



## Smart Health - Silver (AUH)

### Important information about your plan

The table of benefits included here is to be read in conjunction with your membership handbook which sets out the contractual agreement and rules of your scheme. Your membership handbook can be found at [www.axa.ae](http://www.axa.ae) in the Health section.

#### How claims affect your benefit limits.

Benefit values are reduced each time you claim the net amount we have covered (Invoice value less any deductible, excess, co-insurance or ineligible treatment). If you have a policy where there is an overall deductible for any treatment and a co-insurance that is applied for a certain type of treatment, we will apply the following:

- Subtract the deductible from the overall claim amount.
- Apply the co-insurance calculation to the amount remaining after the deductible has been taken.

When a benefit is shown as 'Covered' all related sub-limits (such as those applicable to pre-existing conditions) will apply in any event. Full policy terms and conditions apply at all times.

#### Reasonable and Customary Charges.

- All benefits and services submitted for claim reimbursement of claims will be evaluated based on the Reasonable and Customary Rates. We will cover the cost incurred or the Reasonable and Customary Rate against the service (whichever is less) and reimbursement will be determined based on the scheme you have chosen. The following conditions would apply:
- Co-insurance/Deductible as applicable under the plan would be deducted from the eligible amount prior to reimbursement.
- Pharmacy will be paid 100% as per the Reference prices for generics in the DoH formulary list as per terms and conditions of the policy.
- The actual amount payable shall be based on the itemized bill submitted and the codes used per service by the Service Provider. Where itemised bill is not submitted and where service provided are without defined codes they would be assessed on a case to case basis.
- Reasonable and Customary rates will be based on the country where Policy is issued and shall be applicable for treatments taken within the G.C.C.
- Where no network exists, or the treatment is not available within the network providers.

(for treatment in countries where Reasonable and Customary rates are not available), we will base the calculation on the average cost of the treatment in that area or country.

**Why you must contact us before receiving treatment.**

We require you to notify us before receiving any planned admission and/or any major out-patient treatment; this will allow us to manage your admission and billing by confirming the eligibility of your claim, at what cost and the approval covering the duration of your treatment]. If we are not aware of your treatment/admission, you may have to cover its expenses.

**Why you must identify yourself as an AXA member.**

Prior to receiving treatment anywhere, you will be asked to identify yourself and for proof of insurance. You can do this by showing your Medical ID Card or your Emirates ID Card to show that you are an insured member of an AXA insurance policy.

If you are unable to provide proof of insurance, you may be required to pay any difference between the invoice value and our negotiated price.

*Please note that AXA Insurance reserves the right to recover any ineligible expenses incurred from the member.*

Benefits shown in yellow are those benefits required by DoH regulations in addition to your plan benefits. Please note that the limit and terms shown are applicable only if treatment is received within the Emirate of Abu Dhabi. All eligible claims will erode both plan limits and sub-limits related to specific treatment. By this we mean, for example, eligible psychiatric treatment received in Abu Dhabi will count against the Abu Dhabi and non-Abu Dhabi limits shown for benefit number 27 and the overall plan limit.

### What you're covered for:

Please note: the benefits shown are for each member each year unless otherwise specified

Area of cover	UAE plus any one of India, Pakistan, Sri Lanka, Bangladesh, the Philippines, Nepal & Bhutan being your home country	Abu Dhabi plus any one of India, Pakistan, Sri Lanka, Bangladesh, the Philippines, Nepal & Bhutan being your home country
Yearly maximum	AED 250,000	We will cover up to the maximum limit shown for each member per policy year. All benefits covered during the policy period will count against this yearly maximum.
Outside area of cover	Not covered	<p>This is to cover emergency treatment, or treatment of a medical condition which arises suddenly whilst outside the member's area of cover. We will (in consultation with the treating practitioner) retain the right to determine what constitutes 'Emergency Treatment'. This benefit does not provide cover for treatment for any condition if you have travelled outside your area of cover to get treatment (whether or not that was the only reason) or for any treatment which was, or may have reasonably been known about, before travel commenced.</p> <p>Under no circumstance will benefit be payable for any aspect of pregnancy or childbirth.</p>

### In-patient and Daycare Treatment

In-patient treatment: Overnight stay at a hospital for one or more nights.

