



**MaxMedical**  
*We Listen. We serve. We care.*



دبي للتأمين  
**DUBAI INSURANCE**  
CARE & COMMITMENT SINCE 1970

# MAXMEDICAL UAE

P O L I C Y  
H A N D B O O K



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## INTRODUCTION

### Welcome!

You are now a member of the MaxMedical family. Which is to say that we are – and will be – here with you in good times and bad, happy times and sad. Like all families, we have certain limitations, but we strive our utmost within them to give you and your loved ones the support you expect and deserve at difficult moments in life. It also means that you, like all members of all families, have certain responsibilities. Like making the effort to read the contents of this handbook and to understand what MaxMedical does and does not offer, so as to help us to serve you in a manner that is beneficial and satisfactory.

Your MaxMedical policy in the UAE is issued by Dubai Insurance Company (DIC), with Third Party Administration (TPA) services provided by MSH International, who also provide the interface with medical service providers in the UAE and abroad through the provider network they maintain. The MSH International Customer Care Team, contact details of which are shown on your membership card, is available 24 hours a day, every day of the year, to guide and assist you in medical emergencies and also with regards to your claims.

For general queries you are requested to contact the MaxMedical Desk that operates from Sunday to Thursday (barring Public Holidays) from 08:00 to 17:00 on +971 4 269 3030 Extns. 203/238 or by email, [maxmedical@dubins.ae](mailto:maxmedical@dubins.ae).

We wish you all the very best!

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# GENERAL CONDITIONS

## 1. INSURANCE POLICY

### For Individual Policies

The Individual Application Form(s), Confidential Medical History Form(s), and Confidential Dental History Form(s) duly completed by you, acting on behalf of yourself and/or Dependant(s), your Insurance Certificate & Applicable Table of Benefits and the contents, including these General Terms and Conditions, of the MaxMedical Policy Handbook, as well as any attachment and Endorsement to any of the aforementioned shall constitute the entire Insurance Policy between Dubai Insurance Company (hereinafter referred to as, the Company) and you. Any amendment or Addition to this Policy shall be void, unless it has been made in writing and is signed and sealed by the Company. No Insurance intermediary has the authority to amend this Policy or waive any of its provisions.

### For Group Policies

The Group Application Form(s) duly completed by the Employer, Insurance Certificate & Applicable Table of Benefits and the contents, including these General Terms and Conditions, of the MaxMedical Policy Handbook, as well as any attachment and Endorsement to any of the aforementioned shall constitute the entire Insurance Policy between Dubai Insurance Company (hereinafter referred to as, the Company) and the Employer. Any amendment or Addition to this Policy shall be void, unless it has been made in writing and is signed and sealed by the Company. No Insurance intermediary has the authority to amend this Policy or waive any of its provisions.

## 2. POLICY VALIDITY

The validity of this Policy begins at the Effective Date and terminates at the Expiration Date as specified in the Insurance Certificate. However, your Dependants are covered under this Policy as from their Enrollment/Addition Date as specified in the Insurance Certificate and/or any related Endorsement up to the Expiration Date of this Policy, or to the Deletion of the Dependant(s), whichever comes first.

### 3. APPLICATION

This Policy and its related Endorsement(s) have been issued by the Company on the basis of your declarations. The Company reserves the right to reject any subsequent Application that is not in conformity with the provisions of this Policy. The Company also reserves the right to withhold any payment of claims or terminate this Policy should any details of the Application Form be inaccurate or missing.

#### ELIGIBILITY

Those eligible to apply for MaxMedical policies are:

##### **For Individual Policies**

Any legal resident of the United Arab Emirates, subject to the submission and acceptance of a completed Application Form.

##### **For Group Policies**

The Company requires a minimum number of three (3) Employees to qualify for a group Policy.

The Employees and the legal wife or husband of an Employee (not including those legally separated) or persons living with an Employee in a recognised husband and wife relationship who is registered as such in the records of the Employer and,

- Any Employee's unmarried children, step-children and children legally adopted, who are:
  1. under 17 years of age and living in the Employee's household in the GCC or a United Arab Emirates resident or absent therefrom only to attend an academic institution as a student.

2. 17 years and over but under 25 years of age, having the same permanent residence as the Employee, and who are full-time students at an accredited college or university. Such children shall be Dependant upon the Employee for support, and registered as Dependants of the Employee in the records of the Policyholder.

#### **4. REPRESENTATION CLAUSE (FOR GROUP POLICIES ONLY)**

In the event that your Employer has provided and confirmed directly or through your appointed insurance representative, a claims experience on the basis of which the Company has calculated the premium relating to this Policy, the Company reserves the right to amend the premium of this Policy, retro-active from the Effective Date, if it has proof that your Employer had directly or indirectly misrepresented the past claims experience. In such a case, your Employer acknowledges and agrees that you shall be liable for such a premium revision, which payment to the Company shall be subject to the provisions.

#### **5. APPLICABLE SCOPE OF COVERAGE**

- (a) In return for the Premium due by the Policyholder to the Company, the latter undertakes to cover each Dependant(s) and/or Employees under this Policy as selected by the Policyholder on the Application Form(s) and approved by the Company.
- (b) A document, attached to and forming part of this Policy, which states the specific benefits covered by this Policy and encapsulates the liability of the Company taking into consideration:
  1. Any specific exclusion, in addition to the General Exclusions
  2. Any special conditions
  3. The services covered
  4. The co-insurance, if applicable
  5. The deductible or excess, if applicable
  6. Limits/Sub-limits, if applicable
  7. The territory of occurrence
  8. The provider(s) used
  9. The nature of care



- (c) The liability of the Company under this Policy towards the Policyholder related to each benefit under this Policy as described in the applicable Table of Benefits. Any expenses relating to you and/or your Dependant(s) treatment shall be subject to the determination of the eligible claim due by the Company to the Policyholder.

In the event that the description of a covered benefit in the applicable Table of Benefits is at variance with that of an Exclusion expressed in this Policy, the benefit expressed in the applicable Table of Benefits shall prevail.

## 6. PREMIUMS

The Premium is the Gross Premium plus applicable stamps and/or taxes including Value Added Tax (VAT), if any. The Premium is due from you to the Company, and is payable in advance. The coverage provided by the Company under this Policy shall not commence until the Premium is fully paid.

The Premium payment is substantiated exclusively and solely by the issue of a relevant receipt from a legally authorised representative of the Company.

## 7. ENROLLMENT/ADDITION

Dependants, (in the case of an individual policy), or Employees and/or their Dependants, (in the case of an Employer holding a group policy) can be added to your MaxMedical policy on the following basis:

### (a) ELIGIBILITY

#### For Individual Policies

- New spouse
- Newborn child or new adopted child, as the case may be

### **For Group Policies**

- New Employees
- New spouse
- Newborn child or new adopted child, as the case may be

### **(b) SUPPORTING DOCUMENTS**

You are required to submit supporting documents relating to the required Addition which are satisfactory to the Company for the validation of any eligible Addition.

### **(c) EFFECTIVE DATE**

The Effective Date of any approved Addition should correspond with:

### **For Individual Policies**

- The date of marriage: For New Spouse
- The date of birth: For Newborn child
- The date of official adoption: For New Adopted child, as the case may be

### **For Group Policies**

- The employment start date: For New Employees
- The date of marriage: For New Spouse
- The date of birth: For Newborn child
- The date of official adoption: For New Adopted child, as the case may be

If a request for Addition is made within 14 days of the applicable date (employment start date, date of marriage, date of birth for newborn child, date of adoption for new adopted child as the case maybe) the Inception Date will be such applicable date. Otherwise, the Inception Date of a Dependant is the date on which the Company accepts such Addition.

Dependants not in the UAE will automatically be included from the date of arrival in UAE subject to the Addition request being made within 14 days of arrival. If not, the Enrollment/Addition date shall be the date on which the Company accepts such Addition.

#### **(d) UNDERWRITING**

The initial Underwriting terms as applied on the Effective Date of this Policy shall be applied to all eligible Additions which were required within a period not exceeding 14 days from the Effective Date of the required Addition.

In case an Addition is sought 14 days after the applicable date of this Addition, the Company reserves the right to proceed with a different Underwriting process which may result in different Underwriting terms than the one applied on the Effective Date of the Policy.

#### **(e) PREMIUM**

##### **For Individual Policies**

Additional Premium due by the Policyholder on new members shall be calculated on pro-rata basis.

##### **For Group Policies**

The Premium relating to any approved Addition shall be calculated on pro-rata basis.

## 8. DELETION

You may delete Dependants from your Policy on the following basis:

### (a) ELIGIBILITY

#### For Individual Policies

- Upon the death of a Dependant
- For spouses, upon divorce or return to home country
- For Dependant children, upon return to home country

#### For Group Policies

- Deceased Employees
- Terminated Employees (Retired, Resigned, Dismissed)
- Legal Dependants of Employees eligible for Deletion

### (b) SUPPORTING DOCUMENTS

You are required to submit supporting documents (including the Membership Card of the Dependant whose Deletion is being sought) satisfactory to the Company for the Deletion to be effective.

### (c) EFFECTIVE DATE

The Effective Date of any approved Deletion should be the day following the date of death of the Dependant or the day following the date of termination of the Dependant. The Deletion Date will be subject to the Membership Card being returned to the Company.

