

Ticket/Case ID:

5370831

Effective Date:

September 1, 2019

Policy No / Subgroup No. PLAN:

6103610000_001

Overage Policy No / Subgroup No. PLAN:

6103610001_001



Table of Benefits		Definition / Description
Comprehensive Major Medical		
General Benefits		
Currency	United Arab Emirates Dirham (AED)	
Maximum Benefit Per Insured Per Policy Year (up to attainment of age 65)	AED 1,000,000	The total amount which will be paid in respect of any one insured as per the policy's terms and conditions
Maximum Benefit Per Insured Per Policy Year (Age 65 to attainment of age 70)	AED 1,000,000	
Maximum Benefit Per Insured Per Policy Year (Age 71 to attainment of age 75)	AED 1,000,000	
Maximum Benefit Per Insured Per Policy Year (Age 76 to attainment of age 80)	AED 1,000,000	
Geographical Scope	Worldwide excluding USA & CANADA	
Home Country (If Outside Geo Scope)	Not Covered	
Emergency inside UAE	Covered 100%	
Emergency Coverage Outside Geographical Scope	Covered Worldwide	
Emergency Coverage Applicability	Emergency non-elective treatment outside Geo scope whilst insured is on vacation or business trips for a maximum of 60 days	
HAAD Compliant Plan	N/A	
DHA Compliant Plan	YES	
LSB (Lower Salary Band, Employees holding Dubai Visa earning gross monthly salary of AED4,000 or below)	NOT APPLICABLE	
MetLife's Medical Network	Executive	
MetLife's Medical Network Outside the Country of Work Residence	GCC - Direct Billing Network at Assigned Providers (for Qatar, Kuwait, Bahrain & Oman)	
	India, Sri Lanka & Philippines - Direct Billing Network at Assigned Providers (for In Patient Treatment Only)	
In-Patient Benefits		
In-Patient Co-Payment	Nil	
Daily Room and Board (Average Private Room)		
Inside MetLife network	Covered in full	
Outside MetLife network within UAE	Up to AED	850
Govt Hospitals within UAE	Up to AED	850
Outside UAE but within GCC, ME, ISC, & SE ASIA	Up to AED	850
Elsewhere excluding Europe, USA & Canada	Up to AED	850
In Europe	Up to AED	1700
In Canada	Up to AED	1700 for emergency coverage only
In USA	Up to AED	1700 for emergency coverage only
Intensive Care Unit Benefit		
Inside MetLife network within UAE	Covered in full	

