



ENAYA BENEFICIARY GUIDE

The Government of Dubai cares for all its citizens, employees' as well as their families' health and wellbeing.



INTRODUCTION

ENAYA – The Government of Dubai Employees & citizens Healthcare Benefits Scheme – is by far one of the finest programs developed in the Emirate of Dubai.

The Government of Dubai cares for all its citizens, employees' as well as their families' health and wellbeing.

ENAYA provides a broad range of cover including treatment for almost all types of ailments (Chronic and/or acute).

The program encompasses 56 Government-owned departments in addition to Dubai citizens with more than 250 thousand beneficiaries (i.e. Dubai Government employees and their families, Dubai citizens) who receive high quality services through direct access to Dubai Health Authority facilities and over a three thousand service providers in the private sector within the Emirates of Dubai and beyond.



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 centers 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-hour a day/ 7 days a week Helpline, issuing of membership cards, medical assessment and processing of claims, a compilation of statistical data, and related services aimed at providing clients with a comprehensive range of benefits.



ELIGIBILITY CRITERIA

- Citizens of Emirate of Dubai who do not benefit from any other government insurance.
- Employees of government departments in the Emirate of Dubai and their families.

Criteria for eligibility coverage:

- **Emiratis:**

1. Wives
2. Sons up to 24 years
3. Daughter until marriage or work
4. Parents.

- **Expatriate Employees:**

If expatriate Husband and wife are employees of the government of Dubai and are covered under ENAYA with different categories, then the spouse and dependents will follow spouse with the highest coverage.

1. Only three (3) children can be covered by ENAYA, under the following conditions:
2. Employee's sons will be covered only up to the age of 21 and as long as they are UAE residents and unemployed.
3. Employee's daughters will be covered only up to the age of 21 and as long as they are UAE residents, unemployed and unmarried.
4. The ENAYA policy allows employees to exchange one child for another only once a year and it cannot be retroactive.
5. Only one wife can be covered by ENAYA Insurance.
6. Employee's parents will not be included under ENAYA Insurance.
7. If the employee and his family (Spouse/ Children) are covered under ENAYA, they are required to provide a written commitment that they are not covered with any other health insurance provided by the Government of Dubai
8. HR needs to get written commitment from employees that they follow all the above mentioned rules.



ENROLLMENT

- Citizens of Emirate of Dubai who does not benefit from any other government insurance. Enrollment can be done through:
 - Online registration (please contact Neuron toll-free line for guidance 800 436292)
 - Kiosk registration using Emirates ID through the following steps:
 - Proceed to the nearest ENAYA Kiosk within Dubai in one of the following locations:
 - Al Barsha Health Center
 - Nad Al Hamar Health Center
 - Al Mizhar Health Center
 - Hatta Hospital
 - Dubai Festival Tower
 - Press start on the digital screen
 - Insert the Emirates ID card into the designated reader
 - Complete entry of required details
 - Enroll remaining family members
 - Confirm registration
- **Note: you can't be enrolled in ENAYA without a valid original Emirates ID card.**



For Employees of government departments in the Emirate of Dubai and their family's enrollment request should be received from the HR at place of work.

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**

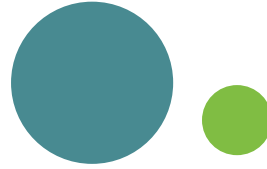
- Routine periodic check-ups and vaccinations are fully covered and may be availed at DHA facilities.



