DHA Plan – Individual EBP Plan

TABLE OF BENEFITS

All amounts are in AED

	Coverage Details
Total Annual Limit Coverage & Pre-existing	
Annual upper limit for healthcare services	AED 150,000 per insured member per year
Pre-existing & chronic conditions	6 months waiting period is applicable from the first scheme enrollment. Waiting period does not apply for members with uninterrupted cover in UAE, subject to proving proof of previous medical insurance cover.
Waiting Period for Maternity	Maternity cover is subject to disclosure and Individual Underwriting. 9 months waiting period is applicable for non-working spouse only.

Healthcare Services Geographical Scope	
In Dubai	Covered
In Abu Dhabi	Emergency only
Other Emirates	Covered
Arab Countries and South East Asia	Not Covered
International	Not Covered

Medical Providers Network	
Subject to ongoing changes. Available online at www.sukoon.com	**Inpatient** services are restricted to Vital Network Hospitals **Outpatient** services are restricted to Vital Network clinics
Inpatient Healthcare Services (at designated network hospitals – prior approval is required)	
Patient Accommodation	Shared room 20% co-insurance with maximum ceiling*1
Tests, diagnosis, treatments and surgeries in hospitals for non- urgent medical cases	Covered 20% co-insurance with maximum ceiling*1
Emergency treatments	Covered 20% co-insurance with maximum ceiling*1
Transportation services for medical emergencies by an authorized party	Covered 20% co-insurance with maximum ceiling*1
Accommodation for a person accompanying an insured child up to 16 years of age.	Covered up to AED 100 per night 20% co-insurance with maximum ceiling*1
Accommodation for an accompanying person in the same room in case of critical conditions and as per recommendation of attending physician.	Covered up to AED 100 per night 20% co-insurance with maximum ceiling*1
In patient maternity services	Normal Delivery: AED 7,000 per policy year Medically necessary C-Section, abortion and other maternity complications: AED 10,000 per policy year

	10% coinsurance applicable on all services. Maternity complications, if leading to emergency, will need to be covered up to the annual indemnity.
	Coverage Details
Outpatient Healthcare Services (at designated network clinics – prior approval is required except GP consultation)	
Examination, diagnostic and treatment services of clinics and health centers by general practitioners and specialists, provided that the insured member is referred to a specialist and/or consultant by a general practitioner. Follow ups are exempted from fees if made within a week from the date of first examination.	GP consultation & Specialist consultation on referral from GP 20% co-insurance
Laboratory tests	Covered 20% co-insurance
X-ray diagnostic services including MRI, CT scans and endoscopies	Covered 20% co-insurance
Physiotherapy treatment. Subject to referral from a specialist and prior approval from Sukoon	6 sessions covered every year 20% coinsurance
Cost of medicine – pharmacy	Covered with a limit of AED 1,500 per year including co-insurance. Co-insurance: 30% **Coverage as per DHA approved formulary**.
Examination, diagnostic and treatment for **pregnancy and gynecology services** in authorized health centers and clinics by general practitioners and specialists, provided that the insured member is referred to a specialist and/or consultant by a general practitioner. Follow ups are exempted from fees if made within a week from the date of first examination.	**Antenatal Care** 8 visits to primary healthcare facility. All consultations by PHC Obstetrician for low risk or Specialist Obstetrician for high risk, on referral. Initial investigations include the below. • FBC and Platelets • Blood group, rhesus status and antibodies • VDRL • MSU & urinalysis • Rubella serology • HIV • FBS, random s or A1c • Hep C, where recommended • GTT where recommended • 3 antenatal ultrasound scans Visits to includes reviews, checks and tests in accordance with DHA Antenatal Care Protocols 10% coinsurance for all services.
Other Benefits	
Diagnostic and treatment services for dental and gum treatments.	Covered only for life threatening medical emergency cases only*2 20% coinsurance
Hearing and vision aids, and vision correction by surgeries, and laser.	Covered only for life threatening medical emergency cases only*2 20% coinsurance
New born cover	Covered for 30 days from birth. Coverage includes BCG, Hepatitis B and neo- natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia).

	The cover is provided under the mother's policy.

Other Benefits	
Preventive services, vaccines, and immunizations	• Essential vaccinations and inoculations for newborns and children is covered as stipulated in the DHA's policies and its Essential vaccinations and inoculations for newborns and children is covered as stipulated in the DHA's policies and its updates in the assigned facilities (currently the same as Federal MOH), through selected providers. • Preventive services as stipulated by DHA to include initially diabetes screening Frequency restricted to: Diabetes: - Every 3 years from age 30 - High risk individuals annually from age 18 • Hepatitis C Virus Screening and treatment: To be followed as per the guidelines laid out in the Hepatitis C support program • Cancer Screening and treatment: To be followed as per the guidelines laid out in the Cancer support program • Adult Pneumococcal Conjugate Vaccine followed as per DHA adult Pneumococcal Vaccination guidelines • Hepatitis B Virus Screening and treatment: To be followed as per the guidelines (TBA)

