



Essential Benefits Plan (EBP)

Salient Benefits

DHA Essential benefits Package (EBP)

Annual Benefit Limit (Including any coinsurance and/or deductible)	AED 150,000/-
Geographical Scope of Coverage for Basic Healthcare Services (Elective & Emergency Treatment)	UAE + Home country* *Home country coverage is applicable only if Home country located within any of the below mentioned list of countries *Only In Patient will be covered in Home countries (OutPatient treatment NOT covered) • South East Asia (SEA): India, Bangladesh, Philippines, Pakistan, Burma, Thailand, Vietnam, Malaysia, Sri Lanka, Indonesia, Nepal, Bhutan.
Treatment outside network within UAE (other than emergency cases)	No Coverage outside Network within UAE
Network Applicable (Subject to ongoing changes)	NEXTCARE PCP-C. (Outpatient treatment at Clinics & IP treatment at Hospitals).
Pre-existing & Chronic conditions Where a pre-existing or chronic condition develops into an emergency within the 6 month exclusion period this must be covered up to the annual aggregate limit	• Covered with Nil waiting period for existing members who were covered previously under any insurance scheme. • Any new member/addition will be covered subject to a 6 months waiting period.

Inpatient Treatment

Coverage is up to the relevant Annual Benefit Limit per person/per policy year with pre-approval

Approval requirements	▪ Non urgent medical cases (Elective) – Prior approval is compulsory ▪ Emergency medical service - Approval required from the insurance company within 24 hours of admission to the authorized network hospital
Coinsurance	20% co-pay payable by the insured with a cap of AED 500/- payable per encounter and an annual aggregate cap of AED 1,000/-. Above these caps the insurer will cover 100% of the treatment.



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Hospitalization Class	Semi-Private / Ward *In-patient services will be received in rooms of two or more beds
Hospital Accommodation and related Services	Covered
Intensive care unit and coronary artery disease treatment	Covered
Consultant's, Surgeon's and Anesthetist's Fees	Covered
Various therapies including physiotherapy, chemotherapy, radiation therapy etc.	Covered
Use of hospital medical equipment (e.g. heart and lung support systems etc.)	Covered
Ground transportation services in the UAE provided by an authorized party for medical emergencies (Ground Ambulance Services)	Covered
The cost of accommodating a person accompanying an insured child up to the age of 16 years	Covered maximum up to 100 AED per night
The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage	Covered maximum up to 100 AED per night
Outpatient Treatment	
Basic healthcare services: at authorized out-patient clinics and health centers as per EBP network list	
Referral procedure For EBP members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The GP must make his referral together with reasons via the DHA e-Referrals system for the claim to be considered by the Insurer	- General Practitioner referral is required for specialists consultation, otherwise consulting a specialist without GP referral is not allowed - This process does not apply for obstetricians' consultation
Deductible on OP consultation	20% coinsurance payable by the insured per visit No coinsurance if a follow-up visit made within seven days



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Diagnostic Procedures (X-ray, MRI, CT scan, PET, Ultrasound, Lab test etc)		20% coinsurance payable by the insured per visit Prior approval is required for MRI, CT scans and endoscopies (except for emergencies,)
Pharmaceuticals		30% coinsurance payable by the insured in respect of each and every prescription Cost of drugs and medicines are covered up to an annual limit of AED 1,500 (including coinsurance). *Restricted to formulary products where available
Preventive services, vaccines and immunizations	For NewBorn and children	Essential vaccinations and inoculations for newborns and children as stipulated in DHA's policies and it's updates (Claims covered on reimbursement basis as per coverage specified in 'Claims Settlement Terms' of this TOB)
	For Adults	- Diabetes: - Normal Risk: Every 3 years from age 30 - High risk individuals annually from age 18 - Preventive services as mandated by DHA periodically
Physiotherapy (Prior approval is required)		20% coinsurance payable by the insured per session Covered up to 6 sessions per member per year
Adult Pneumococcal Conjugate Vaccine		Covered as per DHA Adult Pneumococcal Vaccination guidelines
Hepatitis B & C Virus Screening and Treatment Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only		Covered as per the Terms, Conditions and Exclusions of the program defined by DHA.
Cancer Treatment Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only		Covered as per the Terms, Conditions and Exclusions of the program defined by DHA.

