Individual Medical Plan
Explanatory Handbook
Our Contacts

Email: individualmedical@takafulemarat.com
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For claims / pre-approvals / network queries please contact Aafiya TPA hotline number: 04-2630666
Individual Medical Plan features

- This plan is applicable for members holding residency in the emirate of Dubai Only,
- Eligible for members who are not active at work – Dependents &/or Parents OR Domestic Workers,
- This product covers providers in Dubai and Northern Emirates extended to Abu Dhabi in emergency life threatening cases,
- This plan can’t be cancelled after applying for it except in case of residency cancellation,
- Member should declare place of residency in UAE to avoid penalties,
What is the scope of coverage
General coverage

• Network of preferred providers will be Aafiya Individual,
• Annual upper aggregate claims limit is 150,000 AED,
• Members covered in the Emirates of Dubai and Northern emirates, extended to Abu Dhabi emergency life threatening cases on reimbursement basis,
• Period of cover 12 months from inception date,
• Out patient covered only in Network General Practitioner clinics,
• Network Specialists (except for Pediatricians) can be visited according to GP referral,
• Only Network doctors can refer the member to hospitals in non emergency cases,
• Member can visit the hospitals directly in case of emergency life threatening cases,
• Treatment for Chronic and Pre-existing condition excluded for first 6 months of first scheme membership, in case of life threatening emergencies exclusion will be waived,
What is the scope of coverage inpatient

- A prior approval is requested for all non-emergency cases,
- Emergency cases don’t require prior approval, a notification in the first 24 hours of admission,
- 20% coinsurance payable by the insured with a cap of 500 AED payable per encounter and an annual aggregate cap of 1000 AED, above these caps the insurer will cover 100% of treatment.
- In-patient services will be received in rooms of two or more beds,
What is the scope of coverage outpatient

• Member should visit network General Practitioner in non emergency case and he can be referred to a specialist according to GP recommendation, however Pediatricians can be visited directly,

• In Emergency cases member requested to directly visit the Emergency Room In the hospital,

• Examination, diagnostic and treatment services by authorized general practitioners, specialists and consultants covered subject to 20% coinsurance payable by the insured per visit up to AED 25, no deductible should be paid in case of Follow-up visits within 7 days,

• Laboratory test, Radiology diagnostic services covered and 20% coinsurance payable by the member,

• Drugs and other medicines covered 30% payable by the insured per each and every prescription up to an annual limit of 1,500 AED (including coinsurance),

• Physiotherapy treatment services (Prior approval is required) Maximum 6 sessions per year covered subject to 20% coinsurance payable per session.
What is the scope of coverage
Maternity

- Where any condition develops which becomes life threatening to either the mother or the newborn, the medically necessary expenses will be covered up to the annual aggregate limit,
- 10% coinsurance payable by the member,
- 10% coinsurance payable by the insured Maximum benefit 7,000 AED per normal delivery, 10,000 AED for medically necessary C-section, complications and for medically necessary termination (All limits include coinsurance),
- Coverage of a pregnant female is extended by the insurer to provide the same benefits for a new born child of that female for a period up to 30 days from its date of birth. This cover is provided regardless of whether or not the new born is eventually enrolled as a dependent member under the Plan,
What is not covered?

For full list of exclusions please visit (Product Information), the following is a sample of services not covered:

• Injuries or illnesses suffered by the Insured Person as a result of military operations of whatever type.
• Injuries or illnesses suffered by the Insured Person as a result of wars or acts of terror of whatever type.
• Healthcare services for injuries and accidents arising from nuclear or chemical contamination.
• Injuries resulting from natural disasters, including but not limited to: earthquakes, tornados and any other type of natural disaster.
• Injuries resulting from criminal acts or resisting authority by the Insured Person.
• Injuries resulting from a road traffic accident.
• 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.
• All cases resulting from the use of alcoholic drinks, controlled substances and drugs and hallucinating substances.
• Any investigation or treatment not prescribed by a doctor.
• Injuries resulting from attempted suicide or self-inflicted injuries.
• Diagnosis and treatment services for complications of exempted illnesses.
• All healthcare services for internationally and/or locally recognized epidemics.
• 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.
How to use my plan

