expacare

TOKIO MARINE NICHIDO

DUBAI CHOICES - Individuals, Families and Groups

The Dubai Choices Plan

Dubai Choices is available to individuals, families and groups and offers flexible benefits on a modular basis. It is a DHA compliant plan with higher benefits than the Essential Benefits Plan and with additional flexibility.

Choices Core Plan, Cancer Treatment and Chronic Care Module

You can then extend the Choices Plan by adding cover from modules 1, 2 and 3...

+1

Dubai Module

Basic, Maternity 1 or Maternity 2

+2

Out-patient Treatment

Extended or Advanced

+3

Dental, Wellness, Optical

Dental Basic, Dental & Wellness or Dental, Wellness & Optical

Benefit Choices

Dubai Choices is a modular plan and, in order to ensure that the levels of cover comply with the minimum DHA requirements, Dubai residents must have at least the following levels of cover:

- Core.
- Cancer treatment and chronic care module full refund.
- Extended or Advanced out-patient.
- Dubai Module Basic or Dubai Module Maternity 1 or Dubai Module Maternity 2.*

* The Dubai Module Maternity 1 or Maternity 2 are only available on Individual Plans and Corporate Advantage Plans after the first renewal date.

Choose your co-pay

The following co-pay options are available:

Co-pay	Premium Discount
20% co-pay subject to a max of AED 50 per visit*	2%
20% co-pay subject to a max of AED 100 per visit*	4%
10% co-pay applying to all outpatient services	7%
20% co-pay applying to all outpatient services	14%

* applies to Consultations and diagnostic services with doctors or specialists only

Key features

- A DHA compliant plan with higher benefits and additional flexibility.
- For Individuals and Families, discounts are available for a healthy lifestyle.
- Flexibility to select the benefits to suit your needs.
- Cover for emergency medical evacuation included on all plans.
- Ability to claim and receive in hospital treatment without the need to pay in advance and then seek reimbursement.
- Direct settlement for out-patient services.
- Two areas of cover available:
  - Worldwide
  - Worldwide excluding USA, Bermuda & all islands of the Caribbean.

Networks

Group policies have the choice of three provider networks:

Network
Gold
Silver Premium
Silver Classic

Discounts are available for choosing Silver Premium or Silver Classic.

For full details please contact us to request a membership guide including definitions and exclusions.

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Choices Core Plan (compulsory)

	Benefit Limits
In-patient and day-patient hospital services including diagnostics and physicians', specialists' and anaesthetists' fees.	✓
Medical and Surgical Support Services	Assistance in provider location and coordination of required surgery.
Palliative care	Included in all benefits and limits shown on your insurance coverage details.
Congenital cover	USD 170,000 per lifetime
Emergency medical evacuation	✓
Ambulance services	✓
Rehabilitation facility as an alternative to post acute care (maximum 14 days)	✓
Hospice care (maximum 6 weeks)	✓
Repatriation of mortal remains or local burial costs	USD 12,750
Dental treatment following an accident (within 3 months of accident)	✓
Post hospital out-patient treatment (follow up)	✓
Out-patient surgery	✓
In-patient psychiatric treatment	Up to USD 10,000
Parent accommodation (if treatment of child under 18 requires hospitalisation)	✓
Surgical/medical prostheses and appliances	✓
Mobility aids	Up to USD 850
CT, MRI and PET scans	✓
Kidney dialysis	In-patient – Full refund up to six weeks Day-patient / Out-patient – up to USD 68,000
Organ donor costs	USD 51,000
HIV and AIDS treatment	Up to USD 34,000

Within the Core Plan, the following are benefits where the benefit limit increases depending on the level of out-patient cover selected:

	Extended Out-Patient	Advanced Out-Patient
Overall maximum policy limit	USD 5,000,000	USD 10,000,000
Out of geographic area cover for emergency treatment (maximum 6 weeks)	USD 125,000	USD 150,000
Nursing at home	USD 8,500	✓
Organ transplant (bone marrow, heart, kidney, liver, lung or skin transplants)	USD 255,000	USD 3,400,000
Hospital cash benefit (per night, if you are treated for no charge) max 30 nights	USD 425	USD 850

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Cancer Treatment and Chronic Care (compulsory)

	Full Cover
Treatment of cancer (This includes the costs of medically necessary tests, scans, consultations and drugs (eg chemotherapy and radiotherapy). Palliative care is also included)	✓
Monitoring and treatment of chronic conditions	✓ In-patient Out-patient - Out-patient treatment and prescriptions for chronic conditions are subject to the out-patient benefit selected.
ATMPs for the treatment of cancer or chronic conditions.	Up to USD 500,000 per lifetime. For in-patient and out-patient treatment. Up to one course of treatment per condition, per lifetime. Subject to pre-authorisation.

Choices Option 1 : Dubai Module (1 of the 3 options must be selected)

* Dubai Module Maternity 1 and Dubai Module Maternity 2 are only available on Individual Plans or Corporate Advantage Plans after their first renewal date.

