

**Benefits Schedule**

# MyHEALTH Dubai Business

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# MyHEALTH

## BENEFITS SCHEDULE

The benefits schedule provides a summary of the cover provided per *period of insurance* unless stated otherwise. Terms in italics refer to defined terms. The meaning to these defined terms can be found in the definitions section of the policy terms and conditions. All limits and monetary amounts shall in all instances be in USD. TeleHEALTH services are included.

ANNUAL LIMIT	CORE	ESSENTIAL	EXTENSIVE	ELITE
The overall limit per person per <i>period of insurance</i>	\$200,000	\$1,000,000	\$2,500,000	\$5,000,000
AREA OF COVER				
Area of Cover Options	Worldwide Excluding <i>USA</i>  Coverage up to 90 days out of the <i>UAE</i>	Select your <i>Area of Cover</i> from the below choices: Worldwide Worldwide Excluding <i>USA</i>		
Out of Area Cover	Services rendered outside of the <i>area of cover</i> are covered up to:			
	\$20,000 per <i>period of insurance</i>	\$50,000 per <i>period of insurance</i>		
	only if they are directly caused by <i>sudden illness</i> or <i>injury</i> occurring during the first 30 travel days of any trip outside the <i>area of cover</i> .  <i>Sudden illness</i> or <i>injury</i> does not include any <i>disability</i> of which symptoms existed prior to the start of the trip and which would have caused a reasonable person to seek medical care.  This benefit does not apply for any trip commenced or continued against the orders or advice of any <i>physician</i> or other medical practitioner or undertaken in whole or in part for the purpose of obtaining medical care.			

NETWORK SELECTION		
Network options	Green	Select your network from the below choices:  Premium Classic Green
Coverage <b>in your selected network</b> in the UAE and the GCC countries	Fully covered	
Coverage <b>in other network options</b> in the UAE and GCC countries	No cover	<p>Depending on your network selection, you will be covered as below:</p> <ul style="list-style-type: none"> <li>- <b>Premium:</b> fully covered in Classic and Green</li> <li>- <b>Classic:</b> fully covered in Green; covered up to 70% in Premium</li> <li>- <b>Green:</b> covered up to 70% in Classic; covered up to 50% in Premium</li> </ul> <p>If an Outpatient co-insurance option is selected, direct billing is not available outside the selected network. Reimbursement will be limited to the reasonable and customary charges of your selected network. The selected Outpatient co-insurance percentage will be applied to the remaining amount.</p>
Coverage <b>outside of our 3 network options</b> in the UAE and GCC countries	No cover	Up to the reasonable and customary charges of your selected network
Coverage <b>in the USA</b>	50% co-insurance applies for treatment outside APRIL's preferred network	
Coverage <b>in all other countries worldwide</b> (excluding the USA, UAE and GCC countries)	Covered up to the reasonable and customary charges of the country where the treatment is provided	

## HOSPITAL AND SURGERY MODULE

One of these plans must be selected to form the basis of your cover

	CORE	ESSENTIAL	EXTENSIVE	ELITE
<b>HOSPITAL BENEFITS</b>				
Pre-authorisation is required for the following services (30% co-payment for services not pre-authorised by us outside the UAE and in the GCC countries)				
Hospital room and board	Standard private room			
Intensive Care Unit	Fully Covered			
Parental accommodation	Fully Covered			
Theatre fees	Fully Covered			
Blood, dressings, medicines and drugs	Fully Covered			
Surgical implants	No Cover	Fully Covered		
Diagnostic scans and tests including invasive endoscopic examinations	Fully Covered			
Rental of mobility aids (crutches, canes, walkers, manual wheelchairs and non-motorised knee scooters)	Fully Covered			
Orthopaedic braces, supports and air boots	No Cover	Fully Covered		
Professional fees (surgeon's fees, anaesthetist fees, general nursing fees, physiotherapist fees, speech therapist fees and attending physician fees)	Fully Covered			
Hospital treatment of mental and nervous conditions	\$2,750	Fully Covered Up to 15 days	Fully Covered Up to 20 days	Fully Covered Up to 30 days
<b>ORGAN TRANSPLANTATION</b>				
Organ transplantation	\$50,000	Hospital Benefits sections apply		
Direct expenses of surgery to remove an organ for transplant from a donor – donor expenses are not covered		\$20,000		
<b>PRIVATE NURSING, HOME NURSING</b>				
Private nursing in hospital when certified necessary by attending physician	No Cover		Fully Covered	
Home nursing prescribed by attending physician	No Cover	\$5,000	Fully Covered up to 30 days	Fully Covered up to 60 days
<b>HOSPITAL CASH BENEFIT</b>				
Where you are hospitalised for a covered confinement at no cost to us Hospital cash benefit is not available if you claim for services rendered during the hospitalisation	\$150 per night Up to 30 nights	\$200 per night Up to 30 nights	\$225 per night	\$250 per night
<b>REHABILITATION TREATMENT</b>				
Pre-authorisation is required for this benefit				
Rehabilitation treatment received while an inpatient at a rehabilitation centre. Admission to the rehabilitation centre must take place within 2 weeks after discharge from hospital for a covered confinement.	No Cover	Up to 20 days	Up to 30 days	Up to 60 days
<b>EXTERNAL PROSTHESIS</b>				
External prosthesis and any services associated with selection, fitting or repair	\$500	\$1,500	\$4,000	\$5,000

