



M/S AMERICAN UNIVERSITY – STUDENT POLICY BENEFITS

	GENERAL BENEFITS – CAT A	
Maximum plan benefit per year	AED 250,000	
(including any coinsurance and/or deductibles)	Out-Patient	In-Patient
Area of Coverage	UAE for both elective & emergency treatments & cover is extended to Home Country (Excluding USA, Canada & Europe) for IP treatments only (elective & emergency) subject to prior approval	
Provider Network	RN (Including Al Zahra Hospital & Medcare Hospital)	
Pre-existing & Chronic conditions (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)	Covered up to AED 150,000/- Treatment for chronic and pre-existing conditions excluded for first 6 months of first scheme membership of an individual's first scheme entered into UAE (Here "scheme" includes any and all schemes providing cover for medical expenses whether or not on a self-funded or insured basis). In all other cases, pre- existing conditions must be covered from date of enrolment.	
Reimbursement Outside Network	Elective: 80% R&C of applicable network rates on reimbursement basis Emergency: 100% R&C of applicable network rates on reimbursement basis	
Coverage Outside UAE within Territory of Cover (If Applicable)	Coverage outside UAE within territory of cover is covered on 100%	
Basic healthca	re services for in-patients at authorized hospita	ls
surgeries for Non-urgent cases	Covered	
Surgeries for Non-urgent cases Pre-approval is required for this benefit Emergency Treatment Approval required within 24 hours of	Covered	
Emergency Treatment Approval required within 24 hours of admission to the authorized hospital		
Emergency Treatment Approval required within 24 hours of admission to the authorized hospital Room & Board	Covered In-patient services will be received in Private ro	pany. ed by an authorized party for
Tests, diagnosis, treatments and surgeries for Non-urgent cases Pre-approval is required for this benefit Emergency Treatment Approval required within 24 hours of admission to the authorized hospital Room & Board Ambulance Accommodation costs for one parent/guardian staying in hospital with an insured child under 16	Covered In-patient services will be received in Private ro from the insurance com Ground transportation services in the UAE provices	pany. ed by an authorized party for s.





0	UT-PATIENT BENEFITS	
Basic healthcare services for out-patients at authorized hospitals/clinics/health centers		
Examination, diagnostic and treatment by authorized general practitioners, specialists and consultants	20% co-pay up to AED 75/- per visit applied at the time of payment. Direct Access to Specialist is Applicable You should not be charged the co-pay for follow-up visits within 7 days from your initial consultation.	
Laboratory tests carried out in authorized facility	10% co-pay applied at the time of payment.	
Radiology diagnostic services carried out in authorized facility Non-medical emergencies require preapproval for MRI, CT scans and endoscopies	10% co-pay applied at the time of payment.	
Physiotherapy Pre-approval is required for this benefit	Covered	
Medication Pre-approval is required for this benefit Branded Medicine	Maximum up to Annual limit (including co-pay). 10% up to AED 100/- payable by member on each prescription. Any medication in excess of the annual limit will not be covered.	
PREVENTIVE SERV	ICES, VACCINES AND IMMUNIZATIONS	
Vaccination As specified by the DHA	Essential vaccinations and inoculations for newborns and children a stipulated in the DHA's policies and its updates (currently the same a Federal MOH) are covered up to a limit of AED 100/-	
Preventive Services As specified by the DHA	Diabetes screening every 3 years from age 30. High risk individuals annually from age 18.	
Additional Preventive Services	The DHA will notify authorized insurance companies of any preventative services that will be added to the basic package 3 months prior to the date of implementation. The new preventive services will be covered from the effective date.	





