

Quotation

DHA Easy - Healthcare Insurance For Domestic Workers

Quotation Overview

Cover As per Oman Insurance Company standard Individual Medical Expenses insurance policy wording, medical clauses, definitions, general provisions and exclusions to cover the necessary, reasonable and customary In & Out Patient medical expenses incurred by the insured members up to the benefits/limits mentioned in the attached TOB.

Insured Persons Domestic Worker earning salary of AED 4,000 or less.

Premium Rate Per Person

DHA Easy AED 600

Total Premium in Words Six Hundred Dirhams and Zero Fils

Table of Benefits

All amounts are in AED

Coverage Details	
Total Annual Limit Coverage & Pre-existing	
Annual upper limit for healthcare services	150,000 per insured member per year
Pre-existing & chronic conditions	Waiting period of 6 months is applicable from the first scheme enrollment. Waiting period does not apply for members who were previously insured, subject to proof of previous medical insurance cover.

Healthcare Services Geographical Scope	
In Dubai	Covered
In Abu Dhabi	Emergency only
Other Emirates	Covered
Arab Countries and South East Asia	Not Covered
International	Not Covered

Medical Network	
DHA plus	Inpatient services are restricted to DHA Plus Network Hospitals Outpatient services are restricted to DHA Plus Network clinics

Inpatient Healthcare Services (at designated network hospitals – prior approval is required)	
Patient Accommodation	Shared room 20% co-insurance with maximum ceiling ^{*1}
Tests, diagnosis, treatments and surgeries in hospitals for non-urgent medical cases	Covered 20% co-insurance with maximum ceiling ^{*1}
Emergency treatments	Covered 20% co-insurance with maximum ceiling ^{*1}
Transportation services for medical emergencies by an authorized party	Covered 20% co-insurance with maximum ceiling ^{*1}
Accommodation for a person accompanying an insured child up to 16 years of age.	Covered up to AED 100 per night 20% co-insurance with maximum ceiling ^{*1}
Accommodation for an accompanying person in the same room in case of critical conditions and as per recommendation of attending physician.	Covered up to AED 100 per night 20% co-insurance with maximum ceiling ^{*1}
In patient maternity services	Normal Delivery: AED 7,000 per policy year Medically necessary C-Section, abortion and other maternity complications: AED 10,000 per policy year 10% coinsurance applicable on all services. Maternity complications, if leading to emergency, will need to be covered up to the annual indemnity. Waiting period on pre-existing condition does not apply to maternity.

Coverage Details	
Outpatient Healthcare Services (at designated network hospitals – prior approval is required)	
Examination, diagnostic and treatment services of clinics and health centers by general practitioners and specialists, provided that the insured member is referred to a specialist and/or consultant by a general practitioner. Follow ups are exempted from fees if made within a week from the date of first examination.	GP consultation & Specialist consultation on referral from GP 20% co-insurance
Laboratory tests	Covered 20% co-insurance
X-ray diagnostic services including MRI, CT scans and endoscopies	Covered 20% co-insurance
Physiotherapy treatment. Subject to referral from a specialist and prior approval from OIC	6 sessions covered every year 20% coinsurance
Cost of medicine – pharmacy	Covered with a limit of AED 1,500 per year including co-insurance. Co-insurance: 30% Coverage as per DHA approved formulary.
Examination, diagnostic and treatment for pregnancy and gynecology services in authorized health centers and clinics by general practitioners and specialists, provided that the insured member is referred to a specialist and/or consultant by a general practitioner. Follow ups are exempted from fees if made within a week from the date of first examination.	Antenatal Care 8 visits to primary healthcare facility. All consultations by PHC Obstetrician for low risk or Specialist Obstetrician for high risk, on referral. Initial investigations includes the below. <ul style="list-style-type: none"> • FBC and Platelets • Blood group, rhesus status and antibodies • VDRL • MSU & urinalysis • Rubella serology • HIV • FBS, random s or A1c • Hep C, where recommended • GTT where recommended • 3 antenatal ultrasound scans Visits to includes reviews, checks and tests in accordance with DHA Antenatal Care Protocols 10% coinsurance for all services