Day-care Treatment: Treatment at a hospital, day-care unit, or out-patient clinic where the member needs a procedure requiring admission to a hospital bed but not requiring an overnight stay. Subject to the limits shown on the plan, members are covered for hospital charges incurred for eligible treatment given between admission and discharge such as:

- Charges for accommodation
- Diagnostic procedures
- Operating theatre charges
- Nursing care, drugs and dressings
- Surgical appliances used by the medical practitioner during surgery (except external prosthesis or appliances)
- Surgeon's and anaesthetist's charges including pre- and post- operative consultations
- Intensive care unit charges
- Consultations and physiotherapy while admitted for treatment of a medical condition and when such treatment directly relates to it
- Radiotherapy and chemotherapy
- CT Scans, MRI Scans, x-rays and other such proven medical imaging techniques.

*Please note that all non-emergency admissions require our written pre-approval before admission.*

Daily accommodation charges	Covered	By “accommodation”, we mean a private, single-bedded room with its own bathroom.
Parent accommodation	AED 500 per night	We will pay parent accommodation when the child member is under 18 years old and treatment is received within the area of cover. This will be paid from the child’s benefit. An extra charge for room/bed in same room while accompanying the child shall be covered under Policy, with the exception of medical admission to ICU for children below 5 years old where AXA will approve the cost of accommodation of the parent in a separate room.
Accommodation of an accompanying person	AED 100 per night	This is payable for accommodation of an accompanying person in the same room in cases of critical conditions and as per the recommendation of attending physician, subject to prior approval.
Cash benefit	AED 500 per night	This is covered for in-patient treatment only within the area of cover, absolutely free of charge. No other benefit will be payable in respect of the period for which the cash benefit has been claimed.
In-patient Direct Billing	Covered	All non-emergency in-patient treatment must receive prior approval, in writing, before admission. You can take advantage of direct billing facilities for eligible in-patient care within your network.
In-patient direct billing network	AXA 4	<p>Prior to receiving treatment anywhere, you will be asked to identify yourself and share proof of insurance. You can do this by showing your Medical ID Card or your Emirates ID Card.</p> <p>If you are unable to provide proof of insurance, you may be required to pay any difference between the invoice value and our negotiated price.</p> <p><i>Please note that AXA Insurance reserves the right to recover any ineligible expenses incurred from the member.</i></p>

## Out-patient Treatment

Out-patient treatment is a treatment given by a medical practitioner at an out-patient clinic, a medical practitioner’s consulting room or in a hospital where the member is not admitted to a bed. You are covered, subject to the limits shown, for:

- Medical practitioner charges for consultations
- Diagnostic procedures
- Prescriptions (note: any prescribed drug or other medication required for more than 30 days must be approved by us)
- Physiotherapy received as out-patient (this is subject to our written pre-approval)
- CT and MRI, PET and Gait Scans and internal diagnostics received as an out-patient (this is subject to our written pre-approval)
- Radiotherapy and chemotherapy received as an out-patient (this is subject to our written pre-approval)
- Surgical procedures received as an out-patient (this is subject to our written pre-approval).

GP and specialist consultation charges	Covered	A consultation is a visit to any medical practitioner for the treatment of an eligible medical condition.
Courses of physiotherapy	Covered	Prescribed physiotherapy refers to treatment by a registered physiotherapist following referred by an orthopedic surgeon, Rheumatologist, neurosurgeon or neurologist. Physiotherapy is initially restricted to 10 sessions per condition per referral. A maximum of five sessions shall be authorized following which a progress report would be required from the Physiotherapist. Should further sessions be required, a progress report must be submitted to us from the referring Specialist, which indicates the medical necessity for any further treatment.
Complementary therapy up to Includes courses of chiropractic treatment and osteopathy	Not covered	<p>Means therapeutic and diagnostic services that exist outside the institutions where conventional allopathic medicine is provided. Alternative/complementary health services and treatment shall be limited to only chiropractor, osteopath, homeopath or acupuncturist, Chinese herbal medicine and Ayurvedic treatment.</p> <p>This form of treatment must be pre-approved by us, provided by a qualified practitioner and must be recognized and licensed by the respective authority in the country where the treatment is performed.</p> <p>All form of alternative/complementary treatment such as, but not limited to chiropractic, osteopathy, homeopathy or acupuncture, Chinese herbal medicine, Ayurvedic treatment, acupressure, hypnotism, rolfing, massage therapy, aromatherapy, chiropody body technique, lymphatic drainage, magnetotherapy, ozone therapy, holistic and spa treatments are excluded unless otherwise specified in table of benefits.</p>
Alternative treatment		
Per visit coinsurance (excess) applicable to all outpatient claims	AED 25	A co-insurance is the specified amount that is shown in the table of benefits to be borne by the member on each out-patient service.
Out-patient direct billing (only available within the G.C.C.)	Covered	Out-patient direct billing is available only in the network shown for your plan within the G.C.C.
Applicable out-patient direct billing network	AXA 5	Please refer to the list applicable to your plan.

