



International Cover

Health Secure Series

Health Secure - Enhanced 3 - AUH

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.

1. How claims affect your benefit limits.

Benefit values are reduced each time you claim only by the net amount (Invoice value less any deductible, excess, co-insurance or ineligible treatment) we have actually paid. In applying deductibles and co-insurance (the percentage of eligible benefit payable by the member) we will subtract the deductible first and then apply the co-insurance to the balance of eligible benefit remaining.

Please note: when a benefit is shown as 'covered up to the policy limit' all related sub-limits such as those applicable to pre-existing conditions will apply in any event. Full policy terms and conditions apply at all times.

Reasonable and Customary Charges.

All benefits and services submitted for reimbursement of claims shall be evaluated based on the Reasonable and Customary Rates. AXA will pay the actual cost incurred or the Reasonable and Customary Rate against the service whichever is less and the level of reimbursement shall be decided based on the Network offered.

The following conditions would apply-

- (i) Co-insurance/Deductible as applicable under the plan would be deducted wherever applicable from the eligible amount prior to reimbursement
- (ii) Pharmacy will be paid 100% as per the Reference prices for generics in the DoH formulary list as per terms and conditions of the policy
- (iii) Benefits/Services not included in the list of Reasonable and Customary rates shall be dealt with on a case to case basis.
- (iv) The actual amount payable shall be based on the itemized bill submitted and the codes used per service by the Service Provider. Where itemized bill is not submitted and where service provided are without defined codes they would be assessed on a case to case basis.
- (v) Reasonable and Customary rates factor shall be based on the country where Policy is issued and shall be applicable for treatments taken within the G.C.C.
- (vi) Where no network exists or the treatment is not available within the network providers (for treatment in countries where Reasonable and Customary rates are not available), AXA Insurance will base the calculation on the average cost of the treatment in that area or country; or the network in the principle country of residence.
- (vii) Special arrangements if any would reflect in the Table of Benefits issued by AXA

Why you must contact us before receiving treatment.

We require you to contact us before receiving any planned admission and some major out-patient treatment. This allows us to help you in a number of ways: by managing your admission and billing, by confirming to you and whoever is giving you treatment that your claim will be eligible, at what cost and for how long treatment is approved. If you do not contact us it is possible that you will have to pay for all or part of your treatment.

Why you must identify yourself as an AXA member.

Prior to receiving treatment anywhere you must identify yourself and your eligibility for discounts by showing your AXA medical ID Card, together with a recognized official form of identification, such as a passport, to any provider to show that you are an insured member of an AXA insurance policy.

Failure to ensure that the provider recognizes your entitlement to our discounted services may result in the member being required to pay any difference between the invoice value and our negotiated price.

Please note: that AXA Insurance reserves the right to recover from the member any ineligible expenses it has incurred on behalf of that insured member under one of its policies.

Benefits shown in yellow are those benefits required by DoH regulations in addition to your plan benefits. Please note that the limit and terms shown are applicable only if treatment is received within the Emirate of Abu Dhabi. All eligible claims will erode both plan limits and sub-limits related to specific treatment. By this we mean, for example, eligible psychiatric treatment received in Abu Dhabi will count against the Abu Dhabi and non-Abu Dhabi limits shown for benefit number 27 and the overall plan limit.

What you're covered for:

Please note: the benefits shown are for each member each year unless otherwise specified

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| 2. Area of cover | Worldwide excluding USA | We will pay up to the maximum shown for each member each policy year. All benefits paid during the policy period will count against this yearly maximum. |
| 3. Yearly maximum | AED 5,000,000 | |
| 4. Outside area of cover | Worldwide, Up to AED 500,000 | <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 'emergency' treatment. This benefit does not provide cover for treatment for any condition if you have travelled outside your area of cover to get treatment (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 benefit be payable for any aspect of pregnancy or childbirth.</p> |

In-patient and daycare treatment

5. By in-patient treatment, we mean treatment at a hospital where the member has to stay in a hospital bed for one or more nights. By Daycare treatment, we mean treatment at a hospital, daycare unit, or out-patient clinic where the member requires a procedure, eligible for benefit, necessitating admission to a hospital bed but not requiring an overnight stay. Subject to the limits shown for your plan you 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 anaesthetist'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
- computerized tomography, magnetic resonance imaging, x-rays and other such proven medical imaging techniques.