Other Benefits	
Diagnostic and treatment services for dental and gum treatments.	Covered only for life threatening medical emergency cases only ^{*2} 20% coinsurance
Hearing and vision aids, and vision correction by surgeries, and laser.	Covered only for life threatening medical emergency cases only ^{*2} 20% coinsurance
New born cover	Covered for 30 days from birth. Coverage includes BCG, Hepatitis B and neo- natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia). The cover is provided under the mother's policy.
Preventive services, vaccines and immunizations	Essential vaccinations and inoculations for newborns and children is covered as stipulated in the DHA's policies and its updates in the assigned facilities (currently the same as Federal MOH), through selected providers. Diabetes screening once a year through selected providers.

^{*1} Co-insurance of 20% for all inpatient services subject to a ceiling of AED 500 per claim and AED 1,000 in aggregation (maximum per year).

^{*2} These benefits are covered only in case of life threatening medical emergencies.

Conditions

1. Premium is payable upfront and in advance.
2. If termination of your policy is required, it must be reported immediately and the original card must be returned. Termination of your policy shall not be processed if the original card is not returned.
3. Premium for cancellation shall be calculated based on short rate basis as per the table below.
4. The benefits offered in this quotation do not comply with the Abu Dhabi Health Authority regulation for mandatory insurance. The insured is required to report in case the group has any Abu Dhabi based members for whom a separate compliant plan can be offered.
5. This offer is valid only for domestic workers with a gross monthly salary of AED 4000 or less.
6. This offer is subject to DHA approved exclusions list.
7. Outpatient treatments are restricted to clinics only. All specialist doctor visits are subject to referral from a network general practitioner, as per the DHA referral system.
8. This scheme does not support reimbursement of claims incurring outside or inside the designated medical network or abroad. Only non-excluded, life threatening emergency medical conditions in the UAE will be considered pursuant to DHA Policy Directive Number 1 of 2016 (PD 01/2016).
9. From the date of receipt of completed documentation, Oman Insurance requires up to 14 working days to set up and issue your policy and cards. This is exclusive of any undue delays that may be experienced from the regulators in approving the products. Hence, our valued clients are advised to ensure that all the required documents and data are submitted sufficiently in advance, to avoid any unforeseen delays in issuance of policy and cards.
10. This offer is valid for 30 days from the date of this quotation.
11. The Company shall not provide cover nor shall it be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, laws or regulations of the European Union, United Kingdom, United States of America, United Arab Emirates and all other jurisdictions where the Company transacts its business.
12. All benefits limits are inclusive of its co-insurance (where co-insurance is applicable).
13. Referral procedure: In respect of Essential Benefit Plan members, no costs incurred for advice, consultations or treatments provided by specialist or consultants without the insured first consulting a General Practitioner (or equivalent, as designated by DHA) who is licensed by DHA or another competent UAE authority will be payable by the insurer. The General Practitioner must make his referral together with reasons via DHA e-referrals system for the claim to be considered by the insurer.

Short Rate Premium Applicable for Member Deletion

Period of policy in force	Annual Premium % retained by company	Period of policy in force	Annual Premium % retained by company
1 month	20%	6 months	70%
2 months	30%	7 months	75%
3 months	40%	8 months	80%
4 months	50%	9 months	85%
5 months	60%	Over 9 months	100%

