



# Health Protect

## Regional Plan Tier 2 Summary

Full details of the benefits, limitations, and exclusions for each Health Protect Plan can be found in the terms and conditions on [www.hayah.com/health-protect](http://www.hayah.com/health-protect)



Benefit(s) / Plan(s)	Tier 2 (Regional)
<b>General</b>	
<b>Regulator</b>	Dubai Health Authority
<b>Plan Currency</b>	AED
<b>Annual Medical Limit</b>	1,000,000
<b>Network</b>	MedNet Silver-Classic
<b>In-Patient (IP) and Outpatient (OP)</b>	IP + OP
<b>Pre-existing conditions</b>	<ul style="list-style-type: none"> <li>• Treatment for pre-existing conditions: <ul style="list-style-type: none"> <li>○ All pre-existing conditions must be declared and underwritten by HAYAH.</li> <li>○ Declared pre-existing conditions are covered from day one (no waiting period applies).</li> <li>○ Undeclared pre-existing conditions are not covered.</li> </ul> </li> <li>• Pre-existing conditions accepted are covered up to a limit of AED 150,000</li> </ul> <p>In the case of medical emergency only, the condition is covered up to the Annual Medical Limit of the Plan.</p>
<b>Chronic conditions</b>	<ul style="list-style-type: none"> <li>• Treatment for chronic conditions: <ul style="list-style-type: none"> <li>○ Newly emerging chronic conditions (i.e. occurred after the start of the cover) are excluded for the first 6 months of the first scheme membership.</li> <li>○ Conditions are covered from day one if a Certificate of Continuity is provided.</li> </ul> </li> </ul> <p>In the case of medical emergency only, the condition is covered up to the Annual Medical Limit of the Plan.</p>
<b>Policy Cancellation</b>	<p>Cancellation of the Policy is possible subject to a formal request by the policyholder. The Cancellation will be processed on prorata temporis.</p> <p>However, there will be no refund if the policy has already been claimed.</p>
<b>Geographical Scope of Coverage</b>	
<b>Geographical area of cover</b>	Gulf Cooperation Council Countries (GCC) and Indian Sub-Continent
<p><b>Emergency In-Patient treatment while abroad.</b></p> <p><b>Emergency medical expenses covered while the Insured Member is on vacation, leisure or business trips subject to a maximum of 90 days per trip, or the annual aggregate</b></p>	<p>Actuals subject to a cap of 100% UAE Equivalent Cost</p>

<b>Non-emergency treatment abroad.</b>  If the US & Canada are within Area of Cover, cover in US & Canada provided at only R&C rates of UAE.	At R&C rates of UAE Equivalent Network
<b>Out of Network Coverage</b>	Covered subject to equivalent network rates with direct billing where possible 20% Coinsurance applicable
<b>In-patient &amp; Day Care Health Services at Authorized Hospitals</b>	
<b>Coinsurance</b>	Nil
<b>In-patient Room Type</b>	Private
<b>In-patient Healthcare Services (Including Pre &amp; Post In-Hospital Treatment)</b>	Covered up to the AML
<b>Day Care Treatment</b>	Covered up to the AML
<b>Hospital Accommodation &amp; Services</b>	Covered up to the AML
<b>Hospital services, Surgery, Operation Theatre, Anaesthesia.</b>	Covered up to the AML
<b>Laboratory, Radiology, Pathology and Diagnostic services.</b>	Covered up to the AML
<b>X-ray, MRI, CT-scan, Ultra-Sound, Endoscopy.</b>	Covered up to the AML
<b>Intensive care unit, Emergency Ward Services</b>	Covered up to the AML
<b>Internal Surgical Appliances &amp; Prosthesis (If surgically required)</b>	Covered up to the AML
<b>Minor surgical procedures performed by a general practitioner at a Medical facility or Private Hospital.</b>	Covered up to the AML
<b>Physiotherapy Following an IP or Day Care procedure and recommended by Medical Practitioner</b>	Maximum of 6 sessions per year
<b>Accommodation for a person accompanying an insured child below 16 years of age.</b>	Covered up to AED 100 per day

Accommodation of an accompanying person in the same room in cases of critical conditions and as per recommendation of attending physician.	Covered up to AED 100 per day
Cash Indemnity for InPatient Treatment post hospitalization up to max of 10 days, subject to providing discharge summary or proof of hospitalization.	Not Covered
<b>Out-patient Health Services</b>	
Applicable deductible for consultation.  ** Deductible for follow up visits with the same doctor for the same medical condition within network within 7 days from the date of first visit is not applicable.	20% co-pay with a maximum of AED 50
Specialist or Consultants for OP practices	Accessible
Coinsurance on Non Consultation OP services (Laboratory, Radiology and other services, etc)	10%
Prescribed Medicines - Limit	Covered up to 15,000
Prescribed Medicines - Coinsurance	10%
Prescribed Medicine Type	Generic Medicine (if available)
Physiotherapy	Covered up to 15 Sessions PMPA & subject to 20% coinsurance
Outpatient Surgical procedure	Covered up to the AML (Subject to applicable coinsurance)
Laboratory, Radiology, Pathology and Diagnostic services	Covered up to the AML (Subject to applicable coinsurance)
X-ray, MRI, CT-scan, Ultra-Sound and Endoscopy diagnostic services	Covered up to the AML (Subject to applicable coinsurance)

