



Smart Health - Gold (UAE except Abu Dhabi & Al-Ain)

Important information about your plan

The table of benefits included here is to be read in conjunction with your membership handbook which sets out the contractual agreement and rules of your scheme. Your membership handbook can be found at www.axa.ae in the Health section.

How claims affect your benefit limits.

Benefit values are reduced each time you claim the net amount we have covered (Invoice value less any deductible, excess, co-insurance or ineligible treatment). If you have a policy where there is an overall deductible for any treatment and a co-insurance that is applied for a certain type of treatment, we will apply the following:

- Subtract the deductible from the overall claim amount.
- Apply the co-insurance calculation to the amount remaining after the deductible has been taken.

When a benefit is shown as 'Included', all related sub-limits [such as those applicable to pre-existing conditions] will apply. Full policy terms and conditions apply at all times.

Reasonable and Customary Charges.

All benefits and services submitted for claim reimbursement will be evaluated based on the

Reasonable and Customary Rates. We will cover the cost incurred or the Reasonable and Customary Rate against the service [whichever is less] and reimbursement will be determined based on the scheme you have chosen. The following conditions apply:

- Co-insurance/Deductible as applicable under the plan would be deducted from the eligible amount prior to reimbursement.
- The Pharmacy will be paid based on their actual cost as per the terms and conditions of the Policy.
- The actual amount payable will be based on the itemized bill submitted and the codes used per service by the Service Provider. If the itemized bill is not submitted and the service provided does not entail defined codes, they will be assessed on a case to case basis.
- Reasonable and Customary rates will be based on the country where the Policy is issued and will be applicable for treatments taken within the G.C.C.
- If the treatment is not available within the list of network providers

(for treatment in countries where Reasonable and Customary rates are not available), we will base the calculation on the average cost of the treatment in that area or country

Why it is necessary to notify us before receiving your treatment.

Please ensure that you notify us before receiving any planned admission and/or any major out-patient treatment; this will allow us to manage your admission and billing by confirming the eligibility of your claim, at what cost and the approval covering the duration of your treatment]. If we are not aware of your treatment/admission, you may have to cover its expenses.

Why you need to identify yourself as an AXA member.

Prior to receiving treatment, you will be asked to identify yourself and share proof of your insurance. You can do this by showing your Medical ID Card or your Emirates ID Card.

If you are unable to provide proof of insurance, you may be required to pay any difference between the invoice value and our negotiated price.

Please note that AXA Insurance reserves the right to recover any ineligible expenses incurred from the member.

Know what you're covered for:

Please note that the benefits shown are specific per member each year unless otherwise specified

Area of cover	UAE plus any one of India, Pakistan, Sri Lanka, Bangladesh, Philippines, Nepal & Bhutan being your home country	
Yearly maximum	AED 500,000	We will cover up to the maximum limit shown for each member per policy year. All benefits covered during the policy period will count against this yearly maximum.
Outside area of cover	Worldwide up to AED 50,000	<p>This is to cover emergency treatment, or treatment of a medical condition which arises suddenly whilst outside the member's area of cover. We will [in consultation with the treating practitioner] retain the right to determine what constitutes as 'Emergency Treatment'. This benefit does cover treatments for any condition if you have travelled outside your area of cover (whether or not that was the only reason) or for any treatment which was, or may have reasonably been known about, before travel commenced.</p> <p>Under no circumstance will the benefit be covered for any aspect of pregnancy or childbirth.</p>

In-patient and Daycare Treatment

In-patient treatment: Overnight stay at a hospital for one or more nights.

Daycare Treatment: Treatment at a hospital, daycare unit, or out-patient clinic where the member needs a procedure requiring admission to a hospital bed but not requiring an overnight stay. Subject to the limits shown on the plan, members are covered for hospital charges incurred for eligible treatment given between admission and discharge such as:

- Charges for accommodation
- Diagnostic procedures
- Operating theatre charges
- Nursing care, drugs and dressings
- Surgical appliances used by the medical practitioner during surgery [except external prosthesis or appliances]
- Surgeon's and anesthetist's charges including pre- and post- operative consultations
- Intensive care unit charges
- Consultations and physiotherapy while admitted for treatment of a medical condition and when such treatment directly relates to it
- Radiotherapy and chemotherapy
- CT Scans, MRI Scans, X-Rays and other such proven medical imaging techniques.

Please note that all non-emergency admissions require our written pre-approval before admission.