HOSPITAL AND SURGERY MODULE – CONTINUED	CORE	ESSENTIAL	EXTENSIVE	ELITE
SURGERY OR INVASIVE ENDOSCOPIC EXAMINATION PERFORMED WHILE A DAY-PATIENT, IN A CLINIC OR IN A PHYSICIAN’S OFFICE				
Professional fees, <i>diagnostic scans and tests, medicines and drugs</i> . Also covers the following on the day of and directly related to the surgery or invasive endoscopic examination: <i>hospital room and board</i> , theatre fees, dressings, <i>medicines and drugs</i> , pathology fees, and <i>surgical implants</i> .	Fully covered			
KIDNEY DIALYSIS				
<i>Kidney dialysis</i> received while admitted to hospital or out of <i>hospital</i>	Fully covered			
CANCER TREATMENT The following services, when directly related to cancer, shall be covered following a confirmed diagnosis of cancer.				
<i>Active Cancer treatment in Hospital</i>	Hospital Benefits sections apply			
Specialist consultations, <i>diagnostic scans and tests, medicines and drugs</i> , chemotherapy and radiotherapy related to <i>active cancer treatment</i>	\$50,000	Fully covered		
RECONSTRUCTIVE SURGERY				
Reconstructive surgery to improve the function or appearance of abnormal structures of the body when required as a direct result of a disability covered under this policy	Fully covered			
HIV/AIDS				
All-inclusive lifetime limit for services rendered in connection with <i>HIV/AIDS</i> including antiretroviral treatment, treatment of primary HIV, testing and monitoring, or treatment of AIDS.  <i>HIV/AIDS</i> waiting period of 3 years prior to your first positive HIV test result, or the date you received any treatment for HIV/AIDS (or following possible exposure to the virus), whichever is later (please refer to Terms and Conditions).	No Cover		\$50,000	\$80,000
EMERGENCY ROOM TREATMENT				
Treatment as a result of an <i>injury</i> within 48 hours of an <i>accident</i> or acute exacerbation of a <i>disability</i> which requires urgent medical or surgical intervention to avoid permanent damage to <i>your</i> life or health	Fully Covered			
EMERGENCY DENTAL TREATMENT				
Emergency <i>dental</i> treatment to repair damage to sound natural teeth within 14 days of <i>accident</i>	Fully Covered			
LOCAL TRANSPORT BY AMBULANCE				
Transport by ambulance to and from hospital prescribed by an attending <i>physician</i>	Fully Covered			
HOSPICE OR PALLIATIVE TREATMENT				
Hospice or palliative treatment	\$10,000 lifetime benefit	\$25,000 lifetime benefit	\$50,000 lifetime benefit	\$135,000 lifetime benefit

