

DUBAI CHOICES

Addendum to the Choices Membership Guide 2021 TMNF

Expacare is pleased to offer a DHA compliant plan to residents of Dubai. Our plan is underwritten by Tokio Marine & Nichido Fire Insurance Company Ltd and reinsured by Lloyd's of London. This Addendum together with the insurance certificate and Choices Membership Guide 2021 TMNF define the benefits available to insured persons / members. Our Choices plan is available to individuals and groups who require more than the Essential Benefits Plan.

Choices Membership Guide 2021 TMNF

The Choices Membership Guide 2021 TMNF applies, with the following amendments.

Exclusions

All exclusions apply in relation to treatment sought outside of Dubai.

The following exclusions do not specifically apply to treatment received in Dubai. However, all treatment must be medically necessary and reasonable and customary as per the terms of the policy.

Within Dubai, any cover relating to the following exclusions will be restricted to an overall aggregate limit of AED 150,000 and subject to any benefit limits of the policy.

Exclusions:

- 6.1 Acting against medical advice
- 6.13 Doctors home visits
- 6.14 Eating disorders
- 6.20 Fees for police reports

- 6.25 Liability of third parties
- 6.29 Medical opinion
- 6.30 Negligence
- 6.37 Removal of healthy tissue
- 6.44 Sexually Transmitted Infections
- 6.47 Temporomandibular Joint Syndrome/Disorder

Section 2.2 Membership eligibility

The following rule does not apply to applicants in Dubai – 'In respect of an Individual Policy and a Corporate Advantage Plan Policy: you must be under 65 years old at the date you join in order to be covered.'

Maternity

- No waiting periods apply to the maternity benefit.
- The Dubai Module Maternity 1 or Dubai Module Maternity 2 are only available on Individual plans and Corporate Advantage Plans after their first renewal date.

Section 3.1 Dependants

To add a child from their date of birth, you must give us the details within 7 days of the date of birth.

Benefit Table

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

- Core *
- Cancer and Chronic – Full Refund *
- Extended or Advanced Outpatient *
- Dubai Module Basic or Dubai Module – Maternity 1 or Dubai Module – Maternity 2**

* Note - refer to the Choices Membership Guide 2021 for full details.

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

Dubai Module - Basic

Companion hospital accommodation	Covered - Up to USD 30 per night - see note 1
Maternity care: out-patient antenatal	Covered - Up to 8 visits - 10% copay applies - see note 2
Maternity care: in-patient	Covered: Normal delivery - Up to USD 2,000 Complications - Up to USD 2,800 10% copay applies
Maternity care (emergency surgery)	Covered - up to USD 17,000
Newborn care	Covered - Up to 30 days from birth - see note 3
Vaccinations and inoculations for newborns and children	Covered - Full refund - see note 4
Preventative services	Covered - Diabetes test every 3 years - see note 5
Emergency dental treatment	Covered - Full refund - 20% copay applies - see note 6
Hearing and optical	Covered - Full refund - 20% copay applies - see note 6
DHA Mandatory Screening and Treatment for Breast, Cervical and Colorectal Cancer	See Notes 7 & 9
DHA Mandatory Screening and Treatment for Hepatitis C	See Notes 8 & 9

Dubai Module - Maternity 1

Note – the Dubai Module Maternity 1 or Dubai Module Maternity 2 are only available on Individual plans or Corporate Advantage Plans after their first renewal date.

Companion hospital accommodation	Covered - Up to USD 30 per night - see note 1
Maternity care: out-patient antenatal	Covered - Up to 8 visits - see note 2
Maternity care (routine)	Covered - Up to USD 11,050
Maternity care (with complications)	Covered - Up to USD 22,100
Maternity care (emergency surgery)	Covered - Full refund
Newborn care	Covered - Up to USD 119,000, up to 30 days from birth
Vaccinations and inoculations for newborns and children	Covered - Full refund - see note 4
Preventative services	Covered - Diabetes test every 3 years - see note 5
Emergency dental treatment	Covered - Full refund - 20% copay applies - see note 6
Hearing and optical	Covered - Full refund - 20% copay applies - see note 6
DHA Mandatory Screening and Treatment for Breast, Cervical and Colorectal Cancer	See Notes 7 & 9
DHA Mandatory Screening and Treatment for Hepatitis C	See Notes 8 & 9

Dubai Module - Maternity 2

Note – the Dubai Module Maternity 1 or Dubai Module Maternity 2 are only available on Individual plans or Corporate Advantage Plans after their first renewal date.

Companion hospital accommodation	Covered - Up to USD 30 per night - see note 1
Maternity: out-patient antenatal	Covered - Up to 8 visits - see note 2
Maternity care (routine)	Covered - Up to USD 25,500
Maternity care (with complications)	Covered - Up to USD 68,000
Maternity care (emergency surgery)	Covered - Full refund
Newborn care	Covered - Up to USD 153,000, up to 30 days from birth
IVF (In vitro fertilisation) (50% co-pay and 2 year waiting period applies)	Covered - Up to USD 4,250 per cycle, 3 cycles per lifetime.
Vaccinations and inoculations for newborns and children	Covered - Full refund - see note 4
Preventative services	Covered - Diabetes test every 3 years - see note 5
Emergency dental treatment	Covered - Full refund - 20% copay applies - see note 6
Hearing and optical	Covered - Full refund - 20% copay applies - see note 6
DHA Mandatory Screening and Treatment for Breast, Cervical and Colorectal Cancer	See Notes 7 & 9
DHA Mandatory Screening and Treatment for Hepatitis C	See Notes 8 & 9

Notes:

Within Dubai, any condition developing into a medical emergency will be covered up to USD 41,000. 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 this benefit.
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 only covered 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. Includes screening, healthcare services, investigations and treatments related to and associated complications related to breast, cervical and colorectal cancer which will be covered by the central fund ONLY for members enrolled under the Patient Support Program (PSP) as per terms and conditions of the Program.
8. Includes screening, healthcare services, investigations and treatments related to viral hepatitis and associated complications related to Hepatitis C shall be available ONLY for members enrolled under the Patient Support Program as per terms and conditions of the Program.
9. Screening for breast/cervical/colorectal cancer or Hepatitis C is covered within the network offered - both public and private - for high-risk cases as defined in the guidelines approved by the DHA and subject to a written preapproval. Upon identification of a potential diagnosis, subsequent confirmatory screening tests are covered only in Centers of Excellence.
Members not enrolled on the Patient Support Programs will be covered for breast, cervical and colorectal cancer or Hepatitis C under the non-mandatory benefits of their plan.
Treatment under the Patient Support Program is ONLY available at the Centers of Excellence (CoEs) and subject to enrolment into the Program through the Insurer.
The above would apply for existing residents and new residents in Dubai who were not diagnosed with breast/cervical/colorectal cancer or Hepatitis C before entering the country. Members are eligible to enroll in the support program only after 1st year of residence (cancer) or after 1st visa renewal (Hepatitis C).
Coverage would be up to the annual limit, on direct billing only and is not subject to any sublimit.
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 screening / treatment shall be excluded from coverage.