

Benefits Schedule

MyHEALTH UAE

Abu Dhabi Version



MyHEALTH

BENEFITS SCHEDULE

The Benefits Schedule provides a summary of the coverage offered per period of insurance, unless stated otherwise. It should be read in conjunction with the Terms and Conditions. The interpretation of any defined terms in the Terms and Conditions shall apply to this Benefits Schedule. All the claims must be reasonable and customary.

All limits and monetary amounts shall in all instances be in USD.

OVERALL MAXIMUM ANNUAL LIMIT	ESSENTIAL	EXTENSIVE	ELITE
The overall limit per person per period of insurance	\$1,000,000	\$2,500,000	\$5,000,000
AREA OF COVER			
Area of Cover Options	Worldwide Worldwide Excluding USA		
Out of Area Cover	<p>Services rendered outside of the area of cover are covered up to \$50,000 per period of insurance and for up to 30 days of treatment only if they are directly caused by sudden illness or injury occurring during the first 30 travel days of any trip outside the area of cover.</p> <p>Sudden illness or injury does not include any disability of which symptoms existed prior to the start of the trip and which would have caused a reasonable person to seek medical care. This benefit does not apply for any trip commenced or continued against the orders or advice of any physician or other medical practitioner or undertaken in whole or in part for the purpose of obtaining medical care.</p>		

NETWORK SELECTION	
Network options	Select your network from the below choices: Premium Classic Green
Coverage in your selected network in the UAE and the GCC countries	Fully covered Direct billing only
Coverage in other network options in the UAE and GCC countries	Depending on your network selection, you will be covered as below: <ul style="list-style-type: none"> - Premium: fully covered in Classic and Green - Classic: fully covered in Green; covered up to 70% in Premium - Green: covered up to 70% in Classic; covered up to 50% in Premium <p>Direct billing only</p> <p>If an Outpatient co-insurance option is selected, direct billing is not available outside the selected network. Coverage will be limited to the reasonable and customary charges of your selected network. The selected Outpatient co-insurance percentage will be applied to the remaining amount.</p>
Coverage outside of our 3 network options in the UAE and GCC countries	Up to the reasonable and customary charges of your selected network No Direct billing services
Coverage in the USA	50% co-insurance applies for treatment outside APRIL's preferred network
Coverage in all other countries worldwide (excluding the USA, UAE and GCC countries)	Covered up to the reasonable and customary charges of the country where the treatment is provided

HOSPITAL AND SURGERY MODULE

One of these plans must be selected to form the basis of your cover

ESSENTIAL

EXTENSIVE

ELITE

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)

Hospital room and board	Single Occupancy Room		
Intensive Care Unit	Fully Covered		
Parental accommodation for child <18	Fully Covered		
Companion accommodation in urgent cases prescribed by a physician	Fully Covered		
Theatre fees	Fully Covered		
Blood, dressings, medicines and drugs	Fully Covered		
Surgical implants	Fully Covered		
Diagnostic scans and tests, including invasive endoscopic examinations	Fully Covered		
Rental of mobility aids	Fully Covered		
Orthopaedic braces, supports and air boots	Fully Covered		
Professional fees	Fully Covered		
Hospital treatment of mental and nervous conditions	Fully Covered Up to 15 days	Fully Covered Up to 20 days	Fully Covered Up to 30 days

ORGAN TRANSPLANTATION

Pre-authorisation is required for this benefit

Organ transplantation	Covered		
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PRIVATE NURSING, HOME NURSING

Pre-authorisation is required for this benefit

Private nursing in hospital when certified necessary by attending physician	No Cover	Fully Covered	
Home nursing prescribed by attending physician	\$5,000	Fully Covered up to 30 days	Fully Covered up to 60 days

HOSPITAL CASH BENEFIT

Where you are hospitalised for a covered confinement at no cost to us.

Hospital cash benefit is not available if you claim for services rendered during the hospitalisation

\$200 per night
Up to 30 nights

\$225 per night

\$250 per night

RETURN HOME CASH BENEFIT

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.

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.