## Other Benefits

These are additional features of your plan. Please note that all deductibles, limitations and terms apply to these benefits exactly as for the main in-patient, daycare and out-patient benefits depending on whether treatment is received as an out-patient, in-patient or daycare patient.

Health screen	Not covered	The limit shown for your plan includes the cost of any eligible consultation, diagnostic procedures and/or assessment (such as, but not limited to, mammogram, pap smear, prostate and colon cancer screening) associated with the screening process. Any eligible consultation, diagnostic procedures and/or assessment costs not directly related to the treatment of a medical condition will be taken from this benefit.
<b>Within the Emirate of Abu Dhabi:</b> Pre-existing conditions (including pre-existing chronic conditions) and chronic conditions	AED 250,000	All declared pre-existing conditions will be covered up to the limit shown within the emirate of Abu Dhabi subject to- 1) All Out-patient claims to be covered without any waiting period; 2) All In-patient claims except those conditions specified under Circular 11 to be covered without waiting period; 3) All In-patient claims for those conditions specified under Circular 11, 1) Diabetes Mellitus, 2) Vascular diseases, 3) Chronic obstructive pulmonary diseases, 4) Cancer diseases of all types, 5) Neurosurgery, 6) Brain Vascular diseases, 7) Maternity: 6 months waiting period applies to new entrants to the Emirate of Abu Dhabi & persons who do not have continuity of cover. Pharmacy: 100% as per the Reference prices for generics in the DoH formulary list. Cost of medicine, subject to insurance company's prior approval for prescriptions which exceed AED 500
<b>Outside the Emirate of Abu Dhabi:</b> Pre-existing conditions (including pre-existing chronic conditions and chronic conditions)	AED 1,500	Such treatment must be pre-approved by us in writing. This benefit provides cover for pre-existing conditions whether chronic or not.  All treatment in respect of such conditions, including any acute phase, will be taken from this benefit up to the level shown for your plan.  All eligible conditions that existed or for which there were symptoms before the inception of the policy will be paid for from this benefit and subject to the limit shown. Such conditions must, in good faith, have been notified to AXA Insurance in writing.  <i>Please note that the treatment of the acute phase of any pre-existing condition [chronic or not] will be covered out of this benefit.</i>

Optical benefit	Not covered	This benefit includes routine optical services carried out by a qualified and registered ophthalmologist or optometrist; and costs of prescribed spectacles/corrective lenses for refractive errors.
Oral and maxillofacial surgery	Covered	Such treatment must be pre-approved by us in writing. <i>Please note: this benefit does not cover routine dental care.</i>
Nursing at home	Covered	<p>This benefit pays for the services of a qualified and registered nurse, recognized by us. Benefit is payable for the medically necessary provision of continuing care, at the member's home, immediately following eligible in-patient treatment covered under your plan.</p> <p>There must be a clear treatment program, agreed by us in advance with the treating medical practitioner, with a definite end point and expected outcome.</p> <p>Benefit is payable for a maximum of 28 days in a year. Please note: this benefit requires our written pre-approval.</p>
Ambulance transport	Covered	This is to pay for a road ambulance for emergency treatment to or between hospitals, or when the medical practitioner says it is medically necessary.
International Emergency Medical Assistance	Not covered	<p>Emergency evacuation is covered in full when you are away from your Home country and may apply if appropriate emergency treatment is not available in your principal country of residence. Evacuation, when medically necessary, will always be to the nearest place where appropriate treatment can be given. A member evacuated in an emergency will subsequently be returned to their principal country of residence or Home country.</p> <p>If Insured member dies while abroad from their home country AXA International Emergency Medical Assistance will arrange and pay the costs of repatriation of the mortal remains to a mortuary in the principal country of residence or their Home Country.</p> <p><i>Please note that entitlement to the evacuation service does not mean that the member's treatment following evacuation or repatriation will be eligible for benefit. Any such treatment will be subject to the terms and conditions of the member's plan.</i></p>
<b>Within the Emirate of Abu Dhabi:</b> Treatment of transient mental disorder or acute reaction to stress	AED 250,000	This benefit only applies when treatment is received in Abu Dhabi