Non emergency case:

• Member requested to visit Network General Practitioner where in case of necessity he will be referred to specialist or a hospital to continue his treatment,

• Member requested to use his Emirates ID when visiting any provider, member should present his ID and state that his plan is administrated by Aafiya,

• In case of in hospital treatment or a treatment that requires a prior approval Network provider will obtain the approval requested,

For Emergency life threatening cases:

Takaful Emarat recommends directly visiting nearest hospital,
Reimbursement / cash claims in case of emergency life threatening only

Procedure:
• Re-imbursement Claims with all the requirements must be submitted to TE within 60 Days from the discharge date/treatment date.
• Physical documents has to be submitted to Takaful Emarat Office for Re-imbursement, scan copies are not considered.
• Submission date is the date physical claims are received by Takaful Emarat.
• Re-imbursement claim Turnaround time is 15 working days from complete physical claim received by Takaful Emarat.
• Suspended claim is eligible for resubmission up to 45 days from letter “EOB” date, otherwise claim will be close and rejected.
• Payment for approved claims will done by A/C cheque to principle/ Sponsor name.

Requirements :
• Re-Imbursement Claim Form Filled & Signed from the treating doctor.
• Laboratory Tests Results.
• Radiology Tests Results (Ultrasound, CT scan, MRI, X-Ray...etc).
• Original Doctor Prescriptions for any Investigation procedure & Medicines.
• Itemized Original Invoices & Receipts.
• Medical Reports indicating the condition, treatment given and the past history if any.
• Surgical Reports (If needed).
• Hospital Claims (Itemized Original Invoices & Receipts and all diagnostic procedures results) included final medical report (Discharge Summary reports). Copy of the medical insurance card / Emirates ID.
FAQ

Who are eligible for this Individual Medical Plan?
Domestic workers (holding Dubai Residence Visa) such as maids, nannies, drivers cooks, gardeners, earning a gross salary of AED 4000/ or below, and working under Individual Sponsorship (Sponsored by person and not company), and/or Dependents Inactive at work (holding Dubai Residence Visa) (spouse, Children, Parents, Sisters) under Individual Sponsorship (Sponsored by a person and not a company).

Who are defined as dependents?
Dependents inactive at work (SPOUSE/CHILDREN/PARENTS/SISTER/BROTHER/MOTHER IN LAW, FATHER IN LAW).

This plan be purchased by Non Dubai Visa Holders?
No, this plan is only allowed for Dubai Visa Holders.

When is my inception date and expiry date?
Plan inception date is the same date member applied for the plan unless requested by him a future date, this is an annual plan and expiry date will be 12 months after the inception date.

How the members can get the medical cards?
Takaful Emarat individual Plan is linked to Emirates ID member should present their Emirates ID when visiting the provider. For checking emirate ID activation please visit (Afiya Member Login)
FAQ

What is the Geographical distribution of my Network?
Network covers the Emirate of Dubai and Northern Emirates, you can know about the network providers by downloading the document: Medical Network Providers

Can I obtain a plan without Maternity Benefit?
as per the minimum requirements of DHA plan should include maternity benefit.

Who should I contact in case of emergency?
help number 00971 4 2838666

I received a newborn recently and he doesn`t hold an Emarites Id what should I do?
in this case the sponsor can send a request for individualmedical@takafulemarat.com and an insurance card will be issued as per his request,

When Takaful Emarat refunds the premium?
This plan can`t be cancelled except in case of Residency cancellation, member will be refunded on prorate basis excluding the 30 days grace period,

Can I visit the nearest hospital in case of life threating emergency ?
Yes, a notification in the first 24 hour is required, member requested to submit a cash claim for Takaful Emarat to reimburse the expenses,

In case of a problem with a network provider, whom to call?
You can reach out to Aafiya TPA hotline number: 04-2630666