IMPORTANT FEATURES:

- **Second Medical Opinion**

- A second medical opinion is an evaluation of your health by other than your treating doctor. It is when a doctor (with a similar specialty) expert in their field of medicine, that is not your treating physician, provides comments on the treating physician's diagnosis or treatment plan by reviewing the medical records or by evaluating the patient clinically. He may provide more information about the disease or offer an alternative diagnosis or other treatment options.
- Why should I ask for a second medical opinion, what difference does it make?
 - If you are unsure of a medical diagnosis or appropriate treatment provided by your treating physician, ENAYA supports you with the services of a second medical opinion. To get another diagnosis, and therefore a second opinion, can spare you unnecessary treatment, and get it right the first time, just by checking again.
 - If you're uncertain about a medical diagnosis or the appropriate treatment provided by your treating physician, supports you with the services of a second medical opinion. To get another diagnosis, and therefore a second opinion, can spare you unnecessary treatment and get it right the first time, just by checking again.
- When should I consider one?
 - Whether you are facing a diagnosis of a rare disease, a complex surgery, you've had excessive treatment recommended or an invasive treatment plan, if you are unsure about your diagnosis/treatment or When something doesn't feel right then you may want to consider getting a second opinion from another doctor.



- How can I get it?
 - When you are considering obtaining a second medical opinion, please call the ENAYA/Neuron Customer Service toll-free (800 ENAYA). Our highly qualified customer service team will direct you to the expert doctor for your medical condition from the list of DHA-approved specialists.
- **Case management?**
 - 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 lower costs. 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 Helpline**
 - It is 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 (if employed under Dubai Government) or Neuron on the following numbers:
 - 800 4 ENAYA (800 4 36292) - within UAE
 - +971 4 317 8500 – outside UAE

International Medical Assistance

ENAYA covers you and your eligible dependent(s) for emergency treatment overseas. And, in a genuine emergency situation that necessitates that you receive immediate medical attention (failing which may result in disability, permanent damage to bodily function, or worse – loss of life) you may contact Neuron on + 97143178500.

Neuron will ensure that you are guided accordingly and make arrangements with any of its strategic partners worldwide in order for you to receive the assistance that you require.



SEEKING MEDICAL CARE

Within the UAE/within the ENAYA Network

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

- Check the ENAYA Network List (Available on Neuron App) and book an appointment with the selected hospital/clinic.
- Present your Emirates ID 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 and reimbursement will not be possible as per policy terms and conditions).
- 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 and the ENAYA membership card at a Network pharmacy to claim for medications.

2. For In-Patient Treatment:

- The Emirates ID Card should be presented at the time of your admission to the hospital.
- Network hospitals are required to seek pre-authorization before they proceed with any elective admissions or surgeries.
- Network hospitals do not need to seek pre-authorization for emergency admissions; however, they are required to inform Neuron within 24 hours from the time of admission.

Please note:

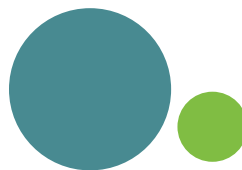
- Network hospitals/clinics/diagnostic centers/pharmacies are required to collect payment from any member who fails to present the ENAYA membership card at the time of visit.
- Always remember that refund and/or reimbursement is not allowed.
- Network hospitals/clinics/diagnostic centers/pharmacies are required to seek pre-authorization/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-authorization request, kindly contact ENAYA Helpline toll-free number (800 4 ENAYA or 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.
- All inpatient services require prior approval through system online submission.
- In the event of any complaints concerning any service provider, please contact ENAYA Helpline.
- If you observe or discover the existence of any fraud, please contact ENAYA Helpline.

Within the UAE / Outside the ENAYA Network

As an ENAYA Category A Nationals Member, you are entitled to treatment outside the ENAYA Network. However, you are required to pay for any consultation/treatment/medications and submit all pertinent documentation to your HR Department or through Neuron App to claim reimbursement for eligible amounts paid.

Reimbursement of eligible claims is based on Usual, Customary & Reasonable (UCR) rates and subject to 15% coinsurance.





Outside the UAE:

1) Emergency Treatment

Should you need emergency medical treatment, whilst traveling on business or holiday, please contact Neuron's International Direct Number (+97143823700)

Neuron will ensure that necessary arrangements are made to provide you with the assistance you require.

2) Elective Treatment

As an ENAYA Category A Nationals member, you are also eligible to seek elective treatment, whilst overseas. However, treatment will be on a cash and claim (reimbursement) basis only subject to policy terms & conditions.