<b>Outside the Emirate of Abu Dhabi:</b> Psychiatric treatment up to	AED 5,000 30% co-insurance	<p>The limit shown applies to in-patient, day-care and out-patient treatment in aggregate. Any deductible applies in addition to the co-insurance for all out-patient treatment under this benefit. No benefit is payable for the services of a psychologist unless a treatment received is under the supervision of a psychiatrist and both practitioners are recognized by AXA.</p> <p><i>Please note: this benefit requires our written pre-approval.</i></p>
Accidental damage to teeth	Covered	<p>Emergency outpatient dental treatment is treatment received in a dental surgery/hospital emergency room for the immediate relief of dental pain, including temporary fillings and/or the repair of damage caused in an accident. The treatment must be received within 24 hours of the emergency event. This does not include any form of dental prostheses or root canal treatment.</p> <p>For Emergency In Patient the above definition applies with coverage duration of 7 days.</p>
<b>Within the Emirate of Abu Dhabi:</b> Pre and post-natal complications	Covered (Nil Waiting period)	There is no waiting period for this benefit when treatment is received in Abu Dhabi
<b>Outside the Emirate of Abu Dhabi:</b> Pre and post-natal complications	Covered (12 month waiting period)	<p>Benefit only becomes available and eligible claims payable for expenses incurred after the member has been continuously covered under their chosen plan for 12 consecutive months and has affected the annual renewal of that plan for the coming policy year.</p> <p>This benefit will, subject to the limitations and exclusions of this policy, cover eligible treatment of both the mother and any unborn child up to the moment of delivery. Thereafter cover will be restricted to eligible treatment for the mother alone.</p> <p>Any new-born infant may be added to the mother's policy and enjoy cover commencing at the time of birth provided we are requested to add that infant to the mother's policy within 30 days from the time of birth and the parental cover is in force at the time of delivery. If the mother is not covered by us at the time of delivery a new-born baby may only be added to the father's policy and be eligible for benefit after final discharge of the child into parental care.</p> <p>This benefit does not cover the costs of delivery of any child whether such delivery is normal, by caesarean section or by any other means. Where a waiting period applies prior to any upgrade in cover this benefit, after the upgrade, will be restricted to the terms applicable to the original plan until the member has been covered under the upgraded plan for a period of not less than 12 consecutive months</p>
<b>Within the Emirate of Abu Dhabi:</b> Pregnancy and Delivery up to	AED 250,000 (Nil waiting period)	No waiting period for this benefit when treatment is received in Abu Dhabi. However, waiting period of 6 months will apply for in patient cases for new entrants to the Emirate of Abu Dhabi &