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Outside MetLife network within UAE	Double the daily room and board limit per disability for		An intensive care unit (ICU) caters to patients with the most severe and life-threatening illnesses and injuries, which requires constant, close monitoring and support from specialist equipment and medication in order to ensure normal bodily functions.
	30 days		
Outside UAE but within the Geographical Scope	Private room and board limits to apply thereafter.		
	In-Patient Co-Insurance & Co-Payment		
Inside MetLife network	100% On Direct billing basis (0% Co-pay)		Co-insurance: is defined percentage of the eligible benefit which the Insurance Company is responsible for the payment. An Insured Member is responsible for the balance payment of the benefit.
Outside MetLife network within UAE	80% R&C on Re-imburement basis (20% Co-pay)		
Govt Hospitals within UAE	80% R&C on Re-imburement basis (20% Co-pay)		Co-payment: is a cost-sharing arrangement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible costs.
Outside UAE within GCC, ME, ISC, & SE ASIA	80% R&C on Re-imburement basis (20% Co-pay)		
Elsewhere excluding Europe, USA & Canada	80% R&C on Re-imburement basis (20% Co-pay)		Reasonable and customary (R&C): Reasonable and Customary charges are those considered by the Insurer or its medical advisers as being so for medical care provided by healthcare facilities or physicians outside of the applicable provider network to the extent that they do not exceed the general level of charges being made by other facilities or physicians of similar standing in the locality where the charges are incurred when giving like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar disease or injury. The charges will be limited to the level of charges that would have been incurred by the Insurer should the Insured Member have received treatment at any of the applicable provider network facilities.
In Europe	80% R&C on Re-imburement basis (20% Co-pay)		
In Canada	100% R&C on Re-imburement basis For Emergency Treatment Only (0% Co-pay)		
In USA	100% R&C on Re-imburement basis For Emergency Treatment Only (0% Co-pay)		
	Out-Patient Benefits		
O/P Co-Pay per doctor's visit	20% of consultation fees up to a maximum of	AED 100	Co-pay/Deductible: means the initial amount of Eligible Expenses which must be incurred by an Insured
Follow up visits within 7 days for direct billing claims within the same network	Nil Deductible & (0% Co-pay)		
Copay on PHARMA	20% Co-Pay up to AED 200		
	Out-Patient Consultation limit per Visit		
Inside MetLife network for GP & Specialist	Covered in full		Out-Patient Consultation limit means the maximum eligible charges of Doctor's fees that are covered under the terms of the policy
Outside MetLife network within UAE for GP & Specialist	Up to AED	350 & 450	
Govt Hospitals within UAE for GP & Specialist	Up to AED	350 & 450	
Outside UAE within GCC, ME, ISC, & SE ASIA for GP & Specialist	Up to AED	350 & 450	
Elsewhere excluding Europe, USA & Canada for GP & Specialist	Up to AED	350 & 450	
In Europe for GP & Specialist	Up to AED	700 & 900	
In Canada for GP & Specialist	Up to AED	700 & 900 for emergency coverage only	
In USA for GP & Specialist	Up to AED	700 & 900 for emergency coverage only	
	Out Patient Co-Insurance & Co-Payment		
Inside MetLife network	20% Co-Pay up to AED 200 on Pharmaceuticals		Co-insurance: is defined percentage of the eligible benefit which the Insurance Company is responsible for the payment. An Insured Member is responsible for the balance payment of the benefit.
	100% (0% Co-Pay)	on all Others Out-Patient benefits	
Outside MetLife network within UAE	80% R&C on Re-imburement basis (20% Co-pay)		Co-payment: is a cost-sharing arrangement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible costs.
Govt Hospitals within UAE	80% R&C on Re-imburement basis (20% Co-pay)		
Outside UAE but within GCC, ME, ISC, & SE ASIA	80% R&C on Re-imburement basis (20% Co-pay)		Reasonable and customary (R&C): Reasonable and Customary charges are those considered by the Insurer or its medical advisers as being so for medical care provided by healthcare facilities or physicians outside of the applicable provider network to the extent that they do not exceed the general level of charges being made by other facilities or physicians of similar standing in the locality where the charges are incurred when giving like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar disease or injury. The charges will be limited to the level of charges that would have been incurred by the Insurer should the Insured Member have received treatment at any of the applicable provider network facilities.
Elsewhere excluding Europe, USA & Canada	80% R&C on Re-imburement basis (20% Co-pay)		
In Europe	80% R&C on Re-imburement basis (20% Co-pay)		
In Canada	100% R&C on Re-imburement basis For Emergency Treatment Only (0% Co-pay)		

