

Schedule of Benefits (Enhanced Silver Plan with Dental & Optical)

Plan Name	Enhanced Silver Plan with Dental & Optical		
Annual Benefit Limit	AED 1,500,000 Per Person Per Policy Year		
Territorial Limit ¹	UAE Plus Members Home Country. Emergency cover worldwide		
Network (Allowing direct billing at designated provider)	Network Within UAE: Comprehensive 2 In & Out-patient on direct billing in UAE. Network Outside UAE: Home Country Inpatient on direct billing within Territorial limit- Daman respective Network		
Pre-existing conditions	Fully Covered		
Inpatient Treatment	Network	Non-network	
Inpatient & Day Treatment ² (including Pre & Post In Hospital Treatment Covered)	100% covered	80% covered	
Accommodation Type-Private Room (First Class)	100% covered	80% covered	
Hospital Accommodation & Services	100% covered	80% covered	
Consultant's, Surgeon's & Anesthetist's Fees and other fee	100% covered	80% covered	
Ambulance (Medical emergency cases, subject to General exclusion)	100% covered	100% covered	
Parent Accommodation for accompanying an Insured Child under 18 years of age (Maximum limit of AED 150 per day)	100% covered	80% covered	
Companion Accommodation for Critical Illness (Maximum limit of AED 150 per day)	100% covered	80% covered	
Home Nursing-If medically necessary (Maximum AED 300/day up to 40 days Per Person Per year)	100% covered	80% covered	
Out-patient Treatment	Network	Non-network	
Physician Consultation 10% coinsurance applicable in Cleveland Clinic Abu Dhabi (CCAD) and deductible of AED 50 for other providers; (Co-insurance/Deductible not applicable for follow up within 7 days)	100% Covered (Within CCAD 90%)	80% covered	
Diagnostics (X-Ray, MRI, CT-Scan, Ultra Sound, etc.), Laboratory (Specialized investigation and scan including but not limited to MRI, Scan, Endoscopies with Pre-authorization only) 10% coinsurance applicable in Cleveland Clinic Abu Dhabi (CCAD) and Nil for other providers (Co-insurance not applicable for follow up within 7 days)	100% Covered (Within CCAD 90%)	80% covered	
Pharmaceuticals (Long term medications to be dispensed up to 90 days without pre-authorization)	100% covered	80% covered	
Alternative Medicine ^{3,10} (including consultation up to AED 2,500 per Policy Year)	100% covered	100% covered	
Chiropractic ³ (Limited to 18 sessions /consultations per Policy Year Max limit per visit AED 220)	100% covered	100% covered	
Psychiatric Treatment ³ (Maximum Annual limit AED 2,500 Per Person)	100% covered	80% covered	
Medical appliances and Medical equipment ² (Maximum Annual limit AED 5,000 Per Person) 100% covered for In-patient	100% covered	80% covered	
Dietician ³ (Limited to 18 consultations per Policy Year Max limit per visit AED 220)	100% covered	80% covered	
Physiotherapy ²	100% covered	80% covered	
Other Benefits	Network	Non-network	
Repatriation of Mortal Remains to country of origin Covered on reimbursement up to AED 10,000 Per Person	100% covered	100% covered	
Rehabilitation of Non-Excluded Conditions (Maximum AED 750/day up to 60 days Per Person Per year)	100% covered	80% covered	
Organ Transplant	100% covered	80% covered	

