



جامعة زايد
ZAYED UNIVERSITY

ZAYED UNIVERSITY

GROUP MEDICAL INSURANCE PLAN FOR DUBAI BASED EMPLOYEES

1st January 2008 – 31st December 2008

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INTRODUCTION

This document has been produced by Zayed University to explain in more detail the Group Medical Insurance Plan currently in operation. This document was written and distributed by Human Resources Department, HR Services.

This is your Plan and it needs your co-operation and support to help in the continuation of the Plan and its benefits to you and your fellow members.

You should note that any case of dishonesty or willful misrepresentation in the claiming of benefits by a member would result in his or her complete withdrawal from the Plan.

ZAYED UNIVERSITY AND ADNIC

Zayed University was established in 1998. At that time Zayed University's management looked at medical facilities within the United Arab Emirates and decided that a private medical insurance Plan should be made available to all employees as an alternative or supplement to Government medical facilities.

Most employees coming from North America or Europe did not have private medical insurance which would cover them during their employment tenure in the U.A.E.

Zayed University therefore invited U.A.E insurance companies to provide quotations for a group medical insurance program. Specifically, to cover employees in the U.A.E and also to provide cover for alternative private medical facilities as an option to the U.A.E Government hospitals and medical facilities.

The insurance Plan was also extended to cover employees for periods of vacation or when traveling outside the U.A.E on official Zayed University business.

Abu Dhabi National Insurance Company provided the most comprehensive and competitive proposal.

IMPORTANT:

Although you are an individual member of the group Insurance Plan every claim made can affect the loss ratio and potentially increase premiums for all members in future years.

We are therefore sure that members will use the plan responsibly.

MEMBERSHIP ELIGIBILITY

- Membership in the Plan is compulsory for employees and optional for dependents.
- The maximum age for membership is 70 years
- The Medical Insurance cover excludes employees and dependents not residing in the UAE.
- Additions/Deletions of employees and dependents during the term of the policy is restricted to the following cases:

New born dependents.

Change of marital status.

Staff in grades 6-8 employed prior to 1st jn 2008 who are promoted to grade 5 and above.

End of service.

HOWEVER

- Existing employees who are not members are eligible to join within 30 days of the policy renewal which takes place usually on 1st January.
- New employees are eligible for membership within 30 days of their commencement date.
- Dependents are eligible to join when arriving to take up residency.
- Dependents who are not members may only join the Plan within 30 days of the policy renewal.
- Termination of cover in respect of members is only allowed at the end of employment.

APPLYING FOR MEMBERSHIP

Application forms are available at Human Resources Department - HR Services.

PREMIUMS

EMPLOYEE	Dhs. 264 per month*
SPOUSE	Dhs. 264 per month
EACH CHILD	Dhs. 190 per month

***(The Employee's premium will be subsidized by the University at 50% for 2008)**

COVERAGE

Scale of Cover	Maximum annual limit of Dhs 1,000,000 per person Cover includes In-Patient, Out-Patient and Maternity for eligible female employees under 50 yrs of age Optical & Dental excluded
Geographical Area	UAE and extended to worldwide for Emergency Treatment (including USA & Canada)
In-Patient Cover within UAE	Inside ADNIC's Network – No deductible Direct payment by ADNIC Outside ADNIC's network – Payment must be made by member – 80% refund (* American Hospital 100% refund)
Out-Patient Cover within UAE	Inside ADNIC's Network – Dhs 50 deductible Direct payment by ADNIC Outside ADNIC's network – Payment must be made by member – 80% refund
In-Patient Cover outside UAE	Payment must be made by member – 80% refund
Out-Patient Cover outside UAE	Payment must be made by member – 80% refund
Maternity Cover – In-Patient	Within Network – DIRECT PAYMENT Out-with Network – 80% Refund Nil waiting period Deductable of Dhs 500 per delivery Overseas delivery – maximum of Dhs 10,000 reimbursement
Maternity Cover - Out-Patient	Within Network – DIRECT PAYMENT – Dhs 50 deductible Out-with Network – 80% Refund
American Hospital	Out Patient – Payment must be made by member - 80% refund In Patient – Payment must be made by member – 100% refund* *ZU may assist financially in cases of major surgery etc.
Additional Cover	Emergency Evacuation from an area where appropriate treatment is not available to the nearest treatment facility - up to a maximum annual limit of Dhs 200,000 per person
Alternative Medicine	Acupuncture, Homeopathy, Chiropratic Osteopathy Up to an annual limit of Dhs 5,000 per person

