

Benefits Schedule

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الشركة الإسلامية العربية للتأمين (ش.م.ع.)
ISLAMIC ARAB INSURANCE CO.(P.S.C.)

PLANS DESIGNED BY

International
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BENEFITS SCHEDULE

The benefits schedule provides a summary of the cover provided per *period of insurance* unless stated otherwise. Terms in italics refer to defined terms. The meaning to these defined terms can be found in the definitions section of the policy terms and conditions. All limits and monetary amounts shall in all instances be in USD. TeleHEALTH services are included. Services rendered in USA must be within our preferred network except for *emergency*. Otherwise, 50% co-insurance will be applied.

HOSPITAL AND SURGERY PLANS				
One of these plans must be selected to form the basis of your cover				
ANNUAL LIMIT	CORE	ESSENTIAL	EXTENSIVE	ELITE
The overall limit per person per <i>period of insurance</i>	\$200,000	\$1,000,000	\$2,500,000	\$5,000,000
MEDICAL PROVIDER NETWORK IN THE UAE AND IN THE GCC COUNTRIES The hospitals where you may receive treatment as per the benefits listed in your Hospital and Surgery Plan	In the UAE and in the GCC countries- Coverage is limited to the Green Network only Out of our preferred network in the United States: 50% co-insurance will apply	Select your Network Access from the below choices: - Premium - Classic - Green Direct payment to providers in the UAE and in the GCC countries Out of your selected network in the UAE and in the GCC countries, co-insurance applies as per the below Premium : Nil Classic : Nil co-insurance within the Classic network 30% co-insurance if any visit within the Premium network Green : Nil co-insurance within the Green network 30% co-insurance if any visit within the Classic network 50% co-insurance if any visit within the Premium network Out of the network available in the UAE and in the GCC countries (ie boutique clinic), you will be reimbursed up to highest cost provider within your selected network Out of our preferred network in the United States: 50% co-insurance will apply		
Pre-existing conditions, including pre-existing chronic conditions			\$41,000	
HOSPITAL BENEFITS				
Pre-authorisation is required for the following services (30% co-payment for services not pre-authorised by us outside the UAE and in the GCC countries)				
<i>Hospital room and board</i>		<i>Standard private room</i>		
<i>Intensive Care Unit</i>		Fully Covered		
<i>Parental accommodation</i>		Fully Covered		
Theatre fees		Fully Covered		
Blood, dressings, medicines and drugs		Fully Covered		
<i>Surgical implants</i>	No Cover	Fully Covered		
Diagnostic scans and tests, including <i>invasive endoscopic examinations</i>		Fully Covered		
Rental of <i>mobility aids</i> (Crutches, canes, walkers, manual wheelchairs and non-motorised knee scooters)		Fully Covered		
Orthopaedic braces, supports and air boots	No Cover	Fully Covered		
<i>Professional fees</i> (Surgeon's fees, anaesthetist fees, general nursing fees, physiotherapist fees, speech therapist fees and attending physician fees)		Fully Covered		
<i>Hospital</i> treatment of mental and nervous conditions	\$2,750	Fully Covered Up to 15 days	Fully Covered Up to 20 days	Fully Covered Up to 30 days