3) For Home country Treatment

Reimbursement with Coinsurance 20% applied to UAE UCR Rates.

Documentation to be submitted within 60 days from day of treatment or as soon as reasonably possible.

Pre-approval required: cost of treatment only is covered, travel costs excluded.

Please note:

- Direct billing is subject to the provider's acceptance of a payment guarantee from Neuron and/or its partners.
- Coverage for treatment overseas is based on Usual, Customary & Reasonable (UCR) rates and subject to applicable coinsurance.

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 themselves of such treatment at DHA facilities. (Please refer to the Table of Benefits for details of such conditions and/or treatment.)

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.

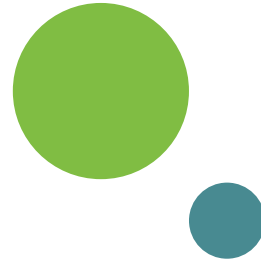
ENAYA Helpline:

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



PRE-AUTHORIZATION:

- Pre-authorization is a 'mechanism' by which several important objectives is 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-authorization 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-authorization is, however, required for:
 - All inpatient admissions/surgical procedures/major diagnostic procedures, MRI & CT Scans, etc.
 - All-day cases, endoscopies, and any other special diagnostic procedures.
 - All maternity-related treatment
 - All dental treatment
 - All-optical benefits
 - All physiotherapy treatment



Please note:

It is the responsibility of the network provider – and NOT the member – to seek and obtain pre-authorization.

In most cases, this process is carried out over the online system submission 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 authorizing 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-authorization to be granted is inordinate – Neuron will advise the exact position at that point in time.

Reimbursement claim form

- Available on Neuron App

ENAYA BENEFITS

General Benefits



Geographical coverage

- Elective: within UAE
- Emergency life-threatening conditions: worldwide subjected to policy terms

Network

- Allocated network per category as per Enaya terms under Neuron management

Benefits covered

- Inpatient, Outpatient, Maternity, Medications, Physiotherapy, Dental treatment

Work-related injuries

- Covered for all employees

Copayment of IP services





- Subjected to category eligibility with the maximum limit

Copayment of OP services





- Emirati (subjected to eligible category):
 - At DHA facilities: 0%
 - At Private facilities: 10%
- Expats:
 - At DHA facilities: 10%
 - At Private facilities: 20%



In-Patient Coverage

			
Room type	ICU admission & coronary artery disease treatment	Fees of Consultant, Surgeon, and Anesthetist	Various Therapies Including Physiotherapy, Chemotherapy, Radiation Therapy, etc.
<ul style="list-style-type: none"> Private room 	<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Covered
Use of Hospital Medical Equipment such as Heart and Lung Support Systems, etc	Companion Room & Board Expenses for Beneficiary Below 18 Years of Age	The Cost of Accommodation of a Person Accompanying the Patient in the Same Room in Cases of Medical Necessity at the Recommendation of the Treating Doctor and with Pre-approval	Post-Acute Rehab after Surgery
<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Covered for children under 18 years and cases of dementia and incapacitated Coverage up to 16 years - no coinsurance; Above 16 years FOC for first 3 days, then limit coverage to AED 100/- per day 	<ul style="list-style-type: none"> To be covered if medically justified 	<ul style="list-style-type: none"> Covered
Bariatric surgery	Knee replacement surgery	Breast Reconstruction Surgery after cancer treatment	Renal / Kidney Dialysis
<ul style="list-style-type: none"> Bariatric surgery is covered at a maximum value 70,000 AED with copayment as per TOB 	<ul style="list-style-type: none"> Knee joint replacement surgery is covered at a maximum value (90,000 AED unilateral TKR -166,000 AED Bilateral TKR)with copayment as per TOB 	<ul style="list-style-type: none"> Covered 	<ul style="list-style-type: none"> Covered