HOSPITAL AND SURGERY MODULE – CONTINUED	CORE	ESSENTIAL	EXTENSIVE	ELITE
SPECIAL LIMITS APPLYING TO CERTAIN DISABILITIES AND TREATMENTS				
Subject to the benefits and sub-limits stated elsewhere in this <i>benefits schedule</i> , the maximum <i>we</i> will pay for losses directly or indirectly arising from the following <i>disabilities</i> and treatments is as stated below.				
Congenital and hereditary conditions	\$41,000 lifetime benefit		\$125,000 lifetime benefit	\$150,000 lifetime benefit
Stem Cell Treatment, including harvesting immediately prior to a treatment and if associated with a bone marrow or peripheral stem cell transplant	No Cover	\$100,000 lifetime benefit		\$200,000 lifetime benefit
Pre-existing conditions, including pre-existing chronic conditions	\$41,000			
RETURN HOME CASH BENEFIT				
Where <i>you</i> request to travel out of the UAE to receive medically necessary inpatient or daypatient treatment, <i>we</i> will make a cash payment directly to <i>you</i> .  As regards to the return journey, <i>we</i> will pay the price of reasonable costs for an economy-class air ticket for the beneficiary requiring treatment  <i>We</i> will only pay an economy-class air ticket to <i>you</i> .  Important notes: ► The benefit is not payable in respect of any pre-existing conditions ► All treatment must be approved in advance by <i>us</i> and needs to be cost effective compared to the UAE	\$150	\$500	\$700	\$1,000
ADDITIONAL BENEFITS as stipulated in the DHA's and Federal MOH's policies and its updates				
Treatment of injuries sustained during a road traffic accident	Covered			
Work-related illnesses and Injuries (as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, its amendments, and applicable laws in this respect)  Treatment of physical injuries to a body part, sustained at the insured person's place of work	Covered			

## OUTPATIENT MODULE

The following Outpatient module is mandatory and can be combined with any Hospital and Surgery modules, except the Core Hospital and Surgery module, which must be combined with the Core Outpatient module.

ANNUAL LIMIT FOR OUTPATIENT BENEFITS	CORE	ESSENTIAL	EXTENSIVE	ELITE
Annual cumulative limit for all benefits shown in the Outpatient Benefits section	\$41,000	Up to overall limit per <i>period of insurance</i>		
OUTPATIENT CO-INSURANCE				
Outpatient <i>co-insurance percentage</i>	Nil	Select <i>your</i> co-insurance from the below choices: - <b>Nil co-insurance</b> - <b>20% co-insurance</b> with a maximum of \$14 per General Practitioner and Specialist consultation (doesn't apply to other Outpatient benefits) - <b>20% co-insurance</b> applied to all Outpatient benefits If a 20% co-insurance option is selected, direct billing is only available within your selected network.		
GENERAL PRACTITIONER & SPECIALIST CONSULTATION FEES				
General Practitioner consultation fees	Fully Covered			
Specialist consultation fees	Fully Covered			
<i>Physiotherapy</i> A referral for <i>physiotherapy</i> must be submitted at the same time as your claim. Treatment is limited to 10 sessions per <i>referral</i> after which a new referral and medical report from your attending <i>physician</i> must be submitted.	Maximum 6 sessions	Maximum 25 sessions	Maximum 30 sessions	Fully covered
OUTPATIENT MENTAL AND NERVOUS CONDITIONS OUTPATIENT BEHAVIOURAL OR DEVELOPMENTAL DISORDERS				
<i>Physician, psychologist, psychotherapist and complementary medicine</i> practitioners consultation fees, <i>diagnostic scans and tests, medicines and drugs</i> prescribed by a <i>physician for mental and nervous conditions and behavioural or developmental disorder</i>	\$250 A 30% co-insurance applies	\$3,000	\$4,000	\$4,500
MEDICINES AND DRUGS				
Medicines and drugs	\$3,000 Fully covered within <b>selected pharmacies</b> If not, a 20% co-insurance will apply	Fully covered		
Hormone replacement therapy Medicines and drugs prescribed by a physician for hormone replacement therapy. Coverage is provided for Hormone Replacement Therapy (HRT) when deemed medically necessary to treat conditions such as premature ovarian insufficiency or failure. This benefit does not extend to HRT primarily intended to manage symptoms related to natural aging processes or gender reassignment. A physician's prescription and supporting medical documentation are required for coverage.		Fully covered		
DIAGNOSTIC SCANS AND TESTS				
Diagnostic scans and tests	Fully Covered			
MEDICAL APPLIANCES AND MOBILITY AIDS				
Purchase or rental of mobility aids	\$500	\$1,500	\$4,000	\$5,000
Slings and bandages Purchase or rental of <i>medical appliances</i>		Maximum two <i>mobility aids</i> per <i>disability</i>		

