

Plan	Dependents Basic
SCHEDULE OF BENEFITS	Essential Benefit Plan
Annual Benefit Limit (Including any coinsurance and/or deductible)	AED 150,000/-
Geographical Scope of Coverage for Basic Healthcare Services (Elective Treatment)	UAE (except Abu Dhabi & Al Ain) and extended to ISC UAE + Home country*
Geographical Scope of Coverage for Emergency Medical Treatment	*Home country coverage is applicable only if Home country located within any of the below mentioned list of countries *Only In Patient treatments will be covered in Home countries (Out Patient treatment NOT covered) South East Asia (SEA): India, Bangladesh, Philippines, Pakistan, Burma, Thailand, Vietnam, Malaysia, Sri Lanka, Indonesia, Nepal, Bhutan.
Network Applicable	APN
Pre-existing & Chronic conditions	<ul style="list-style-type: none"> • Covered subject to waiting period of 6 months of first insurance membership with the contracted insurer, included thereafter • Where a pre-existing or chronic condition develops into an emergency within the 6 month exclusion period this must be covered up to the annual aggregate limit
Inpatient Treatment Coverage is up to the relevant Annual Benefit Limit per person/per policy year with pre-approval	
Referral Procedure	Referral procedure: In respect of 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.
Approval requirements	<ul style="list-style-type: none"> • Non urgent medical cases (Elective) – Prior approval is compulsory • Emergency medical service - Approval required from the Insurance company within 24 hours of admission to the authorized network hospital
Liability (coinsurance) of the Insured member and the Insurance company	<ul style="list-style-type: none"> • 20% coinsurance payable by the insured with a cap of 500 AED payable per encounter • An annual aggregate cap of 1,000 AED • Above these caps the insurer will cover 100% of treatment.
Hospitalization Class	Semi Private Room / Shared Room *In-patient services will be received in rooms of two or more beds
Hospital Accommodation and related Services	Covered
Intensive care unit and coronary artery disease treatment	Covered
Consultant's, Surgeon's and Anesthetist's Fees	Covered
Various therapies including physiotherapy, chemotherapy, radiation therapy etc.	Covered
Use of hospital medical equipment (e.g. heart and lung support systems etc.)	Covered
Ground transportation services in the UAE provided by an authorized party for medical emergencies (Ground Ambulance Services)	Covered
The cost of accommodating a person accompanying an insured child up to the age of 16 years	Covered maximum up to 100 AED per night
The cost of accommodation of a person accompanying an in-patient 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	Covered maximum up to 100 AED per night
Repatriation costs for the transport of mortal remains to the country of origin	Covered up to AED 5,000/-
Outpatient Treatment (Basic healthcare services: at authorized out-patient clinics of hospitals, clinics and health centers)	
Referral procedure In respect of 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	<ul style="list-style-type: none"> • Primary care / 1st line of care at Network General Practitioner or Network Gatekeeper only • In respect of 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
Examination, diagnostic and treatment services by authorized 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 Tests & Radiology Diagnostic services	20% coinsurance payable by the insured per visit In cases of non-medical emergencies, prior approval is required for MRI, CT scans and endoscopies
Pharmaceuticals	30% coinsurance payable by the insured in respect of each and every prescription Cost of drugs and medicines are covered up to an annual limit of 1,500 AED (including coinsurance). *Restricted to formulary products where available

Preventive services, vaccines and immunizations	For New Born and children	<ul style="list-style-type: none"> Essential vaccinations and inoculations for newborns and children as stipulated in DHA's policies and it's updates (Currently the same as federal MOH) Claims covered on reimbursement basis as per coverage specified in 'Claims Settlement Terms' of this TOB
	For Adults	<ul style="list-style-type: none"> Diabetes: <ul style="list-style-type: none"> Normal Risk: Every 3 years from age 30 High risk individuals annually from age 18 Preventive services as mandated by DHA periodically
Physiotherapy (Require pre-authorization)		20% coinsurance payable by the insured per session Covered up to 6 sessions per member per year

Other Salient benefits	
Day care Treatment	Covered
Out Patient Surgery	Covered
New Born baby coverage	<ul style="list-style-type: none"> First 30 days of New Born from DOB is covered under Mother's Maternity Limit BCG, Hepatitis B and neo-natal screening tests are covered for the first 30 days from DOB
Temporary Maid replacement in case of Hospitalisation	NA
Accidental Death, Accidental Permanent Total Disablement, Permanent Partial Disablement	-
Diagnostic and treatment services for dental and gum treatments	Covered only in cases of medical emergencies subject to 20% copayment
Hearing and vision aids, and vision correction by surgeries and laser	Covered only in cases of medical emergencies subject to 20% copayment

