Health Protect Worldwide Plan Tier 5 Summary

HAYAH

Full details of the benefits, limitations, and exclusions for each Health Protect Plan can be font in the terms and conditions on www.hayah.com/health-protect

Benefit(s) / Plan(s)	Tier 5 (Worldwide)
General	
Regulator	Dubai Health Authority (DHA)
Plan Currency	AED
Annual Medical Limit	2,000,000
Network	MedNet Gold
In-Patient (IP) and Outpatient (OP)	IP + OP
Pre-existing conditions	 Treatment for pre-existing conditions: All pre-existing conditions must be declared and underwritten by HAYAH. Declared pre-existing conditions are covered from day one (no waiting period applies). Undeclared pre-existing conditions are not covered. Pre-existing conditions accepted by HAYAH are covered up to a limit of AED 150,000 In the case of medical emergency only, the condition is covered up to the Annual Medical Limit of the Plan.
Chronic conditions	 Treatment for chronic conditions: 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. Conditions are covered from day one if a Certificate of Continuity is provided. In the case of medical emergency only, the condition is covered up to the Annual Medical Limit of the Plan. Cancellation of the Policy is possible subject to a formal request by the policyholder. The Cancellation will be processed on prorata temporis.
Policy Cancellation	However, there will be no refund if the policy has already been claimed.
Geographical Scope of Coverage	
Geographical area of cover	Worldwide, excluding USA and Canada
Emergency In-Patient treatment while abroad. 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	Actuals subject to a cap of 100% UAE Equivalent Cost

Non-emergency treatment abroad.	
If the US & Canada are within Area	At R&C rates of UAE Equivalent Network
of Cover, cover in US & Canada	
provided at only R&C rates of UAE.	
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Out of Notwork Coverage	Covered subject to equivalent network rates with direct billing where possible
Out of Network Coverage	20% Coinsurance applicable
In-patient & Day Care Health Service	es at Authorized Hospitals
Coinsurance	Nil
In-patient Room Type	Private
In-patient Healthcare	
Services (Including Pre & Post	Covered up to the AML
In-Hospital Treatment)	
Day Care Treatment	Covered up to the AML
Hospital Accommodation and	Covered up to the AML
Services	
Hospital services, Surgery,	Covered up to the AML
Operation Theatre, Anaesthesia.	
Laboratory, Radiology, Pathology	Covered up to the AML
and Diagnostic services.	
X-ray, MRI, CT-scan, Ultra-Sound,	Covered up to the AML
Endoscopy.	
Intensive care unit, Emergency	Covered up to the AML
Ward Services	
Internal Surgical Appliances &	Covered up to the AML
Prosthesis (If surgically required)	· · · · · · · · · · · · · · · · · · ·
Minor surgical procedures	
performed by a general	Covered up to the AML
practitioner at a Medical facility or Private Hospital.	
Physiotherapy	
Following an IP or Day Care	
procedure and recommended by	Maximum of 12 sessions per year
Medical Practionner	
Accommodation for a person	
accompanying an insured child	Covered up to AED 100 per day
below 16 years of age.	
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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.	AED 250 per night applicable to all inpatient hospitalizations that are not submitted to the Insurance Company
Out-patient Health Services	
Applicable deductible for consultation.	
** Deductible for follow up visits witth 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 25,000
Prescribed Medicines - Coinsurance	10%
Prescribed Medicine Type	Both Branded & Generic Medicine
Physiotherapy	Covered up to 20 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	
Diagnostic and treatment services	
for dental and gum treatments, in	Covered up to the AML
case of emergency only	
Hearing and vision aids and vision	
correction by surgeries and laser,	Covered up to the AML
in case of emergency only	
Nursing at home by a registered	
nurse (Following an immediate	Covered up to maximum of AED 3,000 per person per annum subject to prior apporval
Inpatient treatment)	
Organ Transplantation	Coverage up to limit of AED 100,000
	 Coverage for recipients only
(Recipient only excluding cost	 20% Co-payment
organ)	
New-Born Cover	Cover for 30 days from the date of birth or until addition as a member, whichever is earlier
	New-born covered under the mother's annual limit
Birth Defects & Congenital	
Disorders for new-born &/or	Covered up to lifetime maximum of AED 12,500 per person within UAE only
Deformities	
Circumcision	Covered up to maximum of AED 7,500 per person per annum
	(Subject to 10% coinsurance)
Preventive services, vaccines and	• Essential vaccinations and inoculations for new-born and children up to 6 as stipulated in regulator's policies and
immunizations For NewBorn and	its updates (Currently the same as federal MOH)
Children	Benefit is covered on reimbursement basis
	Diabetes Screening:
	 Normal Risk individuals: Every 3 years from age 30
Preventive services, vaccines and	High Risk individuals: Annually from age 18
immunizations For Adults.	Preventive services as mandated by DHA periodically
	Benefit is covered on reimbursement basis
Influenza vaccine	Covered up to 55 AED
Herpes zoster vaccine	 Offered to people above the age of 50 and immunocompromised patients above the age of 18.
Repatriation of Mortal Remains to	 Covered up to maximum AED 10,000 per person per annum
the Country of Domicile	 Covered on reimbursement basis
Alternative Medicine	
(Ayurvedic, Chiropractic,	
Osteopathy, Herbal, Acupuncture,	Covered up to AED 2,000 with 10% coinsurance
Acupressure & Homeopathy)	
Psychiatric Benefits	Capped to AED 2,000 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. Maternity benefit	Not Covered
Inpatient services cover normal delivery, medically necessary C- section & and medically necessary termination	Up to 15,000 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 the applicant was not pregnant when the policy incepted)
Coinsurance	10%
Optical benefit	
Optical (including Checks, Lenses)	Not Covered
Dental benefit	
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	Up to AED 3,000
Coinsurance	20%

Cancer Treatment [Chemotherapy, Radiotherapy, Diagnostics, Advanced Imaging, Reconstructive Treatment]	Cancer is covered as per terms, conditions and exclusion of the DHA program
Renal Dialysis	Not Covered
Speech Therapy	Not Covered
Emergency Evacuation	Not Covered
Medical Repatriation	Not Covered
Local Ambulance	Covered, as per DHA minimum regulation
Annual Check Up One check-up	
every two years available after	Not Covered
12 months of continuous cover	
Hospice / Palliative Care	Not Covered
Stress Management Program	Not Covered
Chronic Management Program	Not Covered
Global Emergency Assistance Cover	Covered
(Provided by Assist	(Includes Medical Transportation and Repatriation after Treatment, etc.)
America)	(includes medical transportation and Repatriation after freatment, etc.)
Mental Health Treatments	Covered up to 800 AED
Mental Health Heathents	20% Co-Payment

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