Exclusions

Excluded (non-basic) healthcare services

1. Healthcare services which are not medically necessary.
2. All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
3. Home nursing; private nursing care; care for the sake of travelling.
4. Custodial care including: 1) Non-medical treatment services; 2) Health-related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
5. Services which do not require continuous administration by specialized medical personnel.
6. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
7. All cosmetic healthcare services and services associated with replacement of an existing breast implant. Cosmetic operations which are related to an Injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body and breast reconstruction following a mastectomy for cancer are covered.
8. Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
9. Medical services utilized for the sake of research, medically non-approved experiments and investigations and pharmacological weight reduction regimens.
10. Healthcare services that are not performed by Authorized Healthcare Service Providers.
11. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
12. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
13. Any investigations, tests or procedures carried out with the intention of ruling out any foetal anomaly.
14. Treatment and services for contraception.
15. Treatment and services for sex transformation, sterilization or intended to correct a state of sterility or infertility or sexual dysfunction. Sterilization is allowed only if medically indicated and if allowed under the Law.
16. External prosthetic devices and medical equipment.
17. Treatments and services arising as a result of hazardous activities, including but not limited to, any form of aerial flight, any kind of power-vehicle race, water sports, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, bungee jumping and any professional sports activities.
18. Growth hormone therapy.
19. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids.
20. Mental Health diseases, both out-patient and in-patient treatments, unless it is an emergency condition.
21. Patient treatment supplies (including for example: elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs and treatments) excluding supplies required as a result of healthcare services rendered during a medical emergency.
22. Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment); any physical, psychiatric or psychological examinations or investigations during these examinations.
23. Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first degree relatives.
24. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
25. Healthcare services for adjustment of spinal subluxation.
26. Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, and all forms of treatment by alternative medicine.
27. All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer; ovum and sperms transfer.
28. Elective diagnostic services and medical treatment for correction of vision.
29. Nasal septum deviation and nasal concha resection.
30. All chronic conditions requiring hemodialysis or peritoneal dialysis, and related investigations, treatments or procedures.
31. Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A.
32. Birth defects, congenital diseases and deformities.
33. Healthcare services for senile dementia and Alzheimer's disease.
34. Air or terrestrial medical evacuation and unauthorized transportation services.
35. Inpatient treatment received without prior approval from the insurance company including cases of medical emergency which were not notified within 24 hours from the date of admission.

36. Any inpatient treatment, investigations or other procedures, which can be carried out on outpatient basis without jeopardizing the Insured Person's health.
37. Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
38. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions); and all equipment not primarily intended to improve a medical condition or injury, including but not limited to: air conditioners or air purifying systems, arch supports, exercise equipment and sanitary supplies.
39. More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
40. Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or a recipient. This exclusion also applies to follow-up treatments and complications.
41. Any expenses related to immunomodulator and immunotherapy.
42. Any expenses related to the treatment of sleep related disorders.
43. Services and educational programs for handicaps.

Healthcare services outside the scope of health insurance

1. Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
2. Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
3. Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
4. Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other type of natural disaster.
5. Injuries resulting from criminal acts or resisting authority by the insured person.
6. Injuries resulting from a road traffic accident.
7. Healthcare services for 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.
8. All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances.
9. Any investigation or treatment not prescribed by a doctor.
10. Injuries resulting from attempted suicide or self-inflicted injuries.
11. Diagnosis and treatment services for complications of exempted illnesses.
12. All healthcare services for internationally and/or locally recognized epidemics
13. Healthcare services for patients suffering from (and related to the diagnosis and treatment of) HIV – AIDS and its complications and all types of hepatitis except virus A hepatitis.

Declaration

I/We understand that the above particulars shall form the basis of contract between Oman Insurance Company (hereafter called company) and me/us. I/We agree that any information collected or held by the company (whether contained in application or obtained otherwise) may be used or disclosed by the company to its associate individuals/companies or any independent third parties (within or outside UAE) for any matters related to this application, any policy issued and to provide advice information concerning products and services, which the company believes may be of interests to the proposer and to communicate with the proposer for any purposes.