**(d) LIABILITY**

You shall be solely and fully liable towards the Company, Provider(s) and/or MSH International for any expenses incurred by the deleted Dependant(s) as on or after the Effective Date of Deletion.

**(e) PREMIUM**

The Premium refund relating to any approved Deletion shall be refunded on the following basis:

**For Individual Policies**

On pro-rata basis, in the event of no claims under this Policy. No refund is due unless the Membership Card has been returned to the Company.

**For Group Policies**

On pro-rata basis as applicable for the period remaining after the Deletion Date, provided the Dependant did not benefit from any claim after the Deletion Date and has returned the Membership Card.

**9. ENDORSEMENT VALIDITY**

Any Addition, Deletion or any other amendment can only be considered as accepted by the Company when and if a relevant Endorsement is issued, sealed and signed by the Company.

**10. EXPERIENCE RATING (FOR GROUP POLICIES ONLY)**

The Company undertakes to renew this Policy taking into consideration the incurred Claims experience of your Policy as well as the global country related Claims parameters.

## **11. SUBROGATION**

Once an Insurance Claim has been paid in accordance with the current terms, you shall subrogate your right to the Company to pursue any third party responsible for a bodily Injury, you and/or your Dependant(s) transfer to the Company every relevant substantial and legal right. Both you and/or your Dependant(s) shall provide the Company with every possible assistance, in case the Company exercises the above right of subrogation. Should you and your Dependant(s) breach the obligation, you shall be responsible for any losses incurred by the Company.

## **12. CONTRIBUTION**

In the event you and/or your Dependant(s) have other insurance cover, you must disclose this to the Company and confirm in writing, the Company shall pay you and/or your Dependant(s) its share of the cost of the treatment or benefits being claimed.

## **13. CANCELLATION**

### **(a) POLICYHOLDER'S RIGHT**

You may formally request the cancellation of this Policy to the Company by giving 30 days notice in writing and by returning all Membership Cards.

By doing so, you shall be the sole and fully liable party towards the healthcare Provider(s), MSH International and/or the Company in relation with expenses incurred by the present Policyholders as from the Cancellation Date of this Policy.

The Premium refund relating to cancellation of this Policy shall be refunded on the following basis:

### **For Individual Policies**

On pro-rata basis, in the event of no claims under this Policy. No refund is due unless the Membership Card has been returned to the Company.

### **For Group Policies**

In the event of cancellation by the Policyholder, the Company will retain premium as per the following short-term premium rates, provided the Dependant did not benefit from any claim during the ineligibility period and has returned the Membership Card:

- 25% of the annual premium for the first month or part thereof.
- 12.5% of the annual premium for each subsequent month or part thereof.

### **(b) COMPANY'S RIGHT**

The Company may cancel this Policy upon giving 30 days notice to the Policyholder in the following circumstances:

### **For Individual Policies**

- Fraud, Abuse and Proven false statements made by you and/or your Dependant(s) / Beneficiaries as per Section 7 to Section 8 of General Conditions
- Non-Payment of due Premium

In case the Company cancels this Policy, Premium refund shall be due to you for the remaining Policy period on pro-rata basis, provided that no claims have been incurred under this Policy.

### **For Group Policies**

- Fraud, Abuse and Proven false statements made by you and/or your Dependant(s) / Beneficiaries as per Section 7 to Section 8 of General Conditions
- Non-Payment of due Premium 30 days after the notification
- Reduction of 20% or more in Employee count

In case the Company cancels this Policy, Premium refund shall be due to you for the remaining Policy period on pro-rata basis, provided the Dependant did not benefit from any claim during the ineligibility period and has returned the Membership Card.

## **14. ARBITRATION**

### **(a) GENERAL DIFFERENCES**

All differences relating to claims amounts arising out of this Policy shall be arbitrated under the Arbitration Rules of the DIFC-LCIA Arbitration Centre.

If the Company shall disclaim liability to you, your legal personal representatives or any Claimant for any Claim hereunder and such Claim is not within 12 calendar months from the date of such disclaimer referred to Arbitration under the provisions herein contained, then the Claim for all purposes shall be deemed to have been abandoned and shall thereafter not be recoverable hereunder.

### **(b) MEDICALLY NECESSARY PROCEDURE**

In case of a difference between the Company and/or MSH International, acting as its independent administrator, and the attending Physician concerning the qualification of a Service or Treatment as Medically Necessary, the parties can call for the arbitration of a medical committee, which will take the final decision.



The Medical Committee shall be composed of three members – the attending Physician, MSH International's Physician and the third independent Physician agreed upon by the first two.

The committee will meet in neutral territory, and its decision will be taken by majority vote. This decision will be reported in duplicate documents, one for each party, and must be signed by all the Physicians. If any of the Physicians refuses to sign the documents, this refusal should be reported in the documents. The Company undertakes to accept the decision of the medical committee.

## **15. CURRENCY**

Any money payable to or by the Company shall be in United Arab Emirates Dirhams, unless otherwise arranged by mutual agreement between the Policyholder and the Company and defined accordingly by endorsement.

## **16. CHANGE OF LAW**

This Policy is intended to conform to the Laws and the Federal Laws of the United Arab Emirates. If changes in the law become effective after the Policy Effective Date and a conflict arises, the Company may, at its own option, renegotiate the terms of this Policy from the date such law becomes effective.

## **17. DUTIES**

Any levies on this Policy, tax including Value Added Tax (VAT) or stamp duty shall be borne exclusively by you and/or your Employer (in case of group policies).

# IMPORTANT NOTES

## MaxMedical MEMBERSHIP PACK

With the inception of your MaxMedical Policy, you will receive a Membership Pack that contains:

### 1. MEMBERSHIP CARD

The Membership Card is a proof of your eligibility and allows you to benefit from Direct Billing to any facility that is on our Network Provider's list.

The Membership Card is personalised and non-transferrable. It contains details about your identity, membership validity and the healthcare plan to which you are enrolled for as shown\* below:



\*card shown is for illustrative purposes only

Should you have a query regarding your MaxMedical insurance coverage, please contact us:

Phone: +971 4 269 3030 Extns. 203/238

Email: maxmedical@dubins.ae

## **2. INSURANCE CERTIFICATE AND TABLE OF BENEFITS**

Your Insurance Certificate specifies the following details about your MaxMedical insurance coverage:

- (a) Annual period of insurance
- (b) Summary of agreed Benefits and Limitations
- (c) Any Endorsements or special conditions, if applicable

## **3. POLICY HANDBOOK**

Your Policy Handbook contains all details about your cover. Please read the information provided in this Handbook carefully, should you require any clarification please contact us:

Phone: +971 4 269 3030 Extns. 203/238

Email: maxmedical@dubins.ae

## **NETWORK OF HOSPITALS, CLINICS, DIAGNOSTIC CENTRES AND PHARMACIES**

To benefit from and avail Direct Billing to eligible services, please use facilities (i.e. hospitals, clinics, diagnostic centres, pharmacies, etc.) within MSH International's Network Provider in the UAE and other countries abroad. Contact details of MSH International are shown at the back of your Membership Card.

To ascertain the location of a Provider within UAE, please login to your personalised page on MSH International e-portal to view the network list.

## EMERGENCY MEDICAL ASSISTANCE

For any emergency medical Treatment in a hospital or clinic, you should, where possible, contact MSH International Helpline at the earliest opportunity.

**Within UAE: +971 4 365 1340**

**Outside UAE: +971 4 601 8777 (International SOS)**

In such circumstances (ie. Emergencies), Pre-Approval requirements (please refer to pages 21-23) are waived. MSH International will need to be notified within 72 hours of admission. If Treatment is sought within MSH International's Provider Network, such responsibility of notification will rest with the concerned Provider. For emergency Treatment sought outside the MSH International's Provider Network, the onus of notifying MSH International rests on you. Upon receipt of notification, MSH International will send the confirmation of the pre-certification agreement.

## CONTACT DETAILS

### 1. For general inquiries, please contact MaxMedical Desk (UAE only)

Tel: +971 4 269 3030 Extns. 203/238 (From 08:00 – 17:00 Sunday – Thursday except public holidays)

Email: maxmedical@dubins.ae

### 2. Please contact the relevant MSH International Customer Care Team:

#### For Pre-Approval & Pre-Certification Agreements

Tel: +971 4 365 1340 (For 24 Hours Assistance)

Email: approvals@sea.msh-intl.com

## For Policy & Claims Inquiries

Tel: +971 4 365 1313

Email: maxmedical@msh-intl.com

## PRE-APPROVAL AND PRE-CERTIFICATION AGREEMENTS

Pre-Approval is a mechanism by which certain important objectives are achieved, namely:

- (a) To ascertain that all medical Treatment recommended by a Physician is appropriate and necessary – thereby ensuring that your health and well-being are protected.
- (b) To confirm to Providers before they proceed with any medical Treatment or procedure that it is covered by your MaxMedical insurance policy.