HOSPITAL AND SURGERY PLANS – CONTINUED

STANDARD MATERNITY CARE	CORE	ESSENTIAL	EXTENSIVE	ELITE
Normal delivery, including elective caesarean section, medically necessary C-section, complications and for medically necessary termination			\$2,750 10% <i>co-insurance</i>	
Outpatient maternity			Up to the annual overall benefit maximum All care provided by an obstetrician for low risk, or a specialist obstetrician for high-risk referrals by the network provider as specified in the Benefits Schedule Investigations including: - FBC and Platelets - Blood group, Rhesus status and antibodies - VDRL - MSU & urinalysis - Rubella serology - HIV - Hep C offered to high-risk patients - GTT if high risk - FBS, random s or A1c for all due to high prevalence of diabetes in UAE - 3 ante-natal ultrasound scans Limited to a maximum of 8 obstetrician visits	
<i>Newborn Care</i>			Up to 30 days from birth BCG, Hepatitis B and neo-natal screening tests Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia Newborn is covered up to the mother's annual limit	
ORGAN TRANSPLANTATION				
Organ transplantation			<i>Hospital Benefits, Pre-hospitalisation Benefits, Post-hospitalisation Benefits</i> sections apply	
Direct <i>expenses</i> of <i>surgery</i> to remove an organ for transplant from a donor – donor expenses are not covered	\$50,000		\$20,000	
PRIVATE NURSING, HOME NURSING				
Private nursing in <i>hospital</i> when certified necessary by attending <i>physician</i>	No Cover		Fully Covered	
Home nursing prescribed by attending <i>physician</i>	No Cover	\$5,000	Fully Covered up to 30 days	Fully Covered up to 60 days
HOSPITAL CASH BENEFIT				
Where <i>you</i> are hospitalised for a covered <i>confinement</i> at no cost to <i>us</i> <i>Hospital</i> cash benefit is not available if <i>you</i> claim for services rendered during the hospitalisation	\$150 per night Up to 30 nights	\$200 per night Up to 30 nights	\$225 per night	\$250 per night
REHABILITATION TREATMENT				
Pre- <i>authorisation</i> is required for this benefit				
<i>Rehabilitation treatment</i> received while an inpatient at a <i>rehabilitation centre</i> . Admission to the <i>rehabilitation centre</i> must take place within 2 weeks after discharge from hospital for a covered <i>confinement</i> .	No Cover	Up to 20 days	Up to 30 days	Up to 60 days
EXTERNAL PROSTHESIS				
External prosthesis and any services associated with selection, fitting or repair	\$500	\$1,500	\$4,000	\$5,000
SURGERY OR INVASIVE ENDOSCOPIC EXAMINATION PERFORMED WHILE A DAY-PATIENT, IN A CLINIC, OR IN A PHYSICIAN'S OFFICE				
Professional fees, <i>diagnostic scans and tests, medicines and drugs</i> . Also covers the following on the day of, and directly related to, the surgery or invasive endoscopic examination: <i>hospital room and board</i> , theatre fees, dressings, <i>medicines and drugs</i> , pathology fees, and <i>surgical implants</i> .			Fully covered	

HOSPITAL AND SURGERY PLANS – CONTINUED

KIDNEY DIALYSIS	CORE	ESSENTIAL	EXTENSIVE	ELITE
<i>Kidney dialysis</i> received while admitted to <i>hospital</i> or out of <i>hospital</i>	Fully covered			
CANCER TREATMENT The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer.				
<i>Active Cancer treatment in Hospital</i>	<i>Hospital</i> Benefits sections apply			
Specialist consultations; <i>diagnostic scans and tests</i> ; <i>medicines and drugs</i> ; chemotherapy and radiotherapy related to <i>active cancer treatment</i>	\$50,000	Fully covered		
HIV/AIDS				
All-inclusive lifetime limit for services rendered in connection with <i>HIV/AIDS</i> including antiretroviral treatment, treatment of primary HIV, testing and monitoring, or treatment of AIDS. <i>HIV/AIDS</i> waiting period of 3 years prior to <i>your</i> first positive HIV test result, or the date <i>you</i> received any treatment for <i>HIV/AIDS</i> (or following possible exposure to the virus), whichever is later (Policy Terms and Conditions Section 8.2)	No Cover	\$50,000	\$80,000	
EMERGENCY ROOM TREATMENT				
Treatment as a result of an <i>injury</i> within 48 hours of an <i>accident</i> ; or acute exacerbation of a <i>disability</i> which requires urgent medical or surgical intervention to avoid permanent damage to <i>your</i> life or health	Fully Covered			
EMERGENCY DENTAL TREATMENT				
Emergency <i>dental</i> treatment to repair damage to sound natural teeth within 14 days of <i>accident</i>	Fully Covered			
LOCAL TRANSPORT BY AMBULANCE				
Transport by ambulance to and from hospital prescribed by an attending <i>physician</i>	Fully Covered			
HOSPICE OR PALLIATIVE TREATMENT				
Hospice or palliative treatment	\$10,000 lifetime benefit	\$25,000 lifetime benefit	\$50,000 lifetime benefit	\$135,000 lifetime benefit
SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES				
Subject to the benefits and sub-limits stated elsewhere in this <i>benefits schedule</i> , the maximum <i>we</i> will pay for losses directly or indirectly arising from the following <i>disabilities</i> is as stated below.				
<i>Congenital and hereditary conditions</i>	\$41,000 lifetime benefit	\$125,000 lifetime benefit	\$150,000 lifetime benefit	
<i>Stem Cell Treatment</i> , including harvesting immediately prior to a treatment and if is associated with a bone marrow or peripheral stem cell transplant	No Cover	\$100,000 Lifetime benefit	\$200,000 lifetime benefit	