Out-patient Coverage

			
Women's Health: Uterine fibroids, ovarian cysts, endometriosis, polycystic ovarian disease, menstrual disorders, menopause, osteoporosis, hormone replacement therapy (if medically necessary)	Physiotherapy	Vaccinations	Coinsurance for Pharmacy Benefits
<ul style="list-style-type: none"> Emirati: covered including fertility treatment Expats: covered excluding fertility treatment 	<ul style="list-style-type: none"> Covered up to AED 3,500/- per anatomical part AND up to a limit of AED 10,000 per year 	<ul style="list-style-type: none"> Covered at DHA and Al Jalila Children's Hospital Only: DHA immunization schedule to be followed for children; Flu vaccine for all and Pneumococcal vaccine for members above 50+ 	<ul style="list-style-type: none"> Subjected to each category coverage of Generic & Branded medications at DHA or Private facilities

Maternity coverage

Annual limit	Copay	Covered services	Newborn coverage
<ul style="list-style-type: none"> Subjected to sub-limit of AED 20,000 	<ul style="list-style-type: none"> Will follow subjected copay of IP/OP or pharmacy requests 	<ul style="list-style-type: none"> Consultations Lab tests and related ultrasounds Delivery Newborn coverage 	<ul style="list-style-type: none"> Newborn babies are covered under the mother's annual limit immediately after birth as an in-patient until the first discharge from hospital. Coverage includes: birth vaccination during first hospitalization, elective circumcision during first hospitalization, and routine baby charges during first hospitalization only. Advanced tests (e.g. Advanced hearing tests) will be covered at DHA only. The newborn's policy will commence immediately after birth subject to eligibility and submitting the enrolment request within 30 working days from the date of birth (subjected coinsurance applicable)

Dental coverage

Annual limit	Copay	Covered services	
<ul style="list-style-type: none"> Subjected to sub-limit of AED 3,000 	<ul style="list-style-type: none"> Subjected to each category specified limit 	<ul style="list-style-type: none"> Dental consultation Tooth extraction (simple & surgical extraction) Scaling & polishing (every 6 months) Fillings (amalgam, composite & glass ionomer) Root Canal Treatment (RCT) Crown (if part of RCT) 	<ul style="list-style-type: none"> X-Rays: Intra Oral (Bite Wing/ Periapical / Occlusal), Extra Oral (Panoramic & Tomograms) Antibiotics, Analgesics, Antacids, Enzyme Preparation (Edema Reductions), Vitamins (only with Antibiotics) Local Anesthesia General Anesthesia (covered if medically justified)

Optical coverage

Annual limit	Copay	Covered services	Lasik surgeries
<ul style="list-style-type: none"> 1,000 AED 	<ul style="list-style-type: none"> 50% copay 	<p>(each covered up to 500 AED)</p> <ul style="list-style-type: none"> Frames: 1 per year Lenses for Glasses: Limit 1 pair per Year Contact Lenses 	<ul style="list-style-type: none"> Covered up to AED 6,000/- for bilateral with Coinsurance Eligibility guidelines to be included. Members who undergo Lasik surgery are ineligible for optical benefits for up to 12 years unless surgery does not succeed.

Psychiatric coverage

Inpatient coverage	Outpatient coverage	Copay
<ul style="list-style-type: none"> Covered up to a limit of 50k 	<ul style="list-style-type: none"> Up to 12 sessions 	<ul style="list-style-type: none"> Subjected to each category specified limit



ENAYA EXCLUSIONS

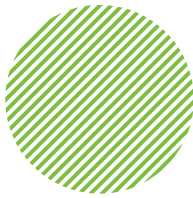
(APPLICABLE EXCEPT IF OTHERWISE IS MENTIONED IN THE TOB)

Excluded healthcare services except in cases of medical emergencies	Diagnostic and treatment services for dental and gum treatments	Subject to 20% coinsurance
	Hearing and vision aids, and vision correction by surgeries and laser	Subject to 20% coinsurance