Important notes:

- 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

\$500

\$700

\$1,000

HOSPITAL AND SURGERY MODULE – CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
REHABILITATION TREATMENT			
Pre-authorisation is required for this benefit			
Rehabilitation treatment received while an inpatient at a rehabilitation centre. Admission to the rehabilitation centre must take place within 2 weeks after discharge from hospital for a covered confinement.	Up to 20 days	Up to 30 days	Up to 60 days
EXTERNAL PROSTHESIS			
Pre-authorisation is required for this benefit			
External prosthesis and any services associated with selection, fitting or repair	\$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			
Pre-authorisation is required for this benefit			
Professional fees, diagnostic scans and tests, medicines and drugs. Also covers the following on the day of, and directly related to, the surgery or invasive endoscopic examination: hospital room and board, theatre fees, dressings, medicines and drugs, pathology fees, and surgical implants. For endoscopic examinations only, coverage is limited to ward accommodation charges. This benefit does not cover the following: laryngoscopy, nasopharyngoscopy, otoscopy; any surgery on the skin and subcutaneous tissue for illness other than surgery following a confirmed diagnosis of cancer.		Fully covered	
KIDNEY DIALYSIS			
Pre-authorisation is required for this benefit			
Kidney dialysis received while admitted to hospital or out of hospital		Fully covered	
CANCER TREATMENT			
The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer. Pre-authorisation is required for this benefit			
Active Cancer treatment in Hospital		Hospital Benefits sections apply	
Specialist consultations; diagnostic scans and tests; medicines and drugs; chemotherapy and radiotherapy related to active cancer treatment		Fully covered	
RECONSTRUCTIVE SURGERY			
Pre-authorisation is required for this benefit			
Reconstructive surgery to improve the function or appearance of abnormal structures of the body when required as a direct result of a disability covered under this policy		Fully covered	
HIV/AIDS			
Pre-authorisation is required for this benefit			
All-inclusive lifetime limit for services rendered in connection with HIV/AIDS including antiretroviral treatment, treatment of primary HIV, testing and monitoring, or treatment of AIDS. HIV/AIDS waiting period of 3 years prior to your first positive HIV test result, or the date you received any treatment for HIV/AIDS (or following possible exposure to the virus), whichever is later (please refer to Terms and Conditions).	No cover	\$50,000 lifetime benefit	\$80,000 lifetime benefit
EMERGENCY ROOM TREATMENT			
Treatment as a result of an injury within 48 hours of an accident or acute exacerbation of a disability which requires urgent medical or surgical intervention to avoid permanent damage to your life or health		Fully Covered	
EMERGENCY DENTAL TREATMENT			
Emergency dental treatment to repair damage to sound natural teeth within 14 days of accident		Fully Covered	
LOCAL TRANSPORT BY AMBULANCE			
Transport by ambulance to and from hospital prescribed by an attending physician		Fully Covered	

HOSPITAL AND SURGERY MODULE – CONTINUED	ESSENTIAL	EXTENSIVE	ELITE			
HOSPICE OR PALLIATIVE TREATMENT						
Pre-authorisation is required for this benefit						
Hospice or palliative treatment	\$25,000 lifetime benefit	\$50,000 lifetime benefit	\$135,000 lifetime benefit			
SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES AND TREATMENTS						
Subject to the benefits and sub-limits stated elsewhere in this benefits schedule, the maximum we will pay for losses directly or indirectly arising from the following disabilities and treatments is as stated below.						
Congenital and hereditary conditions	\$41,000 lifetime benefit	\$125,000 lifetime benefit	\$150,000 lifetime benefit			
Stem Cell Treatment, including harvesting immediately prior to a treatment and if is associated with a bone marrow or peripheral stem cell transplant	\$100,000 lifetime benefit	\$200,000 lifetime benefit				
Pre-existing conditions, including pre-existing chronic conditions	\$70,000					
Direct expenses of surgery to remove an organ for transplant from a donor – donor expenses are not covered	\$20,000					
ADDITIONAL BENEFITS						
as stipulated in the DOH's policies and its updates. Care received in the UAE only						
Treatment of injuries sustained during a road traffic accident. All medically necessary emergency, inpatient, and outpatient treatment arising from road traffic accidents in the UAE. This includes ambulance transportation, diagnostics, specialist care, surgery, hospitalisation, and post-accident rehabilitation, subject to plan's standard limits.	Covered					
Work-Related Injuries & Occupational Illnesses (as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, and applicable laws in this respect). Treatment of physical injuries to a body part, sustained at the insured person's place of work. Subject to plan's standard limits.	Covered					
Hearing and vision aids, and vision correction by surgeries and laser when your medical condition is an emergency as stipulated in the DOH guidelines	Covered					
Diagnostic and treatment services for dental and gum treatments when your dental condition is an emergency as stipulated in the DOH's guidelines	Covered					
EMBEDDED SERVICES						
Telehealth services are provided by Teladoc Health and include: ► 24/7 teleconsultation ► Second Medical Opinion ► Stress Management Counselling	Included					
Employee Assistance Program	Included					

