

# Inactive at work – Dependents & Parents OR Domestic Workers

Medical Takaful Plan Quotation

*Direct*

**Notes for Non – Abu Dhabi Plan:**

1. **The policy holder has the obligation of declaring the place of work stay of the insured members; Takaful Emarat is not responsible for any penalties related to this issue in absence of declaration.**
2. **This plan is not applicable for members residing and/or working in the emirate of Abu Dhabi.**
3. Insurance Company or its TPA reserves the right to include/exclude/upgrade banding/degrade banding of any clinic at any time from the designated provider network list.
4. **Mode of Payment: Annual in advance**
5. **Our quotation is valid for 30 days.**

**Special Notes:**

1. Eligible for members who **are not active at work – Dependents &/or Parents OR Domestic Workers**
  2. Inpatient providers list in the network (Attached) to be used for **Inpatient benefits only.**\*
  3. Hospitalization on referral from treating doctor.
  4. Outpatient providers list in the network (Attached) to be used for **Outpatient services** only. \*
  5. All the products will have a direct access to UAE network.
  6. Deletion and cancelation of any member then **zero refund** (Except in case of the sponsor provides residency cancelation then refund will be on prorata basis excluding the 30 days grace period)
7. **Note: VAT Clause**  
“The quote provided above is exclusive of any Value Added Tax (“VAT”) or any similar tax, as applicable on the Medical Takaful. Takaful Emarat hereby reserves its right to apply and collect VAT or any similar tax, as is applicable on the Takaful Contribution or any other charges paid/ payable in relation to any Takaful policy issued for this quote, either retrospectively from inception or prospectively from the date of implementation of the VAT law or any other similar laws and regulations.”

- Attached: Terms, Conditions and Exclusion List.

## *Annual Contribution*

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Members	Annual Premium per person (AED)
<b>Domestic Workers with a salary of AED 4,000 or below</b>	<b>525</b>
<b>Not active at work Members from 0 up to 65 years</b>	<b>525</b>
<b>Not active at work Married Females from 18 years up to 45 years</b>	<b>1,900</b>
<b>Not active at work Parents</b>	<b>4,000</b>

<b>DUBAI ENHANCED PLAN</b>	
<b>Eligibility</b>	<b>Employees earning monthly gross salary of AED 4,000 or Below OR Not active at work members - Dependents or Parents</b>
<b>Medical Network</b>	<b>AAFIYA - INDIVIDUAL</b>
Annual upper aggregate claims limit (including any coinsurance and/or deductibles)	<b>AED 150,000 /</b>
Geographic scope of coverage - Basic healthcare services	Within Dubai & the Northern Emirates & Indian Sub-Continent for IP treatment only subject to prior approval
Emergency Medical Treatment	Within all Emirates of UAE
Country of Work Residence (COWR)	Dubai
Period of Cover	12 months
Members covered	<b>Employees earning monthly gross salary of AED 4,000 or Below OR Not active at work members - Dependents or Parents</b>
Network	Inpatient providers list in the network (Attached) to be used for <b>Inpatient only</b> Outpatient providers list in the network (Attached) to be used for <b>Outpatient services</b> only
<b>In-Patient</b>	
<b>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.</b>	
Tests, diagnosis, treatments and surgeries in hospitals for non-urgent medical cases (Prior approval required)	<ul style="list-style-type: none"> <li>- 20% coinsurance payable by the insured with a cap of 500 AED payable per encounter and an annual aggregate cap of 1000 AED.</li> <li>- Above these caps the insurer will cover 100% of treatment.</li> </ul>
Emergency treatment (Approval required within 24 hours of admission to the authorized hospital)	
In-patient services will be received in rooms of two or more beds (Prior approval required)	
Healthcare services for emergency cases (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)	
Ground transportation services in the UAE provided by an authorized party for medical emergencies	