Claims Settlement Terms (what is Paid by the Insurer)			
Elective Treatment	Free or Cashless Access (Network)	Aafiya Applicable Network	100% of Actual Covered Cost
	Reimbursement (Non-Network)	At Government Hospital in Dubai, Sharjah & Ajman	80% of actual covered cost subject to maximum of 100% of applicable network rates
		In Dubai, Sharjah & Ajman except Government Hospitals	Not Covered
		Reimbursement within covered Home countries (In Patient treatments only)	80% of Actual Covered Cost subject to the max of 100% of applicable network rates in UAE
Emergency Treatment within Geographical Scope of Cover	Aafiya Applicable Network		100% of Actual Covered Cost
	Reimbursement (Non-Network within UAE)		100% of actual covered cost subject to maximum of 100% of applicable network rates

MATERNITY BENEFITS			
Maternity Services - *Where any condition develops which becomes an emergency, the medically necessary expenses will be covered up to the annual aggregate limit	Out-patient ante-natal services	Requires prior approval from the insurance company	<ul style="list-style-type: none"> 10% coinsurance payable by the insured 8 visits to PHC Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols All care provided by Primary HealthCare obstetrician for low risk or specialist obstetrician for high risk referrals
			<p>Initial investigations to include:</p> <ul style="list-style-type: none"> FBC and Platelets Blood group, Rhesus status and antibodies <ul style="list-style-type: none"> VDRL MSU & urinalysis Rubella serology HIV FBS, Random blood sugar OR HbA1C <p>In addition to the above, the below tests are covered for high risk pregnancies only</p> <ul style="list-style-type: none"> GTT, if high risk Hepatitis C <p>Ultrasonography: 3 ante natal ultrasound scans</p>
	In-patient maternity services	Requires prior approval from the insurance company or within 24 hours of emergency treatment	<ul style="list-style-type: none"> 10% coinsurance payable by the insured AED 7,000/- for normal delivery OR AED 10,000/- for medically necessary C-section, complications and for medically necessary termination
	New born cover		<p>Cover for 30 days from birth.</p> <p>BCG, Hepatitis B and following neo-natal screening tests are covered: (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)</p>

ANNUAL CONTRIBUTION PER PERSON PER YEAR	Dependents Basic
Male / Female (0 days - 17 years)	650 AED
Male / Female (18 - 64 years)	650 AED
Married Female with Maternity (18-45)	1,700 AED
Elderly - Male / Female (64 years and above)	3,000 AED
Network Applicable	APN

GENERAL EXCLUSIONS LIST FOR EBP Product

This Takaful Policy is intended to provide cover for expenses incurred for Medical Treatment of Medical Conditions or Bodily Injuries which, in the opinion of both the treating physician and the MCC doctor, are Medically Necessary and which are covered under the Terms and Conditions of the Takaful Policy.

This Takaful Policy does not cover, amongst other things, expenses arising directly or indirectly from the following:

Excluded healthcare services except in cases of medical emergencies

1. Diagnostic and treatment services for dental and gum treatments
2. Hearing and vision aids, and vision correction by surgeries and laser

Excluded healthcare services except in cases of medical emergencies

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 out-patient and in-patient 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 Covered Member person himself or first degree relatives.
24. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient 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 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 haemodialysis 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 Takaful 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 Covered Member Person's health.
37. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or Takaful 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 Covered Member 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 programs for handicaps.

Healthcare services outside the scope of health Takaful

1. Injuries or illnesses suffered by the Covered Member Person as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Covered Member 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 Covered Member Person.
6. Injuries resulting from a road traffic accident.
7. Healthcare services for work related illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, and applicable laws in this respect.
8. All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances.
9. Any investigation or treatment not prescribed by a doctor.
10. Injuries resulting from attempted suicide or self-inflicted injuries.
11. Diagnosis and treatment services for complications of exempted illnesses.
12. All healthcare services for internationally and/or locally recognized epidemics.
13. Healthcare services for patients suffering from (and related to the diagnosis and treatment of) HIV – AIDS and its complications

Please note that quote is subject to following:

1. Please refer to the Policy Wording and policy Schedule for full Benefit details and coverage definitions.
2. As per DHA regulations the updated census (that includes Mobile Number & Emirate of Residence) needs to be filled and submitted at confirmation.
3. The terms are based on the information provided by you.
4. This quotation is valid for 30 days from the day of submission.
5. The scheme includes all the eligible members compulsorily.
6. The quote assumes Takaful coverage for all employees residing in Dubai and is on valid resident visa.
7. DHA Basic Plan is applicable only for Employees whose monthly salary is maximum AED 4,000/-.
8. Contribution is payable in advance.
9. If any member is receiving salary more than AED 4000/- the same has to be notified to us.
10. All employees to be active at work.
11. The benefits offered in this quotation do not comply with the Health Authority Abu Dhabi regulation for compulsory Takaful.
12. The above policy is compulsory scheme and members on voluntary basis are not eligible for medical coverage.
13. Please note that for any Iran National member we require their passport and visa copy to decide on the coverage confirmation.
14. All members Emirates ID numbers to be provided up on confirmation of cover.
15. "As per recent MOH/HAAD advice, Insurer and TPA need to include EMIRATES ID number in all transaction with the regulator with immediate effect. Hence, please ensure to provide us with the National ID details in the members list for all new and renewal business"
16. PAYMENT TERMS: ANNUALLY IN ADVANCE.