OUTPATIENT MODULE – CONTINUED				
FOLLOW UP CANCER CARE	CORE	ESSENTIAL	EXTENSIVE	ELITE
These services shall be covered following the completion of <i>active cancer treatment</i> : <i>Medicines and drugs</i> prescribed to prevent a recurrence of cancer and related specialist consultations.	Fully Covered			
COMPLEMENTARY MEDICINE AND TRADITIONAL CHINESE MEDICINE				
Combined limit for all benefits listed in the <i>Complementary Medicine</i> and Traditional Chinese Medicine section	No cover	\$1,000	\$2,000	\$4,000
Consultation fees for the following complementary medicine practitioners, upon <i>referral</i> : Dietician following <i>illness or injury</i> Occupational therapist No <i>referral</i> required: Chiropractor, osteopath, podiatrist, homeopathy, Ayurveda practitioner and speech therapist following <i>illness or injury</i>	No cover	Fully covered Up to the combined limit		
Consultation fees and medicine/consumables dispensed or used by the following practitioners in the course of treatment: Acupuncturist, bone setter, Chinese medicine practitioner, naturopath, hypnotherapist. No <i>referral</i> required.	No cover	Up to \$100 per visit	Up to \$150 per visit	Up to \$300 per visit
		Maximum one consultation per day Up to the combined limit		
PREVENTIVE SERVICES, MEDICAL CHECKUP AND VACCINATIONS				
Child vaccinations and immunisations As per the guidelines set by the Dubai Ministry of Health	Fully covered			
Diabetes screening	Fully covered Every 3 years from age 30 High risk individuals annually from age 18			
Hepatitis B & C Virus Screening In accordance with Dubai Health Authority (DHA)	Fully covered			
Influenza vaccine	Fully covered One per year			
Cancer Screening	Fully covered 1 annual screening/test when relevant as per the age of the member Breast, colorectal and cervical cancer screenings			
Medical checkup packages or standalone tests or scans not listed above which are conducted in the absence of a diagnosis or suspected diagnosis No <i>referral</i> required	No Cover	\$250	\$1,000	\$1,700
Vaccinations (cost of vaccination only. Associated GP consult covered under consultation benefit) No <i>referral</i> required	No Cover		Fully covered	

## DENTAL AND OPTICAL MODULE

The following Dental and Optical module is mandatory and can be combined with any Hospital and Surgery modules, except if the Core Hospital and Surgery module has been selected. In that case, only the Core Dental and Optical module would be available.

	CORE	ESSENTIAL	EXTENSIVE	ELITE
Area of cover	UAE only	As per selected area of cover		
DENTAL BENEFITS				
Diagnostic and treatment services for dental and gum treatments when your dental condition is an emergency as stipulated in the DHA's and Federal MOH's policies and its updates	Covered			
Minor dental treatment Dental checkup; x-ray, gold or amalgam or composite or porcelain inlays, onlays, or fillings; routine tooth cleaning, scaling, and prophylaxis (including when done by an oral hygienist); root canal treatment; simple extractions; and application of sealants	\$150 A 30% co-insurance applies	\$300	\$1,250	\$4,500
Major dental treatment Waiting period of 10 months applies for major dental treatment and orthodontic Surgical removal of impacted, buried, or unerupted teeth/ roots or odontomes; treatment of disorders of the temporomandibular joint (TMJ); orthodontic treatment commenced below the age of 16; dental implants; apicoectomy; dentures (new/repair of old); gold, amalgam, composite or porcelain crowns and bridges; treatment by a dentist of illnesses of the oral mucosa and directly related laboratory tests or pathology services; antibiotics or medicines for pain management for which a prescription is required for purchase and which have been prescribed by a dentist; periodontics, deep oral prophylaxis or root planing.	No Cover	\$1,000	\$2,250	
OPTICAL BENEFITS				
Hearing and vision aids, and vision correction by surgeries and laser when your medical condition is an emergency as stipulated in the DHA's and Federal MOH's policies and its updates	Covered A 20% co-insurance applies			
Eye examination Includes cost of the consultation	No Cover	Fully covered One per year performed by an ophthalmologist or optometrist		
Frames, prescription contact lenses and prescription lenses	No Cover	\$180	\$250	\$500



## MATERNITY AND NEWBORN CARE MODULE

The following Maternity and Newborn module is mandatory for women aged 19-45 and can be combined with any Hospital and Surgery modules, except if the Core Hospital and Surgery module has been selected. In that case, only the Core Maternity and Newborn Care module would be available.