Inside UAE – Outside Network (Coinsurance applies over and above Network Deductions)	
Emergency in UAE	
Coinsurance (with or without PAR)	0% Coinsurance
Basis of Claims Settlement	Actual
Elective in UAE (If treatment / service is not available within the network then cover is 100% at actual subject to PAR) *1	
Coinsurance (with or without PAR)	Not Covered
Basis of Claims Settlement	Not Applicable
Abroad (within agreed territory) – Coinsurance applies over and above network deductibles	
Emergency Abroad	
Coinsurance	Not Covered
Basis of Claims Settlement	Not Applicable
Elective Abroad	
Coinsurance	Not Covered
Basis of Claims Settlement	Not Applicable

* **1 Co-insurance of 20% for all inpatient services subject to a ceiling of AED 500 per claim and AED 1,000 in aggregation (maximum per year)**
* **2 These benefits are covered only in case of life-threatening medical emergencies**

Conditions

1.Premium is payable annually and in advance. Premium will be computed and sent separately and will be based on the details provided on the application form.

2. If dependents are to be covered, coverage is compulsory for all family members (Wife & Children) residing in the Emirate of Dubai on valid Residence visa. No voluntary option to be exercised by any dependents.

3. Deletions must be reported immediately and the original card must be returned. Deletions shall not be processed if the original card is not returned.

4. All addition/deletion of members on pro-rata basis.

5. The benefits offered in this quotation do not comply with the Abu Dhabi Health Authority regulation for mandatory insurance. The insured is required to report in case the group has any Abu Dhabi based members for whom a separate compliant plan can be offered.

6. This offer is valid only for applicants and their eligible dependents as mentioned below:

- DHA Easy: For domestic staff
- DHA Family: For Employee with a salary of AED 4,000 or less and their eligible dependents
- DHA Family Plus: For Employee with a salary above AED 4,000 and their eligible dependents

7. This offer is subject to DHA approved exclusions list.

8. Outpatient treatments are restricted to clinics only. All specialist doctor visits are subject to referral from a network general practitioner, as per the DHA referral system.

9. This scheme does not support reimbursement of claims incurring outside or inside the designated medical network or abroad. Only non-excluded, life threatening emergency medical conditions in the UAE will be considered pursuant to DHA Policy Directive Number 1 of 2016 (PD 01/2016).

10. From the date of receipt of completed documentation, Oman Insurance Company P.S.C. (hereunto referred to as "Sukoon") requires up to 14 working days to set up and issue your policy and cards. This is exclusive of any undue delays that may be experienced from the regulators in approving the products. Hence, our valued clients are advised to ensure that all the required documents and data are submitted sufficiently in advance, to avoid any unforeseen delays in issuance of policy and cards.

11. This offer is valid for 30 days from the date of this quotation.

12. Sukoon shall not provide cover not shall it be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Sukoon to any sanction, laws or regulations of the European Union, United Kingdom, United States of America, United Arab Emirates and all other jurisdictions where Sukoon transacts its business.

13. All benefits limits are inclusive of its co-insurance (where co-insurance is applicable).

14. Referral procedure: In respect of Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialist 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 General Practitioner must make his referral together with reasons via DHA e-referrals system for the claim to be considered by the insurer.

15. DHA minimum preventive services: • Diabetes screening: this benefit is covered every 3 years for members 30 years and above. For high-risk individuals entitlement age for this benefit is 18 years. • Hepatitis C Virus Screening and treatment: To be followed as per the guidelines laid out in the Hepatitis C support program • Cancer Screening and treatment: To be followed as per the guidelines laid out in the Cancer support program • Adult Pneumococcal Conjugate Vaccine followed As per DHA adult Pneumococcal Vaccination guidelines • Hepatitis B Virus Screening and treatment: To be followed as per the guidelines (TBA)

16. Annual upper aggregate claims limit (including any coinsurance and/or deductibles).

17. You are hereby reminded that you are under an obligation to ensure that you disclose to Sukoon any and all material information which may have changed since inception of your initial policy. A matter or circumstance is material if it would influence acceptance or assessment of your risk, your proposal for insurance or the terms of insurance offered (including the premium). If you are in any doubt as to whether or not any information or circumstance is a Material Fact, you should disclose it. Failure to disclose such material information may entitle us, at our sole discretion, to consider your policy as void.

Classification: Sukoon Business

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 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 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. 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.

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 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 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

Declaration

I/We understand that above particulars shall form the basis of contract between Oman Insurance Company P.S.C. (hereunto referred to as "Sukoon") and me/us. I/We agree that any information collected or held by Sukoon (whether contained in application or obtained otherwise) may be used or disclosed by Sukoon to its associate individuals/companies or any independent third parties (within or outside UAE) for any matters related to this application, any policy issued and to provide advice information concerning products and services, which Sukoon believes may be of interests to the proposer and to communicate with the proposer for any purposes.

I understand and acknowledge any pregnancy not declared at the time of this application's coverage will be at the sole discretion of the insurer. The insurer has the right to not cover any maternity claims to any undeclared pregnancy. I also acknowledge and understand any pregnancy, which arises within forty calendar days from the date of this application; coverage will also be at the discretion of the insurer

Sponsor Name Date		Sponsor Signature	