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In USA	100% R&C on Re-imbursalment basis For Emergency Treatment Only (0% Co-pay)		
	Pre-existing Conditions		
	Pre-existing condition develops into an emergency within the 6 month exclusion period this must be covered up to the annual aggregate limit		
Previously Insured Members	Covered up to Policy Limit subject to providing valid evidence of the previous insurance coverage		A Pre-Existing Condition means any health condition known to the insured for which the insured has exhibited symptoms or was a consequence of injury or illness for which a medical treatment, consultation, diagnostic services or pharmaceutical treatment was obtained during the 90 days period prior to the insured's enrollment in the medical plan.
First scheme membership Insured Members			
Chronic Conditions (if not Pre existing otherwise as per the Pre existing waiver)	Covered up to policy limits		A chronic condition is a disease, illness, or injury that is persistent, needs ongoing or long term care and which lasts beyond 3 months
In-Hospital Cash Benefit per night for free hospitalization up to a max of 20 days	Maximum of	AED 750	The daily cash benefit for the insured is eligible for each day of hospital confinement exceeding 18 hours duration with no Room and Board charges being incurred by the insured
Companion Room Accommodation for a Child under the age of 18 years	Covered up to policy limits		Accommodation of a person accompanying an in patient in the same room in cases of medical necessity at the recommendation of the treating doctor
Accommodation of accompanying person in the same room in cases of critical conditions and as per recommendation of attending physician, subject to prior approval.	Covered up to policy limits		
Physiotherapy	Covered - Physiotherapy provided by a licensed physiotherapist and referred by an orthopedic surgeon,rheumatologist , neurosurgeon or neurologist, subject to limitations in the Schedule of Benefits.Service to be rendered in a licensed healthcare facility.		Unlimited number of sessions however pre-approval is required
Organ/Bone Marrow transplant	Covered		Health services and associated expenses for : tissue transplants, when the Insured Person is a recipient,organ transplant (Cost of surgery in respect of the insured person as recipient and the organ donor at the time of transplant surgery).Exclusion: Organ Purchase charges ,cost of donor cross matching & typing
Hemodialysis /Peritoneal dialysis	Covered		Dialysis is a life-support treatment that replaces many of the kidney's important functions.
Nursing at home (immediately after or instead of hospitalization)	Covered up to policy limits		Home Nursing means Medically necessary care at home provided by a registered/ licensed Nurse
Acts of Terrorism (Passive exposure)	Covered up to policy limits		"Terrorism" means an act or threat of violence or an act harmful to human life, tangible or intangible property or infrastructure with the intention or effect of influencing any government or of putting the public or any section of the public in fear. Cover is excluded for all active participants in terrorism. Cover does not cease when terrorism is involved as long as the insured member is not an active participant
Local Road Ambulance	Covered up to policy limits		Ground transportation services in the UAE provided by an authorized party for medical emergencies
Emergency Dental Treatment for accidental damage to natural teeth	Covered up to policy limits		Includes Dental services for the treatment of accidental injuries to sound natural teeth through violent external means within six months of the accident
Sleep Disorders	Covered up to policy limits		Sleep apnea is a type of sleep disorder characterized by pauses in breathing or instances of shallow or infrequent breathing during sleep.
In-Patient Rehabilitation	Covered up to policy limits		Rehabilitation is treatment in the form of a combination of therapies such as physical, occupational and speech therapy and is aimed at the restoration of a normal form and/or function after an acute illness or injury. The rehabilitation benefit is only payable for treatment that starts within 14 days of discharge after the acute medical and/or surgical treatment ceases.
Vitamins	Covered if prescribed as replacement therapy for known vitamin deficiency conditions, including Pregnancy related Supplements		
Work Related Injuries	Covered		A work related injury is an injury or illness caused, contributed or significantly aggravated by events or exposures in the work environment. Work related injuries occur on the job and as a direct result of the tasks allotted to the specific job
Road Traffic Accidents	Covered		An accident which occurred or originated on a way or street open to public traffic; resulted in one or more persons being killed or injured, and at least one moving vehicle was involved.

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Papanicolaou Test	Covered	Pap Test & HPV testing for diagnostic purposes. However for Screening testing not covered.
Varicose veins, varicocele, hydrocele	Covered	Medically necessary treatment of Varicose Veins excluding Sclerotherapy is covered. Surgical Treatment of Varicocele & Hydrocele is covered unless it is related to Infertility
Congenital Abnormalities , Life threatening only	Covered	Congenital Anomalies means an anatomical or physiological defect, disease or malformation which may be either hereditary/genetic or due to an influence occurring during gestation from conception up to birth, whether discovered at the time of birth or anytime thereafter
Hormone Replacement Therapy (Excluding Growth Hormones)	Covered	Medical practitioner or specialist consultations and the cost of prescribed tablets, implants or patches when treatment is for the female menopause which has been induced artificially and/or through early onset (by early onset we mean prior to age 40).
Hysterectomy	Covered if medically necessary	
Reconstructive Surgery	Covered if medically necessary (after an Accident / post cancer surgery)	
Oral and Maxillofacial surgery	If medically necessary and if not related to dental	
Immunotherapy and Immunomodulator	If medically necessary and subject to prior approval	
Amateur, Hazardous sports	Covered excluding professional sports	
Allergy treatment	Covered Excluding allergen testing	
Hepatitis A, B & C	Covered	
Oncology/ Cancer Treatment	Covered (include Tests, Drugs, and Consultation fees & Chemotherapy Under OP)	
Circumcision	Covered for new born male within 3 months from birth	
Bone densitometry	Covered subjected to prior approval	
Palliative Care	Covered	In-patient, Day care or Out -patient treatment following the diagnosis by the treating physician that the condition is terminal wherein terminal means that medical treatment cannot further cure the condition with Restricted Life Expectancy of 12 months. Included within the benefit we will pay for Supportive physical care, psychological care as well as hospital or hospice accommodation ,nursing care and prescription drugs. This benefit should be provided in accordance to the actively at work clause. Benefit is limited to 30 days lifetime
Durable Medical Equipment, Prosthetic and Orthotic Supplies/Surgical Supplies - subject to Reasonable and Customary (R&C)	Covered	The following benefits are covered subject to pre-approval: i) Medically necessary durable medical equipment prescribed by a treating specialist, which is necessary to deliver or facilitate the delivery of prescribed drugs and dressings. This includes, but is not limited to, diabetic monitoring equipment. ii) Ancillary charges following treatment as an inpatient or day patient including the purchase or rental of crutches and costs associated with the initial purchase or rental of a wheelchair. iii) External prosthetics required following surgery, including braces and calipers, artificial eyes and the initial purchase and fitment of an artificial limb. iv) Orthotic supplies including insoles and orthotic supports. This benefit excludes provision, modifications and fitment of furniture or adaptations to the home.
Speech therapy	Covered	Medically necessary sessions referred by a licensed physician & performed by a licensed therapist within the Healthcare Facility. Therapy provided outside a healthcare facility is not covered.
Sexually Transmitted Infections (STD/STI)	Covered, Medically necessary investigation & treatment covered as per policy terms.Screening tests are not covered.	
Acne Treatment	Medical Treatment for Acne Vulgaris covered. All other cosmetic services are not covered	
Warts	Covered for infected or bleeding Warts. Any Cosmetic procedures are excluded	
Deviated Nasal Septum	Covered, Medically necessary treatment of DNS including Septoplasty is covered subjected to Prior Approval (excluding for cosmetic reasons)	