		persons who do not have continuity of cover (the above coverage will be subject to declaration on the application form if the condition is pre-existing)
<b>Outside the Emirate of Abu Dhabi:</b> Normal Pregnancy, Childbirth (Delivery) and medically necessary Caesarean section	Not covered	<p>Such treatment must be pre-approved by us in writing.</p> <p>Benefits only become available and eligible claims payable for expenses incurred after the member has been continuously covered under their chosen plan for 12 consecutive months and has affected the annual renewal of that plan for the coming policy year.</p> <p>The Maternity Benefit is applicable to expenses incurred for room, board and general nursing care, special hospital services and ordinary nursing care of the baby while the mother is confined in the hospital, and for charges made by the physician, or registered midwife. Maternity benefits also include antenatal and postnatal medical expenses, including consultations, laboratory, radiology, medications, and any other covered medical expense related to the pregnancy or delivery, subject to the benefit limit mentioned in the table of benefits. Maternity shall include Pre and post-natal care, childbirth (normal delivery or caesarian section), miscarriage or legal abortion, including any and all complications arising there from. C section due to prolonged labor or similar situations where doctor recommends a C section is covered only up to maternity limit. In a complicated pregnancy, C section would be covered up to policy limit only under below circumstances. Placenta Previa, Pre-eclampsia and eclampsia, Fetal distress, Uterine rupture, Umbilical cord prolapse. This benefit is only available for eligible married female per policy year.</p>
Vaccinations for children up to age 6 years old	Not covered	Cover is for children up to six years of age, born to parents covered under this plan; where the child has been added to the parent's policy in accordance to our rules.
Routine dental care	Not covered	<p>This benefit provides for dental consultation, extraction, composite and amalgam fillings, root canal treatment, scaling, bridgework, crowns (at a grade appropriate to restore function only) and the treatment of gum disease (periodontal disease).</p> <p>A co-insurance charge will apply as shown to all the above-mentioned eligible treatments. This amount will be payable by the member. No deductible other than the co-insurance applies to this benefit.</p>
Ancillary equipment	Not covered	Prescribed medical aids refers to all medically indicated therapeutic, external prosthetic and monitoring devices. Such devices need to be medically prescribed as a therapeutic aid to the function or capacity of the insured person. Costs for medical devices that form part of palliative care or long term care are not covered.

Wellbeing	Not covered	Personal Support Line (PSL) is a 24/7 telephone support service, which provides free access to a range of specialist personal support on issues like, relationships, work pressures, stress management and family problems. You have access to trained and qualified English & Arabic speaking counselling experts who can provide professional support on any personal issues or challenges you or your family may be experiencing. Available to you and your immediate family members living in the same household. You can call AXA as often as you need to, whether it is about the same problem or other issues you find yourself having to face. The service is completely confidential and remains between you and your counsellor. No information is disclosed without your consent. This unique service and is accessed through the specific PSL country number. UAE: 800 044 0626 Please refer to <a href="http://www.axa.ae">www.axa.ae</a> for the details of this helpline.
Personal accident	AED 25,000	Is payable if any of the Insured Party(s) shall sustain accidental bodily injuries that result in death during the period of the policy. The death must be independent of any other causes or symptoms except the accidental injury.  Accident/Accidental: A sudden, violent, external, unforeseen and identifiable event, whose action was not intended by the Insured Party, excluding all causes directly related to an illness suffered by the Insured Party that produces direct pathological signs and symptoms.
Hearing/vision aids and vision correction by surgery and laser	Covered	This benefit only applies when treatment is received in Abu Dhabi for medical emergency cases only. Outside Abu Dhabi there is no benefit.
Diagnostic and treatment services for dental and gum treatments	Covered	This benefit only applies when treatment is received in Abu Dhabi for medical emergency cases only. Outside Abu Dhabi there is no benefit.
Work related injuries up to	AED 250,000	This benefit only applies when treatment is received in Abu Dhabi. Outside Abu Dhabi there is no benefit.
Life threatening congenital conditions (Life-threatening birth defects, deformities and congenital diseases for new born children only)	AED 250,000	This benefit only applies when treatment is received in Abu Dhabi. Outside Abu Dhabi there is no benefit.
360° Doctor (Teleconsultation)	Covered	24/7 access to Tele-consultation with doctors to assist on medical conditions.
Road traffic accidents	Covered	Injuries resulting from Road traffic accidents

*Note: Policies are not automatically renewed at the policy anniversary unless otherwise agreed by contract. Policies are, in any event, issued on a 'Notice of Cancellation at Anniversary Date' basis.*

*Policies will therefore lapse at their anniversary unless renewal has been affected by the member/policyholder/group, accepted by us and the premium paid.*

*This benefits table must be read in conjunction with the terms of your membership agreement and any guidelines issued to you.*



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22/01/2002. Subject to the provisions of Federal Law No. (6) of 2007 concerning the  
establishment of Insurance Authority and Organization of its work.  
Agents: The Kanoo Group