Daily Accommodation Charges	Covered	A private, single-bedded room with its own bathroom.
Parent Accommodation up to	AED 500 per night	We will pay parent accommodation when the child member is under 18 years old and treatment is received within the area of cover. This will be paid from the child's benefit. An extra charge for room/bed in same room while accompanying the child shall be covered under Policy, with the exception of medical admission to ICU for children below 5 years old where AXA will approve the cost of accommodation of the parent in a separate room.
Companion accommodation in case of critical illness or medical necessity based on the recommendation of treating doctor with prior approval	AED 100 per night	This is covered for accommodation of an accompanying person in the same room in case of critical conditions and as per the recommendation of the attending physician <i>Subject to prior approval</i>
Cash Benefit	AED 500 per night	This is covered for in-patient treatment only within the area of cover, absolutely free of charge. No other benefit will be payable in respect to the period for which the cash benefit has been claimed.
In-patient Direct Billing	Covered	<p>All non-emergency in-patient treatment must receive prior approval [in writing] before admission. You can take advantage of direct billing facilities for eligible in-patient care within your network.</p> <p>Prior to receiving treatment anywhere, you will be asked to identify yourself and share proof of insurance. You can do this by showing your Medical ID Card or your Emirates ID Card.</p> <p>If you are unable to provide proof of insurance, you may be required to pay any difference between the invoice value and our negotiated price.</p> <p><i>Please note that AXA Insurance reserves the right to recover any ineligible expenses incurred from the member.</i></p>
In-patient direct billing network	AXA 3	

Out-patient Treatment

Out-patient treatment is a treatment provided by a medical practitioner at an out-patient clinic, a medical practitioner's consulting room or in a hospital where the member is not admitted to a bed. You are covered, subject to the limits shown for:

- Medical practitioner charges for consultations
- Diagnostic procedures
- Prescriptions (any prescribed drug or other medication required for more than 30 days must be approved by us)
- Physiotherapy received as out-patient (this is subject to pre-approval)
- CT and MRI, PET and Gait Scans and internal diagnostics received as an out-patient (this is subject to pre-approval)
- Radiotherapy and Chemotherapy received as an out-patient (this is subject to pre-approval)
- Surgical procedures received as an out-patient (this is subject to pre-approval).

GP and Specialist Consultation Charges	Covered	A consultation is a visit to any medical practitioner for the treatment of an eligible medical condition.
--	---------	---

Out-patient Treatment - continued

Courses of physiotherapy	Covered	<p>Prescribed physiotherapy refers to treatment by a registered physiotherapist following referral by an orthopedic surgeon, Rheumatologist, neurosurgeon or neurologist. Physiotherapy is initially restricted to 10 sessions per condition per referral. A maximum of five sessions shall be authorized following which a progress report would be required from the Physiotherapist.</p> <p>Should further sessions be required, a progress report must be submitted to us from the referring Specialist, which indicates the medical necessity for any further treatment.</p>
Complementary Therapy [Includes courses of chiropractic treatment and osteopathy]	AED 3,000 in aggregate	<p>Therapeutic and diagnostic services that exist outside the institutions where conventional allopathic medicine is provided. Alternative/complementary health services and treatment shall be limited to chiropractor, osteopath, homeopath or acupuncturist, Chinese herbal medicine and Ayurvedic treatment.</p> <p>This form of treatment must be pre-approved by us, provided by a qualified practitioner and must be recognized and licensed by the respective authority in the country where the treatment is performed.</p> <p>All forms of alternative/complementary treatments [such as, but not limited to chiropractic, osteopathy, homeopathy or acupuncture, Chinese herbal medicine, Ayurvedic treatment, acupressure, hypnotism, rolfing, massage therapy, aromatherapy, chiropody body technique, lymphatic drainage, magnetotherapy, ozone therapy, holistic and spa treatments] are excluded unless otherwise specified in the table of benefits.</p>
Alternative Treatment		
Per visit coinsurance (excess) applicable to all outpatient claims	10%	A co-insurance is the specified percentage that is shown in the table of benefits to be borne by the member per out-patient service.
Out-patient direct billing	Covered	Out-patient direct billing is available only in the network shown for your plan within the G.C.C.
Outpatient direct billing network	AXA 4	Please refer to the list applicable to your plan.

Other Benefits

These are additional features to your plan. Please note that all deductibles, limitations and terms apply to these benefits for the main in-patient, daycare and out-patient benefits-depending on whether treatment is received as an out-patient, in-patient or daycare patient.