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Nebuliser Machine	Covered, Basic Nebulizer to treat asthma, under case management, subject to prior approval.	
	Psychiatric treatment	
	Subjected to referral by a licensed Psychiatrist	
Co-Payment	20%	Available on Cash re-imburement basis
Maximum Out-Patient Benefit Per Insured Per Policy Year	AED 1,500	
Maximum In-Patient Benefit Per Insured Per Policy Year	AED 8,500	Covers In-Patient Psychiatric treatment following an accident or hospitalization
	Additional Standard Benefits	
Benefits Predetermination Review	Applicable	A process to assure that the insured's specific medical needs are met in the most cost effective setting suitable for the treatment of injury or sickness
Second Opinion Hospitalization Program	Applicable	Second Medical Opinion means an evaluation by a Participating Physician of the medical necessity of the proposed benefits. Such medical evaluation may include an examination and diagnostic tests, but may not include treatment of the condition.
	Preventive Health Care and Wellness Benefits	
Vaccination As specified by the DHA and applicable only to members holding a valid Dubai residence visa	Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates (currently the same as Federal MOH)	
Preventive Services As specified by the DHA and applicable only to members holding a valid Dubai residence visa	Diabetes screening every 3 years from age 30. High risk individuals annually from age 18	
Adult Pneumococcal Conjugate Vaccine As specified by the DHA and applicable only to members holding a valid Dubai residence visa	As per DHA Adult Pneumococcal Vaccination guidelines	
Hepatitis C Virus Screening and treatment As specified by the DHA and applicable only to members holding a valid Dubai residence visa	Covered as per the guidelines laid out in the Hepatitis C support program	
Cancer Screening and treatment As specified by the DHA and applicable only to members holding a valid Dubai residence visa	Covered as per the guidelines laid out in the Cancer support program	
Annual Health Check Up (Employees & Dependents)	Available Exclusively at	Once per annum and includes the following: Physical examination by physician; Complete blood count including Hemoglobin, RBC, WBC & Platelets; Kidney Function Test; Blood Sugar Fasting; Blood Sugar PP; HDL Cholesterol; LDL Cholesterol; Triglycerides; Blood Grouping & RH Typing; Resting ECG; Free consultation with Cardiologist/Dialectologist/Dietitian in case any abnormality is found in test reports.
	Prime Medical Center	
	Universal Hospital Group, Abu Dhabi (<u>Employee/Spouse only</u>)	
	Unicare Medical Center	
	Rami Hamed Medical Center (DHCC)	
	10% Co-Pay	Co-payment: is a cost-sharing arrangement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible costs.
	Direct Settlement of Bills to Providers	
Out-Patient at MetLife's Provider's Network	Executive	Out-Patient at MetLife's Provider's Network
In-Patient within the geographical scope with limitations and with prior notification	Available	In-Patient within the geographical scope with limitations and with prior notification
	Supplementary Benefits	
	Maternity Benefit*	
	100% covered in UAE	
	OUTSIDE UAE	
	Out-Patient	
Out-Patient Maternity Benefit	Up to Policy Limit	
Coverage of Maternity Out-Patient Benefit within Network	100% on Direct billing basis (0% Co-pay)	This benefit includes obstetrician visits, checks, ultrasound scans and tests as per pre-natal care protocols & post natal care required by the mother immediately following normal childbirth
Coverage of Maternity Out-Patient Benefit Outside the Network within Territory of Coverage	As per the Out Patient Co-Insurance & Co-Payment schedule	
	In-Patient	
Maximum Normal Delivery Per Policy Year	AED 25,000	This benefit is eligible for a Private Room and is available on direct billing basis at assigned network providers or on cash reimbursement basis. It covers antenatal, delivery and postpartum expenses. Note: Where any condition develops which becomes life threatening to either the mother or the new born, the medically necessary expenses will be covered up to the annual aggregate limit.
Maximum Cesarean Section / Ectopic / Extra-Uterine Pregnancy Per Policy Year		
Maximum Miscarriage/Legal Abortion Per Policy Year		
Co-Insurance Inside the Network & Outside the Network within Territory of Coverage	100% (0% Co-pay)	