Excluded (non-basic) healthcare services

1. Healthcare Services which are not medically necessary
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Care for the sake of traveling.
4. Custodial care including
 - a. Non-medical treatment services;
 - b. Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
5. Services that do not require continuous administration by specialized medical personnel.
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
7. All cosmetic healthcare services and services associated with replacement of an existing breast implant. Cosmetic operations which are related to an Injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body and breast reconstruction following a mastectomy for cancer are covered.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens.
10. Healthcare Services that are not performed by Authorized Healthcare Service Providers.
11. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff, or wigs.
12. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
13. Treatment and services for contraception
14. Treatment and services for sex transformation, sterilization or intended to correct a state of sterility or infertility or sexual dysfunction.
15. Sterilization is allowed only if medically indicated and if allowed under the Law.
16. External prosthetic devices and medical equipment.
17. Treatments and services arising as a result of professional sports activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any other professional sports activities.
18. Growth hormone therapy unless medically necessary.
19. Costs associated with hearing tests, prosthetic devices or hearing and vision aids.
20. Patient treatment supplies (including for example: elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments,) excluding supplies required as a result of Healthcare Services rendered during a Medical Emergency.
21. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment); any physical, psychiatric or psychological examinations or investigations during these examinations.
22. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first-degree relatives.
23. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.

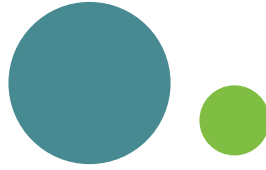




24. Healthcare services for adjustment of spinal subluxation.
25. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, and all forms of treatment by alternative medicine except Homeopathy and Ayurveda.
26. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
27. Elective diagnostic services and medical treatment for correction of vision
28. Nasal septum deviation and nasal concha resection.
29. All chronic conditions requiring haemodialysis or peritoneal dialysis, and related investigations, treatments or procedures.
30. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
31. Healthcare services for senile dementia and Alzheimer's disease.
32. Air or terrestrial medical evacuation and unauthorized transportation services.
33. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency that were not notified within 24 hours from the date of admission where possible.
34. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
35. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
36. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, , food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions); and all equipment not primarily intended to improve a medical condition or injury, including but not limited to: air conditioners or air purifying systems, arch supports, exercise equipment and sanitary supplies.
37. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
38. Health services and associated expenses for organ and tissue transplants for donor. This exclusion also applies to follow-up treatments and complications unless if left untreated will develop into an emergency.
39. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
40. Any expenses related to the treatment of sleep related disorders.
41. Services and educational programs for people of determination, this also includes disability types such as but not limited to mental, intellectual, developmental, physical and/or psychological disabilities.
42. Any treatment required as a result of hospital acquired infection

**Healthcare services outside the scope of health insurance
(In Emergency cases as defined by PD 02-2017, the following must be covered until stabilization at minimum)**

1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
4. Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other types of natural disaster.
5. Injuries resulting from criminal acts or resisting authority by the Insured Person.
6. Injuries resulting from a road traffic accident.
7. Healthcare services for work related illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, and applicable laws in this respect.
8. All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances.
9. Any investigation or treatment not prescribed by a doctor.
10. Injuries resulting from attempted suicide or self-inflicted injuries.
11. Diagnosis and treatment services for complications of exempted illnesses.
12. All healthcare services for internationally and/or locally recognized epidemics.
13. Healthcare services for patients suffering from (and related to the diagnosis and treatment of) HIV - AIDS and its complications and all types of hepatitis except virus A, B and C hepatitis



REIMBURSEMENT

What are reimbursements?

This refers to treatments for which you have paid cash and wish to have a refund from the TPA.

Am I covered for Reimbursement?

Elective treatment outside of network providers is not covered as per Enaya policy terms and conditions except for Category A Nationals or pre-authorized home country treatment.

What happens if I have an emergency within UAE?

You may seek treatment in an in-network provider within UAE as outside network treatments are not reimbursable.

What happens if I have an emergency outside UAE?

If you come across an emergency outside UAE, you need to call the ENAYA Helpline number. One of our agents will assist and advice you further on the coverage. They may send you a form by email to be completed and returned back to us for pre-approval.