Health Screening	AED 500	The limit shown for your plan includes the cost of any eligible consultation, diagnostic procedures and/or assessment [such as, but not limited to, mammogram, pap smear, prostate and colon cancer screening] associated with the screening process. Any eligible consultation, diagnostic procedures and/or assessment costs not directly related to the treatment of a medical condition will be taken from this benefit.
Pre-existing conditions (including pre-existing chronic conditions) - Within UAE (overall limit inclusive outside UAE shall not exceed AED 150,000)	AED 150,000	<p>Such treatment must be pre-approved by us in writing. This benefit provides cover for pre-existing conditions [chronic or not].</p> <p>All treatment in respect to such conditions [including any acute phase] will be taken from this benefit up to the level shown on your plan.</p> <p>All eligible conditions that existed or for which there were symptoms before the inception of the policy will be covered from this benefit and subject to the limit shown. Such conditions must, in good faith, have been notified to AXA Insurance in writing.</p> <p><i>Please note that the treatment of the acute phase of any pre-existing condition [chronic or not] will be covered out of this benefit.</i></p>
Pre-existing Conditions (including pre-existing chronic conditions) - Outside UAE	AED 1,500	<p>Treatment of conditions which are, in our opinion, related to an eligible pre-existing condition will also be subject to the limit of this benefit.</p> <p>AXA Insurance reserves the right to refuse covering any such condition which was not declared on a member's application form.</p> <p><i>Please note that a six-month waiting period shall be applicable for all pre-existing (chronic or not) if there is no continuity of cover established.</i></p>
Optical Benefit	Not covered	This benefit includes routine optical services carried out by a qualified and registered ophthalmologist or optometrist; and costs of prescribed spectacles/corrective lenses for refractive errors.
Oral and Maxillofacial Surgery	Covered	<p>Such treatment must be pre-approved by us in writing.</p> <p><i>Please note that this benefit does not cover routine dental care.</i></p>
Home based Nursing	Covered	<p>This benefit pays for the services of a qualified and registered nurse [recognized by AXA]. Benefit is payable for the medically necessary provision of continuing care at the member's home following eligible in-patient treatment covered within the member's plan.</p> <p>There must be a clear treatment program, agreed by us in advance with the treating medical practitioner, with a definite end point and expected outcome.</p> <p>Benefit is payable for a maximum of 28 days in a year.</p> <p><i>Please note that this benefit requires our written pre-approval.</i></p>

Other Benefits - continued		
Ambulance Transport	Covered	Covering road ambulance for emergency treatment to or between hospitals, or when the medical practitioner says it is medically necessary.
International Emergency Medical Assistance	Covered	<p>Emergency evacuation is covered in full when you are away from your Home country and may apply if appropriate emergency treatment is not available in your principal country of residence. Evacuation, when medically necessary, will always be to the nearest place where appropriate treatment can be given. A member evacuated in an emergency will subsequently be returned to their principal country of residence or Home country.</p> <p>If the Insured member dies while abroad from their home country, AXA's International Emergency Medical Assistance will manage and cover the costs of repatriation of the mortal remains to a mortuary in the principal country of residence or their Home Country.</p> <p><i>Please note that entitlement to the evacuation service does not mean that the member's treatment following evacuation or repatriation will be eligible for benefit. Any such treatment will be subject to the terms and conditions of the member's plan.</i></p>
Psychiatric Treatment	AED 5,000 30% co-insurance	<p>The limit shown applies to in-patient, daycare and out-patient treatment in aggregate. Any deductible applies in addition to the co-insurance for all out-patient treatment under this benefit. No benefit is payable for the services of a psychologist unless the treatment received is under the supervision of the psychiatrist and both practitioners and is recognized by AXA.</p> <p><i>Please note that this benefit requires our written pre-approval.</i></p>
Accidental Damage to Teeth	Covered	<p>Emergency outpatient dental treatment is treatment received in a dental surgery/hospital emergency room for the immediate relief of dental pain, including temporary fillings and/or the repair of damage caused in an accident. The treatment must be received within 24 hours of the emergency event. This does not include any form of dental prostheses or root canal treatment.</p> <p>For Emergency In Patient the above definition applies with coverage duration of 7 days.</p>
Pre and Post-Natal Complications	Covered	<p>Any Pre and Post-Natal complications that may occur during childbirth and/or any situation [deemed by the attending physician] requiring additional care or intervention beyond normal delivery requirements.</p> <ul style="list-style-type: none"> ▪ Complication of maternity affecting the health and life of mother and includes complications during pre-natal, labor, delivery and post-partum. ▪ Complications arising as a result of assisted pregnancy (IVF) treatment will not be covered. <p><i>Please note that Cesarean section as result of complications during delivery will be deducted from the Childbirth & Delivery Benefit and not Pre and Post Natal Complications.</i></p>
Out-Patient Maternity	Covered	All Out-patient services provided in relation to maternity would be covered from the policy's annual limit.