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Waiting Period	NIL		
Complications of Maternity	Up to Policy Limit		"Maternity Complications means a severe medical condition directly caused by a pregnancy affecting the health or the life of the mother. This includes complications during the prenatal period, labor, delivery and postpartum.
*Compulsory enrollment of all eligible females			
Pre-mature Baby Coverage	Covered up to policy limits		
Newborn cover	Coverage of a pregnant female is extended by the insurer to provide the same benefits for a new born child of that female for a period up to 30 days from its date of birth. This cover is provided regardless of whether or not the new born is eventually enrolled as a dependent member under the insurer's policy		Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)
Routine Dental Benefit*			
Coverage Type	Standard		
Coverage Details	Standard Coverage includes Amalgam, resin plastic & temporary fillings, Any Extraction, Medication, X-Rays, Root Canal Treatment & Tooth Cleaning		Co-payment: is a cost-sharing arrangement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible costs. Deductible: A fixed amount of money stated in table of benefits or the health insurance card which insured member is required to pay to providers in direct billing when receiving health services under table of benefits before insurance company start paying. Deductible amount is deducted from total payable claims in case of reimbursement.
Maximum Benefit Per Insured Per Policy Year	AED 2,000		
Co-Payment	20%		
Deductible	NIL		
Minimum of 10 members required			
*This benefit is available on direct billing basis at assigned network providers or on cash reimbursement basis.			
Additional Supplementary Benefits			
Medical Evacuation	Maximum of	AED 100,000	Per insured per policy year and includes expenses for one accompanying family member
International SOS Assistance	Available		Assistance Program through Intl.SOS which provides the insured member with On-Line Services such as Emergency medical advice, Assistance in Medical Evacuation or Body repatriation in line with the policy terms scope of insurance cover.
Hearing and vision aids , and vision correction by surgeries and laser (Medical emergency cases)	Covered up to policy limits		
Annual Breast Cancer Screening (applicable for females> 35 years)	Pre-authorization required to avail this benefit. All Emergency cases do not require pre-authorization but should be notified within 24 hours. Includes: a) Clinical Examination b) Mammogram c) Pelvic Sonogram (if medically indicated) d) CA 15.3 (if medically indicated)		
Annual Prostate Cancer Screening (applicable for males> 45 years)	Pre-authorization required to avail this benefit. All Emergency cases do not require pre-authorization but should be notified within 24 hours. Includes: a) Clinical Examination b) PSA c) Rectal sonogram		
Colorectal Cancer Screening (applicable for males and females> 40 years)	Pre-authorization required to avail this benefit. All Emergency cases do not require pre-authorization but should be notified within 24 hours. Includes: a) FIT (Fecal Immunochemical Test) every 2 years; b) Colonoscopy every 10 years		
Repatriation of mortal remains to country of origin on Reimbursement	Covered up to AED 10,000		
Mobile Doctor (TruDoc 24x7) concierge service	Covered		

For the purpose of this Policy:

- Gulf Co-Operation Council (GCC) & Middle East (ME) – Bahrain, Egypt, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Iraq, Morocco, Tunisia, UAE & Yemen
- Indian Sub-Continent(ISC) – Bangladesh, Bhutan, India, Nepal, Pakistan & Sri Lanka
- South East Asia (SE ASIA) – Brunei, Indonesia, Malaysia, Philippines, Laos, Myanmar, Singapore, Thailand & Vietnam
- **Coverage and Benefits cannot be provided in countries under International Sanctions.**
- Reasonable & Customary - R&C
- General Practitioner – GP