	CORE	ESSENTIAL	EXTENSIVE	ELITE
Area of cover	UAE only	As per the selected area of cover		
Outpatient maternity 6 months waiting period applies All care provided by an obstetrician for low-risk, or a specialist obstetrician for high-risk referrals by the network provider. Investigations including: <ul style="list-style-type: none"><li>- FBC and Platelets</li><li>- Blood group, Rhesus status and antibodies</li><li>- VDRL</li><li>- MSU &amp; urinalysis</li><li>- Rubella serology</li><li>- HIV</li><li>- Hep C offered to high-risk patients</li><li>- GTT if high risk</li><li>- FBS, random s or A1c for all due to high prevalence of diabetes in UAE</li></ul>	Up to overall limit per period of insurance Limited to 3 pre-natal ultrasound scans and a maximum of 8 obstetrician visits			
Enhanced outpatient maternity 12 months waiting period applies Complementary medicine, licensed midwifery and certified doula services, vitamins and supplements, complementary maternity therapies (without referral), post-natal services up to 45 days following birth	No cover	\$6,750 per pregnancy	\$8,750 per pregnancy	\$10,750 per pregnancy
Inpatient maternity 6 months waiting period applies Normal delivery, elective or medically necessary caesarean section, including Hospital room and board, professional fees, midwife fees, theatre fees. Complications of childbirth Therapeutic abortion	\$2,750			
Complications of pregnancy 12 months waiting period applies	No Cover	Up to overall limit per <i>period of insurance</i>		
Newborn Care Up to 30 days from birth, under the mother's plan. Coverage is limited to: BCG, Hepatitis B and neo-natal screening tests Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia, as well as medically necessary expenses due to a life-threatening condition.	\$41,000	Up to overall limit per <i>period of insurance</i>		

## REPATRIATION, EVACUATION AND ASSISTANCE SERVICES PROVIDED BY APRIL ASSISTANCE

In the event of an *emergency*, the Member may call our dedicated assistance hotline 24 hours a day, 365 days a year to request the following services. All limits and monetary amounts are stated in US Dollars (USD) and cover is subject to our policy terms and conditions. For more details, please refer to the *Emergency Assistance Program* scope of services.

ANNUAL LIMIT	INCLUDED IN EVERY PLAN
The overall limit per person per <i>period of insurance</i>	\$1,000,000
<b>In the event of accident or sudden severe <i>illness</i> of the member</b>	
Limited to one (1) <i>emergency</i> evacuation and/or repatriation attributable to any single medical condition by a <b>Member</b>	
Medical evacuation or medical transport to the <b><i>nearest adequate registered hospital</i></b>	100%
Compassionate Visit Limited to one (1) claim per <b>Member</b>	Round trip transportation (first class train, standard economy class flight or any other locally available means deemed appropriate by <b>APRIL Assistance</b> ) plus up to 7-night accommodation in a hotel limited to \$150 per night
Return to the place of residence after recovery	One-way transport ticket (first class train, standard economy flight or other locally available means deemed appropriate by <b>APRIL Assistance</b> ) for <b>You</b> to return to <b>Your Place of Residence</b>
Return of immediate family members (up to 3 persons)	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by <b>APRIL Assistance</b> ) for them to return to <b>Your place of residence</b>
Return of dependent children	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by <b>APRIL Assistance</b> ) for them to return to <b>Your Place of Residence</b> , or the place of residence of the nearest relative or designated guardian where appropriate.
<b>Assistance in the event of the death of the member</b> (To a combined limit of \$30,000)	
Repatriation of mortal remains	100%
Cost of one (1) transport coffin for repatriation of body by air	Up to \$5,000
Presence of one person to accompany the deceased	Round trip transportation (first class train, standard economy class flight or any other locally available means deemed appropriate by <b>APRIL Assistance</b> ) plus up to 7-night accommodation in a hotel limited to \$150 per night (if the visitor does not have any accommodation) for one (1) person designated by <b>your immediate family</b> .
Return of family members (up to 3 persons)	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by <b>APRIL Assistance</b> ) for them to return to <b>their Place of Residence</b>
<b>Legal assistance Abroad</b>	
Advance of cost of bail bond	Included
Assistance with translation of legal or administrative documents	Up to \$500
<b>Death or Critical <i>illness</i> of a family member</b>	
Compassionate Home Travel	One-way transport ticket by air in standard economy or by train in 1 <sup>st</sup> class for 1 member on the contract

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