

health insurance

Regional Cover

Health Secure Series - Enhanced

Health Secure 5 - UAE (Except Abu Dhabi & Al-Ain)



Benefits Table

January 2015

رؤية جديدة / للتأمين
redefining / insurance



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 & Customary' explained.

All benefits are subject to assessment on the basis of what is reasonable and customary (R&C). By this we mean that all eligible expenses will be reimbursed based on a value equivalent to the average of our negotiated, discounted, cost for that treatment within the network shown for your plan. Outside the A.G.C.C. eligible expenses incurred will be reimbursed based on the average negotiated, discounted cost for that treatment within our global network for that country.

Where no such arrangement exists in a country, we will use the average of similar costs we have most recently incurred and accepted in that area. Our network R&C assessment will apply even when the treating medical practitioner refers you for treatment outside our network if that treatment would have been available within our network. Reasonable and customary will apply in any event. If in doubt please contact us before receiving treatment.

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.

What you're covered for:

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

2. Area of cover	A.G.C.C: Arabian Gulf Co-operation Council member countries being Saudi Arabia, Kuwait, Bahrain, Qatar, UAE, Oman and Jordan, plus Iran, Lebanon, Syria, Egypt, Tunisia, Morocco, Algeria, India, Pakistan, Sri Lanka, Bangladesh, Korea, the Philippines, Indonesia, Nepal & Bhutan	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	Dhs 1,000,000	
4. Outside area of cover	Worldwide up to Dhs 100,000	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. Under no circumstance will benefit be payable for any aspect of pregnancy or childbirth.

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 treatment will indicate the amount which is reasonable and customary for the proposed treatment and the anticipated length of stay.

What you're covered for: continued		
6. Daily accommodation charges	Included	By "accommodation", we mean a private, single-bedded, room with its own bathroom.
7. Parent accommodation	Dhs 500 per night	We will pay when the child member is under 18 years old and treatment is received within your area of cover. This is paid from the child's benefit. An extra charge for room/bed in same premises while accompanying the child shall be covered under Policy.
8. Accommodation of an accompanying person	Dhs 100 per day	This is payable for accommodation of an accompanying person in the same room in cases of critical conditions and as per the recommendation of attending physician, subject to prior approval
9. Cash benefit	Dhs 500 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.
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.
11. Applicable in-patient direct billing network	STAR & International Directory of Hospitals	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.
Out-patient Treatment		
<p>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:</p> <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 an 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). 		

What you're covered for: continued

Out-patient Treatment - continued

13. GP and Specialist consultation charges	Included	<p>A consultation is a visit to any medical practitioner for the treatment of an eligible medical condition.</p> <p>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.</p>
14. Courses of physiotherapy	Included	<p>Physiotherapy service may include physical-medical therapies (e.g. inhalation, physiotherapy and physical exercise, hydrotherapy and medicinal baths, cryo- and thermotherapy, electrotherapy or light therapy). A Physiotherapist is a registered practitioner and licensed to practice in the country in which treatment is being given.</p> <p>The referral must be issued by treating Physician and authorized by us before treatment commences and must specify the diagnosis, nature and number of sessions.</p> <p>A maximum of five sessions shall be authorized in each authorization and any subsequent request for approval will be accepted by registered/treating Physiotherapist as well.</p>
15. Complementary therapy Includes courses of chiropractic treatment and osteopathy	No benefit	<p>Means 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 only chiropractor, osteopath, homeopath or acupuncturist, Chinese herbal medicine and Ayurvedic treatment</p> <p>This form of treatment must be pre-approved by us in writing for Network only and be given by a qualified practitioner and must be recognized and licensed by respective authority in a country where treatment is taken.</p>
16. Alternative treatment		<p>All form of alternative/complementary treatment 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 table of benefits.</p>
17. Per visit Co-insurance (excess) applicable to all out-patient claims	10%	<p>A co-payment is a cost-sharing arrangement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible costs.</p> <p>Applicable co-insurance is the specified percentage that is shown in the Table of benefits to be borne by the member on each out-patient service.</p>

What you're covered for: continued		
Out-patient Treatment - continued		
18. Out-patient direct billing (only available within the A.G.C.C.)	Included	Out-patient direct billing is available only in the network shown for your plan within the A.G.C.C.
19. Applicable out-patient direct billing network	STAR	Please refer to the list applicable to your plan.
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	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. Pre-existing conditions (including pre-existing chronic conditions) - Within UAE (overall limit inclusive of outside UAE shall not exceed Dhs 150,000)	Dhs 150,000	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 preexisting condition will also be subject to the limit of this benefit.
22. Pre-existing conditions (including pre-existing chronic conditions) - Outside UAE restricted to	Dhs 5,000	AXA Insurance reserves the right to refuse to pay benefit for any such condition which was not declared on a member's application form. Please note that a six months waiting period shall be applicable for all pre-existing (whether it's chronic or not) if there is no continuity of cover established.

Note- Total limit for pre-existing conditions would in no case exceed Dhs 150,000 - both within UAE and outside UAE inclusive.