HOSPITAL AND SURGERY PLANS – CONTINUED

RETURN HOME CASH BENEFIT	CORE	ESSENTIAL	EXTENSIVE	ELITE		
<p>Where you request to travel out of the UAE to receive medically necessary inpatient or daypatient treatment, we will make a cash payment directly to you.</p> <p>As regards to the return journey, we will pay the price of reasonable costs for an economy class air ticket for the beneficiary requiring treatment We will only pay an economy class air ticket to you.</p> <p>Important notes:</p> <ul style="list-style-type: none"> ▶ The benefit is not payable in respect of any pre-existing conditions; ▶ All treatment must be approved in advance by us and needs to be cost effective compared to the UAE 	\$150	\$500	\$700	\$1,000		
AREA OF COVER						
Area of Cover Options	Worldwide Excluding <i>USA</i> Coverage up to 90 days out of the UAE		Worldwide; Worldwide Excluding <i>USA</i>			
Out of Area Cover	<p style="text-align: center;">Services rendered outside of the <i>area of cover</i> are covered up to</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-right: 1px solid black; vertical-align: top;"> \$20,000 per <i>period of insurance</i> </td> <td style="width: 50%; text-align: center; vertical-align: top;"> \$50,000 per <i>period of insurance</i> </td> </tr> </table> <p>only if they are directly caused by <i>sudden illness</i> or <i>injury</i> occurring during the first 30 travel days of any trip outside the <i>area of cover</i>.</p> <p><i>Sudden illness</i> or <i>injury</i> does not include any <i>disability</i> of which symptoms existed prior to the start of the trip and which would have caused a reasonable person to seek medical care.</p> <p>This benefit does not apply for any trip commenced or continued against the orders or advice of any <i>physician</i> or other medical practitioner; or undertaken in whole or in part for the purpose of obtaining medical care.</p>				\$20,000 per <i>period of insurance</i>	\$50,000 per <i>period of insurance</i>
\$20,000 per <i>period of insurance</i>	\$50,000 per <i>period of insurance</i>					

OUTPATIENT PLANS

The following Outpatient module are mandatory and can be combined with any *Hospital and Surgery* Module except the *Core Hospital and Surgery* Module which must be combined with the Core Outpatient module

ANNUAL LIMIT FOR OUTPATIENT BENEFITS	CORE	ESSENTIAL	EXTENSIVE	ELITE
Annual cumulative limit for all benefits shown in the Outpatient Benefits section	\$41,000	Up to overall limit per <i>period of insurance</i>		
MEDICAL PROVIDER NETWORK IN THE UAE AND IN THE GCC COUNTRIES The hospitals and clinics where you may receive treatment as per the benefits listed in your Outpatient Plan	In the UAE and in the GCC countries - Coverage is limited to the Green Network only	Select your Network Access from the below choices: - Premium - Classic - Green Direct payment to providers in the UAE and in the GCC countries Out of your selected network in the UAE and in the GCC countries, co-insurance applies as per the below Premium : Nil-unless optional co-insurance is selected Classic : Nil co-insurance within the Classic network 30% co-insurance if any visit within the Premium network Green : Nil co-insurance within the Green network 30% co-insurance if any visit within the Classic network 50% co-insurance if any visit within the Premium network Out of the network available in the UAE and in the GCC countries (ie boutique clinic), you will be reimbursed up to highest cost provider within your selected network		
Co-insurance Option	Not Applicable	15% co-insurance with a maximum of USD20 per visit is only available when the Premium network is selected.		
GENERAL PRACTITIONER & SPECIALIST CONSULTATION FEES				
General Practitioner consultation fees	Fully Covered			
Specialist consultation fees	Fully Covered			
Physiotherapy A referral for <i>physiotherapy</i> must be submitted at the same time as your claim. Treatment is limited to 10 sessions per <i>referral</i> after which a new referral and medical report from your attending <i>physician</i> must be submitted.	Maximum 6 sessions	\$1,500 Maximum 10 sessions	Maximum 20 sessions	Maximum 25 sessions
OUTPATIENT MENTAL AND NERVOUS CONDITIONS OUTPATIENT BEHAVIOURAL OR DEVELOPMENTAL DISORDERS				
<i>Physician</i> , psychologist and psychotherapist consultation fees, <i>diagnostic scans and tests</i> , <i>medicines and drugs</i> prescribed by a <i>physician for mental and nervous conditions and behavioural or developmental disorder</i>	\$2,750 (combined with Hospital & Surgery limit)	\$3,000	\$4,000	\$4,500
MEDICINES AND DRUGS				
<i>Medicines and drugs</i>	\$3,000 Fully covered within "selected pharmacies" If not, a 20% co-insurance will apply	\$4,000	Fully covered	
DIAGNOSTIC SCANS AND TESTS				
Diagnostic scans and tests	Fully Covered			
MEDICAL APPLIANCES AND MOBILITY AIDS				
Purchase or rental of <i>mobility aids</i>	\$500	\$1,500	\$4,000	\$5,000
Slings and bandages		Maximum two <i>mobility aids</i> per <i>disability</i>		
Purchase or rental of <i>medical appliances</i>				