### 1. WHEN TO ASK FOR PRE-APPROVAL

Pre-Approval must be requested from MSH International in the following cases:

- (a) Any elective treatment costing over AED 2,000 per single treatment.
- (b) Any elective treatment outside the UAE.
- (c) Within MSH International's network, Providers are required to obtain Pre-Approval for the following:
  - All Inpatient Treatments
  - All Inpatient maternity benefits
  - All special investigations and diagnostic procedures, including but not limited to: EEG, Endoscopies, CT-Scan, MRI, Contrast Studies, Angiography, Mammography, Nuclear Scans, Radioisotope Scans, Colonoscopy, Fine Needle Aspiration and Biopsy
  - Allergy testing
  - Alternative medicine

- Day-Care Treatments
- Dental consultations and all dental investigations and procedures
- Expenses for one person accompanying an evacuated / repatriated person
- Laboratory and blood tests
- Medical repatriation or evacuation
- Nursing at home or in a convalescent home
- Oncology Treatment (Inpatient and Outpatient)
- Optical Services
- Outpatient surgery
- Palliative and long-term care
- Physiotherapy and occupational therapy
- Rehabilitation Treatment
- Repatriation of mortal remains
- Vaccinations/Immunisations

## **2. HOW TO OBTAIN PRE-APPROVAL AND PRE-CERTIFICATION AGREEMENTS**

If the above-listed services are rendered at a Non-Network Provider without Pre-Approval, the Company reserves the right to decline your reimbursement claim.

### **Within the Medical Network**

- (a) Simply present your Membership Card for Direct Billing to the Provider. They will contact MSH International to obtain Pre-Approval within 24 hours (for Elective treatment).
- (b) MSH International will place the Letter of Guarantee and you will receive a copy of this letter by email.
- (c) You will only pay any applicable deductible, co-payment or any charges for non-covered items, as per policy terms and conditions.
- (d) The bill will be forwarded to MSH International for payment along with full details.

## Outside the Medical Network

- (a) You will need to contact MSH International to obtain Pre-Approval within 3 working days for any Inpatient medical treatment by sending supporting medical documents and the associated cost estimate. Send your Pre-Approval request to [approvals@sea.msh-intl.com](mailto:approvals@sea.msh-intl.com) or call +971 4 365 1340 (24 Hours Assistance).
- (b) MSH International will contact the hospital to issue a Letter of Guarantee and you will receive a copy of this letter by email.
- (c) If the Letter of Guarantee is accepted by the hospital, MSH International will contact the hospital directly. You will only pay any applicable deductible, co-payment or any charges for non-covered items, as per policy terms and conditions.
- (d) If the Letter of Guarantee is refused by the hospital, you will have to pay then send us the invoices. You will have to follow the procedure "[How to Make a Claim?](#)" (please refer to pages 53-59 for the list).

**If proven to be Medically Necessary, MaxMedical will pay only 80% of the eligible benefit and for Inpatient and Outpatient Treatment or Services as per Usual, Customary and Reasonable (UCR) charges.**

## WHAT IS COVERED

Please note, in the event that a benefit listed in the Applicable Table of Benefits include a benefit that is shown as Excluded under the 'What is Not Covered' section of this Policy Handbook, the Table of Benefits shall prevail.

### I. BASIS OF COVER

#### MAXIMUM PLAN BENEFIT

The maximum monetary limit of your MaxMedical insurance policy is AED 10,000,000 per annum.

#### GEOGRAPHICAL AREA OF COVER

Worldwide or Worldwide excluding certain countries as specified in your Insurance Certificate.

#### MEDICALLY NECESSARY/MEDICAL NECESSITY

Your MaxMedical insurance policy will pay for the Usual, Customary and Reasonable (UCR) cost of healthcare services and supplies which are deemed to be medically appropriate, and:

1. necessary to meet the basic needs of you and your eligible Dependants, and
2. rendered in the most medically appropriate manner and type of setting appropriate for the delivery of health service or supply, taking into account both cost and quality of care, and
3. consistent in type, frequency and duration of Treatment with scientifically based guidelines of medical, research, or healthcare coverage organisations or governmental agencies that are accepted by MaxMedical, and
4. consistent with the diagnosis of the condition, and
5. required for reasons other than the convenience of you and/or your eligible Dependants or the treating Physician, and



6. demonstrated through prevailing peer-reviewed medical literature to be either:
  - (a) safe and effective for treating or diagnosing the condition or sickness for which their use is proposed, or
  - (b) safe with promising efficacy for treating a life threatening sickness or condition, and in a clinically controlled research setting.

#### **USUAL, CUSTOMARY AND REASONABLE (UCR) CHARGES**

MaxMedical covers you for Usual, Customary and Reasonable (UCR) charges or expenses for medical care which do not exceed the general level of charges being made by Providers of similar standing in the locality where the charge is incurred, when furnishing like or comparable medical Treatment, Services or supplies.

## **II. BENEFITS**

### **INPATIENT BENEFITS**

Note: Pre-Approval is required for all inpatient benefits listed in the Applicable Table of Benefits.

For Inpatient Treatment, MaxMedical will pay within the limits of your insurance policy for the following:

#### **HOSPITAL ACCOMMODATION**

MaxMedical will pay for the cost of a standard private room, including Intensive Care Unit.

#### **PRESCRIPTION DRUGS AND MATERIALS**

MaxMedical will pay you for the cost of Pharmaceuticals (intravenous infusions, injections, etc.) and materials prescribed by a Physician.

#### **HOSPITAL CHARGES INCLUDING SURGERY, ANAESTHESIA AND THEATRE CHARGES**

MaxMedical covers you for the fees payable for surgery including anaesthesia and theatre charges. This also includes Surgeon's and Anaesthesiologist's fees, Nursing fees and various therapies including physiotherapy, chemotherapy, radiation therapy, etc.

#### **FOLLOW-UP CONSULTATIONS**

MaxMedical will pay for the cost of consultations required as a follow-up to any Inpatient Treatment covered under your Policy.

### **PHYSICIANS' AND THERAPISTS' FEES**

MaxMedical covers the cost of Physician's and other Specialist's hospital consultations related to the original cause of covered Hospitalisation. This also includes fees charged by a Physical and Respiratory Therapist.

### **SURGICAL APPLIANCES, INTERNAL PROSTHESES AND IMPLANTS**

MaxMedical will pay for artificial device or devices used to replace a body part or which form(s) an essential part of a surgical procedure or Treatment following surgery.

### **DIAGNOSTIC TESTS**

MaxMedical will pay for the cost of prescribed investigations such as x-rays or blood tests, electrocardiograms and scans, etc. (only if they are related to the original cause of covered Hospitalisation and undertaken in order to determine the cause of presenting symptoms).

### **MRI, CT AND PET SCANS**

The cost of MRI, CT and PET scans carried out on an inpatient and outpatient basis will be paid in full as specified in the Applicable Table of Benefits.

## **ORGAN TRANSPLANT**

MaxMedical will pay in full the cost of Treatment for, and in relation to, the transplant of the following human organs:

1. Bone Marrow
2. Cornea
3. Heart
4. Kidney
5. Liver
6. Lung
7. Pancreas

Transplants need to be carried out in internationally accredited institutions by accredited Surgeons and the organ procurement must be in accordance with World Health Organisation (WHO) guidelines.

## **REMOVAL OF DONOR ORGAN**

MaxMedical will pay up to the limit specified in the Applicable Table of Benefits, for the medical costs associated with the donor as an Inpatient or Day Patient and for the surgical removal, but not the acquisition, of the organ to be transplanted from the donor. If Medically Necessary, MaxMedical will pay for ambulance services followed by Hospitalisation.

## **RECONSTRUCTIVE SURGERY**

MaxMedical will cover up to the limit specified in the Applicable Table of Benefits, for surgery that requires restoration of normal function or appearance after a disfiguring accident, or as a result of surgery for cancer whereby trauma and surgery occurred during your period of cover.

## **INPATIENT PSYCHIATRY AND PSYCHOTHERAPY**

MaxMedical will pay in full if the Treatment is:

1. related to a clinically significant mental or nervous disorder
2. carried out by a Psychiatrist or a Clinical Psychologist in a recognised psychiatric unit of a hospital.

**A waiting period applies for this benefit and is specified in the Applicable Table of Benefits.**

## **ACCOMMODATION COST FOR ONE PARENT OR LEGAL GUARDIAN STAYING IN A HOSPITAL WITH AN INSURED CHILD UNDER 17 YEARS OF AGE**

In the event of an insured child requiring Hospitalisation, MaxMedical will pay for the accommodation costs of one parent or legal guardian staying with the child under 17 years of age for the duration of the hospital admission. In the event that no hospital facility is available, MaxMedical will pay a cash benefit of AED 365 per night as specified in the Applicable Table of Benefits.

## **ACCOMMODATION COST FOR ONE PERSON ACCOMPANYING AN INSURED MEMBER IN THE SAME ROOM IN CASES OF CRITICAL CONDITION OR MEDICAL NECESSITY AND AS PER RECOMMENDATION OF ATTENDING PHYSICIAN, SUBJECT TO PRIOR APPROVAL**

MaxMedical will pay for the accommodation costs of one person staying with you or your eligible Dependant(s) for the duration of the hospital admission in cases of critical condition or medical necessity as per the recommendation of an attending physician.

## **EMERGENCY INPATIENT DENTAL TREATMENT**

MaxMedical will pay in full for emergency dental Treatment as a result of a serious accident which requires Hospitalisation that commences within 24 hours of the accident. Any follow up dental Treatment will not be covered.

## **REHABILITATION TREATMENT**

MaxMedical will cover any Treatment which takes place in a recognised rehabilitation unit upon the recommendation of your Physician for the purpose of restoring the normal form and/or function of the body after an acute illness, injury or surgery by combining therapies such as physical and occupational therapy. The recommended Treatment must commence within 14 days after an acute medical Treatment ceases. A specified amount will be paid up to the limit indicated in the Applicable Table of Benefits.