Sponsor Name

Sponsor
Signature

Date

Application Form

Please complete this form using black or blue ink. Write in BLOCK LETTERS and tick the relevant items. If your application is incomplete it might cause a delay. Please retain a copy of this proposal form and other correspondences with us for your future reference.

1. Sponsor Details	
A. Policy Start Date	dd/mm/yyyy
B. First Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name	Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/>
C. Date of Birth	dd/mm/yyyy
D. Address	Street: PO Box: City: Emirates:
E. Contact Number	Mobile: Tel:
F. Email Address	
G. Sponsor Type*	Resident <input type="checkbox"/> Citizen <input type="checkbox"/> Establishment <input type="checkbox"/> Property Owner <input type="checkbox"/>
H. UID # (on Visa page)	

2. Details of Person to be Insured	
A. First Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name	
B. Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/>
C. Nationality	Date of Birth (dd/mm/yyyy)
D. Passport #	UID Number** (on visa page)
E. Emirates ID #	Emirates of Visa Issuance
F. Gross Salary / Month	
G. Email Address	
H. Residential Location***	Work Location***
I. Mobile Number	

*Resident – person on spouse/parent visa; Citizen - GCC national; Establishment – person on company visa; Property Owner - person owns a property in UAE and has a property visa type.

**In case of no visa, please provide the number on entry permit.

***Please choose from the list provided on page 8 & 9.

3. Declaration	
<p>I hereby declare that to the best of my knowledge and belief the above particulars are true and complete and full information has been disclosed. I understand that non-disclosure or misrepresentation of any fact may lead to the refusal of any claim or the cancellation of any policy. I hereby agree that this proposal and declaration or any written statement made by me in reference to the proposal shall be the basis of the contract between the Company and me. I am aware of the provisions of the "Law No. 23 of 2005 regarding Health Insurance in the Emirate of Abu Dhabi and the Regulations" and its executive regulation. I hereby confirm that neither I nor my dependent/employee working/residing within the borders of the Emirate of Abu Dhabi or having visa issued from the Emirate of Abu Dhabi will be enrolled under this policy.</p>	
Sponsor Name	Sponsor Signature
Date	

DHA Approved Location Names

Abu Hail	Al Awir First	Al Awir Second
Al Badaa	Al Baraha	Al Barsha First
Al Barsha Second	Al Barsha South Fifth	Al Barsha South First
Al Barsha South Fourth	Al Barsha South Second	Al Barsha South Third
Al Barsha Third	Al Buteen	Al Corniche
Al Daghaya	Al Fagaa	Al Garhoud
Al Hamriya	Al Hamriya Port	Al Hathmah
Al Hebiah Fifth	Al Hebiah First	Al Hebiah Fourth
Al Hebiah Second	Al Hebiah Third	Al Hudaiba
Al Jadaf	Al Jafiliya	Al Karama
Al Khabaisi	Al Khairan First	Al Khairan Second
Al Kheeran	Al Khwaneej First	Al Khwaneej Second
Al Kifaf	Al Layan 1	Al Layan 2
Al Lesaily	Al Maha	Al Mamzar
Al Manara	Al Marmoom	Al Merkadh
Al Meryal	Al Mizhar First	Al Mizhar Second
Al Muraqqabat	Al Murar	Al Muteena
Al Nahda First	Al Nahda Second	Al Oshoosh
Al Qouz First	Al Qouz Fourth	Al Qouz Second
Al Qouz Third	Al Qouze Ind.First	Al Qouze Ind.Fourth
Al Qouze Ind.Second	Al Qouze Ind.Third	Al Qusais First
Al Qusais Ind. Fifth	Al Qusais Ind. First	Al Qusais Ind. Fourth
Al Qusais Ind. Second	Al Qusais Ind. Third	Al Qusais Second
Al Qusais Third	Al Raffa	Al Rashidiya
Al Rass	Al Rigga	Al Rowaiyah First
Al Rowaiyah Second	Al Rowaiyah Third	Al Sabkha
Al Safa First	Al Safa Second	Al Safouh First
Al Safouh Second	Al Satwa	Al Selal
Al Shindagha	Al Souq Al Kabeer	Al Thanyah Fifth
Al Thanyah First	Al Thanyah Fourth	Al Thanyah Second
Al Thanyah Third	Al Twar First	Al Twar Second
Al Ttay	Al Twar Third	Al Wajehah Al Bhariyah
Al Warqaa Fifth	Al Warqaa First	Al Warqaa Fourth
Al Warqaa Second	Al Warqaa Third	Al Wasl
Al Wohoosh	Al Wuheida	Al Yalays 1
Al Yalays 2	Al Yalays 3	Al Yalays 4
Al Yalays 5	Al Yufrah 1	Al Yufrah 2
Aleyas	Ayal Nasir	Bu Kadra

