

TABLE OF BENEFITS

MaxMedical UAE - Abu Dhabi

Please note, in the event that a benefit listed in the Table of Benefits include a benefit that is shown as Excluded under the 'Exclusions List' section, the Table of Benefits shall prevail.

First: Total Upper Limit Coverage		Treatment outside network is reimbursed up to 80%
No.	Details	Coverage
1.	The annual upper limit for Healthcare Services: Abu Dhabi	AED 10,000,000
2.	The annual upper limit for Healthcare Services: Other Emirates	AED 10,000,000
3.	The annual upper limit for Healthcare Services: International	AED 10,000,000

Second: Geographic Coverage		Treatment outside network is reimbursed up to 80%
No.	Details	Coverage
1.	Health Insurance Services offered inside the Emirate of Abu Dhabi	Inpatient/Emergency/Outpatient
2.	Health Insurance Services offered in other Emirates	Inpatient/Emergency/Outpatient
3.	International (depending on your selected Zones of area of cover)	Inpatient/Emergency/Outpatient

Third: Inpatient Healthcare Services at Authorised Hospitals		Treatment outside network is reimbursed up to 80%
No.	Details	Coverage
1.	Inpatient Healthcare Services, subject to prior approval.	Private (one bed)
2.	Tests, diagnosis, treatments and surgeries in hospitals for non-urgent medical cases, subject to prior approval.	100%
3.	Healthcare services for emergency cases.	100%
4.	Transportation services for medical emergencies inside the Emirate of Abu Dhabi by an authorised party.	100%
5.	Accommodation for a person accompanying an insured child up to 17 years of age.	100%
6.	Accommodation of an accompanying person in the same room in cases of critical conditions and as per recommendation of attending physician, subject to prior approval.	AED 100 /day
7.	Inpatient maternity services, subject to prior approval. Additional Details: Elective Treatment: Outside network & Abroad are covered up to AED 50,000/- per female per year. Emergency covered 100% treatment if not available within network covered 100% in UAE.	100% (Co-payment of AED 500 per delivery)
8.	Healthcare services for work illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, as amended, and applicable laws in this respect.	100%
9.	The inpatient coverage of high cost medical conditions as defined by the Health Authority (to be attached with the table of benefits), is subject to a 6-month waiting period unless there is continuity of health insurance coverage or specifically waived in this table of benefits.	Waiting period waived

Fourth: Outpatient Healthcare Services		Treatment outside network is reimbursed up to 80%
No.	Details	Coverage
1.	Examination, diagnostic and treatment services of clinics and health centers by general practitioners, and specialists provided that the Insured Person 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.	100%
2.	Laboratory tests services.	100%
3.	X-ray diagnostic services. In cases of non-medical emergencies, the insurance company's prior approval is required for MRI, CT scans and endoscopies.	100%
4.	Physiotherapy treatment services, subject to insurance company's prior approval.	100%
5.	Cost of prescribed medicine and materials, subject to insurance company's prior approval for prescriptions which exceed AED 2,000.	100%
6.	Examination, diagnostic and treatment services for pregnancy and gynaecology services in authorised health centers and clinics by general practitioners and specialists, provided that the Insured Person 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.	100%
7.	Healthcare services for work illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, as amended, and applicable laws in this respect. Follow ups are exempted from fees if made within a week from the date of first examination for same illness.	100% (with Co-payment of AED 20 for general practitioners & AED 10 for specialist)