Please note: All non-emergency admissions require our written pre-approval before admission. The approval we give to the provider for eligible to be paid for the proposed treatment and the anticipated length of stay.

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| 6. Daily accommodation charges | Included | By "accommodation", we mean a private, single-bedded, room with its own bathroom. |
| 7. Parent accommodation up to (per night) | AED 1,000 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. |
| 8. Accommodation of an accompanying person | AED 100 per day | This is payable for accommodation of an accompanying person in the same room in cases of critical conditions and as per recommendation of attending physician, subject to prior approval |
| 9. Cash benefit | AED 1,000 per night | This is payable for in-patient treatment only when the member receives treatment, within the area of cover, absolutely free of charge. No other benefit will be payable in respect of the period for which the cash benefit has been claimed. |

| In-patient and daycare treatment | | |
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| 10. In-patient Direct Billing | Included | All non-emergency in-patient treatment must be approved by us, in writing, prior to admission. You can take advantage of direct billing facilities for eligible in-patient care within our global network. Please note: Prior to receiving treatment anywhere you must identify yourself and your eligibility for discounts by showing your AXA medical ID Card, together with a recognized official form of identification, such as a passport, to any provider to show that you are an insured member of an AXA insurance policy. Failure to ensure that the provider recognizes your entitlement to our discounted services may result in the member being required to pay any difference between the invoice value and our negotiated price. Please note that AXA Insurance reserves the right to recover from the member any ineligible expenses it has incurred on behalf of that insured member under one of its policies. |
| 11. Applicable in-patient direct billing network | AXA 2 | |
| Out-patient Treatment | | |
| 12. Out-patient treatment is a treatment given 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: <ul style="list-style-type: none">■ medical practitioner charges for consultations■ diagnostic procedures■ prescriptions (note: 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 our written pre-approval)■ CT and MRI, PET and Gait Scans and internal diagnostics received as an out-patient (this is subject to our written pre-approval)■ radiotherapy and chemotherapy received as an out-patient (this is subject to our written pre-approval)■ surgical procedures received as an out-patient (this is subject to our written pre-approval). | | |
| 13. GP and specialist consultation charges | Included | A consultation is a visit to any medical practitioner for the treatment of an eligible medical condition. Please note: Second opinions for the same condition; Pre-approval is not required for Health Perfect and Secure Plans 1, 2 and 3. Written approval for Health Perfect and Secure Plans 4, 5, 6 and 7 is required. Thereafter subsequent opinions and referrals for the same condition, written approval is required for all Plans. |
| 14. Courses of physiotherapy up to | Included | Prescribed physiotherapy refers to treatment by a registered physiotherapist following referred 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. 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. |
| 15. Complementary therapy up to Includes courses of chiropractic treatment and osteopathy | | |
| 16. Alternative treatment | No benefit | Alternative treatment refers to non-conventional medicine practiced by practitioners who do not usually hold a degree in medicine from a recognized school of medicine but hold a degree in other forms of medicine. While this plan is primarily designed to cover proven and conventional treatment we recognize that some other forms of treatment have demonstrated curative properties. We will pay for alternative treatment up to the limit shown for this benefit. Such treatment must be given by a qualified practitioner who is recognized by us and registered to practice where the treatment is given. We recommend that you obtain a non contra-indication for the use of alternative treatment from your treating medical practitioner as we will not pay for any complications arising from such treatment in excess of the limit shown for this benefit. |

