

Schedule of Benefits (Select Silver Plan with Dental & Optical)

Plan Name	Select Silver Plan with Dental & Optical -OPTION 2		
Annual Benefit Limit	AED 1,000,000 Per Person Per Policy Year		
Territorial Limit ¹	Worldwide excluding USA, Canada & Europe. Emergency cover worldwide		
Network (Allowing direct billing at designated provider)	Network Within UAE: Comprehensive 2 In & Out-patient on direct billing in UAE. Network Outside UAE: WW exc. US CAN EUR 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		
Inpatient Treatment	Network	Non-network	
Inpatient & Day Treatment ² (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 16 years of age (Maximum limit of AED 150 per day)	100% covered	80% covered	
Companion Accommodation in cases of medical necessity at the recommendation of the treating doctor (Maximum limit of AED 150 per day)	100% covered	80% covered	
Out-patient Treatment	Network	Non-network	
Physician Consultation (Within Abu Dhabi Emirate - 10% coinsurance applicable in Cleveland Clinic Abu Dhabi (CCAD) and deductible of AED 50 for other providers; Outside Abu Dhabi Emirate - 20% coinsurance applicable with an Out of pocket limit of AED 50) (Co-insurance/deductible not applicable for follow up within 7 days)	Within Abu Dhabi -100% covered (Within CCAD 90%) Outside Abu Dhabi -80% 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) (10% coinsurance applicable in Cleveland Clinic Abu Dhabi (CCAD) and Nil for other providers) (Co-insurance/deductible not applicable for follow up within 7 days)	100% covered (Within CCAD 90%)	80% covered	
Pharmaceuticals (Long term medications to be dispensed up to 90 days without pre-authorization)	100% covered	80% covered	
Physiotherapy ²	100% covered	80% covered	
Alternative Medicine ³ (Homeopathy and Ayurveda treatment only) (including sessions/consultations up to AED 2,500 Per Person Per Policy Year)	80% covered	80% covered	
Other Benefits	Network	Non-network	
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 ⁸	
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	

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Vaccinations ^{3,10}	100% covered	100% covered
Preventive services ^{3,11}	100% covered	100% covered
Influenza Vaccine once per year ²	100% covered	80% covered
Annual Breast Cancer Screening (applicable for females > 35 years) ^{2,6}	100% covered	80% covered
Annual Prostate Cancer Screening (applicable for males > 45 years) ^{2,7}	100% covered	80% covered
Colorectal Cancer Screening (applicable for males and females > 40 years) ^{2,9}	100% covered	80% covered
Cervical Cancer Screening ^{2,13} (applicable for females aged 25-65 years)	100% covered	80% covered
Hepatitis B and C Virus Screening ²	100% covered	80% covered
Patient Support Program ^{2,14}	100% covered	Not covered
Psychiatry and Mental Health ² (Maximum Limit Per Person Per Year of AED 10,000)	100% covered	80% covered
Maternity	Network	Non-network
Maximum annual limit per person (Inpatient & Outpatient Maternity): Within UAE : 100% Covered Outside UAE : AED 10,000		
Inpatient Maternity ² Including New born care (including BCG, Hepatitis B and neo-natal screening tests ¹²)	100% covered	80% covered
Outpatient Maternity 10% coinsurance applicable in Cleveland Clinic Abu Dhabi (CCAD) and Nil for other providers (Co-insurance not applicable for follow up within 7 days)	100% covered (Within CCAD 90%)	80% covered
Outpatient Maternity – Physician Consultation (Within Abu Dhabi Emirate - 10% coinsurance applicable in Cleveland Clinic Abu Dhabi (CCAD) and deductible of AED 25 for other providers; Outside Abu Dhabi Emirate – 10% coinsurance applicable with an Out of pocket limit of AED 25) (Co-insurance/deductible not applicable for follow up within 7 days)	Within Abu Dhabi –100% covered (Within CCAD 90%) Outside Abu Dhabi –90% covered	80% covered
Dental Module 1	Network	Non-network
Dental ^{2,4,5} (Maximum Annual limit of AED 3,500 Per Person)	80% covered	80% covered
Accidental dental treatment	100% covered	100% covered
Optical	Network	Non-network
Optical ^{3,5} (Limited to 2 vision tests per year and Maximum Annual limit AED 1000 Per Person including Prescribed Eye glasses, Frames and /or contact lenses)	100% covered	100% covered
Other Services covered (Through Service Providers Only)		
Teleconsultation healthcare services (Deductible Nil)		
International Assistance Service through service provider only		
Second Medical Opinion through service provider only		

¹ Please note: (1) A single holiday or business trip may not exceed 180 days. (2) Coverage outside UAE is limited to 180 days per treatment.

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

³ Available on reimbursement only. Non-network Providers covered on re-imbursement only.

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

⁵ Dental and Optical are optional benefits. Optical is offered in conjunction with Dental only.

⁶ Includes: a) Clinical Examination b) Mammogram c) Pelvic Sonogram (if medically indicated) d) CA 15.3 (if medically indicated)

⁷ Includes: a) Clinical Examination b) PSA c) Rectal sonogram

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⁸Exception: For in and outpatient maternity treatment at Non Network Provider, 80% covered outside UAE

⁹Includes: a) FIT (Fecal Immunochemical Test) every 2 years; b) Colonoscopy every 10 years

¹⁰ a) Vaccinations and inoculations for new borns and children as per DHA; b) Adult Pneumococcal Conjugate Vaccine covered as per DHA Adult Pneumococcal Vaccination guidelines.

¹¹ Preventive services for diabetes, every 3 years from age 30 and for High risk individuals annually from age 18

¹² Neo-natal screening tests includes: Phenylketonuria (PKU), Congenital Hypothyroidism, Sickle cell screening, congenital adrenal hyperplasia.

¹³ Papanicolaou test (Pap test) - Every 3 years for women aged 25-49 years, every 5 years for women aged 50-65 years

¹⁴ Mandated patient support program offering coverage for treatment of Cancer, Hepatitis B and Hepatitis C as per applicable DHA support program