Fifth: Other Benefits		Treatment outside network is reimbursed up to 80%
No.	Details	Coverage
1.	Diagnostic and treatment services for dental and gum treatments in cases of medical emergencies	100%
2.	Hearing and vision aids, and vision correction by surgeries, and laser in cases of medical emergencies	100%
3.	Surgical Appliances, Internal Prosthesis and Implants	100%
4.	Pre-existing & Chronic Condition	100%
5.	Oncology (Inpatient and Outpatient)	100%
6.	Artificial Life Maintenance	Up to AED 1,277,500 per lifetime
7.	Organ and Tissue Transplant	100%
	7.1 Removal of Donor Organ (Surgical Removal)	Up to AED 54,750
8.	Reconstructive Surgery (Cosmetic operations which improve physical appearance and 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. Breast reconstruction following a mastectomy for cancer is covered).	Up to AED 54,750 per policy year
9.	Rehabilitation Treatment (Any Treatment which takes place in a recognised rehabilitation unit, within 14 days after an acute medical and/or surgical treatment ceases and applicable for Inpatient, Day care and Outpatient)	Up to AED 25,550 per policy year
10.	Inpatient Psychiatry and Psychotherapy	Subject to 20% co-insurance (Acute cases covered 100%)
11.	Inpatient Cash Benefit (if treatment is free of charge)	Up to AED 765 per night (maximum 25 nights per policy year)
12.	Birth defects, congenital diseases for newborn and/or deformities unless life-threatening. Life-threatening cases covered 100% up to policy limit within UAE.	Up to AED 547,500 per policy year
13.	Complications Arising From Birth Control Procedures	100%
14.	Termination of Pregnancy (Legal Abortion)	100%
15.	Multiple Birth Babies After Infertility Treatment. Life-threatening cases covered 100% up to policy limit within UAE.	Up to AED 182,500 per baby for the first 3 months after birth
16.	Newborn Care	Up to AED 547,500 per policy year
17.	Routine Health Check-up including Cancer & Diabetes Screening	Up to AED 4,380 per policy year
18.	Vaccination (as per HAAD) including travel vaccination, basic immunizations & booster (i.e. Cholera, Hepatitis A, Japanese encephalitis, Meningococcal disease, Rabies, Tick-borne encephalitis, Typhoid fever, Yellow fever)	Subject to 20% co-insurance

No.	Details	Coverage
19.	Child Vaccination (as per HAAD) including Polio Vaccine, DTAP (Diphtheria, Tetanus & Acellular Pertussis), MMR (Mumps, Measles, Rubella, Hepatitis B vaccine), HIB (Haemophilus influenzae type B conjugate vaccine), BCG (Bacillus Calmette-Guerin)	100%
20.	Alternative Therapies (Cost of treatments for therapies, including but not limited to: acupuncture treatment, herbal medicine, chiropractic treatment, homeopathy and osteopathy provided by an Approved Therapist.)	Up to AED 8,210 per policy year
21.	Prosthetic devices and consumed medical equipment	Up to AED 12,775 per policy year
	21.1 Hearing Aids	Up to AED 1,825 per policy year
22.	Minor Procedures/Outpatient Surgery	100%
23.	Outpatient Psychiatry and Psychotherapy	Subject to 20% co-insurance (maximum 30 visits per policy year)
24.	Allergy Testing	100%
25.	Allergies and Allergic Disorders	100%
26.	Nursing at Home	Up to AED 25,550 per policy year
27.	Doctor's Home Visits	Up to AED 510 per visit (maximum 3 visits per policy year)
28.	Medical Repatriation & Evacuation Repatriation of Mortal Remains	100%
29.	Emergency Treatment Outside Area of Cover	100% (maximum 90 days per year)
30.	Prescribed Vitamins in Case of Pregnancy and Deficiency Syndrome	100%
31.	Speech Therapy	Up to AED 18,250 per policy year
32.	Deafness (Cost of treating loss of normal hearing unless caused by maturing and aging.)	100%
33.	Acne Treatment (Cost of medical treatment for acne, excluding disinfectants and moisturizers.)	100%
34.	Non-invasive Fertility/Infertility Investigations (Cost of non-invasive tests performed to confirm infertility, including but not limited to: sperm count and hormonal tests.)	100%
35.	Tests Related to Sexually Transmitted Diseases and AIDS	100%
36.	Menopausal Related Symptoms (Cost of treatment for symptoms related to female menopause.)	100%
37.	HIV/AIDS	Up to AED 182,500 per policy year (after 3 years waiting period)
38.	Palliative and Long Term Care	100% (maximum 90 days per lifetime)

