



ESSENTIAL BENEFITS PLAN

Benefits	Limits	Conditions	Coinsurance and limits
Annual upper aggregate claims limit (including any coinsurance and/or deductibles).	AED 150,000.		
Geographic scope of coverage	Basic healthcare services.	Within the Emirate of Dubai (and within the UAE at the Providers where Direct Billing access is provided).	
	Emergency medical treatment.	Within all emirates of the UAE.	
Provider network	Limited network is acceptable.	The network must provide reasonable geographic access for the insured in relation to place of work and residence.	
Pre-existing conditions	Cover cannot be denied due to pre-existing conditions.	Treatment for chronic and pre-existing conditions excluded for first six months of first scheme membership. Included thereafter. ¹	
<p>Basic healthcare services: Inpatient treatment at authorised hospitals.</p> <p>Referral procedure: Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The GP must make his referral together with reasons via the DHA e-Referrals system for the claim to be considered by the Insurer.</p>	Tests, diagnosis, treatments and surgeries in hospitals for nonurgent medical cases.	Prior approval required from the insurance company.	20% coinsurance payable by the insured with a cap of AED 500 payable per encounter and an annual aggregate cap of AED 1000. Above these caps the insurer will cover 100% of treatment.
	Emergency treatment.	Approval required from the insurance company within 24 hours of admission to the authorised hospital.	
	Inpatient services will be received in rooms of two or more beds.	Prior approval required from the insurance company.	
	Healthcare services for emergency cases.		
	Ground transportation services in the UAE provided by an authorised party for medical emergencies.		
	Companion accommodation.		The cost of accommodating a person accompanying an insured child up to the age of 16 years.
		The cost of accommodation of a person accompanying an inpatient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage.	Maximum AED 100 per night.



Maternity services¹

	<p>Outpatient antenatal services.</p>	<p>Requires prior approval from the insurance company.</p>	<p>10% coinsurance payable by the insured. Eight visits to PHC; All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals Initial investigations to include:</p> <ul style="list-style-type: none"> • FBC and Platelets • Blood group, Rhesus status and antibodies • VDRL • MSU & urinalysis • Rubella serology • HIV • Hepatitis C offered to high risk patients • GTT if high risk • FBS - Random s or A1c for all due to high prevalence of diabetes in the UAE. <p>Visits include reviews, checks and tests in accordance with DHA Antenatal Care Protocols, and three antenatal ultrasound scans.</p>
	<p>Inpatient maternity services.</p>	<p>Requires prior approval from the insurance company or within 24 hours of emergency treatment.</p>	<p>10% coinsurance payable by the insured.</p> <p>Maximum benefit AED 7,000 per normal delivery, AED 10,000 for medically necessary C-section, complications and for medically necessary termination (All limits include coinsurance).</p>
	<p>Newborn cover.</p>		<p>Cover for 30 days from birth.</p> <p>BCG, Hepatitis B and neo-natal screening tests Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia).</p>



<p>Basic healthcare services: Outpatient in authorised outpatient clinics of hospitals, clinics and health centres.</p> <p>Referral procedure: Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the insured first consulting a General Practitioner (or equivalent as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The GP must make his referral together with reasons via the DHA e-Referrals system for the claim to be considered by the Insurer.</p>	Examination, diagnostic and treatment services by authorised general practitioners, specialists and consultants.		20% coinsurance payable by the insured per visit. No coinsurance if a follow-up visit made within seven days.
	Laboratory test services carried out in the authorised facility assigned to treat the insured person.		20% coinsurance payable by the insured.
	Radiology diagnostic services carried out in the authorised facility assigned to treat the insured person.	In cases of non-medical emergencies, the insurance company's prior approval is required for MRI, CT scans and endoscopies.	20% coinsurance payable by the insured.
	Physiotherapy treatment services.	Prior approval of the insurance company is required.	Maximum six sessions per year. 20% coinsurance payable per session.
	Drugs and other medicines.	Cost of drugs and medicines up to an annual limit of AED 1,500 (including coinsurance).	30% payable by the insured in respect of each and every prescription. No cover for drugs and medicines in excess of the annual limit.
Preventive services, vaccines and immunisations.	Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates (currently the same as Federal MOH).		
	Preventive services as stipulated by DHA to include initially diabetes screening.	The DHA has to notify authorised insurance companies of any preventive services that will be added to the basic package at least three months in advance of the implementation date and the newly covered preventive services will be covered from that date.	Frequency restricted to Diabetes: Every 3 years (from age 30 and above). High risk individuals annually (from age 18 and above).
Excluded healthcare services except in cases of medical emergencies.	Diagnostic and treatment services for dental and gum treatments.		Subject to 20% coinsurance.
	Hearing and vision aids, and vision correction by surgeries and laser.		Subject to 20% coinsurance.