## **EMERGENCY TREATMENT OUTSIDE AREA OF COVER**

In the event that you are covered Worldwide excluding certain countries, MaxMedical will cover any emergency Treatment for you and your eligible Dependant(s) within 24 hours of the event, following an accident or sudden onset or worsening of a severe illness which occurs during business and/or holiday trips outside your geographical area of cover.

MaxMedical will reimburse in full for a maximum of 90 days per annual period of cover. Any follow up non-emergency Treatment will not be covered even if deemed unable to travel to a country within your geographical area of cover.

Charges relating to maternity and complications thereof are excluded from this benefit.

## **ONCOLOGY (INPATIENT AND OUTPATIENT)**

MaxMedical will pay in full for all inpatient and outpatient Treatment including Specialist/ Consultant fees, diagnostic tests, radiotherapy, chemotherapy and hospital charges, supplements and immunotherapy given with therapy.

## **ARTIFICIAL LIFE MAINTENANCE**

MaxMedical covers you for this benefit up to a specified amount as indicated in the Applicable Table of Benefits. This refers to Treatment following a critical injury, infection, cancer, heart attack or chronic disease and extends to a condition when at risk of having one or more organs that might fail, including mechanical ventilation support for a vegetative state.

Life Support Treatment includes:

1. Artificial pacemakers & various machines to assist heart or lung function such as artificial heart pumps
2. Blood transfusions
3. CPR
4. Dialysis
5. Drugs to improve circulation and other body functions
6. Electrical defibrillation
7. Feeding tubes & intravenous fluids
8. Heart/Lung bypass
9. Intubation/mechanical ventilation (breathing machine)
10. Sedation or even temporary paralysis to enable the patient to tolerate these procedures
11. Tubes in body cavities (chest or abdomen) to relieve fluid build up

## **INPATIENT CASH BENEFIT**

In the event you receive Treatment at a hospital where no fees are charged for Treatment and accommodation, MaxMedical will pay you a monetary sum as specified in the Applicable Table of Benefits.

## **OUTPATIENT BENEFITS**

For outpatient Treatment, MaxMedical will pay within the limits of your insurance policy for the following benefits:

### **PHYSICIANS' AND SPECIALISTS' CONSULTATION FEES**

MaxMedical will pay the cost incurred for non-surgical Treatment by a Physician or a Specialist for eligible medical conditions or bodily injuries.

### **DIAGNOSTIC TESTS/PROCEDURES**

MaxMedical will pay for prescribed Diagnostic Tests/Procedures that do not require Hospitalisation.

This coverage includes services such as:

1. Angiography
2. Biopsy
3. Blood tests
4. Cardiovascular procedures, including ECG
5. Cardiovascular stress test
6. ECG monitoring
7. Laboratory
8. Medical imaging, including x-rays, echocardiography (including Doppler echocardiography), CT scan, MRI
9. Nuclear Scans
10. Signal-averaged electrocardiograph (SAECG), excluding the cost of any devices

**Note: Pre-Approval is required for certain diagnostic tests/procedures.**



## **OUTPATIENT MEDICATION**

MaxMedical will cover outpatient medications that comprise all Medically Necessary drugs recognised by international accrediting bodies as prescription drugs.

## **VACCINATIONS**

MaxMedical covers the cost related to the administration of all basic immunisations and booster injections as per Health Authority-Abu Dhabi (HAAD) and World Health Organisation (WHO) guidelines, including consultation. As specified in the Applicable Table of Benefits, MaxMedical will pay you in full for your children's vaccinations while a 20% co-insurance will apply for adult vaccinations.

**Note: Pre-Approval is required for children's vaccinations. For adult vaccinations, this benefit is on reimbursement basis only – you will have to pay for eligible Treatment then complete and submit a Reimbursement Form.**

## **PHYSIOTHERAPY AND OCCUPATIONAL THERAPY**

MaxMedical will pay up to the benefit limit as specified in the Applicable Table of Benefits.

**Note: Physiotherapy and Occupational Therapy are subject to Pre-Approval.**

## **MINOR PROCEDURES/OUTPATIENT SURGERY**

MaxMedical will pay for minor procedures carried out on an outpatient basis in a hospital, Day-Care facility or outpatient department.

MaxMedical will pay for minor procedures, including but not limited to:

1. Abscess drainage
2. Application of splints
3. Biopsies (punch biopsy, excision biopsy, etc.)
4. Cauterisation/Cryotherapy
5. Chalazion excision
6. Cyst excision (sebaceous, etc.)
7. Foreign body removal
8. Ingrown toenail removal
9. Intra-articular steroid injections
10. Intravenous fluids
11. Plastering
12. Skin scrapings
13. Suturing

**Note: Pre-Approval is required for all minor procedures.**

## **OUTPATIENT PSYCHIATRY AND PSYCHOTHERAPY**

MaxMedical will pay for the Treatment received at an outpatient facility for clinically significant mental or nervous disorder carried out by a Psychiatrist or a Clinical Psychologist in a recognised psychiatric unit.

As indicated in the Applicable Table of Benefits, you will be paid by MaxMedical up to the maximum number of visits per annual period of cover after the waiting period, subject to co-insurance.

**This benefit is on reimbursement basis only – you will have to pay for eligible Treatment then complete and submit a Reimbursement Form.**

## **ANNUAL ROUTINE HEALTH CHECKS**

MaxMedical covers the cost for annual tests that are undertaken without any clinical symptoms being present and for early detection of illness and disease. Diabetes and cancer screening are covered.

**This benefit is on reimbursement basis only – you will have to pay for eligible Treatment then complete and submit a Reimbursement Form.**

## **ALTERNATIVE AND COMPLEMENTARY THERAPY**

MaxMedical will cover the cost of Treatment for therapies including, but not limited to: acupuncture Treatment, herbal medicine, chiropractic Treatment, homeopathy and osteopathy provided by an Approved Therapist. MaxMedical will pay a specified amount per annual period of cover as stated in the Applicable Table of Benefits.

**This benefit is on reimbursement basis only – you will have to pay for eligible Treatment then complete and submit a Reimbursement Form.**

## **DOCTOR'S HOME VISITS**

In the event that you experience the sudden onset of an acute illness and you are incapable of going to a medical facility, MaxMedical will pay for the cost of the Physician's home visit as stated in the Applicable Table of Benefits.

**This benefit is on reimbursement basis only – you will have to pay for eligible Treatment then complete and submit a Reimbursement Form.**

## **NURSING AT HOME**

MaxMedical will pay for the cost of care given by a qualified nurse in your home, as recommended by a Physician subsequent to your Treatment as an Inpatient or Day Patient. This cover is limited up to a specified amount as indicated in the Applicable Table of Benefits.

**Note: Pre-Approval is required for this benefit.**

## **ALLERGIES AND ALLERGIC DISORDERS**

MaxMedical will cover the cost of Treatment for hypersensitivity reaction of the immune system to a variety of substances.

## **ALLERGY TESTING**

MaxMedical will cover the cost of carrying out tests to determine the cause of an allergic disorder following an acute episode.

**Note: Pre-Approval is required for this benefit.**

## **MATERNITY BENEFITS**

MaxMedical will pay within the limits of your insurance policy for the following maternity benefits:

### **ROUTINE MATERNITY (INPATIENT AND OUTPATIENT)**

MaxMedical will cover Medically Necessary costs incurred during normal pregnancy and childbirth, including fees for pre-natal and post-natal check-ups, scans and delivery costs for a natural birth.

As stated in the Applicable Table of Benefits, MaxMedical will cover you up to a specified limit after a waiting period, if applicable.

Furthermore, MaxMedical will pay for the following:

1. Amniocentesis: Cost of genetic or genomic tests, limited to amniocentesis only involving an analysis of human chromosomes, DNA, RNA, genes, and/or gene products predominantly used to detect heritable or somatic mutations, genotypes, or phenotypes related to disease and health.
2. Pre-natal Maternity Tests (HIV, TORCH, Hepatitis, Triple Barts, Quadruple and Spina Bifida): Cost of screening tests carried out to determine the normal development of the foetus.

**Note: Pre-Approval is required for Inpatient Treatment only.**

## **COMPLICATIONS OF MATERNITY**

MaxMedical will cover the cost of Treatment of an eligible medical condition which arises during the pre-natal stages of pregnancy or during childbirth, including but not limited to:

1. diabetes
2. eclampsia
3. ectopic pregnancy
4. failure to progress in labor
5. hydatidiform mole
6. miscarriage requiring immediate surgical Treatment
7. placenta praevia
8. postpartum haemorrhage
9. retained placenta

## **COMPLICATIONS ARISING FROM BIRTH CONTROL PROCEDURES**

MaxMedical will pay for the cost of Treatment of complications resulting from birth control procedures, as stated in the Applicable Table of Benefits.

## **TERMINATION OF PREGNANCY (LEGAL ABORTION)**

MaxMedical covers the cost of medical termination of pregnancy in the event of danger to your (or your wife's) life and/or to prevent grave permanent injury or illness to your (or your wife's) physical health.

