

## PSUAD Schedule of Benefits (Enhanced Silver Plan with Dental)

<b>Plan Name</b>	<b>Enhanced Silver Plan with Dental</b>
Annual Benefit Limit	AED 1,000,000 Per Person Per Policy Year
Territorial Limit <sup>1</sup>	Worldwide excluding USA, Canada & Europe. Emergency cover worldwide
Network (Allowing direct billing at designated provider)	<b>Network Within UAE: Comprehensive 2</b> In & Out-patient on direct billing in UAE.  <b>Network Outside UAE: WW exc. US CAN EUR</b>  In & Out-patient on direct billing in GCC, Jordan, Syria, Egypt, Yemen, Sudan, Morocco, Tunisia, Algeria, Lebanon Inpatient on direct billing within Territorial limit- Daman respective Network
Pre-existing conditions	Fully Covered

	<b>Network</b>	<b>Non-network</b>
<b>Inpatient Treatment</b>		
Inpatient & Day Treatment <sup>2</sup> (including Pre & Post In Hospital Treatment Covered)	100% covered	80% covered
Accommodation Type-Private Room (First Class)	100% covered	80% covered
Hospital Accommodation & Services	100% covered	80% covered
Consultant's, Surgeon's & Anesthetist's Fees and other fee	100% covered	80% covered
Ambulance (Medical emergency cases, subject to General exclusion)	100% covered	100% covered
Parent Accommodation for accompanying an Insured Child under 10 years of age (Maximum limit of AED 150 per day)	100% covered	80% covered
Companion Accommodation for Critical Illness (Maximum limit of AED 150 per day)	100% covered	80% covered
<b>Out-patient Treatment</b>	<b>Network</b>	<b>Non-network</b>
Physician Consultation (Deductible AED 50) (Deductible not applicable for follow up within 7 days)	100% covered	80% covered
Diagnostics (X-Ray, MRI, CT-Scan, Ultra Sound, etc.), Laboratory (Specialized investigation and scan including but not limited to MRI, Scan, Endoscopies with Pre-authorization only)	100% covered	80% covered
Pharmaceuticals (Long term medications to be dispensed up to 90 days without pre-authorization)	100% covered	80% covered
Physiotherapy <sup>2</sup>	100% covered	80% covered
<b>Other Benefits</b>	<b>Network</b>	<b>Non-network</b>
Repatriation of Mortal Remains to country of origin Covered on reimbursement up to AED 10,000 Per Person	100% covered	100% covered
Emergency Treatment	100% covered	100% covered <sup>7</sup>
Diagnostic and treatment services for dental and gum treatment (medical emergency cases)	100% covered	100% covered
Hearing and vision aids, and vision correction by surgeries and laser (medical emergency cases)	100% covered	100% covered
Healthcare services for work illnesses and injuries as per Federal Law No. 8 of 1980 concerning the Regulation of Work Relations, as amended, and applicable laws in this respect	100% covered	80% covered
Annual Breast Cancer Screening at designated Providers (Applicable for females > 35 years) <sup>2,5</sup>	100% covered	Not covered
Annual Prostate Cancer Screening at designated Providers (Applicable for males > 45 years) <sup>2,6</sup>	100% covered	Not covered
Colorectal Cancer Screening at designated providers (applicable for males and females > 50 years) <sup>2,8</sup>	100% covered	Not covered
<b>Maternity</b>	<b>Network</b>	<b>Non-network</b>

National Health Insurance Company - Daman (PJSC) (P.O. Box 128888, Abu Dhabi, U.A.E. Tel No. +97126149555 Fax No. +97126149550)

Doc Ctrl No.:	STEMP/US-002	Version No.:	1	Revision No.:	0	Date of Issue:	20.01.2013	Page No(s).:	1 of 2
---------------	--------------	--------------	---	---------------	---	----------------	------------	--------------	--------

## PSUAD Schedule of Benefits (Enhanced Silver Plan with Dental)



Maximum annual limit per person (Inpatient & Outpatient Maternity):		
Within UAE : 100% Covered		
Outside UAE : AED 10,000		
Inpatient Maternity <sup>2</sup>	100% covered	80% covered
Outpatient Maternity		
(Deductible for Physician Consultation AED 50)	100% covered	80% covered
(Deductible not applicable for follow up within 7 days)		
<b>Dental Module 1</b>	<b>Network</b>	<b>Non-network</b>
Dental <sup>2,4</sup>		
(Maximum Annual limit of AED 3,500 Per Person)	80% covered	80% covered
Accidental dental treatment	100% covered	100% covered
<b>Optical not covered</b>		
<b>Other Services covered (Through Service Providers Only)</b>		
International Assistance Service (Assist America)		
(Please refer to the Assist America document for benefit details)		
Second Opinion facility for specified conditions (Europ Assistance)		

<sup>1</sup> Please note: (1) Coverage outside UAE is limited to 90 days per treatment. (2) A single holiday or business trip may not exceed 90 days. Exception: For Maternity benefit, coverage is extended up to 180 days.

<sup>2</sup> Pre-authorization required to avail this benefit. All Emergency cases do not require pre-authorization but should be notified to Daman within 24 hours.

<sup>3</sup> Available on reimbursement only. Non-network Providers covered on re-imburement only.

<sup>4</sup> Following services are covered: a) X-Rays; b) Extractions; c) Amalgam / Composite Fillings; d) Root Canal Treatments; e) Prescribed Drugs for the above mentioned services (covered as part of Outpatient Pharmaceuticals)

<sup>5</sup> Includes: a) Clinical Examination b) Mammogram c) Pelvic Sonogram (if medically indicated) d) CA 15.3 (if medically indicated)

<sup>6</sup>Includes: a) Clinical Examination b) PSA c) Rectal sonogram

<sup>7</sup>Exception: For in and outpatient maternity treatment at Non Network Provider, 80% covered outside UAE

<sup>8</sup>Includes: a) FIT (Fecal Immunochemical Test) every 2 years; b) Colonoscopy every 10 years

HAAD'S Approval number (license number) for this product with Ded 50 is 14504(as appearing on the Health Insurance card).

SOB REF NO:SOB-US-010-R0-250513

For reimbursement or claims information, please contact Daman directly at [www.damanhealth.ae](http://www.damanhealth.ae) or by phone at 800-4-32626 (within UAE) or +971-2-614-9555 (outside UAE).

Health insurance plans are negotiated on an annual basis with the carrier and are subject to change.

These plan details are for Expat employees and authorized dependents only.

National Employees should contact Daman or the HR Department regarding their specific plan details.

Package Numbers for Ded. AED 50 are 3208&3209

National Health Insurance Company - Daman (PJSC) (P.O. Box 128888, Abu Dhabi, U.A.E. Tel No. +97126149555 Fax No. +97126149550)

Doc Ctrf No.:	STEMP/US-002	Version No.:	1	Revision No.:	0	Date of Issue:	20.01.2013	Page No(s).:	2 of 2
---------------	--------------	--------------	---	---------------	---	----------------	------------	--------------	--------