Note:¹ However, conditions developing into an emergency will be covered up to the policy limits.



EXCLUSIONS AND LIMITATIONS

Excluded (nonbasic) 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 specialised 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 programmes, services, or supplies.
9	Medical services utilised for the sake of research, medically non-approved experiments and investigations and pharmacological weight reduction regimens.
10	Healthcare Services that are not performed by Authorised 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 programmes 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, sterilisation or intended to correct a state of sterility or infertility or sexual dysfunction. Sterilisation 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 desensitisation (except testing for allergy towards medications and supplies used in treatment); any physical, psychiatric or psychological examinations or investigations during these examinations.



**Excluded (nonbasic)
healthcare services**

23	Services rendered by any medical provider who is a relative of the patient for example the insured person 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 & treatments for in-vitro fertilisation (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 unauthorised 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 jeopardising the Insured Person'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 Person 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 programmes for handicaps.



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

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| 1 | Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type. |
| 2 | Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type. |
| 3 | Healthcare services for injuries and accidents arising from nuclear or chemical contamination. |
| 4 | Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other type of natural disaster. |
| 5 | Injuries resulting from criminal acts or resisting authority by the Insured Person. |
| 6 | Injuries resulting from a road traffic accident. |
| 7 | Healthcare services for work related illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, and applicable laws in this respect. |
| 8 | All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances. |
| 9 | Any investigation or treatment not prescribed by a doctor. |
| 10 | Injuries resulting from attempted suicide or self-inflicted injuries. |
| 11 | Diagnosis and treatment services for complications of exempted illnesses. |
| 12 | All healthcare services for internationally and/or locally recognised 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. |



YOUR AXA INSURANCE PROPOSAL/AGREEMENT

At AXA Insurance we are committed to conducting our business according to the highest standards of honesty and fairness. This commitment is designed not only to ensure compliance with applicable laws and regulations in the various jurisdictions where we operate but also to keep the continued trust of our clients, shareholders, personnel and business partners.

Your Approval

- I acknowledge that this product is designed for workers/domestic helpers holding Dubai visa who are sponsored by Individuals and not by corporate.
- I acknowledge that the domestic helper who will be insured under this policy earns less than or equal to 4,000AED gross salary per month.
- I acknowledge that I have to provide AXA with all the requested information & required documents to process the policy as instructed through the online application process.
- I acknowledge that Policy issuance is strictly subject to successful validation of the Person Profile with Ministry of Interior (MOI) records, and any difference in information may result in the policy being void or cancelled by AXA depending on the information received from MOI during your Person Profile Validation.
- I understand that total premium for the chosen EBP product is 640.50 AED per person annually including VAT.
- I acknowledge that this health insurance program will be effective only once total premium is received by AXA prior to or on inception date assigned in the online application.
- I confirm that all premiums will be paid by cheque or Bank transfer to AXA Insurance Gulf, and understand that failure to pay the premium in time will impact validity of the policy.
- I accept to pay any taxes on this Policy, in compliance with the laws and regulations applicable in the territory of sale, including but not limited to value added tax) "VAT" which are due on Your Policy within fifteen working days from the date of a request to pay by AXA. Failure to pay any applicable taxes may result in Your Policy being rendered null and void or cancelled at AXA's discretion.
- I'm fully aware that if premium is not received by AXA Gulf within the agreed time, AXA company have the right to terminate the policy and any services under it and also recover the premium for the period on risk.