What happens if I need to undergo an elective procedure outside UAE?

Elective procedures outside UAE are not reimbursable except for Category A Nationals. All elective treatments need to be undertaken in network facilities. Home country treatment will be subjected to pre-authorization and medical necessity.

If my case is proven an emergency, how can I claim for my refund?

If Neuron assessment has confirmed the case to be an emergency, a list of all applicable documents will be emailed to you. You will need to make sure that all listed documents are provided during the time of claim submission.

- Duly completed Neuron Claim Form – Member Reimbursement
- Member's/patient's details (name & Neuron ID number, date of birth etc.)
- Medical Section fully completed (with all information requested therein)
- Treating doctor's signature and stamp
- Any other information requested on the Claim Form
- Copy radiology/imaging reports, blood test results, other reports for special/diagnostic procedures etc. (where a member has paid and is claiming for radiology/x-rays, imaging procedures e.g. Ultrasound, CT and/or MRI Scans, blood tests, etc.)
- Copy of the prescription/s (where a member has paid and is claiming for medications)
- Discharge summary or medical report
- Copy of Police report in case of road traffic accidents
- Original itemized invoices (with proper breakdown of amounts) and receipts.

(Clearly showing that cash/credit card payment has been made)
Please note that we will be requiring documents in English/Arabic (or English translation) to process the claim.

Where do I submit my claim?

The complete list of documents will have to be submitted to Neuron through contacting helpline to guide you through the submission process, also through Neuron App. Your request will be assessed as per Enaya policy terms and conditions and feedback will be shared with you via email.



When do I submit my reimbursement claims?

Please make sure that all reimbursement claims need to be submitted to Neuron within 60 days from the date of treatment.

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

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

Does ENAYA cover Pre Marriage tests?

ENAYA program doesn't cover pre-marriage tests.

Does ENAYA cover Medical Fitness?

ENAYA program doesn't cover Medical Fitness.

Does ENAYA issue Travel Insurance Certificate?

Yes. You may liaise with your respective Human Resource Department mentioning the need for a Travel Insurance Certificate. It will take 3 working days for the issuance of the requested letter.

If you are a Dubai citizen, you may contact Neuron Helpline to assist you accordingly.



COMMON FAQs ENAYA PROGRAM

MATERNITY

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

Yes, maternity coverage is included. All married female employees, female spouses & Dubai citizen females are eligible for maternity.

What is the remaining maternity limit?

It is the balance remaining of Maternity limit after deducting the utilization from maternity benefit.

Whether circumcision will be covered or not?

Elective circumcision is covered during first hospitalization.

Epidural covered or not?

Always covered if medically indicated.

Treatment for IVF will be covered or not?

Policy does not cover infertility related treatment.

Why 4D & 3D scan will be covered or not?

It is not covered as it is never medically justified. It is to visualize the features of the baby only.

How many ultrasounds covered per pregnancy?

3 ultrasounds will be covered during pregnancy.



What about Newborn coverage?

Newborn coverage: Newborn babies are covered under the mother's annual limit immediately after birth as an in-patient until the first discharge from the hospital. Coverage includes birth vaccination during first hospitalization, elective circumcision during the first hospitalization, and routine baby charges during first hospitalization only. Advanced tests (e.g. advanced hearing tests) will be covered at DHA only. The newborn's policy will commence immediately after birth subject to eligibility and submitting the enrolment request within 30 working days from the date of birth (10% coinsurance).

Whether all the vaccinations will be covered or not?

Covered at DHA and Al Jalila Children's Hospital Only:
DHA immunization schedule to be followed for children;
Flu vaccine for all and Pneumococcal vaccine for members above 50+.

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

Coinsurance will be applicable as per the eligible category of members

The deductible is applicable only at DHA facilities whenever a consultation fee is charged by your doctor. This does not apply to UAE Nationals seeking consultation at DHA facilities.

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 per category.



THANK YOU