Conditions which are NOT covered by ADNIC

<ul style="list-style-type: none"> • Routine health checks • Eye tests, Spectacles and Contact Lenses • Dentistry (except emergency treatment resulting from accident and certain oral surgical operations) • Congenital abnormalities (except for emergency operations undertaken within 14 days of birth) • War risks • Cosmetic treatment 	<ul style="list-style-type: none"> • Sexually transmitted diseases • Alcoholism and drug addiction • Geriatric, psycho-geriatric and psychiatric conditions • Sleep Apnoea tests and apparatus • Podiatry or chiropody • Orthotics • Wheelchairs & Appliances • Birth Control
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ADNIC MEDICAL INSURANCE PLAN
GENERAL CONDITIONS / TERMS AND COVERAGE

SUMMARY OF BENEFITS

This table is subject to the General Policy Conditions

INPATIENT TREATMENT

Hospital Charges This includes board and Nursing for maximum of 180 days each year.	Within Network – DIRECT PAYMENT Outside Network – 80% Refund * excluding American Hospital reimbursed at 100%
Intensive care	Within Network – DIRECT PAYMENT Outside Network – 80% Refund
Charges for local ambulance, blood, drugs and dressings	Within Network – DIRECT PAYMENT Outside Network – 80% Refund
Home Nursing By qualified Nurse, for a maximum of 90 days each year. Only when a qualified nurse is recommended and certified by the Doctor treating the patient	FULL REFUND
Surgeon's and Anaesthetist's fees (Including aftercare and Theatre Fees)	Within Network – DIRECT PAYMENT Outside Network – 80% Refund
Specialist Physician fees for in-patient treatment For the maximum of 180 days each year.	Within Network – DIRECT PAYMENT Outside Network – 80% Refund
In-patient Specialist Fees for Consultation Pathology, radiology and physiotherapy, Diagnostic X-rays and Laboratory fee.	Within Network – DIRECT PAYMENT Outside Network – 80% Refund

OUT-PATIENT TREATMENT

Outpatient Fees (Specialists and other registered medical practitioners)	Within Network – DIRECT PAYMENT – Dhs 50 deductible Outside Network – 80%
Consultation at office (limited to one visit each day, 15 visits/year per disability)	Within Network – DIRECT PAYMENT – Dhs 50 deductible Outside Network – 80%
Consultation at home (limited to one visit each day, 15 visits/year per disability)	Within Network – DIRECT PAYMENT – Dhs 50 deductible Outside Network – 80%
Medicines and drugs as prescribed by a registered , medical practitioner. Minor procedures such as suturing, fractures etcr, Diagnostic X-ray and Laboratory tests /year	Within Network – DIRECT PAYMENT – Dhs 50 deductible Outside Network – 80%
Emergency dental treatment resulting from an accident; each year (payable only for emergency dental treatment necessitated by an accident and undertaken solely for the relief of dental pain or to restore or replace sound natural teeth which have been lost or damaged in that accident)	Within Network – DIRECT PAYMENT – Dhs 50 deductible Outside Network – 80%

ROLE AND RESPONSIBILITIES OF EMPLOYEE

- Complete the enrollment application form and attach passport photograph for self and any dependents to be included in the cover. **N.B.: Dependents must be resident in the U.A.E.**
- Take time to read the information booklet and become familiar with the terms and conditions of the Insurance Plan.
- Completed claim forms should be submitted to the HR office on campus, please ensure that original receipts , prescriptions etc. are stapled to the claim and part (1) is completed by the claimant and part (2) completed and stamped by the doctor.
- Please Inform Human Resources of any change in your status, e.g. family members becoming resident or departing from the U.A.E; addition of spouse on marriage; addition of newly born children; termination of the membership of divorced spouse or children leaving home etc. Where applicable complete a new enrollment form and forward it to the Human Resources officer on your campus.
- Should an employee require hospitalization for treatment of a condition covered by the plan, he or she may request direct payment authorization via Zayed University Health Insurance Coordinator (**Fatima Bin Nasser – Tel 04-4021-334**). The employee should contact the Coordinator to request authorization for direct payment from ADNIC. The employee should provide a detailed report of the condition, name of hospital and doctor in charge of the case as well as an estimate of the cost. This information should be provided to the Coordinator, and it will be dealt with expeditiously.