	10% co-pay applied at the time of payment.
	8 visits to PHC; All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals. Services include:
	FBC and Platelets
	Blood group, Rhesus status and antibodies
Out-patient pre-natal services	• VDRL
Pre-approval is required for this benefit	MSU & urinalysis
Note: Where any condition develops which becomes	Rubella serology
life threatening to either the mother or the newborn, the medically necessary expenses will be covered up to the annual aggregate limit.	• HIV
	Hep C offered to high risk patientsGTT if high risk
	 FBS, random s or A1c for all due to high prevalence of diabetes in UAE
	3 ante-natal ultrasound scans
	Visits to include reviews, checks and tests in accordance with DHA pre- natal care protocols.
	10% co-pay applied at the time of payment.
In-patient maternity services	Maximum AED 10,000 for normal delivery (including co-pay).
Pre-approval required for this benefit or within 24 hours of emergency treatment	Maximum AED 10,000 for medically necessary C-section, complications and medically necessary termination (including co-pay) All limits include coinsurance.
	30 days coverage from date of birth.
	BCG, Hepatitis B and neo-natal screening test.
	(Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia)
Newborn cover	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 whether or not the new born is eventually enrolled as a dependent member under the insurer's policy.
Al	DDITIONAL BENEFITS
Hearing & Vision aids and vision correction by surgeries and laser	Covered in cases of medical emergencies only
Diagnostic & treatment services for dental and gum treatment	Covered in cases of medical emergencies only
Influenza Vaccine (At Limited Network)	Covered once per year as per DHA guidelines (Subject to prior approval)
Hepatitis B Virus Screening and Treatment	To be followed as per the guidelines (TBA)
Adult Pneumococcal Conjugate Vaccine	Covered as per DHA Adult Pneumococcal Vaccination guidelines.
Cancer Treatment Screening, Healthcare Services, Investigations and Treatments only for members enrolled under Patient Support Program only	Covered as per the Terms, Conditions and Exclusions of the program defined by DHA.
HCV Hepatitis C Virus Infection Screening, Healthcare Services, Investigations and Treatments related to viral Hepatitis and associated complications related to Hepatitis C shall only be for members enrolled under Patient Support Program	Covered as per the Terms, Conditions and Exclusions of the program defined by DHA.
Organ transplantation (Coverage for Recipients only) Applicable for Dubai visa holders.	Coverage up to limit of AED 100,000/- Outpatient: 20% coinsurance payable by the insured per visit





Kidney Dialysis Applicable for Dubai visa holders.	Covered to a limit of AED 60,000/- Outpatient: 20% coinsurance payable by the insured per visit
Psychiatric Treatment Covered following an accident or hospitalization	Covered up to maximum of 20 days for hospitalization and 15 visits for Out patient per person per year
Repatriation costs for the transport of mortal remains to the country of origin (On reimbursement basis) Applicable for Dubai visa holders.	Coverage up to limit of AED 5000/-
Dental Benefit (Includes Dental consultation, extraction, fillings, root canal treatment, scaling, x-rays, antibiotics and prophylaxis) Available only in listed clinics Applicable for Dubai visa holders.	Coverage up to limit of AED 500/- Outpatient: 30% coinsurance payable by the insured per visit No coinsurance if a follow-up visit is made within seven days
Return Airfare Ticket	Covered up to Dhs. 2,000 (Economy at commercial flight) for the member only for IP elective treatments in home country subject to prior approval on reimbursement bases (within geographical area) provided the cost of treatment in respective home country is less than 50% of UAE network cost. The threshold for this benefit is Dhs. 10,000 network cost in UAE
Alternative medical Treatment Limited to Acupuncture, Chiropractic, Herbal Medicine, Homeopathy, Osteopathy, Chinese medicine & Ayurveda (External therapies are not covered)	Covered on 100% R&C reimbursement basis subject to prior approval and up to a limit of AED 2,500/- with 20% co-insurance on consultation & 20% co-insurance pharmacy only through licensed providers and pharmacies





Group Declaration (For Employees & Dependents)

The following medical conditions need to be declared prior to policy inception. If the answer is Yes to any of the below medical conditions, then the member needs to fill Medical Examination Report for evaluation and medical underwriting:

- 1- Ischemic Heart Diseases
- 2- Stroke
- 3- Disc Prolapse (Diagnosed or not Diagnosed)
- 4- Any form of Cancer
- 5- Any form of Organ failure
- 6- Any autoimmune diseases (such as but not limited to Rheumatoid Arthritis, Systemic Lupus Erythematosus (Lupus), Inflammatory Bowel Disease (IBD), Multiple Sclerosis (MS), Guillain-Barre Syndrome, Chronic Inflammatory Demyelinating Polyneuropathy, Psoriasis)
- 7- Any Congenital Disease
- 8- Any Joint or Knee Replacement
- 9- Blood disorders (such as but not limited to Anemia, Thalassemia, Hemophilia & any other Blood Disorders)
- 10- The terms are subject to confirmation on Maternity ongoing cases.