<p>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</p>	<p>Maximum 100 AED per night</p>
<p>The cost of accommodating a person accompanying an insured child up to the age of 16 years</p>	<p>Maximum 100 AED per night</p>
<p><b><u>INSIDE UAE</u></b></p>	<ul style="list-style-type: none"> <li>• Inside network : (Inpatient providers list in the network (Attached) to be used for <b><u>Inpatient only</u></b>)</li> <li>• Outside network: Not Covered except Emergencies” Life threatening” cases.</li> </ul>
<p><b><u>OUTSIDE UAE</u></b></p>	<p>Indian Sub-Continent for IP treatment only subject to prior approval</p>
<p><b>Maternity services:</b> All services require prior approval from the insurance company or within 24 hours of emergency treatment.</p> <p>Note: Non-working spouses who are confirmed pregnant before time of enrollment, 6 months waiting period applies on the maternity benefit.</p> <p>Note: Where any condition develops which becomes life threatening to either the mother or the new born, the medically necessary expenses will be covered up to the annual aggregate limit.</p> <p><u>New Born Cover:</u> Coverage of a pregnant female is extended by the insurer to provide the same benefits for a new born child of that female for a period up to 30 days from its date of birth. This cover is provided regardless of whether or not the new born is eventually enrolled as a dependent member under the insurer’s policy</p>	<p>➤ <b><u>Out-Patient ante-natal services:</u></b></p> <p>10% coinsurance payable by the insured 8 visits to PHC;</p> <p>All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals</p> <p>Initial investigations to include:</p> <ul style="list-style-type: none"> <li>• FBC and Platelets</li> <li>• Blood group, Rhesus status and antibodies</li> <li>• VDRL</li> <li>• MSU &amp; urinalysis</li> <li>• Rubella serology</li> <li>• HIV</li> <li>• Hep C offered to high risk patients</li> <li>• GTT if high risk</li> <li>• FBS , random s or A1c for all due to high prevalence of diabetes in UAE</li> </ul> <p>Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols 3 ante-natal ultrasound scans</p> <p>➤ <b><u>In-Patient maternity services:</u></b></p> <p>10% coinsurance payable by the insured Maximum benefit 7,000 AED per normal delivery, 10,000 AED for medically necessary C-section, complications and for medically necessary termination (All limits include coinsurance)</p> <p>➤ <b><u>New born cover:</u></b></p> <p>Cover for 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)</p>
<p><b>Treatment for chronic and pre-existing Conditions.</b></p>	<p>Treatment for Chronic and Pre-existing condition excluded for first 6 months of first scheme membership. Included thereafter.</p>

<b>Out-Patient:</b>	
<b>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.</b>	
Examination, diagnostic and treatment services by authorized general practitioners, specialists and consultants	<b>20% coinsurance payable by the insured per visit up to AED 25</b> Specialists/Consultants allowed after General Practitioner referral
Follow-up visits within 7 days	Nil
Laboratory test services carried out in the authorized facility assigned to treat the insured person	20% coinsurance payable by the insured
Radiology diagnostic services carried out in the authorized facility assigned to treat the insured person. In cases of non-medical emergencies, Prior approval is required for MRI, CT scans and endoscopies	20% coinsurance payable by the insured
Physiotherapy treatment services (Prior approval is required)	Maximum 6 sessions per year. 20% coinsurance payable per session.
Drugs and other medicines:	30% payable by the insured per each and every prescription up to an annual limit of 1,500 AED (including coinsurance). Restricted to formulary products where available.
<b><u>INSIDE UAE</u></b>	<ul style="list-style-type: none"> <li>• Inside network: Direct billing (Outpatient providers list in the network (Attached) to be used for <b><u>Outpatient services</u></b> only)</li> <li>• Outside network : Not Covered</li> </ul>
<b><u>OUTSIDE UAE</u></b>	Not Covered
<b>Other Benefits and Services</b>	
Preventive services, vaccines and immunizations	<ul style="list-style-type: none"> <li>• Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates (currently the same as Federal MOH)</li> <li>• Preventive services as stipulated by DHA</li> <li>• to include initially diabetes screening Frequency restricted to: Diabetes: Every 3 years from age 30 High risk individuals: annually from age 18</li> <li>• Hepatitis C virus screening and treatment (To be followed as per the guidelines laid out in the Hepatitis C support program)</li> <li>• Cancer screening and treatment (To be followed as per the guidelines laid out in the Cancer support program)</li> </ul>
Excluded healthcare services except in cases of medical emergencies	Subject to 20% coinsurance: <ul style="list-style-type: none"> <li>• Diagnostic and treatment services for dental and gum treatments</li> </ul>