ADNIC MEMBERSHIP CARDS AND ADNIC MEMBERSHIP NUMBER:

1. ADNIC CARDS

Once enrolled in the medical plan, ADNIC will issue each member a membership card, which will be sent to the member via HR Services.

The membership card should be carried at all times as members will be required to produce it when seeking treatment. It is essential that members state their membership number in all correspondence with ADNIC.

If the membership card is lost, please contact the HR Officer dealing with the medical insurance who will arrange to have the card replaced.

2. SOS CARD

Members will be issued SOS cards each year. Should an emergency occur the ADNIC membership number and SOS number will be required in order to have Emergency Alarm Center make arrangements.

(See section Emergency Evacuation Benefit)

EMERGENCY EVACUATION BENEFIT

The purpose of evacuation cover is to meet the reasonable costs of the removal and transportation of a member to a hospital in another country in order to obtain in-patient treatment which is not available to an adequate standard in the country in which the member is living. The cover is available only when the costs of the treatment are admissible for benefit under the terms of the patient's membership. The evacuation benefit will also be payable for the reasonable costs of travel (but not any costs such as costs of accommodation) of the Group Member or any eligible dependent on the Group Member's enrollment who, of medical necessity is required to accompany the patient.

In order that all the necessary arrangements can be made as quickly as possible the person handling the claim locally (this may be a colleague or a doctor) must contact the SOS Emergency Alarm Centre and give the patient's SOS and ADNIC number, his/her name, location and the nature of the illness.

International SOS Assistance will then, if it is medically necessary, arrange for evacuation by scheduled airline or by air ambulance and will also dispatch a doctor or nurse to accompany the patient.

The doctor attending the patient must provide a medical report certifying that evacuation is necessary because effective in-patient treatment cannot be obtained locally. This must be forwarded to us without delay.

The insurance also extends to the cost of returning the patient to the country of residence after recovery. Benefit will be available up to the cost of an economy class air ticket by the most direct route available.

Should emergency evacuation be required the following sequence of events will take place:-

1. The patient/group member will be under the care of a doctor either in or outside the UAE where the illness/injury is considered by the doctor to be of a life threatening nature and where necessary treatment is not available.
2. The doctor, the group member or family member/friend should contact either :

ADNIC

Supervisor Medical Claim Department: Tel 02 612 5220 or

Manager, Life & Medical Department Tel 02 612 5214 or

SOS Emergency Alarm Centers (24 hour Service)

Geneva	Tel (++22) 785 6464 Fax (++22) 785 6424	
London, UK	Tel (+44 20) 8762 8008	Madrid, Spain Tel (++32 1) 359 95 75
Singapore	Tel (++65) 2263936	Philadelphia USA Tel (++1 215) 245 4707

- *SOS Geneva will assess the situation after consultation with the attending doctor and ADNIC representative before deciding on the best course of Action.*
- *A decision will be made by SOS within the shortest period of time from being notified of the situation, (normally minutes and not hours, depending on the communication).*

HOW TO MAKE A CLAIM

- The claim forms are available in the HR Department – HR Services.
- When attending a doctor's appointment always take a claim form with you. Ask your doctor to complete the bottom part of the form (Part 2). This section must be completed by the doctor or specialist who carried out the treatment.
- Complete (Part 1) of the claim form. Be sure to SIGN, DATE and include your ADNIC Membership number on the form.
- Original receipts for consultation and medication together with either original or a copy of the prescription should be attached to the white copy of the claim form in order for the claim to be considered.
- The pink copy may be given to the doctor (if requested), the blue copy is yours to confirm the details of the claim that you are making and should be retained by you personally.
- Each claim form has a voucher number. This should be used as the reference number whenever you need to correspond with ADNIC or HR Services regarding a claim.

PLEASE NOTE

- **ADNIC medical claims must be submitted for consideration within 90 days of the date of treatment. If a completed claim form cannot be submitted within this time limit written notification must be received by ADNIC within the same 90 day limit of your intent to claim.**
- **Keep copies of all claim forms and documents forwarded to ADNIC as reference should follow-up be necessary. (For reasons of confidentiality ZU does not keep copies of any claims submitted)**
- **The processing of claims take at least three to four weeks.**