OUTPATIENT PLANS – CONTINUED

FOLLOW UP CANCER CARE	CORE	ESSENTIAL	EXTENSIVE	ELITE
<p>These services shall be covered following the completion of <i>active cancer treatment</i>: Medicines and drugs prescribed to prevent a recurrence of cancer and related specialist consultations.</p>	Fully Covered			
COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE				
<p>Combined limit for all benefits listed in the <i>Complementary Medicine</i> and Traditional Chinese Medicine section</p>	No cover	\$1,000	\$2,000	\$4,000
<p>Consultation fees for the following complementary medicine practitioners, upon <i>referral</i>: Dietician following <i>illness</i> or <i>injury</i> No <i>referral</i> required: Chiropractor, osteopath, podiatrist, homeopathy, Ayurveda practitioner and speech therapist following <i>illness</i> or <i>injury</i></p>	No cover	Fully covered Up to the combined limit		
<p>Consultation fees and medicine/consumables dispensed or used by the following practitioners in the course of treatment: Acupuncturist, bone setter, Chinese medicine practitioner, naturopath, <i>hypnotherapist</i>. No <i>referral</i> required.</p>	No cover	Up to \$100 per visit	Up to \$150 per visit	Up to \$300 per visit
Maximum one consultation per day Up to the combined limit				
PREVENTIVE SERVICES, MEDICAL CHECKUP AND VACCINATIONS				
<p>Child vaccinations and immunisations As per the guidelines set by the Dubai Ministry of Health</p>	Fully covered			
<p>Diabetic screening</p>	Fully covered Every 3 years from age 30 High risk individuals annually from age 18			
<p>Hepatitis B & C Virus Screening</p>	Fully covered In accordance with Dubai Health Authority (DHA)			
<p>Influenza vaccine</p>	Fully covered One per year			
<p>Cancer Screening</p>	Fully covered 1 annual screening/test when relevant as per the age of the member Breast, colorectal and cervical cancer screenings			
<p>Medical checkup packages or standalone tests or scans not listed above which are conducted in the absence of a diagnosis or suspected diagnosis No <i>referral</i> required</p>	No Cover	\$250	\$1,000	\$1,700
<p>Vaccinations (cost of vaccination only. Associated GP consult covered under consultation benefit) No <i>referral</i> required</p>	No Cover		Fully covered	

DENTAL AND OPTICAL BENEFIT

	CORE	ESSENTIAL	EXTENSIVE	ELITE
<p>Minor dental treatment – Nil co-insurance</p> <p>Dental checkup; x-ray, gold or amalgam or composite or porcelain inlays, onlays, or fillings; routine tooth cleaning, scaling, and prophylaxis (including when done by an <i>oral hygienist</i>); simple extractions; and application of sealants</p>	\$150	\$300	\$1,250	\$4,500
<p>Major dental treatment including orthodontic 10 months Waiting period applies – Nil co-insurance</p> <p>Surgical removal of impacted, buried, or unerupted teeth/roots or odontomes; treatment of disorders of the temporomandibular joint (TMJ); orthodontics: dental implants; root canal therapy or apicoectomy; dentures (new/repair of old); gold, amalgam, composite or porcelain crowns and bridges; treatment by a <i>dentist</i> of illnesses of the oral mucosa and directly related laboratory tests or pathology services; antibiotics or medicines for pain management for which a prescription is required for purchase and which have been prescribed by a dentist; periodontics, deep oral prophylaxis or root planing.</p>	No Cover	\$1,000	\$2,250	
<p>Eye examination Which include cost of the consultation</p>	No Cover	\$100	\$200	
		One per year performed by an ophthalmologist or optometrist		
<p>Prescription contact lenses and prescription lenses</p>	No Cover	\$180	\$250	\$500