OUTPATIENT MODULE

One of these plans must be selected to form the basis of your cover and can be combined with any Hospital and Surgery modules

ANNUAL LIMIT FOR OUTPATIENT BENEFITS	ESSENTIAL	EXTENSIVE	ELITE			
Annual cumulative limit for all benefits shown in the Outpatient Benefits section	Up to overall limit per period of insurance					
CO-INSURANCE OPTIONS						
Outpatient co-insurance percentage	<p>Select your co-insurance from the below choices:</p> <ul style="list-style-type: none"> - Nil co-insurance - 20% co-insurance with a maximum of \$14 per General Practitioner and Specialist consultation (doesn't apply to other Outpatient benefits) - 20% co-insurance applied to all Outpatient benefits. 					
Direct billing	<p>Nil co-insurance: Direct billing available in all Mednet network.</p> <p>20% co-insurance: Direct billing is only available within your selected network.</p>					
ROUTINE OUTPATIENT						
General Practitioner consultation fees	Fully Covered					
Specialist consultation fees	Fully Covered					
Physiotherapy A referral for physiotherapy must be submitted at the same time as your claim. Treatment is limited to 10 sessions per referral after which a new referral and medical report from your attending physician must be submitted.	Maximum 25 sessions	Maximum 30 sessions	Fully covered			
Diagnostic scans and tests	Fully Covered					
Medicines and drugs including medically necessary vitamins prescribed by a treating physician in case of vitamin deficiency conditions (confirmed case of vitamin deficiency)	Fully Covered					
Hormone replacement therapy Medicines and drugs prescribed by a physician for hormone replacement therapy. Coverage is provided for Hormone Replacement Therapy (HRT) when deemed medically necessary to treat conditions such as premature ovarian insufficiency or failure. This benefit does not extend to HRT primarily intended to manage symptoms related to natural aging processes or gender reassignment. A physician's prescription and supporting medical documentation are required for coverage.	Fully Covered					
OUTPATIENT MENTAL AND NERVOUS CONDITIONS						
OUTPATIENT BEHAVIOURAL OR DEVELOPMENTAL DISORDERS						
Physician, psychologist, psychotherapist, diagnostic scans and tests, medicines and drugs prescribed by a physician for mental and nervous conditions and behavioural or developmental disorder. Counselling is excluded under this benefit.	\$3,000	\$4,000	\$4,500			
MEDICAL APPLIANCES AND MOBILITY AIDS						
Purchase or rental of mobility aids, Slings and bandages Purchase or rental of medical appliances	\$1,500 Maximum two mobility aids per disability	\$4,000 Maximum two mobility aids per disability	\$5,000 Maximum two mobility aids per disability			