Other Benefits	
<b>Diagnostic and treatment services for dental and gum treatments, in case of emergency only</b>	Covered up to the AML
<b>Hearing and vision aids and vision correction by surgeries and laser, in case of emergency only</b>	Covered up to the AML
<b>Nursing at home by a registered nurse (Following an immediate Inpatient treatment)</b>	Not Covered
<b>Organ Transplantation (Recipient only excluding cost organ)</b>	<ul style="list-style-type: none"> <li>• Coverage up to limit of AED 100,000</li> <li>• Coverage for recipients only</li> <li>• 20% Co-payment</li> </ul>
<b>New-Born Cover</b>	<ul style="list-style-type: none"> <li>• Cover for 30 days from the date of birth or until addition as a member, whichever is earlier</li> <li>• New-born covered under the mother's annual limit</li> </ul>
<b>Birth Defects &amp; Congenital Disorders for new-born &amp;/or Deformities</b>	Not Covered
<b>Circumcision</b>	Not Covered (Subject to 10% coinsurance)
<b>Preventive services, vaccines and immunizations For New--Born and Children</b>	<ul style="list-style-type: none"> <li>• Essential vaccinations and inoculations for new-born and children up to 6 as stipulated in regulator's policies and its updates (Currently the same as federal MOH)</li> <li>• Benefit is covered on reimbursement basis</li> </ul>
<b>Preventive services, vaccines and immunizations For Adults.</b>	<ul style="list-style-type: none"> <li>• Diabetes Screening: <ul style="list-style-type: none"> <li>• Normal Risk individuals: Every 3 years from age 30</li> <li>• High Risk individuals: Annually from age 18</li> </ul> </li> <li>• Preventive services as mandated by DHA periodically</li> <li>• Benefit is covered on reimbursement basis</li> </ul>
<b>Influenza vaccine</b>	Covered up to 55 AED
<b>Herpes zoster vaccine</b>	<ul style="list-style-type: none"> <li>• Offered to people above the age of 50 and immunocompromised patients above the age of 18.</li> </ul>
<b>Repatriation of Mortal Remains to the Country of Domicile</b>	<ul style="list-style-type: none"> <li>• Covered up to maximum AED 10,000 per person per annum</li> <li>• Covered on reimbursement basis</li> </ul>
<b>Alternative Medicine (Ayurvedic, Chiropractic, Osteopathy, Herbal, Acupuncture, Acupressure &amp; Homeopathy)</b>	Not Covered
<b>Psychiatric Benefits</b>	Capped to AED 1,000 Subject to 20% Coinsurance

Healthcare services for work related injuries & illness are covered as per Federal Law No. (8) of 1980 regarding work relations, its amendments & the applicable laws & resolutions in this regard.	Not Covered
<b>Maternity benefit</b>	
Inpatient services cover normal delivery, medically necessary C-section & and medically necessary termination	Up to 10,000 AED for normal delivery Up to 20,000 AED for medically necessary C-section, complications and for medically necessary termination Emergency up to AED 150,000 Screening tests as per DHA Antenatal Care Protocol OP maternity is covered up to AML as per DHA
Waiting Period	NIL Any pregnancy arising within 40 days of the policy start date will not be covered (assuming also the applicant was not pregnant when the policy incepted)
Coinsurance	10%
<b>Optical benefit</b>	
Optical (including Checks, Lenses)	Not Covered
<b>Dental benefit</b>	
Covered services include:  1. Dental consultation 2. Tooth extraction 3. Amalgam/composite fillings 4. Root canal treatment (R.C.T) 5. Prescribed drugs 6. Surgical interventions 7. X-rays 8. Anesthesia	Covered up to 1,000 AED
Coinsurance	20%

<b>Additional benefits</b>	
Cancer Treatment [Chemotherapy, Radiotherapy,	Cancer is covered as per terms, conditions and exclusion of the DHA program

<b>Diagnostics, Advanced Imaging, Reconstructive Treatment]</b>	
<b>Renal Dialysis</b>	Covered up to 60,000 AED 20% Co-Payment
<b>Speech Therapy</b>	Not Covered
<b>Emergency Evacuation</b>	Not Covered
<b>Medical Repatriation</b>	Not Covered
<b>Local Ambulance</b>	Covered, as per DHA minimum regulation
<b>Annual Check Up One check-up every two years available after 12 months of continuous cover</b>	Not Covered
<b>Hospice / Palliative Care</b>	Not Covered
<b>Stress Management Program</b>	Not Covered
<b>Chronic Management Program</b>	Not Covered
<b>Global Emergency Assistance Cover (Provided by Assist America)</b>	Covered (Includes Medical Transportation and Repatriation after Treatment, etc.)
<b>Emergency Mental Health Treatments</b>	Covered up to 800 AED 20% Co-Payment

# HAYAHINSURANCE COMPANY P.J.S.C.

Dubai Head Office  
The Offices 5, Unit 113  
One Central

Dubai, United Arab Emirates

Telephone: 800-HAYAH  
Email: [contact@hayah.com](mailto:contact@hayah.com)  
Website: [www.hayah.com](http://www.hayah.com)



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