Business Bay	Burj Khalifa	Corniche Deira
Dubai (District Unknown)	Dubai Intl Airport	Dubai Investment Park First
Dubai Investment Park Second	Enkhali	Ghadeer Barashy
Grayteesah	Hadaeq Sheikh Mohammed Bin Rashid	Hatta
Hefair	Hessyan First	Hessyan Second
Hor Al Anz	Hor Al Anz East	Jabal Ali First
Jabal Ali Industrial First	Jabal Ali Industrial Second	Jabal Ali Industrial Third
Jabal Ali Second	Jabal Ali Third	Jumeira First
Jumeira Island One	Jumeira Second	Jumeira Third
Le Hemaira	Lehbab First	Lehbab Second
Madinat Al Mataar	Madinat Dubai Al Melaheyah	Mankhool
Margab	Margham	Marsa Dubai
Meaisem First	Meaisem Second	Mena Jabal Ali
Mereiyeel	Mugatrah	Muhaisanah Fifth
Muhaisanah Fourth	Muhaisanah Second	Muhaisanah Third
Muhaisnah First	Murdaf	Mushraif
Nadd Al Hamar	Nadd Al Shiba First	Nadd Al Shiba Fourth
Nadd Al Shiba Second	Nadd Al Shiba Third	Nadd Hessa
Nadd Shamma	Naif	Nakhlat Deira
Nakhlat Jabal Ali	Nakhlat Jumeira	Nazwah
Other Emirates (Outside Dubai)	Oud Al Muteena First	Oud Al Muteena Second
Oud Al Muteena Third	Oud Metha	Port Saeed
Ras Al Khor	Ras Al Khor Ind. First	Ras Al Khor Ind. Second
Ras Al Khor Ind. Third	Remah	Riggat Al Buteen
Saih Al Dahal	Saih Al Salam	Saih Shuaalah
Saih Shuaib 1	Saih Shuaib 2	Saih Shuaib 3
Saih Shuaib 4	Trade Center First	Trade Center Second
Umm Al Daman	Umm Al Momeneen	Umm Al Sheif
Umm Eselay	Umm Hurair First	Umm Hurair Second
Umm Nahad First	Umm Nahad Fourth	Umm Nahad Second
Umm Nahad Third	Umm Ramool	Umm Suqeim First
Umm Suqeim Second	Umm Suqeim Third	Wadi Al Asafa 6
Wadi Al Asafa 7	Wadi Al Safa 2	Wadi Al Safa 3
Wadi Al Safa 4	Wadi Al Safa 5	Wadi Alamardi
Wadi Alshabak	Warsan First	Warsan Fourth
Warsan Second	Warsan Third	World Island
Yaraah	Zaabeel First	Zaabeel Second

Documentation Checklist

Please submit the below documents together with the signed application form and quotation.

1.	Passport size photo of the insured in JPEG format
2.	Proof of Insurance (if previously insured) If provided the policy will not include a waiting period
3.	Copy of Passport and Visa of the Insured and Sponsor
4.	Copy of Labor contract (if available)