OUTPATIENT MODULE – CONTINUED	ESSENTIAL	EXTENSIVE	ELITE
FOLLOW UP CANCER CARE			
These services shall be covered following the completion of active cancer treatment: Medicines and drugs prescribed to prevent a recurrence of cancer and related specialist consultations.	Fully Covered		
COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE			
Combined limit for all benefits listed in the Complementary Medicine and Traditional Chinese Medicine section	\$1,000	\$2,000	\$4,000
Consultation fees for the following complementary medicine practitioners, upon referral: Dietician following illness or injury, Occupational therapist No referral required: Chiropractor, osteopath, podiatrist and speech therapist following illness or injury. No Direct billing services	Fully covered Up to the combined limit		
Consultation fees and medicine/consumables dispensed or used by the following practitioners in the course of treatment: Acupuncturist, Ayurveda practitioner, bone setter, Chinese medicine practitioner, homeopath, naturopath, and hypnotherapist. No referral required. No Direct billing services	Up to \$100 per visit Maximum one consultation per day Up to the combined limit	Up to \$150 per visit Maximum one consultation per day Up to the combined limit	Up to \$300 per visit Maximum one consultation per day Up to the combined limit
PREVENTIVE SERVICES, MEDICAL CHECKUP AND VACCINATIONS			
Child vaccinations and immunisations As per the guidelines set in the UAE National Immunization Program. This includes routine vaccines for newborns and children (e.g., BCG, MMR, polio, pneumococcal, HPV for school-age females)	Covered		
Medical checkup packages or Preventive screenings (cancer, hepatitis, diabetes) or standalone tests or scans which are conducted in the absence of a diagnosis or suspected diagnosis No referral required. No Direct billing services.	\$350	\$1,000	\$1,700
Other Vaccinations (cost of vaccination only. Associated GP costs covered under consultation benefit) No referral required. No Direct billing services.	\$100	Fully covered	

DENTAL AND OPTICAL MODULE

The following Dental and Optical module is optional and can be combined with any Hospital and Surgery modules.

	CORE	ESSENTIAL	EXTENSIVE	ELITE
DENTAL BENEFITS				
Minor dental treatment Dental checkup; x-ray, gold or amalgam or composite or porcelain inlays, onlays, or fillings; routine tooth cleaning (max 1 per year), scaling, and prophylaxis (including when done by an oral hygienist); root canal treatment; simple extractions; and application of sealants.	\$150 A 30% co-insurance applies	\$300	\$1,250	
Major dental treatment A waiting period of 6 months applies. Surgical removal of impacted, buried, or unerupted teeth/ roots or odontomes; treatment of disorders of the temporomandibular joint (TMJ); orthodontic treatment commenced below the age of 16; dental implants; apicoectomy; dentures (new/repair of old); gold, amalgam, composite or porcelain crowns and bridges; treatment by a dentist 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.	No Cover	\$1,000	\$2,250	\$4,500
OPTICAL BENEFITS				
Eye examination When performed by an ophthalmologist or optometrist Includes cost of the consultation	No Cover	Fully covered Maximum of 1 per year		
Frames, prescription contact lenses and prescription lenses	No Cover	\$180	\$250	\$500

MATERNITY AND NEWBORN CARE MODULE

The following Maternity and Newborn module is mandatory for women aged 19-45 and can be combined with any Hospital and Surgery modules

	CORE	ESSENTIAL	EXTENSIVE	ELITE
Combined limit for all benefits listed in the MATERNITY AND NEWBORN CARE Benefits section	\$70,000		Up to overall annual limit	
MATERNITY BENEFITS				
12-month waiting period applies for all maternity benefits when care is received outside the UAE				
<p>Outpatient maternity</p> <p>Care received in the UAE only and when medically necessary only.</p> <p>All care provided by an obstetrician for low-risk, or a specialist obstetrician for high-risk referrals by the network provider. Investigations including:</p> <ul style="list-style-type: none"> - 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 <p>max 3 ultrasounds, max 8 obstetrician visits per pregnancy</p>	<p>Fully Covered (within combined limit)</p>		<p>Fully Covered</p>	
<p>Inpatient Maternity</p> <p>A waiting period of 6 months applies</p> <p>Care received in the UAE only and when medically necessary only</p> <p>Pre-authorisation is required.</p> <p>Normal delivery, elective or medically necessary caesarean section, including hospital room and board, professional fees, midwife fees, theatre fees.</p> <p>Post-natal care required by the mother immediately following childbirth.</p> <p>Complications of childbirth.</p> <p>Therapeutic abortion.</p>	<p>Fully Covered (within combined limit)</p>		<p>Fully Covered</p>	
<p>Complications of pregnancy</p> <p>A waiting period of 6 months applies</p> <p>Coverage is limited to medically necessary inpatient treatment only.</p>	<p>Fully Covered (within combined limit)</p>		<p>Fully Covered</p>	
<p>Enhanced maternity</p> <p>A waiting period of 12 months applies</p> <p>Care received outside the UAE only</p> <p>The following prenatal and post-natal services up to 45 days following birth: Physician consultation fees, diagnostic scans and tests, medicines and drugs, licensed midwifery and certified doula services, vitamins and supplements, complementary maternity therapies (without referral).</p> <p>Delivery, including elective or medically necessary caesarean sections, including hospital room and board, professional fees, midwife fees, theatre fees.</p> <p>Complications of childbirth.</p> <p>Therapeutic abortions.</p>	<p>No cover</p>	<p>\$6,750 per pregnancy</p>	<p>\$8,750 per pregnancy</p>	<p>\$10,750 per pregnancy</p>