FAQ: Essential Benefits Plan (EBP) & Dependent Medical Takaful

1. What is compulsory medical Takaful?

If you work for a Dubai registered employer (including a Free Zone company), your employer is required by law to provide you with a health Takaful plan. A minimum standard of cover called the Essential Benefits Plan (EBP) has been established by DHA which comprises the minimum level of coverage that must be offered by all employers. The law also extends to sponsors who must provide health coverage for their spouses, dependents and domestic workers.

2. I am not employed but here on my spouse's visa. How will I be covered?

Dubai Health Authority encourages employers to provide medical Takaful for the spouse or dependents of its employees. However, if an employer does not provide cover, then your sponsor will need to arrange cover for you, which is mandatory.

3. I am a domestic worker. How will I benefit?

If you are working for a private family, for example as a maid, a nanny, a gardener or a driver, it will be your sponsor's responsibility to provide you with medical Takaful.

4. I work for an employer registered in the Emirate of Dubai. Does my employer have to provide me with medical Takaful cover?

Yes. All resident expatriates working for Dubai registered companies (including Free Zone entities) must receive at least a basic level of cover as stipulated by Dubai Health Authority and paid for by the employer.

5. How you can purchase the EBP Plan?

You can purchase the EBP Plan by visiting <http://www.noortakaful.com/english/personal/medical>

6. What is the duration of this Takaful coverage?

One Year

7. How does my plan work? What is the meaning of GP referral?

The covered member is required to first consult a (GP) General Practitioner (or equivalent as designated by DHA) who is licensed by DHA, in order to obtain medical services.

GP referral: In respect of Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialists or consultants without the covered member 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 Takaful company. The GP must make his referral together with reasons via the DHA e-Referrals system for the claim to be considered by the Takaful Company.

8. What is "co-Takaful"? How is it different to a "deductible"?

Co-Takaful is a percentage of the costs of consultations, treatment, tests, drugs and medicines that you have to pay. A deductible is a fixed amount that you pay regardless of the overall cost of treatment. Both are used as a means of keeping down the costs of medical Takaful.

9. Where can I receive treatment if I have the basic benefits plan?

Your Emirates ID will be activated as your Medical Card, confirming your enrolment in the Takaful plan. Therefore, no medical card will be issued as your Emirates ID will serve as a Medical Card. Simultaneously, you will receive the details of covered and excluded benefit / services you are entitled to and a list of providers (hospitals, clinics etc.) where you can receive these services. This list is often referred to as the "Network". Noor Takaful has an arrangement with Third Party Administrator Company that will have a network of providers in Dubai and other emirates excluding Abu Dhabi & Al Ain that you can use. You should refer to our website www.noortakaful.com (or TPA's) website/TPA portals or contact the TPA directly to find out which facilities you can use.

10. What is deductible?

A fixed amount of money stated in the table of benefits which insured / covered member is required to pay to providers in direct billing when receiving health services under the table of benefits before insurance (takaful) company start paying. Deductible amount is deducted from total payable claims in case of reimbursement. Deductible is applied before any co-insurance (co-takaful).

11. What is Network?

This is a list of providers (Hospitals, Clinics, Pharmacies and Diagnostic centers) that you can access on direct billing.

12. What is Direct Billing?

This means that you present your Emirates ID and you receive treatment on a cashless basis apart from the deductible and co-payment.

13. What is Reimbursement?

This means that you present medical bills spent outside the network for which you get back a certain agreed amount.

14. What is Area of Cover?

Area of coverage where an insured (covered) member is allowed to avail medical treatment under the terms of the Policy / Certificate.

15. What is Elective Treatment?

Planned treatment which is medically necessary, but which is not required as an emergency.

16. What is Emergency Treatment?

A sudden sickness or injury whose acute symptoms raised a legitimate concern including but not limited to severe pain are of such severity that absence of immediate treatment at medical facility is medically expected to constitute a threat to: Life; and/or Health; and/or Body function; and/or Organ of the patient

17. What is Pre-existing conditions:

Pre-existing is not covered in first six months under the policy / certificate. Any illness, sickness, disease or other physical, medical, mental or other condition, disorder or ailment where, in the opinion of a medical practitioner appointed by the Takaful Company, signs or symptoms of the condition existed at any time in the period prior to the Insured (Covered) Member becoming insured (covered) under the Policy / Certificate. The test applied relies upon signs or symptoms of the condition being present and not on a diagnosis. It is not necessary for the Insured / Covered Member or his doctor to know what their condition is or was. In forming an opinion the Takaful Company appointed medical practitioner who makes the decision must take into account information provided by the Insured (covered) Member's treating doctor.

18. How you can renew your EBP Plan after a year?

Renewal is a simple online process. Before expiry of your policy/certificate, please visit our website www.noortakaful.com/english/personal/medical; or contact us via an email vcare4u@noortakaful.com or Call 800-6667

19. How do you address my issues or raise complaints?

In the event you have any complaints or face any issue with regard to service, you should immediately record your complaint with our Third Party Administrator via an email vcare4u@noortakaful.com or Call us directly 800-6667 or cg@dha.gov.ae.