Sixth: Optional Benefits		Treatment outside network is reimbursed up to 80%
No.	Details	Coverage
OPTICAL		
1.	Prescribed Frames, Glasses and Contact Lenses (This benefit will be forfeited if you avail of the Laser/Lasik Eye Treatment.)	Up to AED 1,275 per policy year (subject to 20% co-insurance)
2.	Laser/Lasik Eye Treatment (Cost of refractive surgery performed by a Specialist Ophthalmologist for the correction of myopia, hypermetropia and astigmatism. This benefit once availed, will result in the forfeiture of the benefit for prescribed frames, glasses and contact lenses).	Up to AED 3,650 per lifetime (with 12 months waiting period)
DENTAL		AED 5,000 Annual benefit limit for all Dental Treatments
3.	Dental Treatment (Cost of treatment that includes annual dental check-ups, simple fillings using amalgams and/or composite materials to repair damage to teeth caused by cavities or decay and root canal treatment.)	Subject to 20% co-insurance
4.	Dental Surgery (Cost of medical procedures that includes tooth extraction, apicoectomy, and also other oral problems such as congenital jaw deformities (e.g., cleft jaw), fractures and tumors. However, this benefit will not cover any surgical treatment related to dental implants.)	Subject to 20% co-insurance
5.	Periodontics (Cost of treatment related to gum diseases.)	Subject to 20% co-insurance

Any additional benefits listed above shall not cancel, limit, or contradict any mandatory benefit defined as a minimum coverage by the Abu Dhabi health insurance law, and shall be interpreted within the context of law and to the benefit of the insured. The presence of such limitations shall be applicable only to treatments covered outside the mandatory geographical area of coverage.

PROVIDER NETWORK	MSH International Platinum Network
BASIS OF CLAIM SETTLEMENT	DEDUCTIBLE & CO-INSURANCE
Within UAE	
Within Network	At Actual
Elective Treatment Outside Network	80% as per Usual, Customary and Reasonable (UCR) charges
Emergency Treatment Outside Network	100% as per Usual, Customary and Reasonable (UCR) charges
Outside UAE	
Within Network	At Actual
Elective Treatment Outside Network (Subject to Pre-Approval)	80% as per Usual, Customary and Reasonable (UCR) charges where the treatment was sought.
Emergency Treatment Outside Network (Within geographical area of coverage)	100% as per Usual, Customary and Reasonable (UCR) charges where the treatment was sought.
Emergency Treatment outside Network (Outside geographical area of coverage, maximum 90 days per annual period of cover)	100% as per Usual, Customary and Reasonable (UCR) charges where the treatment was sought.