MATERNITY AND NEWBORN CARE MODULE – CONTINUED

	CORE	ESSENTIAL	EXTENSIVE	ELITE
NEW BORN CARE BENEFITS				
<p>Newborn Care</p> <p>Covered up to 30 days from birth under the mother's plan. Coverage includes:</p> <ul style="list-style-type: none"> – Medically necessary inpatient and outpatient care, including neonatal ICU if required. – Newborn screening tests as mandated by DoH Abu Dhabi: Phenylketonuria (PKU), Congenital Hypothyroidism, Sickle Cell Screening, Congenital Adrenal Hyperplasia, and other conditions per DoH guidelines. – Routine newborn vaccinations under the UAE National Immunization Program, including BCG and Hepatitis B. – Other medically necessary treatments for illness or complications arising during the first 30 days of life. 	Fully Covered (within combined limit)		Fully Covered	

REPATRIATION, EVACUATION AND ASSISTANCE SERVICES PROVIDED BY APRIL ASSISTANCE

In the event of an emergency, the Member may call 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 Dollars (USD) and cover is subject to our policy terms and conditions. For more details, please refer to the Emergency Assistance Program scope of services.

ANNUAL LIMIT	INCLUDED IN EVERY PLAN
The overall limit per person per period of insurance	\$1,000,000
In the event of accident or sudden severe illness of the member	
Limited to one (1) emergency evacuation and/or repatriation attributable to any single medical condition by a Member	
Medical evacuation or medical transport to the nearest adequate registered hospital	100%
Compassionate Visit Limited to one (1) claim per Member	Round trip transportation (first class train, standard economy class flight or any other locally available means deemed appropriate by APRIL Assistance) plus up to 7-night accommodation in a hotel limited to \$150 per night
Return to the place of residence after recovery	One-way transport ticket (first class train, standard economy flight or other locally available means deemed appropriate by APRIL Assistance) for You to return to Your Place of Residence
Return of immediate family members (up to 3 persons)	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by APRIL Assistance) for them to return to Your place of residence
Return of dependent children	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by APRIL Assistance) for them to return to Your Place of Residence , or the place of residence of the nearest relative or designated guardian where appropriate.
Assistance in the event of the death of the member (To a combined limit of \$30,000)	
Repatriation of mortal remains	100%
Cost of one (1) transport coffin for repatriation of body by air	Up to \$5,000
Presence of one person to accompany the deceased	Round trip transportation (first class train, standard economy class flight or any other locally available means deemed appropriate by APRIL Assistance) plus up to 7-night accommodation in a hotel limited to \$150 per night (if the visitor does not have any accommodation) for one (1) person designated by your immediate family .
Return of family members (up to 3 persons)	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by APRIL Assistance) for them to return to their Place of Residence
Legal assistance Abroad	
Advance of cost of bail bond	Included
Assistance with translation of legal or administrative documents	Up to \$500
Death or Critical illness of a family member	
Compassionate Home Travel	Round trip transportation ticket by air in standard economy or by train in 1 st class for 1 member on the contract

MH UAE 2026/01

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