



Plan	Cigna Essential Benefits Plan (EBP)
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Annual upper aggregate claims limit	AED 150,000
Pre-existing and chronic conditions	
Waiting period of 6 months is applicable from the first scheme enrolment. Waiting period does not apply for members who were previously insured, subject to proof of previous medical insurance cover.	Covered

Geographical scope of coverage

Dubai	Covered
Abu Dhabi	Emergency only
Other Emirates	Covered
Outside of UAE	Not covered

UAE provider network

In-patient services	Only available at the hospitals listed under the Value Lite hospital network.
Out-patient services	Only available at the clinics listed under the Value Lite clinic network.

Outside network

Emergency treatment outside the network in the UAE is covered up to the point of stabilization.	Not covered
If treatment is not available within the network, then it will be covered at 100%, subject to prior approval.	

Basic health care services: in-patient treatment at authorized hospitals prior pre-approval is required	Cigna Essential Benefits Plan (EBP)
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Patient accommodation	Shared room
Tests, diagnosis, treatments and surgeries in hospitals for non-urgent medical cases.	
Emergency treatment	20% co-insurance up to AED 500 per claim with an annual aggregate cap of AED 1,000
Ground transportation services in the UAE provided by an authorized party of medical emergencies.	
Accommodation for a person accompanying an insured child up to the age of 16 years.	Covered up to AED 100 per night
Accommodation for a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor.	Covered up to AED 100 per night

Maternity services Prior pre-approval is required	Cigna Essential Benefits Plan (EBP)
Routine out-patient co-insurance	10%
Out-patient antenatal services	<p>8 visits to PHC;</p> <p>All care provided by PHC obstetrician for low risk or specialist obstetrician for high-risk referrals.</p> <p>Initial investigations to include:</p> <ul style="list-style-type: none"> • 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, randoms or AIC for all due to high prevalence of diabetes in UAE <p>Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols.</p> <ul style="list-style-type: none"> • 3 antenatal ultrasound scans
In-patient co-insurance	10% co-insurance payable by the insured
In-patient maternity services	Maximum benefit AED 7,000 per normal delivery maximum benefit AED 10,000 per medically necessary c-section, complications and for medically necessary termination.
Newborn care	Covered up to 30 days from birth. BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), congenital hypothyroidism, sickle cell screening, congenital adrenal hyperplasia).

Basic health care services: out-patient treatment in authorized out-patient clinics of hospitals, clinics and health centres	Cigna Essential Benefits Plan (EBP)
<p>Examination, diagnostic and treatment services by authorized general practitioners (GP), specialists, and consultants</p> <p>* Specialists only covered upon referral from GP</p>	<p>20% co-insurance</p> <p>No co-insurance if a follow-up visit is made within seven days.</p>
Laboratory tests	20% co-insurance
Radiology diagnostic services	20% co-insurance
<p>Physiotherapy*</p> <p>* Pre-approval required</p>	Maximum 6 sessions per year 20% co-insurance payable per session
<p>Drugs and other medicines*</p> <p>* As per DHA formulary</p>	Maximum benefit AED 1,500 (including co-insurance) 30% co-insurance payable per prescription

Basic health care services: Out-patient treatment in authorized out-patient clinics of hospitals, clinics and health centres

Cigna Essential Benefits Plan (EBP)

Essential vaccinations and inoculations for newborns and children as stipulated in the DHA's policies and its updates.
(Currently the same as Federal MOH)

Covered

Preventive services as stipulated by DHA to include initially diabetes screening:

- Every 3 years from age 30
- High risk individuals annually from age 18

Covered

Adult Pneumococcal Conjugate Vaccine

- As per DHA adult Pneumococcal Vaccination guidelines.

Covered

Hep C virus screening and treatment

- To be followed as per the guidelines laid out in the Hepatitis C support program.

Covered

Hep B virus screening and treatment

- To be followed as per the guidelines laid out in the Hepatitis B support program.

Covered

Cancer screening and treatment

- To be followed as per the guidelines laid out in the cancer support program.

Covered

Emergency diagnostic and treatment services for dental and gum treatments.

20% co-insurance

Emergency hearing and vision aids, and vision correction by surgeries and laser.

20% co-insurance

Please note:

All **benefits** are subject to **medical necessity** review pursuant to **Cigna Healthcare's** medical coverage policies or other appropriate guidelines in **Cigna Healthcare's** sole discretion.



Excluded (non-basic) health care services

- Health care services which are not medically necessary.
- All expenses relating to dental treatment, dental prostheses, and orthodontic treatments.
- Care for the sake of travelling.
- Custodial care including
 - Non-medical treatment services.
 - Health-related services which do not seek to improve, or which do not result in a change in the medical condition of the patient.
- Services that do not require continuous administration by specialized medical personnel.
- Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
- All cosmetic health care 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.
- Surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, or supplies.
- Medical services utilized for the sake of research, medically non-approved experiments, investigations, and pharmacological weight reduction regimens.
- Health care services that are not performed by authorized health care service providers.
- Health care services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs.
- Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
- Treatment and services for contraception.
- 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.
- External prosthetic devices and medical equipment.
- Treatments and services arising as a result of professional sports 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 other professional sports activities.
- Growth hormone therapy unless medically necessary.
- Costs associated with hearing tests, prosthetic devices or hearing and vision aids.
- Mental health diseases, both outpatient and in-patient treatments, unless it is an emergency condition.
- 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 health care services rendered during a medical emergency.
- 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.

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- Services rendered by any medical provider who is a relative of the patient for example the insured person himself or first-degree relatives.
- Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during in-patient treatment.
- Health care services for adjustment of spinal subluxation.
- Health care services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, and all forms of treatment by alternative medicine.
- All health care services & treatments for In-vitro Fertilization (IVF), embryo transfer; ovum and sperms transfer.
- Elective diagnostic services and medical treatment for correction of vision.
- Nasal septum deviation and nasal concha resection.
- All chronic conditions requiring haemodialysis or peritoneal dialysis, and related investigations, treatments or procedures.
- Health care services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to hepatitis a and c.
- Any services related to birth defects, congenital diseases and deformities unless if left untreated will develop into an emergency.
- Health care services for senile dementia and Alzheimer's disease.
- Air or terrestrial medical evacuation and unauthorized transportation services.
- In-patient treatment received without prior approval from the insurance company including cases of medical emergency that were not notified within 24 hours from the date of admission where possible.
- Any inpatient treatment, investigations, or other procedures, which can be carried out on outpatient basis without jeopardizing the insured person's health.
- Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes.
- All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, 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.
- More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician.
- 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 unless if left untreated will develop into an emergency.
- Any expenses related to immunomodulators and immunotherapy unless medically necessary.
- Any expenses related to the treatment of sleep related disorders.
- Services and educational programs for people of determination, this also includes disability types such as but not limited to mental, intellectual, developmental, physical and/or psychological disabilities.

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Health care services outside the scope of health insurance (in emergency cases as defined by PD 02-2017, the following must be covered until stabilization at minimum)

- I. 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. Health care 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. Health care 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.
- II. Diagnosis and treatment services for complications of exempted illnesses.
12. All health care services for internationally and/or locally recognized epidemics.
13. Health care 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 and C hepatitis.

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