What you're covered for: continued

Other Benefits - continued

<p>23. Pharmacy for pre-existing conditions (including pre-existing chronic conditions)</p>	<p>Dhs 5,000</p>	<p>This benefit would apply for pharmacy benefits under pre-existing conditions (including pre-existing chronic conditions) Such treatment must be pre-approved by us.</p> <p>Pharmacy must have been prescribed by a Physician/ dentist and must additionally be dispensed by a Pharmacy or other Licensed dispensary and which are approved by the UAE Ministry of Health or Local authorities. Other items such as but not limited to over the counter drugs, Dietary supplements, Nutriments, tonics, mineral water, cosmetics, hygiene and body care articles, bath additives, are excluded.</p> <p>Other items such as but not limited to over the counter drugs, Dietary supplements, Nutriments, tonics, mineral water, cosmetics, hygiene and body care articles, bath additives, are excluded.</p> <p>AXA Insurance reserves the right to refuse to pay benefit for any such condition which was not declared on a member's application form.</p>
<p>24. Pharmacy for non pre-existing chronic conditions, arising and diagnosed after policy inception</p>	<p>Dhs 15,000</p>	<p>This benefit would apply for pharmacy benefits under non pre existing conditions where the condition arises and the initial diagnosis of the condition is made after the inception of the policy. This benefit includes cover for routine maintenance of chronic condition.</p> <p>Such treatment must be pre-approved by us in writing.</p>
<p>25. Oral and maxillofacial surgery</p>	<p>Included</p>	<p>Such treatment must be pre-approved by us in writing.</p> <p>A list of surgical procedures covered by this benefit is available from us on request.</p> <p>Please note: this benefit does not cover routine dental care.</p>
<p>26. Nursing at home</p>	<p>Included</p>	<p>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.</p> <p>Please note: this benefit requires our written prior approval.</p>

What you're covered for: continued		
Other Benefits - continued		
27. 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.
28. International Emergency Medical Assistance	Included	<p>International Emergency Medical Assistance 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 Insured member dies while abroad from their home country AXA International Emergency Medical Assistance- IEMA will arrange and pay the costs of repatriation of the mortal remains to a mortuary in the principal country of residence or their Home Country.</p> <p>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.</p>
29. Psychiatric treatment	Dhs 5,000 A co-insurance of 30% applies to this benefit.	<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.</p> <p>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.</p> <p>Please note: this benefit requires our written prior approval.</p>
30. Accidental damage to teeth	Included	<p>Under accidental damage to teeth, we will pay for treatment required immediately (within seven days) following accidental damage to natural teeth caused by external trauma when the treatment is given by a medical practitioner to relieve pain and restore function. This is for the initial treatment only; it does not include any follow-up treatment.</p> <p>Please note: There is no cover for treatment required as a result of the consumption of food or drink or any foreign bodies contained in such food or drink nor for the replacement of any dental prostheses such as but not limited to dental crowns, caps or veneers.</p> <p>This benefit does not cover routine dental care.</p> <p>This benefit requires our written prior approval.</p>

What you're covered for: continued

Other Benefits - continued

31. Pre and post-natal complications	Included	<p>Any of the situations listed in the ICD - 10, or any subsequent version, that may occur during childbirth and/or any situation deemed by the attending clinician to require additional care or intervention, beyond that which would be required for normal delivery.</p> <p>Complication of maternity affects health and life of mother and includes complication during prenatal, labor, delivery and post partum.</p>
32. Out-patient maternity	Included	<p>All Out-patient services provided in relation to maternity would be covered from the policy annual limit.</p>
33. Normal Pregnancy, Childbirth (Delivery) and medically necessary Caesarean section	Dhs 15,000	<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.</p> <p>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.</p> <p>Where any condition develops which becomes life threatening, the medically necessary expenses will be covered up to the annual aggregate limit.</p> <p>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.</p> <p>This benefit is only available for eligible married female.</p>
34. Vaccinations for children up to 6 years old	As per MOH list	<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. Benefit is only payable for vaccinations as per MOH schedule for children up to age 6 years</p>

What you're covered for: continued		
Other Benefits - continued		
35. Routine Dental Care	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>
36. Ancillary equipment	Dhs 500	<p>Benefit is payable for Hearing aids (Non Medical Emergency cases), speaking aids (electronic larynx) crutches and wheelchairs, orthopedic supports / braces, artificial limbs, stoma supplies, graduated compression stockings as well as orthopedic arch support only if prescribed by a treating physician. On reimbursement basis only</p>
37. Wellbeing	No benefit	<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. Please see enclosed PSL leaflet.</p>
38. Personal Accident	Dhs 50,000	<p>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.</p> <p>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.</p>

What you're covered for: continued

Other Benefits - continued

39. Preventive Services (as per DHA protocol)/ Diabetes	Included	Every 3 years from age of 30. High risk individual annual from age of 18.
40. Preventive Services (as per DHA protocol)/ Papanicolaou	Included	Every 3 years from becoming sexually active
41. Diagnostic and treatment services for dental and Gum treatment in emergency	Included	Only emergency cover This does not include routine dental treatment.
42. Hearing and vision aids and vision correction by surgeries and laser in emergency	Included	Only emergency cover This does not include routine optical treatment.

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.