Maternity Benefits

Maternity Services - *Where any condition develops which becomes an emergency, the medically necessary expenses will be covered up to the annual aggregate limit	Out-patient ante-natal services	Requires prior approval from the insurance company	10% coinsurance payable by the insured 8 out patient visits within the network - Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols All care provided by obstetrician for low risk or specialist obstetrician for high risk referrals
	In-patient maternity services	Requires prior approval from the insurance company or within 24 hours of emergency treatment	Initial investigations to include: - FBC and Platelets - Blood group, Rhesus status and antibodies - VDRL - MSU & urinalysis - Rubella serology - HIV - FBS, Random blood sugar OR HbA1C In addition to the above, the below tests are covered for high risk pregnancies only - GTT, if high risk - Hepatitis C Ultrasonography: 3 antenatal ultrasound scans
	New born cover		10% coinsurance payable by the insured - AED 7,000/- for normal delivery , AED 10,000/- for medically necessary C-section, complications and for medically necessary termination Covered for 30 days from birth. BCG, Hepatitis B and following neo-natal screening tests are covered: (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)



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Other Salient Benefits

Day care Treatment	Covered
Outpatient Surgery	Covered
Diagnostic and treatment services for dental and gum treatments	Covered only in cases of medical emergencies subject to 20% copayment
Hearing and vision aids, and vision correction by surgeries and laser	Covered only in cases of medical emergencies subject to 20% copayment
Work Related Accidents	Not Covered

Claims Settlement Terms (what is Paid by the Insurer)

Claims Settlement In-Patient	
1. UAE within the Network - Direct Billing	100% after applicable co-pay
2. Area of coverage as per Territorial Scope / Outside the Network / With or without prior approval of the ceding company - Reimbursement basis only	80% of actual costs or 80% of the UCR as per UAE network tariffs for same or similar treatment whichever is less
Claims Settlement Out-Patient	
1. UAE within the Network - Direct Billing	100% after applicable co-pay
2. UAE outside the Network	Not Covered
Reimbursement in Emergency Cases: (emergency treatment must be notified within 24 hours if treatment was received within UAE)	100% UCR after applicable co-pay

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Annual Premium for Dependents		
Dependent	Age band	Per person premium (AED) Starts from
Child Dependent	From 0 to 17 years	AED 805/-
Other Dependent	From 18 to 59 years	AED 805/-
Female-Spouse Dependent	From 18 to 45 years	AED 1,857/-
Elderly Dependent	From 60 years and above	AED 6,630/-

***Premium given is excluding PSP Charges & VAT**

Required Documents for Policy Placement

- Sponsor's passport copy with residence Visa
- Insured person's Residence Visa, Passport and Emirates ID
- If visa and Emirates ID are not available, E-visa and Emirates ID Application form to be submitted
- Medical Application Form* duly filled and signed

EXCLUSIONS

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 travelling.
4. Custodial care including
 - (1) Non-medical treatment services;
 - (2) 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. Sterilization is allowed only if medically indicated and if allowed under the Law.
15. External prosthetic devices and medical equipment.
16. 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.
17. Growth hormone therapy unless medically necessary.
18. Costs associated with hearing tests, prosthetic devices or hearing and vision aids.
19. Mental Health diseases, both outpatient and in-patient treatments, unless it is an emergency condition.
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

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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, homeopathic treatments, and all forms of treatment by alternative medicine.
26. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperm 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. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A and C.
31. Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
32. Healthcare services for senile dementia and Alzheimer's disease.
33. Air or terrestrial medical evacuation and unauthorized transportation services.
34. 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.
35. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
36. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
37. 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.
38. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
39. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or a recipient. This exclusion also applies to follow-up treatments and complications unless if left untreated will develop into an emergency.



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- 40. Any expenses related to immunomodulators and immunotherapy unless medically necessary.
- 41. Any expenses related to the treatment of sleep related disorders.
- 42. 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.

Healthcare services outside the scope of health insurance (In Emergency cases as defined by PD02-2017, 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 type 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 and C hepatitis.



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Terms & Conditions

- All members to be covered should be holding a valid Dubai residence visa.
- Dependent definition:
Individuals who are not earning an income and whose visa is sponsored by their immediate family member
- Medical Application Form (MAF) is required to be filled for the dependents applying for the Individual EBP Plan.
- Member Deletion (only in case of visa cancellation or if proof of another insurance is provided) & refunds if applicable will be calculated on a pro-rata basis as per DHA Guidelines.
No member additions are accepted under this product.
- The benefits offered in this quotation do not comply with the Health Authority Abu Dhabi regulation for compulsory insurance.
- For this plan, there shall be no separate Health Card. Emirates ID shall be used as a Health Card. Policy document and Certificate of insurance shall be sent to you via email upon confirmation of quote.
- PSP-Patient support programs launched by DHIC under DHA
The PSP programs are –
 1. Cancer Patient Support Program (BASMAH)
 2. Hepatitis C Patient Support Program (HCV PSP)
- For further details on the services included in the above table / or about any other services not included, please contact Nextcare Call Centre at 04-270-8800