



**GROUP MEDICAL INSURANCE TOB FOR
AMERICAN UNIVERSITY IN DUBAI**

TABLE OF BENEFITS

Category	A (Employee plus dependent plan)
Family of benefits	In & Out Patient
Annual aggregate Limit (OP+IP)	Covered up to AED 250,000 pppy
Scope of Cover	To Cover the Reasonable and customary Medical Expenses and costs arising due to accidental injuries and / or illness occurring During the policy period as per DubaiCare Group policy wording, provisions, terms, conditions and exclusions
Members covered	AUD Students only
Area of coverage (AOC) (Elective & Emergency)	UAE only
Extension of Area of Cover (Only emergency IP)	UAE, Arab Countries, Sub-Asia countries, Philippines, Korea & Srilanka
Network	Dubai Care N2 Network Plus Inpatient & Outpatient services at American Hospital Dubai and American Hospital Clinics - Dubai Media City & Al Barsha
Deductible	20% Subject to Max up to AED 75 on per doctor Visit follow up consultation within 7 days is free for same illness
Pre-existing & chronic conditions & consequences	Covered up to AED 150,000 for all members being renewed, however major medical conditions to be declared. New joiners to running policy to declare major medical conditions compulsorily
Hospital Class	Private Room

Claims settlement basis

EMERGENCY TREATMENT:

Within Network: 100% on direct billing

Outside Network, within UAE: 100% of actual costs subject to a maximum of 100% of applicable UAE Network tariff on reimbursement basis.

Outside UAE, within AOC: 100% of actual costs subject to a maximum of 100% of applicable UAE Network tariff on reimbursement basis.

Outside AOC: 100% of actual costs subject to a maximum of 100% of applicable UAE Network tariff on reimbursement basis.

*** ELECTIVE TREATMENT:**

Within Network: 100% on direct billing

Outside Network, within UAE: With prior approval: 80% of actual costs subject to a maximum of 80% of applicable UAE Network tariff on reimbursement basis.

Outside UAE, within AOC: With prior approval: 100% of actual costs subject to a maximum of 100% of applicable UAE Network tariff on reimbursement basis.

Outside AOC- Not covered

All costs of services not incurred on direct billing shall be considered on reimbursement basis as above.

Out Patient Benefits

General Out-Patient Services	Covered*
Specialist fees and consultations	Covered*
Follow up consultations	Covered*
Second opinion consultation	Covered*



Outpatient (X-ray and Pathology and Diagnostic tests)	Covered*
MRI & CT Scans received as an outpatient and pre-authorized.	Covered*
Out-Patient Prescribed Drugs	Covered*
Outpatient Physiotherapy (which is medically necessary and prescribed by a specialist)	Covered up to 20 Sessions pppa*
Routine maintenance of chronic illness- For non pre existing illnesses only	Covered*
Materials, Injections and dressing	Covered*
Accidental Damage to Natural Teeth following an accident <i>(Only initial treatment is covered. Follow up not covered. No cover for treatment resulting from consumption of food or drink or any foreign bodies contained in such food/drink)</i>	Covered for treatment required immediately (within 7 days of accident) following accidental damage to natural teeth by external trauma and when treatment is given by medical practitioner.
Outpatient Oncology tests and drugs.	Covered*
Outpatient surgical operations	Covered*
<u>In Patient Benefits</u>	
Hospital accommodation (Room and Board)	Covered*
Intensive care unit	Covered*
Inpatient Physiotherapy (which is medically necessary and prescribed by a specialist)	Covered*
Emergency ward services	Covered*
Organ Transplant cost - Kidney, Heart & Liver	Covered*
MRI & CT Scans received as an inpatient and pre-authorized.	Covered*
X rays, Pathology and diagnostic tests	Covered*
Oncology test, Drugs and consultant's fee (including cover for chemotherapy and radiotherapy)	Covered*
Surgical fees, including anesthesia & theatre charges	Covered*
Physician, surgeon, & anesthetist fees	Covered*
Prescribed Medicines and Drugs.	Covered*
Emergency road ambulance services to and from hospital by registered ambulance services provider	Covered*
Organ Transplant cost (cost of surgical procedures in performing an organ transplant of either: Kidney, Heart & Liver in respect of the insured person as recipient and not the organ donor)	Covered*
Surgical appliances and prostheses`	Covered*
Parent accommodation (Hospital accommodation cost in respect of a parent or legal guardian staying with an insured person who is under 18 years of age and is admitted to a hospital).	Covered*



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	Covered*
Additional Benefits	
Maternity: (Normal vaginal delivery, Medically necessary abdominal delivery (Caesarian section), Dilatation & Curettage (D&C) for miscarriage/legal abortion, all complication of delivery/maternity cases) 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 policy Limit <u>Nil waiting period</u> <u>Ongoing cases covered</u> <i>Elective Caesarian – not covered</i>	Out Patient ante-natal services -10% Co-insurance payable by the insured In-patient Maternity Services -10% Co-insurance payable by the insured -Maximum of AED 7,000 per normal delivery , AED 10,000 for medically necessary C- Section, Complication and for medically necessary termination
New Born cover	Cover for 30 Days from birth BCG , Hepatitis B and Neo-Natal Screening test (Phenylketonuria ,Congenital Hypothyroidism ,sickle cell screening, Congenital adrenal hyperplasia)
Dental: <i>Only the following medically necessary treatment is covered:</i> 1. Dental consultation, 2.Teeth extraction, 3.Amalgam/temporary/permanent/composite filling, 4. Root canal treatment, 5. X-rays, 6. Antibiotics, 7. scaling & polishing for dental carious (once a year up to AED 250 pppa) Exclusions: Fixed Bridgework, braces, dentures (crowns, cap, facings, etc.), Orthodontics, Cosmetic Services. Appliances, Restorations or procedure to alter vertical dimension or restore occlusion, any Prosthetic or Precious metal covers Cosmetic filling (i.e. Porcelain, etc.), Gum treatment, general check – up, any treatment which is not medically necessary. Claim will be on reimbursement basis and is subject to 20% coinsurance per claim.	Not covered
Optical: (this benefit will cover Optical examination conducted for the purpose of obtaining eye glasses or upgrading existing lenses including the cost of the glasses/lens) Frames and contact lenses are however not covered <i>Claim will be on reimbursement basis and is subject to 20% coinsurance per claim</i>	Not Covered
Alternative medicine (only chiropractic & osteopathy) Claims on reimbursement basis with 20% Co insurance.	Covered up to AED 2,500 pppy*
Vaccinations (Covered on reimbursed basis)	Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates in the assigned facilities (currently the same as Federal MOH)
Preventive Services	Covered Initial Diabetic Screening. Frequency Restricted to : <ul style="list-style-type: none"> • Every 3 yrs from age 30 • High risk individual annually from age 18

* Subject to any applicable deductible amount and coinsurance amount.

**Countries Includes in Different Territories****Arab Countries:**

Kingdom of Saudi Arabia, Oman , Yemen, Iraq, Syria, Jordan, Lebanon, Qatar, Bahrain, Kuwait, Egypt, Libya, Algeria, Morocco, Sudan, Somalia, Tunisia

Sub - Asia:

India, Pakistan, Burma, Thailand, Vietnam, Philippines, Malaysia, Sri Lanka, Indonesia, Bangladesh, Nepal, Bhutan, Iran, Afghanistan