**Note:** This benefit requires Pre-Approval.

### **MULTIPLE BIRTH BABIES AFTER INFERTILITY TREATMENT**

In case of multiple birth babies following infertility Treatment, MaxMedical will pay for the cost of medical care for the first 3 months after delivery up to the limit stated in the Applicable Table of Benefits.

### **PRESCRIBED VITAMINS IN CASE OF PREGNANCY AND DEFICIENCY SYNDROME**

MaxMedical will cover the cost incurred for prescribed vitamins.

### **NEWBORN CARE**

MaxMedical will cover the cost of appropriate examinations required to assess a newborn child's bodily organs and bone structures, as well as Treatment for premature (prior to 37 weeks gestation) babies or an acute condition suffered by a newborn baby which manifests itself within 30 days following birth. If a certificate of birth is provided within 30 days, the baby can have his own cover. This benefit will be covered up to the limit specified in the Applicable Table of Benefits.

## **OTHER BENEFITS**

MaxMedical will pay within the limits of your insurance policy for the following additional benefits:

### **PRE-EXISTING AND CHRONIC CONDITIONS**

MaxMedical will pay for the cost of Treatment and medication for declared Chronic and other conditions that existed prior to the Policy Inception/Enrollment Date.

### **PRESCRIBED MEDICAL AIDS**

MaxMedical will pay for the cost of any apparatus, device, or instrument prescribed by your treating Physician to enable you to function, including but not limited to: hearing aids, crutches, wheelchairs, orthopaedic supports/ braces and artificial limbs.

**This benefit is on reimbursement basis only – you will have to pay for eligible Treatment then complete and submit a Reimbursement Form.**

### **PRESCRIBED FRAMES, GLASSES AND CONTACT LENSES**

MaxMedical will pay for the cost of carrying out an examination of the eyes by a qualified Specialist as well as the cost of prescribed contact lenses and glasses.

**This benefit:**

- 1. is on reimbursement basis only – you will have to pay for eligible Treatment then complete and submit a Reimbursement Form.**
- 2. will be forfeited if you avail of the Laser/Lasik Eye Treatment.**



## **MEDICAL REPATRIATION**

MaxMedical will pay for the cost of an economy airfare ticket to return you or your Dependants and an accompanying person travelling as an escort to the site of Treatment or to your home country or principal country of residence, as long as the journey is made within one month of completion of Treatment.

**Note: This benefit is subject to Pre-Approval.**

## **REPATRIATION OF MORTAL REMAINS**

In the event of death of an Insured Member, MaxMedical will pay for the transportation of the body or ashes of the mortal remains to the country of nationality or country of residence, or burial or cremation costs at the place of death in accordance with reasonable and customary practice.

**Note: This benefit is subject to Pre-Approval.**

## **MEDICAL EVACUATION**

In the event of emergency Treatment, care and transportation facilities not being readily available at the place of the incident or accident, MaxMedical will pay you and/or your Dependants for the cost of transportation.

This includes:

1. Economy class airfare ticket for an accompanying person travelling as an escort.
2. Reasonable local travel cost to and from medical appointments when Treatment is being received as a Day Patient. Reasonable travel cost for an accompanying person to travel to and from the hospital to visit the evacuated Insured Member following Hospitalisation.

3. Reasonable costs for non-hospital accommodation only for immediate pre- and post hospitalisation periods provided that you or your Dependant(s) are under the care of a Specialist.

**Note: This benefit is subject to Pre-Approval.**

### **LOCAL AMBULANCE**

MaxMedical will pay, in full, for the reasonable cost of ambulance transportation between hospitals when considered Medically Necessary by a Physician.

### **LASER/LASIK EYE TREATMENT**

MaxMedical covers the cost of refractive surgery performed by a Specialist Ophthalmologist for the correction of myopia, hypermetropia and astigmatism.

Please refer to your Table of Benefits for the applicable waiting period and specified limit.

**This benefit:**

1. is on reimbursement basis only – you will have to pay for eligible Treatment then complete and submit a Reimbursement Form.
2. once availed, will result in the forfeiture of the benefit for prescribed frames, glasses and contact lenses.

## **CONGENITAL AND HEREDITARY CONDITIONS**

MaxMedical covers all diseases, anomalies, hereditary conditions including neurological disorders, chromosomal and/or genetic defects and deficiencies, whether present at birth either in an evident manner or in a potential manner triggered at a later stage.

Please refer to the Applicable Table of Benefits for the specified limit.

## **SPEECH THERAPY**

MaxMedical will pay for the cost of Treatment carried out by a qualified Speech Therapist to treat diagnosed physical impairments, including but not limited to: nasal obstruction, neurogenic impairment (e.g. lingual paresis, brain injury) or articulation disorders involving the oral structure (e.g. cleft palate). Please refer to the Applicable Table of Benefits for the specified limit.

**This benefit is on reimbursement basis only – you will have to pay for eligible Treatment then complete and submit a Reimbursement Form.**

## **DEAFNESS**

MaxMedical covers the cost of treating loss of normal hearing, unless caused by maturing and ageing.

## **ACNE TREATMENT**

MaxMedical will pay for the cost of medical Treatment for acne, excluding disinfectants and moisturisers.

## **TESTS RELATED TO SEXUALLY TRANSMITTED DISEASES AND AIDS**

MaxMedical covers the cost of medical tests to determine sexually transmitted diseases (STDs), including but not limited to: AIDS, Hepatitis, HPV, HSV II.

## **NON-INVASIVE FERTILITY/INFERTILITY INVESTIGATIONS**

MaxMedical will pay for the cost of non-invasive tests performed to confirm infertility, including but not limited to: sperm count and hormonal tests.

## **MENOPAUSAL RELATED SYMPTOMS**

MaxMedical covers the cost of Treatment for symptoms related to female menopause.

## **HIV/AIDS**

MaxMedical will pay for the cost of Treatment for HIV/AIDS.

For this benefit, please refer to your Table of Benefits for the applicable waiting period and specified limit.

## **PALLIATIVE AND LONG TERM CARE**

MaxMedical will cover the cost of –

1. Long Term Care: Treatment for an extended period of time at home, in the community, in a hospital or in a nursing home, after acute Treatment has been completed, requiring periodic, intermittent or continuous care.
2. Palliative Care: Ongoing Treatment to alleviate the physical/psychological suffering associated with progressive, incurable illness to maintain quality of life.

**Note: Pre-Approval is required for this benefit.**

## **DENTAL BENEFITS**

### **ROUTINE DENTAL TREATMENT**

Cost of Treatment including 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.

### **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 tumours. However, this benefit will not cover any surgical Treatment related to dental implants.

### **PERIODONTICS**

Cost of Treatment related to gum diseases.

**Note:** Waiting Period and limits are applicable for the above and are subject to Pre-Approval. Please refer to the Applicable Table of Benefits for specific details.

## WHAT IS NOT COVERED

### NON-HAAD EXCLUSIONS LIST (Applicable to Non-HAAD compliant policies)

#### 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. Home nursing; private nursing care; 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 which 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 and 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. Any investigations, tests or procedures carried out with the intention of ruling out any foetal anomaly.

14. Treatment and services for contraception.
15. 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.
16. External prosthetic devices and medical equipment.
17. 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.
18. Growth hormone therapy.
19. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
20. Mental Health diseases, both outpatient and inpatient treatments, unless it is an emergency condition.
21. 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.
22. 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.
23. Services rendered by any medical provider who is a relative of the patient for example the Insured Member himself or first degree relatives.
24. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during inpatient treatment.
25. Healthcare services for adjustment of spinal subluxation.
26. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
27. All healthcare services and treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
28. Elective diagnostic services and medical treatment for correction of vision.
29. Nasal septum deviation and nasal concha resection.
30. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related investigations, treatments or procedures.

31. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A.
32. Birth defects, congenital diseases and deformities.
33. Healthcare services for senile dementia and Alzheimer's disease.
34. Air or terrestrial medical evacuation and unauthorized transportation services.
35. 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.
36. Any Inpatient Treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Member's health.
37. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
38. 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, exercise equipment and sanitary supplies.
39. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
40. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Member is a donor or a recipient. This exclusion also applies to follow-up treatments and complications.
41. Any expenses related to immunomodulators and immunotherapy.
42. Any expenses related to the treatment of sleep related disorders.
43. Services and educational programs for handicaps.

### **Healthcare services outside the scope of health insurance**

1. Injuries or illnesses suffered by the Insured Member as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured Member 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 Member.
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 hepatitis.

### **HAAD EXCLUSIONS LIST (Applicable to HAAD compliant policies)**

1. Healthcare Services, which are not medically necessary.
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Domiciliary care; private nursing care; care for the sake of travelling.
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.
5. Services which 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. 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.