Schedule 2
Excluded Healthcare Services

1.	Healthcare Services, which are not medically necessary.	Not Covered
2.	All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.	Not Covered
3.	Domiciliary care; private nursing care; care for the sake of travelling.	Not Covered
4.	Custodial care includes (1) Non medical treatment services; or (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.	Not Covered
5.	Services which do not require continuous administration by specialized medical personnel.	Not Covered
6.	Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).	Not Covered
7.	Healthcare Services and associated expenses for replacement of an existing breast implant. Cosmetic operations which improve physical appearance and 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. Breast reconstruction following a mastectomy for cancer is covered.	Not Covered
8.	Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.	Not Covered
9.	Medically non-approved experimental, research, investigational healthcare services, treatments, devices and pharmacological regimens.	Not Covered
10.	Healthcare Services that are not performed by Authorised Healthcare Service Providers, apart from Healthcare Services rendered in a Medical Emergency.	Not Covered
11.	Healthcare services, treatments & associated expenses for alopecia, baldness, hair falling, dandruff or wigs.	Not Covered
12.	Supplies, Treatment and services for smoking cessation programs and the treatment of nicotine addiction.	Not Covered
13.	Non-medically necessary Amniocentesis.	Not Covered
14.	Treatment, services and surgeries for sex transformation, sterility and sterilization.	Not Covered
15.	Treatment and services for contraception.	Not Covered
16.	Treatment and services related to fertility/sterility (treatment including varicocele/polycystic ovary/ovarian cyst/ hormonal disturbances/sexual dysfunction).	Not Covered
17.	Prosthetic devices and consumed medical equipment, unless approved by the insurance company.	Not Covered
18.	Treatments and services arising as a result of hazardous 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 professional sports activities	Not Covered
19.	Growth hormone therapy	Not Covered
20.	Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.	Not Covered
21.	Mental health diseases, inpatient and outpatient treatments, unless the condition is a transient mental disorder or an acute reaction to stress.	Not Covered
22.	Patient treatment supplies (including elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency).	Not Covered
23.	Preventive services, including vaccinations, immunizations, allergy testing and desensitization; any physical, psychiatric or psychological examinations or testing during these examinations.	Not Covered
24.	Services rendered by any medical provider relevant of a patient for example the Insured person and the Insured member's family, including spouse, brother, sister, parent or child.	Not Covered
25.	Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during treatment.	Not Covered
26.	Healthcare services for adjustment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, by any means, except treatment of fractures and dislocations of the extremities.	Not Covered
27.	Healthcare services and treatments by acupuncture; acupressure, hypnotism, rolfing, massage therapy, aromatherapy, homeopathic treatments, and all forms of treatment by alternative medicine.	Not Covered
28.	All Healthcare services & Treatments for in-vitro fertilization (IVF), embryo transport; ovum and male sperms transport.	Not Covered
29.	Elective diagnostic services and medical treatment for correction of vision.	Not Covered
30.	Nasal septum deviation and nasal concha resection.	Not Covered
31.	All chronic conditions requiring hemodialysis or peritoneal dialysis, and related test/treatment or procedure.	Not Covered
32.	Treatments and services related to viral hepatitis and associated complications , except for treatment and services related to Hepatitis A.	Not Covered
33.	Birth defects, congenital diseases for newborn &/or deformities unless life-threatening.	Not Covered

34. Healthcare services for Senile dementia and Alzheimer's disease.	Not Covered
35. Air or Terrestrial Medical evacuation except for Emergency cases or unauthorised transportation services.	Not Covered
36. Circumcision healthcare services.	Not Covered
37. Inpatient treatment received without prior approval from the insurance company including cases of Medical Emergency which were not notified within 24 hours from the date of admission.	Not Covered
38. Any inpatient treatment, tests and other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.	Not Covered
39. Any test or treatment, for purpose other than medical such as tests related for employment, travel, licensing or insurance purposes.	Not Covered
40. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, 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, convenience items/options, exercise equipment and sanitary supplies.	Not Covered
41. More than one consultation or follow up with a medical specialist in a single day unless referred by a physician.	Not Covered
42. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or recipient.	Not Covered
43. Services and educational program for handicaps.	Not Covered

Schedule 3
Healthcare Services Outside the Scope of Health Insurance

1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.	Not Covered
2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.	Not Covered
3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.	Not Covered
4. Injuries resulting from natural disasters (including but not limited to) earthquakes, tornados and any other type of natural disaster.	Not Covered
5. Injuries resulting from criminal acts or resisting authority by the Insured Person.	Not Covered
6. Healthcare services for patients suffering from AIDS and its complications.	Not Covered
7. Healthcare services for work illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, as amended, and applicable laws in this respect.	Covered
8. All cases resulting from the use of alcohol, drugs and hallucinatory substances.	Not Covered
9. Any test or treatment not prescribed by a doctor.	Not Covered
10. Injuries resulting from attempted suicide or self-inflicted injuries.	Not Covered
11. Diagnosis and treatment services for complications of exempted illnesses.	Not Covered
12. All healthcare services for internationally and locally recognised epidemics.	Not Covered
13. Venereal sexually transmitted diseases. A list with respect thereto will be set out by the General Authority of Health Services.	Not Covered