I hereby declare that I have read, understood and agreed on all the information provided in this document "EBP Terms & Conditions", and I acknowledge that this document inclusive of Table of Benefits and list of exclusions formulates the proposal & Agreement of the EBP policy to be issued, and I communicate this agreement to the insurance company "AXA" to confirm my acceptance on this insurance proposal. Proceeding with payment will constitute final acceptance of the insurance proposal / agreement from my side. I understand and agree that both Parties are legally bound to this insurance agreement once the payment is made and policy is issued.



CLARIFICATION ON IMPORTANT POINTS

Important

This proposal is based on the information provided to us, it's valid for 30 days from date of issue. We reserve the right to amend or withdraw this proposal if any of the information were missing or incorrect.

Premium

Payment of the annual premium is immediately due in advance, and installment facility is not available under the Essential benefit plan. Full annual premium must be settled prior to policy effective date or at inception.

Addition, Deletion of members

Addition: No additions/deletions are allowed on this policy, as this is an individual policy and is not designed for dependents.

Policy Cancellation

Sponsor may request to cancel the EBP policy for the domestic worker upon visa cancellation. Once the visa is cancelled, the individual must show proof of the cancellation in order to request for a refund. Policy cancellation date will be effective the date member exits the country as per the exit stamp if available, or after 30 days from visa cancellation date which is the grace period allowed to leave the country upon cancellation of visa. Company will refund the premium on a daily pro-rata basis regardless of policy incurred claims. Policy holder should present copy of the visa cancellation document to request for the refund in premium & return the physical medical card or present a copy of the destroyed card. In case of refund to be drawn in favour of any person other than the holder of the policy, the policyholder needs to sign an authorization letter in favour of the beneficiary.

Terms, Conditions and exclusions

Attached to this document are the complete terms, conditions and exclusions that will be the basis of your future health insurance contract.



CLAIMS PROCESS AND PROCEDURES

1. With the EBP plan from AXA Insurance, insured member is entitled to healthcare services within Dubai and other emirates. AXA Insurance medical card (along with an ID) should be kept with the Insured member at all times. It will allow the member to access services at AXA approved medical facilities - known as the designated provider network.
2. Please note there are co-insurances (which means that the insured member will have to pay a share of the costs) and sub limits applicable for each benefit which need to be checked with the medical provider before they are availed.
3. The Insured member will be required to visit the onsite medical clinic. If no onsite clinic is available, the insured member can go directly to any hospital or clinic from the designated provider network list, and present the AXA Insurance medical card, along with an ID of the to receive treatment.
4. There are specifically selected clinics, hospitals and pharmacies within the AXA Insurance designated provider network that are accessible for treatment. Please refer to the medical providers list that is provided to you.
5. Kindly check the costs with the medical provider before your treatment. Certain treatment and procedures need to be pre-approved by AXA Insurance before the treatment is availed.
6. Only in a critical or life threatening medical emergency you can visit a medical facility that is not included in your Network. However, you will need to pay for this treatment upfront and will then be able to get reimbursed by AXA Insurance. It is important to keep all of your receipts and invoices and submit these with a reimbursement claim form to AXA Insurance to receive reimbursement for any treatment eligible for cover. You will be able to submit your claim online or at any of our AXA Branches.
7. Please remember that for non-emergency services you must visit a medical facility within your network of providers or your claim will not be paid. We recommend that you remain within your network to ensure direct billing.
8. Please call AXA to locate your medical providers that are closest to you. You can also find on line all of the documents you need to submit a reimbursement claim together with submitting them to us directly www.axa-gulf.com
9. Please call the AXA call center, on the number provided at the back of your AXA Insurance medical card.

Attached Benefits Table applicable to your plan shows the maximum benefits we will pay for each member.

Please note that benefit values are reduced each time you claim (Invoice value less any deductible, excess, co-insurance or ineligible treatment) we have actually paid. In applying deductibles and coinsurance (the percentage of eligible benefit payable by the insured member) we will subtract the deductible first and then apply the co-insurance to the balance of eligible benefit remaining. If you incur costs in excess of the limits you will have to pay the difference.

Thank you