	Dubai Module - Basic	Dubai Module - Maternity 1*	Dubai Module - Maternity 2*
Companion hospital accommodation	Up to USD 30 per night - see note 1	Up to USD 30 per night - see note 1	Up to USD 30 per night - see note 1
Maternity - outpatient antenatal	Up to 8 visits - 10% co-pay applies - see note 2	Up to 8 visits - see note 2	Up to 8 visits - see note 2
Maternity care (routine)	In-patient only. Up to USD 2,800. 10% co-pay applies	Up to USD 11,050	Up to USD 25,500
Maternity care (with complications)	In-patient only. Up to USD 2,800. 10% co-pay applies	Up to USD 22,100	Up to USD 68,000
Maternity care (emergency surgery)	Up to USD 17,000	✓	✓
Newborn care	Up to 60 days from birth - see note 3	Up to USD 119,000 within first 60 days of life	Up to USD 153,000 within first 60 days of life
Vaccinations and inoculations for newborns and children	✓ - see note 4	✓ - see note 4	✓ - see note 4
Preventative services	Diabetes test every 3 years - see note 5	Diabetes test every 3 years - see note 5	Diabetes test every 3 years - see note 5
Emergency dental treatment	✓ - 20% co-pay applies - see note 6	✓ - 20% co-pay applies - see note 6	✓ - 20% co-pay applies - see note 6
Hearing and optical	✓ - 20% co-pay applies - see note 6	✓- 20% co-pay applies - see note 6	✓ - 20% co-pay applies - see note 6
IVF (In Vitro Fertilisation)	✗	✗	Up to USD 4,250 per cycle, 3 cycles per lifetime. 50% co-pay applies. 2 year waiting period applies from the date IVF is included on your plan.
DHA Mandatory Screening and Treatment for Breast, Cervical and Colorectal Cancer	See Note 8	See Note 8	See Note 8
DHA Mandatory Screening and Treatment for Hepatitis B and C	See Notes 7 & 8	See Notes 7 & 8	See Notes 7 & 8
Disease Management Program	Covered	Covered	Covered

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Notes:

Within the UAE, any condition developing into a medical emergency will be covered up to USD 41,000 - where the policy benefit limit exceeds USD 41,000, the higher limit applies. Emergency is defined as a situation that calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of danger threatening that person's life

1. The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage.
2. On the Dubai Basic Module all care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals.
   On all Plans initial investigations to include: FBC and Platelets; Blood group, Rhesus status and antibodies; VDRL; MSU & urinalysis; Rubella serology; HIV; Hep C offered to high risk patients; GTT if high risk; FBS , random s or A1c for all due to high prevalence of diabetes in UAE. Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols. 3 ante-natal ultrasound scans. Where a plan co-pay is selected a maximum of 10% will apply to this benefit
3. On the Dubai Basic Module cover is restricted to: BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia). Plan co-pay does not apply to this benefit.
4. Essential vaccinations and inoculations as stipulated in the DHA's policies are covered under this benefit. Plan co-pay does not apply to essential vaccinations and inoculations.
5. Preventative services covers one diabetes test every three years for members aged 30 and over. Annual Diabetes tests are available to members aged 18 and over, if they are deemed as high risk. Plan co-pay does not apply to this benefit.
6. Diagnostic and treatment services for dental and gum treatments, Hearing and vision aids, and vision correction by surgeries and laser are covered under this benefit in the event of a medical emergency following an accident. Emergency has been defined as a situation that calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of danger threatening that person's life.
7. Diagnostic and treatment services for Hepatitis B and C shall be covered as per the Policy Terms, Conditions and Guidelines of the program defined by DHA.
8. Screening for breast/cervical/colorectal cancer or Hepatitis B and C is covered within the network offered for high-risk cases as defined in the guidelines approved by the DHA and subject to a written preapproval.
   Cancer treatments covered as per the Policy Terms, Conditions and Guidelines of the program defined by DHA.
   The above would apply for existing residents and new residents in Dubai who were not diagnosed with breast/cervical/colorectal cancer or Hepatitis B and C before entering the country. Members are eligible to enrol in the support program only after 1st year of residence (cancer) or after 1st visa renewal (Hepatitis B and C).
   Enrolment into the Patient Support Program upon confirmation of diagnosis would entitle members to discounted rates at Centers of Excellence. Should any of these conditions / symptoms of these conditions exist before the date of the application and the insured failed intentionally to declare it thereby not giving the Insurer a chance to assess the risk appropriately, the treatment shall be excluded from coverage.

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Choices Option 2: Out-Patient Treatment (1 of the 2 options must be selected)

The benefit limit increases depending on which level of cover is selected.		
	Extended Out-Patient	Advanced Out-Patient
Out-patient option limit	Subject to overall maximum policy limit	Subject to overall maximum policy limit
Consultations and diagnostic services with doctors or specialists	✓	✓
Out-patient psychiatric treatment	USD 2,800	USD 3,400
Prescription drugs	USD 8,500	✓
Vaccinations (including influenza, adult pneumococcal conjugate and shingles)	Within prescription benefit	Within prescription benefit
Hormone replacement therapy (HRT) for menopausal conditions	Within prescription benefit	Within prescription benefit
Physiotherapy	✓	✓
Occupational therapy	Up to 7 sessions	Up to 14 sessions
Complementary therapies	USD 1,275	✓
Traditional Chinese medicine and bone-setting	USD 1,275	USD 2,550
Developmental disorders and/or Neurodiverse conditions (maximum 3 visits) (forms part of any overall out-patient limit that may apply)	USD 340	USD 340
Rehabilitation for alcohol and drug addiction (lifetime limit). In-patient treatment is also covered under this benefit. A 1 year waiting period applies.	✗	USD 17,000

Choices Option 3: Dental, Wellness and Optical (1 of the 3 options must be selected)

Dental, Wellness and Optical			
	Dental Basic	Dental & Wellness	Dental, Wellness & Optical
Dental treatment	USD 140 – 30% co-pay applies	USD 1,275 – 20% co-pay applies	USD 2,550 – 20% co-pay applies
Wellness benefit (1 year waiting period, only available to insured members over the age of 18)	✗	USD 850	USD 1,275
Optical (full cover for one eye exam and one pair of prescription glasses/contact lenses subject to the benefit limit)	✗	✗	Full benefit limit for one eye examination per certificate period. Prescription glasses / contact lenses subject to a limit of USD 204 per certificate period.

✗ Not covered ✓ Full refund

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