Other Benefits - continued

Normal Delivery and medically necessary Caesarean Section Delivery	AED 15,000	The Maternity Benefit is applicable to expenses incurred for room, board and general nursing care, special hospital services and ordinary nursing care of the baby while the mother is confined in the hospital, and for charges made by the physician, or registered midwife. Maternity benefits also include antenatal and postnatal medical expenses, including consultations, laboratory, radiology, medications, and any other covered medical expense related to the pregnancy or delivery, subject to the benefit limit mentioned in the table of benefits. Maternity shall include Pre and post-natal care, childbirth (normal delivery or caesarian section), miscarriage or legal abortion, including any and all complications arising there from. C section due to prolonged labour or similar situations where doctor recommends a C section is covered only up to maternity limit. In a complicated pregnancy, C section would be covered up to policy limit only under below circumstances. Placenta Previa, Pre-eclampsia and eclampsia, Fetal distress, Uterine rupture, Umbilical cord prolapse. This benefit is only available for eligible married female per policy year.
Vaccinations for children up to 6 years old	As per MOH's list	Cover is for children up to six years of age, born to parents covered under this plan; where the child has been added to the parent's policy in accordance to our rules.
Routine Dental Care	AED 1,000, A co-insurance of 20% applies to this benefit	<p>This benefit covers dental consultations, extractions, composite and amalgam fillings, root canal treatments, scaling, bridgework, crowns (at a grade appropriate to restore function only) and the treatment of gum disease (periodontal disease).</p> <p>A co-insurance charge will apply as shown to all the above mentioned eligible treatments. This amount will be payable by the member. No deductible other than the co-insurance applies to this benefit.</p>
Ancillary equipment	Not covered	Prescribed medical aids refers to all medically indicated therapeutic, external prosthetic and monitoring devices. Such devices need to be medically prescribed as a therapeutic aid to the function or capacity of the insured person. Costs for medical devices that form part of palliative care or long term care are not covered.
Wellbeing	Not covered	Personal Support Line (PSL) is a 24/7 telephone support service, which provides free access to a range of personal support on issues like, relationships, work pressures, stress management and family problems. You have access to trained and qualified English & Arabic speaking counseling experts who can provide professional support on any personal issues or challenges you or your family may be experiencing. Available to you and your immediate family members living in the same household. You can call AXA as often as you need to, whether it is about the same problem or other issues you find yourself having to face. The service is completely confidential and remains between you and your counselor. No information is disclosed without your consent. This unique service and is accessed through the specific PSL country number. UAE: 800 044 0626. Please refer to www.axa.ae for the details of this helpline.

Other Benefits - continued		
Personal Accident	AED 40,000	<p>Is payable if any of the Insured Party(s) shall sustain accidental bodily injuries that result in death during the period of the policy. The death must be independent of any other causes or symptoms except the accidental injury.</p> <p>Accident/Accidental: A sudden, violent, external, unforeseen and identifiable event, whose action was not intended by the Insured Party, excluding all causes directly related to an illness suffered by the Insured Party that produces direct pathological signs and symptoms.</p>
Preventive Services - Diabetes	Covered	<p>Every 3 years from age of 30.</p> <p>High risk individual annual from age of 18.</p> <p>As per DHA Protocol.</p>
Preventive Services Papanicolaou	Covered	<p>Every 3 years from becoming sexually active.</p> <p>As per DHA Protocol.</p>
Diagnostic and treatment services for emergency dental and Gum treatments	Covered	<p>Only emergency cover as per DHA Protocol</p> <p><i>Please note that this does not include routine dental treatment.</i></p>
Emergency Hearing & vision aids and vision correction by surgeries and laser	Covered	<p>Only emergency cover.</p> <p><i>Please note that this does not include routine optical treatment.</i></p>
Patient Support Program (PSP)	Covered	<p>This includes healthcare services, investigations and treatments for Cancer (as per DHA's list of cancer conditions) as well as Viral Hepatitis and its associated complications.</p> <p>This applies for cases eligible for and enrolled under the DHA launched Patient Support Program, however the coverage would be as per the terms and conditions of the program.</p>
360° Doctor (Teleconsultation)	Covered	24/7 access to Tele-consultation with doctors to assist on medical conditions.
Road traffic accidents	Covered	Injuries resulting from Road traffic accidents

Note: Policies are not automatically renewed at the policy anniversary unless otherwise agreed by contract. Policies are, in any event, issued on a 'Notice of Cancellation at Anniversary Date' basis.

Policies will therefore lapse at their anniversary unless renewal has been affected by the member/policyholder/group, accepted by us and the premium paid.

This benefits table must be read in conjunction with the terms of your membership agreement and any guidelines issued to you.



axa.ae

800 AXA (292)

AXA Insurance (Gulf) B.S.C. (c)

Registered in the Insurance Companies Register - Certificate No. (69) dated 22/01/2002. Subject to the provisions of Federal Law No. (6) of 2007 concerning the establishment of Insurance Authority and Organization of its work.

Agents: The Kanoo Group