8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medically non-approved experimental, research, investigational healthcare services, treatments, devices and pharmacological regimens.
10. Healthcare Services that are not performed by Authorized Healthcare Service Providers, apart from Healthcare Services rendered in a Medical Emergency.
11. Healthcare services, treatments and associated expenses for alopecia, baldness, hair falling, dandruff or wigs.
12. Supplies, Treatment and services for smoking cessation programs and the treatment of nicotine addiction.
13. Non-medically necessary Amniocentesis.
14. Treatment, services and surgeries for sex transformation, sterility and sterilization.
15. Treatment and services for contraception.
16. Treatment and services related to fertility / sterility (treatment including varicocele / polycystic ovary / ovarian cyst / hormonal disturbances / sexual dysfunction).
17. Prosthetic devices and consumed medical equipments, unless approved by the insurance company.
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.
19. Growth hormone therapy.
20. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
21. Mental Health diseases, inpatient and outpatient treatments, unless the condition is a transient mental disorder or an acute reaction to stress.
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).
23. Preventive services, including vaccinations, immunizations, allergy testing and desensitization; any physical,

- psychiatric or psychological examinations or testing during these examinations.
24. Services rendered by any medical provider relevant of a patient for example the Insured Member and the Insured member's family, including spouse, brother, sister, parent or child.
  25. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during treatment.
  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.
  27. Healthcare services and treatments by acupuncture; acupressure, hypnotism, rolfing, massage therapy, aromatherapy, homeopathic treatments, and all forms of treatment by alternative medicine.
  28. All Healthcare services and Treatments for in-vitro fertilization (IVF), embryo transport; ovum and male sperms transport.
  29. Elective diagnostic services and medical treatment for correction of vision.
  30. Nasal septum deviation and nasal concha resection.
  31. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related test/treatment or procedure.
  32. Treatments and services related to viral hepatitis and associated complications, except for treatment and services related to Hepatitis A.
  33. Birth defects, Congenital diseases for new born and/or Deformities unless life-threatening.
  34. Healthcare services for Senile dementia and Alzheimer's disease.
  35. Air or Terrestrial Medical evacuation except for Emergency cases or unauthorised transportation services.
  36. Circumcision healthcare services.
  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.
  38. Any Inpatient Treatment, tests and other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Member's health.
  39. Any test or treatment, for purpose other than medical such as tests related for employment, travel, licensing or insurance purposes.
  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.

41. More than one consultation or follow up with a medical specialist in a single day unless referred by a physician.
42. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Member is a donor or recipient.
43. Services and educational programs for handicaps.

### **Healthcare services outside the scope of health insurance**

1. Injuries or illnesses suffered by the Insured Member as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured Member 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 Member.
6. Healthcare services for patients suffering from AIDS and its complications.
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.
9. Any test 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 locally recognised epidemics.
13. Venereal sexually transmitted diseases. A list with respect thereto will be set out by the General Authority of Health Services.

## HOW TO MAKE A CLAIM

The personalised Membership Cards issued in your name and in the names of each of your eligible Dependants will provide access for Direct Billing to any of MSH International's participating Network Providers, except when there is an applicable co-insurance or deductible to settle or when the benefit is on a reimbursement basis only, as specified in your Applicable Table of Benefits.

You are advised to carry your Membership Card along with a proper identification document to be presented to Providers each time medical Treatment is sought.

You will also be asked to complete the Patient Information section of the Reimbursement Form already available with our medical network partners. Then the Provider will send your claims to MSH International for direct settlement. You will therefore only pay for charges relating to:

- (a) Deductibles and/or any applicable co-payment (please refer to your Applicable Table of Benefits)
- (b) Treatment that is not covered by your policy terms and conditions

A Network Claim represents the Eligible Expenses for healthcare services rendered to you and/or your eligible Dependants on Direct Billing basis arranged with a Network Provider. This includes healthcare services that are provided to you and/or your eligible Dependants within the Network either by visiting and/or honorary and/or part-time and/or community physicians and/or healthcare providers; where MSH International Network tariff shall apply.

A Reimbursement Claim represents the Eligible expense directly settled by you and/or your eligible Dependants and submitted to the Company for reimbursement. Eligible Expenses are inclusive of co-insurance, if applicable.

If you have opted for coverage Worldwide excluding certain countries, Treatment outside your area of cover for Inpatient Emergency is provided to you and/or your eligible Dependants while on a visit (vacation or business travel) not exceeding 90 days. Reimbursement will be based on MSH International's network rates.

## INPATIENT CLAIMS GUIDELINES

### 1. NETWORK CLAIMS/DIRECT BILLING WITHIN UAE

In case you and/or your eligible Dependants require hospitalisation in a Provider Network facility, the Network Provider upon being presented your (or your Dependant's) Membership Card, will directly coordinate with MSH International for Pre- Approval.

For non-emergency cases, you and/or your eligible Dependants are requested to check with the Network Provider, prior to the scheduled Inpatient Treatment, Day Patient admission, or minor surgery/procedure, if the Network Provider has received the Letter of Guarantee from MSH International. Alternatively, you may directly contact MSH International to confirm Pre-Approval.

For emergency cases, upon receipt of the Hospital notification from the Network Provider, MSH International shall immediately issue the Pre-Approval or Letter of Guarantee for the eligible Inpatient Treatment.

### 2. NETWORK CLAIMS/DIRECT BILLING OUTSIDE UAE

For any Inpatient Treatment outside UAE, you and/or your eligible Dependants are required to call the MSH International's Customer Care Team (+971 4 365 1340) as shown on your Membership Card.

MSH International's Medical and Claims Personnel will, upon receiving the call, provide specialised and necessary assistance for you and/or your eligible Dependants to be hospitalised and arrange the issuance of a Letter of Guarantee.

You will, upon contacting MSH International, may be required to provide the following information:

- (a) Your (or your Dependant's) Name and Membership Card Number.
- (b) Telephone and Fax number, when available.

- (c) Name, Telephone and Fax, when available, of the treating Physician.
- (d) Name of the Network Provider.
- (e) Reasons for Hospitalisation.
- (f) Date and Time of Admission.
- (g) Other relevant information which may be required.

MSH International shall email to the Provider the Pre-Approval Form, which must be completed by the Physician and faxed/emailed back to MSH International.

Once MSH International has received the medical information, a decision regarding the coverage of your case shall be taken and you shall be informed accordingly.

For approved cases, MSH International shall issue a Letter of Guarantee and arrange with the Network Provider for the Direct Billing of eligible Inpatient charges and you will receive a copy of this letter by email.

For cases not approved, MSH International shall issue a Denial Form informing the Network Provider, you and the Company that the admission is not eligible for coverage.

When applicable, you are requested to settle directly to the Network Provider and prior to discharge any Co-insurance or Deductible, non-Eligible Expenses like charges for telephone calls, additional food and/or any amount exceeding the Policy monetary limit.

### **3. REIMBURSEMENT CLAIMS**

For the settlement of Eligible Expenses, you should submit to us the following documents within a maximum period of (90) days from the date of Treatment:

- (a) Reimbursement Form completed by the treating Physician/Provider
- (b) Original itemised receipts of payment for the amount claimed (Invoice must show cost per service)

- (c) Full and Detailed Medical Report, Diagnosis, Discharge Summary from the Physician
- (d) Copies of results of diagnostic and laboratory tests, if applicable

**Please ensure these additional guidelines for your claims submission and settlement are followed:**

- (a) All sections in the Reimbursement Form must be properly filled out, dated, stamped and signed by you and your Physician.
- (b) Any claim whose cost does not exceed AED 2,000 can be submitted by sending the scanned copies through the website, mobile application or Email: maxmedical@msh-intl.com. If the total amount of the claim exceeds AED 2,000 all the original documents must be forwarded to us at the address indicated on the Reimbursement Form. We suggest that you keep a copy of the submitted documents as we will not be responsible for any lost claim documents.
- (c) Please note that a separate Reimbursement Form will be required for each person claiming and for each medical condition being claimed for.
- (d) For Treatment abroad, please specify on the Reimbursement Form the currency in which you wish to be paid. In the event that we may not be able to make a payment in the currency you requested on the Reimbursement Form, due to international banking regulations, we will review each case individually to identify the best suitable currency option.
- (e) If the amount to be paid by us requires conversion from one currency to another, we will use the exchange rate issued by Edmond de Rothschild Bank on the last day of the month preceding the date of your treatment.
- (f) As we have agreed upon, we will only pay for any Medically Necessary Treatment of any medical condition. Therefore, we have the right to access all your medical records and obtain all relevant data we need to process your claim. Please be assured that all information will be treated as strictly confidential.

**Failure to submit any one of the above documents will result in the rejection of your claim. The Company reserves the right to change and/or modify the Claims Procedures and Settlement at any time subject to 15 days notice.**



#### **4. OUTSIDE AREA OF COVER**

Claims outside geographical area of cover, except for emergency Treatment, are not covered.

### **OUTPATIENT CLAIMS GUIDELINES**

#### **1. NETWORK CLAIMS/DIRECT BILLING WITHIN UAE**

Upon presenting your (or your Dependant's) Membership Card to the Network Provider, you and/or your eligible Dependants shall benefit from Direct Billing Access for Eligible Expenses relating to Outpatient services prescribed on the Reimbursement Form except for any co-insurance or deductible, if applicable, which you should settle directly to the Provider.

For non-excluded diagnostic tests ordered by the treating Physician on the Reimbursement Form, you and/or your eligible Dependants, are entitled to have the tests conducted without prior approval except for procedures that would require Pre-Approval (please refer to pages 21-23 for the list).

For non-excluded medicines prescribed by the treating Physician on the Reimbursement Form, you and/or your eligible Dependants are entitled to get the required quantity of the prescribed drug(s) considered Medically Necessary for the Treatment of acute diseases usually for a period of five to twelve days. Prior approval is required in the event the prescribed Treatment necessitates more than one standard unit of the same medicine, except for antibiotics, antifungal agents and anti-parasitic agents where Pre- Approval is required if Treatment necessitates more than two standard units.