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| 17. Per visit deductible (excess) applicable to all out-patient claims This applies before any co-insurance. | Nil/25/50* *For the applicable option to your plan, please refer to your membership card. | This is the amount of the eligible expenses claimed that the member will have to bear. The amount will be collected by whoever provides your treatment (for direct billing) or deducted from any reimbursement made to you by us. The amount shown applies to each and every out-patient consultation or treatment received as an out-patient. Deductibles always apply to each member even when consultation or treatment are received by more than one at the same time. |
| 18. Out-patient direct billing (only available within the G.C.C.) | Included | Out-patient direct billing is available only in the network shown for your plan within the G.C.C. |
| 19. Applicable out-patient direct billing network | AXA 2 | Please refer to the list applicable to your plan. Please note: selected facilities have 20% co-insurance, please refer to the network list. |
| Other Benefits | | |
| These are additional features of your plan. Please note that all deductibles, limitations and terms apply to these benefits exactly as 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. | | |
| 20. Health screen up to | No benefit | 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. |
| 21. Within the Emirate of Abu Dhabi: Pre-existing conditions (including pre-existing chronic conditions) and chronic conditions Up to | AED 250,000 | All declared pre-existing conditions will be covered up to the limit shown within the emirate of Abu Dhabi subject to- 1) All Out-patient claims to be covered without any waiting period; 2) All In-patient claims except those conditions specified under Circular 11 to be covered without waiting period; 3) All In-patient claims for those conditions specified under Circular 11, 1) Diabetes Mellitus, 2) Vascular diseases, 3) Chronic obstructive pulmonary diseases, 4) Cancer diseases of all types, 5) Neurosurgery, 6) Brain Vascular diseases, 7) Maternity: 6 months waiting period applies to new entrants to the Emirate of Abu Dhabi & persons who do not have continuity of cover. Pharmacy: 100% as per the Reference prices for generics in the DoH formulary list. Cost of medicine, subject to insurance company's prior approval for prescriptions which exceed AED 500 |
| 21.1. Outside the Emirate of Abu Dhabi: Pre-existing conditions (including pre-existing chronic conditions) up to | AED 15,000 | Such treatment must be pre-approved by us in writing. This benefit provides cover for pre-existing conditions whether chronic or not. All treatment in respect of such conditions, including any acute phase, will be taken from this benefit up to the level shown for your plan. All eligible conditions that existed or for which there were symptoms before the inception of the policy will be paid for from this benefit and subject to the limit shown. All such conditions must, in good faith, have been notified to AXA Insurance in writing. Please note that the treatment of the acute phase of any pre-existing condition, whether chronic or not, will be paid for out of this benefit and the limit of this benefit will apply in any event. 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. AXA Insurance reserves the right to refuse to pay benefit for any such condition which was not declared on a member's application form. |

| Other Benefits | | |
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| 22. Outside the Emirates of Abu Dhabi: Non pre-existing chronic conditions, arising and diagnosed after policy inception, up to | AED 50,000 | Such treatment must be pre-approved by us in writing. This benefit provides cover for chronic conditions where the condition arises and the initial diagnosis of the chronic condition is made after the inception of the policy. This benefit includes cover for routine maintenance of chronic conditions. The acute phase of any such chronic condition will be taken from the main in- and out-patient benefits of your plan and will not erode this benefit. |
| 23. Oral and maxillofacial surgery | Included | Such treatment must be pre-approved by us in writing. A list of surgical procedures covered by this benefit is available from us on request. Please note: this benefit does not cover routine dental care. |
| 24. Nursing at home | Included | This benefit pays for the services of a qualified and registered nurse, recognized by us. Benefit is payable for the medically necessary provision of continuing care, at the member's home, immediately following eligible in-patient treatment covered under your plan. 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. Benefit is payable for a maximum of 28 days in a year. Please note: this benefit requires our written prior approval. |
| 25. Ambulance transport | Included | This is to pay for a road ambulance for emergency treatment to or between hospitals, or when the medical practitioner says it is medically essential. |
| 26. International Emergency Medical Assistance | Included | Emergency evacuation is covered in full when you are away from your principal country of residence 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. Repatriation of mortal remains if a member is abroad is included – this may be to the principal country of residence or to the home country. 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. Please refer to the IEMA leaflet for full details. |
| 27. Within the Emirate of Abu Dhabi: Treatment of transient mental disorder or acute reaction to stress | AED 250,000 | This benefit only applies when treatment is received in Abu Dhabi elsewhere benefit number 27.1 applies. |
| 27.1. Outside the Emirate of Abu Dhabi: Psychiatric treatment up to | AED 10,000 (30% co-insurance) | 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 a treatment received is under the supervision of psychiatrist and both practitioners are recognized by us. Please note: this benefit requires our written prior approval. |

