1 January 2019 to 31 December 2019

| Category A | | | |
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| Please note that the applicable co-insurance (20%, 50%) under each benefit is mandatory under the policy stipulations. | | | |
| Maximum Annual Limit | | AED 1,000,000 | |
| Eligibility | | 12 -16 | |
| 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 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 (Emergency Only) | 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- |

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| | | 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 diagnosis 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 20% co-insurance |
| Chronic Conditions | | Covered 20% co-insurance |
| Pre-existing Conditions | | Covered without waiting period |

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| 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 (Ante-Natal Checkups, Child birth, Routine Maternity) | Maximum AED 25,000 per policy year, subject to 20% co-insurance for Antenatal care and delivery (whether via Normal or C-section mode), for Routine Maternity and Complications of pregnancy; Nil waiting period |
| Newborn Cover | 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, 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) () | |
| Dental (Routine) Subject to Pre-authorization | Limit | Maximum AED 7,000/ per member subject to 20% co-insurance |
| | Inclusions | <ol style="list-style-type: none"> 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"> • For posterior teeth, coverage for crowns is restricted to any one of the following - <ol 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 - <ol 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 |

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| | | | <p>& core) restorations, the difference in costs (between the normal and high-cost types) will be borne directly by the concerned member</p> <p>5. one routine dental check with cleaning and scaling per six months including fluoridation and sealants covered for members up to 18 years of age only</p> <p>6. Amalgam & Composite Fillings, except Zirconia Composite Inlays & Crowns</p> <p>7. X-rays (inclusive of panoramic x-ray), when performed as part of any covered treatment</p> |
| Optical Routine *** Subject to Pre-authorization | Limit | | AED 2,000 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) |
| 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 20% co-insurance |
| | | Menopause, Osteoporosis | Covered, subject to 20% co-insurance |
| | Hormonal Replacement Therapy | | Covered, if not related to fertility treatment & subject to 20% co-insurance |
| | Nervous Disorders & Psychiatric Treatment | | Covered for Psychiatric consultations and medications, 20% co-insurance applicable; Psychotherapy limited to 12 sessions per member per annum, 20% co-insurance applicable. |
| | Acne | | Covered, 20% co-insurance applicable; |
| | Birth Defects, Congenital Diseases & Disorders | | Covered, 20% co-insurance applicable |
| | Keloids, Molluscum Contagiosum & Warts | | Covered, subject to 20% co-insurance |
| | Lipoma | | Covered, subject to 20% co-insurance |
| | Moles, Nevus & Other Skin Growths | | Covered on REIMBURSEMENT BASIS ONLY & subject to 20% co-insurance, 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, subject to 20% co-insurance |

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| Benefits Covered at DHA Facilities | Senile Cataract & Other Degenerative Conditions of the Eye | Covered, subject to 20% co-insurance |
| | Rehabilitation and home visits | Covered only for post CVA/ stroke cases; up to 14 days, subject to ENAYA approval. |
| | 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, subject to 50% co-insurance |
| | Breast Reconstruction Surgery after Cancer Treatment | Covered (eff. 31/07/2018)- Covered subject to 20% co-insurance |
| | 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. Covered subject to 20% co-insurance |
| | 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 |
| | 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, subject to 20% co-insurance |
| | Medically appropriate and necessary repatriation after stabilization treatment for illness/injuries occurring abroad | Covered, subject to 20% co-insurance |
| | 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 | | Not Covered |
| Work-related Illness / injury | | Covered |
| Parkinson's Disease | | Covered (eff. 31/07/2018) |

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| ***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)

***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.