For chronic disease related medicines, when covered, you and/or your eligible Dependants are entitled to receive the required quantity of the prescribed drug(s) up to maximum period of three months with the necessary Pre-Approval by MSH International. If the medicines are required for more than three months, you and/or the Network Provider shall be required to submit a medical report issued by the treating Physician including relevant investigation results explaining your and/or your Dependants health condition and its history as well as the recommended Treatment plan.

MSH International shall issue an approval through any suitable administrative method on a monthly or quarterly basis until the expiry date of the Policy depending on your (or your Dependant's) medical condition which may require some modification on the dosage, frequency or the drug itself.

For non-excluded cases requiring Physiotherapy prescribed by the treating Physician (not Physiotherapist), Pre-Approval is required before the service can be rendered to you.

For non-excluded Dental Treatment prescribed by the treating Physician, Pre-Approval is required before the service can be rendered to you.

## **2. REIMBURSEMENT CLAIMS WITHIN/OUTSIDE UAE WITHIN AREA OF COVER**

For the settlement of Eligible Expenses, you should submit to us the following documents within a maximum period of (90) days from the date of Treatment:

- (a) Reimbursement Form completed by the treating Physician/Provider
- (b) Original itemised receipts of payment for the amount claimed (Invoice must show cost per service)
- (c) Full and Detailed Medical Report and Diagnosis from the Physician
- (d) Copies of results of diagnostic and laboratory tests, if applicable

**Please ensure these additional guidelines for your claims submission and settlement are followed:**

- (a) All sections in the Reimbursement Form must be properly filled out, dated, stamped and signed by you and your Physician.
- (b) Any claim whose cost does not exceed AED 2,000 can be submitted by sending the scanned copies through the website, mobile application or Email: [maxmedical@msh-intl.com](mailto:maxmedical@msh-intl.com). If the total amount of the claim exceeds AED 2,000 all the original documents must be forwarded to us at the address indicated on the Reimbursement Form. We suggest that you keep a copy of the submitted documents as we will not be responsible for any lost claim documents.

- (c) Please note that a separate Reimbursement Form will be required for each person claiming and for each medical condition being claimed for.
- (d) For Treatment abroad, please specify on the Reimbursement Form the currency in which you wish to be paid. In the event that we may not be able to make a payment in the currency you requested on the Reimbursement Form, due to international banking regulations, we will review each case individually to identify the best suitable currency option.
- (e) If the amount to be paid by us requires conversion from one currency to another, we will use the exchange rate issued by Edmond de Rothschild Bank on the last day of the month preceding the date of your treatment.
- (f) As we have agreed upon, we will only pay for any Medically Necessary Treatment of any medical condition. Therefore, we have the right to access all your medical records and obtain all relevant data we need to process your claim. Please be assured that all information will be treated as strictly confidential.

Failure to submit any one of the above documents will result in the rejection of your claim. The Company reserves the right to change and/or modify the Claims Procedures and Settlement at any time subject to 15 days notice.

## GLOSSARY

### POLICY DEFINITIONS

**Applicable Table of Benefits** The list of Benefits selected by you (Coverage, Limits and Co-insurance/Deductible/Excess, if any).

**Application Form** A written statement of facts duly completed and signed by you that may or may not include Evidence of Insurability documents which are requested by the Company and serves as the basis on which the Company conducts Underwriting and decides whether or not to issue a Policy to you. Once the Company decides to issue this Policy, the Application Form(s) becomes an integral part of this Policy.

**Area of Cover** The geographical area covered by MaxMedical.

**Cancellation Date** The day your insurance coverage is cancelled as a result of your written request or as a result of non-fulfillment of your obligations as set forth in Section 13 of the General Conditions.

**Chronic Conditions** A disease, illness, or injury that has one or more of the following characteristics: (i) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests, (ii) it needs ongoing or long-term control of relief of symptoms, (iii) it requires your rehabilitation or for you to be especially trained to cope with it, (iv) it continues indefinitely, (v) it has no known cure, (vi) it recurs or is likely to recur.

**Claim/Reimbursement** A written demand made to the Company by or on behalf of you for the payment of medical expenses under this Policy. A Claim is submitted on a Reimbursement Form (see definition) which is accompanied by supporting billing documentation and medical reports establishing that chargeable healthcare Services were or will be rendered to you and the medical reasons for conducting such Services, including but not limited to: your History and Physical Examination Report, the medical description of the present condition, surgical or procedure reports and discharge summary. One claim pertains to one Episode of Care.

**Claims Adjudication** The process of placing a Claim through a series of administrative, Policy and medical edits to determine coverage or non-coverage of a Claim as well as the determination of financial settlement parameters. Pre-requisites for Claims Adjudication are (i) the retrieval of all administrative and policy information, (ii) the submission of medical information pertaining to the Claim such as the completed Reimbursement Form Medical and Service sections and; (iii) when deemed applicable by MSH International, the History and Physical Examination Report, Pre-Operative Test Reports, Surgical Report, Procedure Report, Discharge Summary, other medical documents and signed Authorisation for the Release of Medical Information.

**Co-insurance** The participation, if applicable, of you and/or your Dependant(s) in accordance with pre-defined percentages in the payment of Eligible Medical Expenses under this Policy. The Company shall be liable for the balance of the Eligible Medical Expenses subject to the terms and conditions of this Policy.

**Covered Claim** A Claim that is eligible to be paid in whole or in part by the Company according to the Claims Adjudication process and the conditions of this Policy. Covered Claims may be comprised of Eligible Medical Expenses and/or Non-Eligible Medical Expenses and may be inclusive or not of your out-of pocket amounts, such as Specific Deductible Excess, Aggregate Deductible Excess, Co-insurance and/or Limits as defined in the Applicable Table of Benefits and Insurance Certificate, if applicable.

**Declared Condition** Every Pre-existing Condition that was declared by you and/or your Dependant(s) in an Application Form.

**Deletion Date** The date from which coverage is terminated (i) under an individual Policy, for a Dependant who has being deleted from your Policy at your request or (ii) under a group Policy, if the Insured Member's status as an Employee or legal Dependant no longer holds or upon cancellation of this Policy.

**Dependants** Your (for individual policies) spouse and/or unmarried children up to 17 years of age or below 25 years of age if full-time students at an accredited educational institution. In the case of group policies this would refer to the Dependant(s) of Employees.

**Effective Date** The day the insurance under this Policy takes effect for the first time or takes effect for each subsequent Renewal. Healthcare expense benefits begin on the Effective Date in accordance with and subject to the terms and conditions of this Policy and any attachment(s) hereto.

**Eligible Medical Expenses** The Medical expenses which are determined by Claims Adjudication as covered by this Policy inclusive or not of your out-of pocket amounts such as Specific Deductible Excess, Aggregate Deductible Excess, Co-insurance and/or Limits as defined in the Applicable Table of Benefits and Insurance Certificate.

**Eligible Employees** Employees who have not reached their sixty-fifth birthday in the service of the Policyholder on the inception date of this Policy as declared by the Policyholder, unless otherwise specifically accepted. Subsequent new employees who have not reached their sixty-fifth birthday shall be eligible on the date of joining with Policyholder.

**Employee** Any regular, full-time, permanent employee of the Policyholder, (registered in the United Arab Emirates but holding operations also in other territories within the GCC) who is regularly working in an established job, position or office in the United Arab Emirates as per the definitions listed under the UAE Federal Law. This also includes special related regulations that apply in some of the Free Zones of the United Arab Emirates.

**Endorsement** A formal document issued by the Company subsequent to the issuance of this Policy, introducing alterations to this Policy.

**Enrollment Date** The day you enroll for the first time under this Policy; or a Dependant enrolls under an existing Policy which has been renewed without any interruption or alteration.

**Episode of Care** All Treatment rendered within a specified time frame for a Specific Assessment. The specified time frame for an Inpatient Claim is defined as the period from Provider facility admission to discharge for the same corresponding admission. The specified time frame for an Outpatient Claim is defined as the single occurrence of rendering a specific Service, usually per visit, per Treatment, per test(s), per prescription or per examination.

**Evidence of Insurability** The medical and/or non-medical documentation supplied by or obtained from you which is necessary for the evaluation of the Application Form during the Underwriting process.

**Exclusions** Specified conditions, Illnesses, Treatments, Services, Causes, circumstances or other items that are expressly stated as not covered under this Policy.

**Expiry Date** The day this Policy expires. Healthcare expense benefits end on this date unless Renewal has been concluded.

**Gross Premium** Also referred to as Premium, the amount paid by you for insurance coverage, including applicable taxes and Underwriting adjustments, if applicable.

**Inception Date** The date on which the original policy commences.

**Insurance Certificate** The Schedule that states the specific conditions of this Policy and the information on the Policyholder, the Dependant and Company including Policyholder's details, Effective Dates, Dependant's data, Enrollment Dates and related Waiting Periods, if any, Lifetime Limits when applicable, Network, Area of Cover and reference to the Applicable Table of Benefits.

**Limit(s)** A Policy provision that sets a cap on types of Eligible Medical Expenses. Limit(s) may be a (i) monetary amount per lifetime, (ii) quantity amount per lifetime, (iii) monetary amount per year, (iv) quantity amount per year, (v) monetary amount per Claim, or (vi) quantity amount per Claim.

**Non-Covered Claim** A Claim that is not eligible to be paid by the Company according to the Claims Adjudication process and the conditions of this Policy.