| Other Benefits | | |
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| 28. Accidental damage to teeth | Included | <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> |
| 29. Within the Emirate of Abu Dhabi: Pre and post-natal complications | Included (Nil Waiting period) | There is no waiting period for this benefit when treatment is received in Abu Dhabi elsewhere benefit number 29.1 applies. |
| 29.1. Outside the Emirate of Abu Dhabi: Pre and post-natal complications | Included (12 month waiting period) | <p>Benefit only becomes available and eligible claims payable for expenses incurred after the member has been continuously covered under their chosen plan for 12 consecutive months and has effected the annual renewal of that plan for the coming policy year.</p> <p>This benefit will, subject to the limitations and exclusions of this policy, cover eligible treatment of both the mother and any unborn child up to the moment of delivery. Thereafter cover will be restricted to eligible treatment for the mother alone.</p> <p>Any newborn infant may be added to the mother's policy and enjoy cover commencing at the time of birth provided we are requested to add that infant to the mother's policy within 30 days from the time of birth and the parental cover is in force at the time of delivery. If the mother is not covered by us at the time of delivery a newborn baby may only be added to the father's policy and be eligible for benefit after final discharge of the child into parental care.</p> <p>This benefit does not cover the costs of delivery of any child whether such delivery is normal, by caesarean section or by any other means. Where a waiting period applies prior to any upgrade in cover this benefit, after the upgrade, will be restricted to the terms applicable to the original plan until the member has been covered under the upgraded plan for a period of not less than 12 consecutive months and has effected the annual renewal of the upgraded plan.</p> |
| 30. Within the Emirate of Abu Dhabi: Pregnancy and Delivery up to | AED 250,000 (Nil waiting period) | <p>No waiting period for this benefit when treatment is received in Abu Dhabi. However, waiting period of 6 months will apply for in patient cases for new entrants to the Emirate of Abu Dhabi & persons who do not have continuity of cover (the above coverage will be subject to declaration on the application form if the condition is pre-existing (please refer to benefit (21) above). Outside the Emirate of Abu Dhabi benefit number 30.1 applies.</p> |

| Other Benefits | | |
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| 30.1. Outside the Emirate of Abu Dhabi: Normal Pregnancy, Childbirth (Delivery) and medically necessary Caesarean section up to | AED 25,000 (12 month waiting period) | <p>Such treatment must be pre-approved by us in writing. Benefits only become available and eligible claims payable for expenses incurred after the member has been continuously covered under their chosen plan for 12 consecutive months and has affected the annual renewal of that plan for the coming policy year.</p> <p>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 labor 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.</p> |
| 31. Vaccinations for children up to | AED 1,000 Age: 6 years | <p>Cover is for children up to the age shown, born to parents covered under this plan where the child has been added to the parent's policy in accordance with our rules. Please ask us for further details.</p> <p>Benefit is only payable for recognized, necessary, infant/child vaccinations.</p> |
| 32. Routine Dental Care up to | No benefit | <p>This benefit provides for dental consultation, extraction, composite and amalgam fillings, root canal treatment, scaling, bridgework, crowns (at a grade appropriate to restore function only) and the treatment of gum 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> |
| 33. Ancillary equipment | AED 500 | <p>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.</p> |
| 34. Wellbeing | Included | <p>Personal Support Line (PSL) is a 24/7 365 day telephone support service which provides free access to a range of specialist 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 ICAS 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 is available 24/7, 365 days a year and is accessed through the specific PSL country number. UAE: 800 044 0626, Please see enclosed PSL leaflet.</p> |

| Other Benefits | | |
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| 35. Personal accident | AED 100,000 | We will pay the amount of Benefit shown in the Schedule if any of the Insured Party shall during the duration of the Policy sustain accidental bodily injuries which independently of any other cause results in death. Accident/Accidental: means 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 occurs after the effective date of the contract and produces direct pathological signs and symptoms. |
| 36. Hearing/vision aids and vision correction by surgery and laser | Included | This benefit only applies when treatment is received in Abu Dhabi for medical emergency cases only . Outside Abu Dhabi there is no benefit. |
| 37. Diagnostic and treatment services for dental and gum treatments | Included | This benefit only applies when treatment is received in Abu Dhabi for medical emergency cases only . Outside Abu Dhabi there is no benefit. |
| 38. Work related injuries up to | AED 250,000 | This benefit only applies when treatment is received in Abu Dhabi. Outside Abu Dhabi there is no benefit. |
| 39. Life threatening congenital conditions (Life-threatening birth defects, deformities and congenital diseases for new born children only) | AED 250,000 | This benefit only applies when treatment is received in Abu Dhabi. Outside Abu Dhabi there is no benefit. |
| 40. AXA360 (Teleconsultation) | Covered | 24/7 access to Tele-consultation with doctors to assist on medical conditions. |
| 41. 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 effected 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.



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