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(Maximum Annual limit AED 50,000 Per Person)		
Vaccination (Covered as per MOH Schedule)	100% covered	80% covered
Vitamins (Covered if medical necessary)	100% covered	80% covered
Treatment and Services Related to Viral Hepatitis (B&C) And Associated Complications (Maximum Annual limit AED 50,000 Per Person)	100% covered	80% covered
Medical Checkup ³ (One Annual Checkup limited to a maximum of AED 2,000 per person)	100% covered	80% covered
Treatment for Infertility (Maximum lifetime limit AED 50,000 Per Person)	100% covered	80% covered
Diabetic Consumables (Maximum Annual limit AED 1,000 Per Person)	100% covered	80% covered
Emergency Treatment	100% covered	100% covered ⁸
Diagnostic and treatment services for dental and gum treatment (Medical emergency cases)	100% covered	100% covered
Hearing and vision aids, and vision correction by surgeries and laser (Medical emergency cases)	100% covered	100% covered
Healthcare services for work illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, as amended, and applicable laws in this respect	100% covered	80% covered
Annual Breast Cancer Screening (applicable for females > 35 years) ^{2,6}	100% covered	80% covered
Annual Prostate Cancer Screening (applicable for males > 45 years) ^{2,7}	100% covered	80% covered
Colorectal Cancer Screening (applicable for males and females > 40 years) ^{2,9}	100% covered	80% covered
Contraceptives and Birth Control Treatment (covered if prescribed by the treating physician)	100% covered	80% covered
Maternity	Network	Non-network
Maximum annual limit per person (Inpatient & Outpatient Maternity): Within UAE : 100% Covered Outside UAE : AED 10,000		
Inpatient Maternity ² Including: (a) New Born Care (incubator), (b) New born accommodation, (C) Birth defects/Congenital Coverage. 100% covered in UAE and limited to AED 365,000/- outside UAE	100% covered	80% covered
Outpatient Maternity 10% coinsurance applicable in Cleveland Clinic Abu Dhabi (CCAD) and deductible of AED 50 for other providers; (Co-insurance/Deductible not applicable for follow up within 7 days)	100% Covered (Within CCAD 90%)	80% covered
New Born Baby (Congenital Cases)	100% covered	80% covered
Circumcision of New Born Male Baby	100% covered	80% covered
New Born Cover	Cover for 30 days from birth, BCG, Hepatitis B and neonatal screening tests (phenylketonuria, Congenital Hypothyroidism, Sickle Cell Screening Congenital Adrenal hyperplasia)	
Dental Module	Network	Non-network
Dental ^{2,4,5} (Maximum Annual limit of AED 4,500 Per Person)	80% covered	80% covered
Accidental dental treatment	100% covered	100% covered
Optical	Network	Non-network
Optical ^{3,5} (Limited to 2 vision tests per year and Maximum Annual limit AED 500 Per Person including Prescribed Eye glasses, Frames and /or contact lenses)	100% covered	100% covered
Other Services covered (Through Service Providers Only)		

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Teleconsultation healthcare services
(Deductible Nil)

International Assistance Service through service provider only

Second Medical Opinion through service provider only

¹ Please note: (1) A single holiday or business trip may not exceed 90 days. (2) Coverage outside UAE is limited to 90 days per treatment. Exception: For Maternity benefit, coverage is extended up to 180 days.

² Pre-authorization required to avail this benefit. All Emergency cases do not require pre-authorization but should be notified to Daman within 24 hours.

³ Available on reimbursement only. Non-network Providers covered on re-imbursement only.

⁴ Following services are covered: a) X-Rays; b) Extractions; c) Amalgam / Composite Fillings; d) Root Canal Treatments; e) Consultations; f) Prescribed Drugs for the above mentioned services (covered as part of Outpatient Pharmaceuticals); g) Scaling and Polishing once per year.

⁵ Dental and Optical are optional benefits. Optical is offered in conjunction with Dental only.

⁶ Includes: a) Clinical Examination b) Mammogram c) Pelvic Sonogram (if medically indicated) d) CA 15.3 (if medically indicated)

⁷ Includes: a) Clinical Examination b) PSA c) Rectal sonogram

⁸ Exception: For in and outpatient maternity treatment at Non Network Provider, 80% covered outside UAE

⁹ Includes: a) FIT (Fecal Immunochemical Test) every 2 years; b) Colonoscopy every 10 years

¹⁰ Alternative Medicine is limited to Herbal Medicine, Homeopathy medicine, Acupuncture, Osteopathy, Chinese Medicine and Ayurvedic treatment only.