**Non-Eligible Medical Expenses** Medical expenses that are determined by Claims Adjudication as not covered by this Policy.

**Out-of-Pocket Expenses** Eligible or Non-Eligible Medical Expenses that must be paid by you.

**Period of Cover** The length of time between Effective Date and Expiry Date of an insurance coverage.

**Policy** The insurance policy, whereby the Company, subject to the Application Form(s), the Preamble, the Definitions, the General Terms and Conditions, the Schedules, the MaxMedical Policy Handbook and other conditions provided herein, guarantees the payment of the benefits set forth in the Insurance Certificate and Applicable Table of Benefits.

**Policyholder/You** In the context of individual policies, the words 'Policyholder and you' will refer to the primary member, whereas in the case of group policies they shall refer to the Employer.

**Pre-existing Conditions** Any disease, illness or injury for which you and/or your Dependants have received medication, advice or Treatment; or you have experienced symptoms; whether the condition has been diagnosed or not prior to the Inception Date of this Policy or in the case of your Dependants, their Enrollment Date.

**Premium** The periodic payment required for providing coverage and to keep this Policy in force.

**Reimbursement Form** A form in which a written demand is made to the Company by or on behalf of you for the payment of medical expenses under this Policy, containing the medical details of the Claim as documented by your or your Dependant(s)' Physician.

**Renewal** The continuance of coverage under a Policy beyond its original Policy Period by the payment of the applicable Premium for a new Policy Period.

**Undeclared Pre-existing Condition** The non-disclosure of any Pre-existing Conditions relating to symptoms, diagnosis, health conditions, or any other details (implicitly or explicitly), by you and/or Dependant(s), when completing an Application Form related to this Policy.



**Underwriting** The process of evaluation by which the Company evaluates all Application Forms prior to the issuance of the Policy and any other subsequent related Endorsement in full conformity with the provisions of this Policy. This evaluation establishes whether or not to accept a potential Policyholder for insurance; and according to what adjustments and terms. Risk evaluation is conducted through the review of the Policyholder's/Dependant's completed Application Form and Evidence of Insurability and may include, but not be limited to the potential Policyholder's/Dependant's current health status, past medical history, family medical history, occupation, age, activity, lifestyle and income. Failure of a Policyholder/Dependant to truthfully complete an Application Form may result in the Cancellation of this Policy or, in the case of group policies, cancellation of Insured Member's coverage.

**Waiting Period** The specified number of days following your Policy's Effective Date or your first enrollment during which you or your Dependant(s) are not entitled to claim specific benefits as specified in your Applicable Table of Benefits.

## COVERAGE DEFINITIONS

**Abroad** Any country other than the United Arab Emirates.

**Accident** A sudden, unforeseen, and unintended event, occurring to a victim beyond his/her control and resulting in bodily injury, the cause of which, is external to the victim's own body.

**Acupuncture** Therapy of a medical condition by needles or laser provided or ordered by a licensed physician.

**Benefits** The healthcare services that are covered under this Policy (e.g. Inpatient, Outpatient, Dental, Maternity). Only those benefits stated in the applicable Table of Benefits are covered.

**Cause** A term that broadly describes the reason you and/or your Dependant(s) seek healthcare, for an illness and/or following an accident.

**Chiropractic Treatment** Treatment conducted by a licensed chiropractic physician.

**Day Patient** A patient who is admitted to a hospital or Day Patient unit because he needs a period of medically supervised recovery but does not occupy a bed overnight.

**Emergency** Any sudden and unforeseen medical condition or injury that poses risk to life and requires immediate and urgent medical assistance.

**Emergency Dental Treatment** Emergency medical treatment necessary to restore or replace sound natural teeth lost or damaged as a result of serious accident which requires Hospitalisation that commences within 24 hours after the accident.

**Herbal Medicine** Internal and/or external application of herbs provided or ordered by a licensed specialist.

**Home Country** The country whose nationality you hold and/or to which you would want to be repatriated.

**Illness** A disease, impairment, interruption, cessation or disorder of bodily function(s), system(s) or organ(s).

**Injury** Physical damage other than Illness, including all related conditions and recurrent symptoms which are usually caused by an Accident.

**Inpatient** A patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.

**Inpatient Treatment** Treatments and/or other healthcare services which are delivered to you in a Hospital and medically necessitate your Hospitalisation as a registered bed patient for at least twenty-four (24) hours.

**Medical Emergency** Any medical condition or serious accident which requires urgent or immediate medical treatment and which is of such severity that the absence of immediate treatment at a Hospital and/or Emergency facility is medically expected to constitute a serious threat to the life, health, bodily function and/or organ of the patient.

**Medical Treatment** Medical or surgical procedures performed with the sole purpose to cure or relieve a medical condition.

**Outpatient** A patient who attends a hospital, consulting room, or outpatient clinic and is not admitted as a Day Patient or an inpatient.

**Outpatient Treatment** Treatment obtained in a clinic or medical facility which does not require admission for an overnight stay.

**Principal Country of Residence** The country where you and/or your Dependents live for more than six months of the year.

**Service(s)** Individual medical Services, tests, exams, consultations or other items which are charged during your or your Dependant(s) care by a Provider.

**Territory** The country or group of countries or a region.

## OPERATIONAL DEFINITIONS

**Company** Dubai Insurance Company, the entity responsible for the payment of healthcare expense benefits under this Policy and which is duly registered and licensed to operate in the United Arab Emirates.

**Direct Billing** An arrangement by which you and/or your Dependants are allowed to obtain eligible services and Treatment within MSH International's Network of Healthcare Providers without having to pay for the Treatment/ services (barring any co-insurance and/or deductible, if applicable). The Company will settle the amount due for these eligible services/Treatment directly to the Network Providers.

**Membership Card** A personalised card issued by the Company in your name or your Dependant(s)' name(s), facilitating Direct Billing to the covered healthcare Services provided within the Allowed Network Provider.

**Provider Network** A group of Healthcare Providers contracted by MSH International for the purpose of providing you and/or your Dependant(s), on the presentation of your (or your Dependant's) Membership Card to their Services on a Direct Billing basis in conformity with the terms of this Policy and as set forth in the Insurance Certificate and in the MaxMedical Policy Handbook. The list of Network Providers is subject to change without advance notice and may be obtained upon logging in to your personalised page on MSH International e-portal to view the network list.

**Non-Network Providers** Healthcare Service Providers that are not part of the MSH International Provider Network.

**Providers** A generic term for Physicians, Hospitals, Clinics, Medical Centres, Pharmacies, Laboratories, Physiotherapy Centres, and other paramedical institutions or persons who are licensed to offer healthcare services.

## MEDICAL DEFINITIONS

**Acute Condition** A disease, illness or injury that is likely to respond quickly to Treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

**Cancer** A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

**Cosmetic Surgery** Any operative procedure or any portion of a procedure performed to improve physical appearance and/or treat a mental condition through change in bodily form.

**Discharge Summary** Summary of your (or your Dependant's) Hospitalisation course including the history & physical examination report, diagnosis(es) or specific assessment(s), complications incurred during the course of Hospitalisation, therapy or Treatment which was provided, results of the Hospitalisation and your (or your Dependant's) discharge status including the status of the diagnosis(es) or specific assessment(s), future medical Treatment, medications and follow-up directions.

**Elective Treatment** A planned Treatment and/or procedure which is medically necessary but does not involve a medical emergency.

**Hereditary Condition** Diseases or illnesses that are inherited genetically from parents by offspring.

**Infertility Treatment** All invasive investigative procedures necessary to establish the cause of infertility.

**Obesity** A condition where a person has a Body Mass Index (BMI) of over 30.

**Physician** Any doctor of medicine duly licensed and qualified to render Treatment provided under the jurisdiction in which Treatment is provided.

**Treatment** Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury.

**Surgery/Surgical** Any invasive or incisional procedure including Laser, injection therapy, electrocauterisation, cryotherapy, which is used to diagnose, cure or rectify an illness, injury, condition, defect or malformation. In this context, invasive diagnostic procedures such as endoscopy, angiography, destruction of kidney or gallstones, any method of treating a fracture, reduction of a dislocation, normal childbirth and catheterization (excluding urethral, peripheral venous and/or arterial) will be considered as Surgery/Surgical.

## MEMORANDA



## MEMORANDA

## CONTACT US

### FOR GENERAL INQUIRIES

Please contact MaxMedical Desk (UAE only):

From 08:00 to 17:00 (Sun –Thurs except public holidays)

Tel: +971 4 269 3030 Extns. 203 / 238

Email: [maxmedical@dubins.ae](mailto:maxmedical@dubins.ae)

### FOR PRE-APPROVAL & PRE-CERTIFICATION

Please contact MSH International Customer Care Team

Tel: +971 4 365 1340 (24-Hour Assistance)

Email: [approvals@sea.msh-intl.com](mailto:approvals@sea.msh-intl.com)

### FOR POLICY & CLAIMS INQUIRIES

Please contact MSH International Customer Care Team

Tel: +971 4 365 1313 (24-Hour Assistance)

Email: [maxmedical@msh-intl.com](mailto:maxmedical@msh-intl.com)

### FOR EMERGENCY ASSISTANCE OUTSIDE UAE

Please contact International SOS

Tel: +971 4 601 8777



## **MaxMedical** - Dubai Insurance Company

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