MATERNITY BOOST

	CORE	ESSENTIAL	EXTENSIVE	ELITE
<p>12-months waiting period</p> <p>Delivery, including elective and emergency caesarean sections</p> <p>The following prenatal and post-natal services up to 45 days following birth: <i>Physician</i> consultation fees, <i>diagnostic scans and tests, medicines and drugs, complementary medicine</i>, licensed midwifery and certified doula services, vitamins and supplements, complementary maternity therapies (without <i>referral</i>)</p>	No cover	\$4,000	\$6,000	\$8,000
<p>Complication of pregnancy</p>	No cover	\$41,000		

REPATRIATION, EVACUATION AND ASSISTANCE SERVICES PROVIDED BY APRIL ASSISTANCE

In the event of an emergency, the Member may call-collect our dedicated assistance hotline 24 hours a day, 365 days a year to request the following services. All limits and monetary amounts are stated in US\$ and cover is subject to our policy terms and conditions. For more details, please refer to the Emergency Assistance Program scope of services.

IN THE EVENT OF ACCIDENT OR SUDDEN SEVERE ILLNESS OF THE MEMBER (To a combined limit of US\$1,000,000)	Included in every plan
Emergency medical evacuation and medically required repatriation	Fully Covered
Return of the member to the <i>country of residence</i> after recovery	Return economy class airline ticket
Compassionate visit (if the member is unaccompanied and hospitalisation is reasonably expected to be more than 7 days)	Economy round trip transportation & hotel accommodation Up to \$150 per night for a maximum of 7 nights
Supply and delivery of medication not available locally	Fully Covered
Return of member's family members	One-way economy class airline ticket
Return of dependants	One-way economy class airline ticket
Round the clock telephone access	Trained multilingual personnel including a medical team will be on-hand to assist
IN THE EVENT OF THE DEATH OF THE MEMBER (To a combined limit of US\$30,000)	
Repatriation of mortal remains	Fully Covered
Cost of a transport coffin for repatriation of the body by air	Up to \$5,000
Presence of a person to accompany the deceased	Economy round trip transportation & hotel accommodation Up to \$150 per night for a maximum of 7 nights
Return of insured family members	One-way economy class airline ticket
IF PERSONAL EFFECTS ARE LOST OR STOLEN ABROAD	
Cash advance outside <i>your home country</i> or <i>country of residence</i>	Up to \$2,500
Sending urgent messages	Included
IN THE EVENT OF AN UNINTENTIONAL INFRACTION OF THE LAW ABROAD	
Advance of legal expenses occurred while abroad	Up to \$2,500 per event
Advance of cost of bail while abroad	Up to \$25,000 per event
Assistance with translation of legal or administrative documents	Up to \$500 per event
<i>Referral</i> to local legal advisors	Included
IN THE EVENT OF THE DEATH OR CRITICAL ILLNESS OF A FAMILY MEMBER	
Compassionate Home Travel	Return economy class airline ticket up to \$1,000
OTHER TRAVEL ASSISTANCE SERVICES	
APRIL Assistance will provide the following travel-related information	Visa and inoculation requirements for foreign countries Lost luggage and passport assistance while the member is traveling outside his/her <i>Home Country</i> or Usual <i>Country of Residence</i>
MEDICAL ASSISTANCE	
Medical Referral Service	Access to a global network of appointed and credentialed doctors, specialists and <i>hospitals</i>
Hospital Admission including Admission Deposits	In the event of an <i>emergency</i> admission, we will make arrangements to issue a <i>hospital</i> letter of guarantee
Tele-medicine Consultation and Evaluation of the Member's Condition	APRIL Assistance's duty doctors will provide help over the phone
Medical Monitoring	APRIL Assistance will monitor a Member's condition if hospitalised abroad

For more information, contact your insurance consultant :

Underwritten by:

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