	<ul style="list-style-type: none"> <li>Hearing and vision aids, and vision correction by surgeries and laser</li> </ul>
<b>Additional Benefits and Services</b>	
*Routine Dental Benefit	Not Covered
*Optical Benefit	Not Covered
*Repatriation	Not Covered

**Excluded (non-basic) healthcare services:**

- Healthcare Services which are not medically necessary
- All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
- Care for the sake of travelling.
- Custodial care including
  - Non-medical treatment services;
  - Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
- Services which do not require continuous administration by specialized medical personnel.
- Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
- 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.
- Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
- Medical services utilized for the sake of research, medically non-approved experiments and investigations and pharmacological weight reduction regimens.
- Healthcare Services that are not performed by Authorized Healthcare Service Providers.
- Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
- Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
- Treatment and services for contraception
- 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.
- External prosthetic devices and medical equipment.
- 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.
- Growth hormone therapy.
- Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
- Mental Health diseases, both out-patient and in-patient treatments, unless it is an emergency condition.
- 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.

21. 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.
22. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first degree relatives.
23. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
24. Healthcare services for adjustment of spinal subluxation.
25. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
26. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
27. Elective diagnostic services and medical treatment for correction of vision
28. Nasal septum deviation and nasal concha resection.
29. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related investigations, treatments or procedures.
30. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A.
31. Any services related to birth defects, congenital diseases and deformities.
32. Healthcare services for senile dementia and Alzheimer's disease.
33. Air or terrestrial medical evacuation and unauthorized transportation services.
34. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency which were not notified within 24 hours from the date of admission.
35. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
36. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
37. 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.
38. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
39. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or a recipient. This exclusion also applies to follow-up treatments and complications.
40. Any expenses related to immunomodulators and immunotherapy.
41. Any expenses related to the treatment of sleep related disorders.
42. Services and educational programs for people of determination, this also includes disability types such as but not limited to mental, intellectual, developmental, physical and/or psychological disabilities.

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

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

❖ Requirements for confirmation are as the following:-

1. Quotation approval in writing from Sponsor
2. Photographs (passport size) for all insured's should be soft copy
3. Emirates ID copy and Passport copies with valid UAE visa page - Should be provided as soft copy
4. The Annual payment.
5. Labour Contract **(For workers only)**.
6. Certificates of salaries from the Sponsor **(For workers only)**

Census including the following:-

Full Name	The insured member's full name as it appears in the passport
Relationship	"Sponsor's Spouse" or "Sponsor's Dependent" or "Sponsor's Parent" or "Sponsor's Domestic worker"
Contact Number(preferably mobile)	This is the contact number provided by the Sponsor
	If multiple mobile phone numbers are provided to the employer, the employer should provide the one most personal to the Sponsor
Birth Date	Is the date on which a person was born or is officially deemed to have been born
	In cases, where despite best efforts the birth date is not known but the age is known then the birth date should be assumed to be on the 1st of January of the current year minus the age of the person
Gender	The patient's gender. Only values allowed are -1 = male -0 = female -9 = unknown
Nationality	The current nationality of the person as defined by the passport
Email(not mandatory)	The personal email address of the insured member
City	The person's actual city of residence Based on Dubai Statistics Center (DSC) list
Location	The person's actual location in city of residence based on Dubai Statistics Center (DSC) list
Passport Number	The passport number, or if not available, the National ID number
Emirates ID Number	The unique number the government assigns to a citizen