

**MEDICAL ONLY****Limits****Core Medical Benefits (Standard)****Annual Maximum**

Applies to In-Patient/Day Case Health Care Benefits, Out-Patient Benefits, Other Benefits.

USD \$7.5 million/ OMR
2,884,000/ AED 27,600,000

Pre-existing and Chronic Conditions

Medical history disregarded
No moratorium**In-patient/Same Day Surgery Benefits**

Hospital charges for:

- Nursing and accommodation for in-patient treatment;
- Same day case treatment;
- Operating theatre and recovery room;
- Prescribed medicines, drugs and dressings for in-patient or day case treatment.

Private (1 bed) Paid in full

Companion Accommodation

The cost of accommodation of a person accompanying an in-patient member in the same room in cases of medical necessity at the recommendation of the treating doctor. Subject to prior approval.

Paid in full

Parental Accommodation

This applies to dependent children under the age of 18. Cigna Healthcare will pay for reasonable costs for a parent staying in the same hospital with the child.

Paid in full

Surgeons' and Anaesthetists' Fees

Paid in full

Specialist Physician's Fees

This benefit is paid in full for regular visits by a specialist physician during stays in hospital, including intensive care by a specialist physician for as long as is required by medical necessity.

Paid in full

Surgical Procedures

Paid in full

Radiotherapy, Chemotherapy, Oncology and Physiotherapy

Paid in full

Radiology and Pathology

Paid in full

Home Nursing Charges

This benefit will be paid:

- If recommended by a specialist immediately after hospital treatment for as long as is required by medical necessity;
- On a full-time basis for as long as is required by medical necessity for treatment which would normally be provided in a hospital.

Paid in full

Surgical Appliance and/or Medical Appliance

This benefit will be paid in respect of:

- An artificial limb, prosthesis or device which is inserted during surgery;
- An artificial prosthesis or device which is necessary part of the treatment immediately following surgery for as long as is required by medical necessity;
- A prosthesis or appliance which is medically necessary and is part of the recuperation process on a short-term basis.

Paid in full

MEDICAL ONLY (Continued)

	Limits
Psychiatric Care This benefit will be paid in respect of non-emergency psychiatric conditions, other mental disorders or addictive conditions. Emergency cases also covered as noted under Other Benefits section.	Paid in full
Private Ambulance This benefit is payable for transport to or from a hospital when ordered for medical reasons.	Paid in full
Organ Transplant <ul style="list-style-type: none"> Cigna Healthcare will consider charges made for or in connection with approved organ transplant services, including immunosuppressive medications, organ procurement costs and donor's medical costs. The amount payable for donor's medical costs is reduced by the amount payable for those costs from any other plan or source. Certain transplants will not be covered based on general limitations (i.e. experimental procedures). Please note: This benefit does not include reimbursement of costs incurred due to donor search. The member/dependant must contact Cigna Healthcare before incurring costs relating to organ donation.	Paid in full
Out-patient Benefits	
Consultations with Medical Practitioners and Specialists	Paid in full
Non-surgical and Minor Surgical Procedures and Treatment	Paid in full
Prescribed Medicines, Drugs and Dressings	Paid in full
Cancer Treatment Radiology, radiography, chemotherapy, pathology and radiotherapy	Paid in full
X-rays, Laboratory Tests and Pathology	Paid in full
Alternative Therapies Includes: Acupuncture, chiropody, osteopathy and homeopathy when determined as medically necessary.	Paid in full
Physiotherapy	Paid in full
Annual Routine Tests One eye test and hearing test for children under the age of 15.	Paid in full
Well Child Tests, Immunizations & Vaccinations This benefit will be payable for dependent children aged six and under, with immunizations and vaccinations covered up to the age 18. For full details please contact Cigna Healthcare.	Paid in full
Adult Travel Vaccinations This benefit will be payable for vaccinations related to travel.	Paid in full
Emergency Dental Treatment This benefit is payable for treatment received during an emergency visit immediately after accidental damage to the natural teeth.	Paid in full
Psychiatric Care Cigna Healthcare will pay 100% of valid expenses per treatment. Emergency cases also covered as noted under 'Other Benefits' section.	Paid in full
Emergency Dental, Hearing and Vision Treatment <ul style="list-style-type: none"> Diagnostic and treatment services for dental and gum treatments. Hearing and vision aids, and vision correction by surgeries or laser. 	Paid in full
Diabetes Screening This benefit provides coverage every 3 years for low risk individuals from age 30 years, and also for high-risk individuals annually from age 18 years.	Paid in full

Maternity Benefits
Pregnancy and Maternity Cover

This benefit covers routine and complicated pregnancy and maternity costs for in-patient and out-patient, routine and complicated treatment, and is available to eligible females covered under the plan.

Paid in full

Newborn Care

- Paid up to 30 days under the mother's policy for dependants.
- This benefit provides cover for newborns for up to 30 days from birth. Includes BCG, Hepatitis B and neo-natal screening test.
- Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia.

Paid in full

Wellness Benefits
Routine Adult Physical Exams

This benefit will be paid for, or in connection with, routine physical examinations for members/dependants over the age of 18 years old.

Paid in full

Pap Smear

Cigna Healthcare will pay charges for an annual Papanicolaou screening.

Paid in full

Prostate Cancer Screening

Cigna Healthcare will pay charges for an annual prostate cancer screening for eligible males over 50 years old.

Paid in full

Mammograms for Breast Cancer Screening or Diagnostic Purposes

This benefit will be paid in respect of:

- One baseline mammogram for asymptomatic women aged 35-39;
- A mammogram for asymptomatic women aged 40-49 every two years or more if medically necessary;
- A mammogram every year for women aged 50 and over.

Paid in full

Other Benefits
Emergency Medical Treatment (includes pre-existing conditions)

Diagnostic and treatment services for emergency medical are covered under the plan.

Paid in full

Diabetes Screening

This benefit provides cover every three years for low risk individuals from age 30 years, and also for high-risk individuals annually from age 18 years.

Paid in full

Legal Abortion

Recommendation by the treating physician in cases of medical necessity. Covered if medically necessary.

Paid in full

AIDS/HIV

Treatment in connection with Human Immunodeficiency Virus (HIV) related illness including Acquired Immune Deficiency Syndrome (AIDS).

Paid in full

Health care services as a result of drug-caused, suicide attempt, epidemics, natural disasters.

Paid in full

Growth Hormone Therapy, when determined as medically necessary.

Paid in full

Nasal septum deviation and nasal concha resection, when determined as medically necessary.

Paid in full

Birth defects, congenital diseases/deformities newborn unless life-threatening, when determined as medically necessary.

Paid in full

Health care services for Senile dementia and Alzheimer's disease, when determined as medically necessary.

Paid in full

Services and educational program for handicaps when determined as medically necessary.

Paid in full

Circumcision health care services, when determined as medically necessary.

Paid in full

Services and treatment for polycystic ovary, ovarian cyst and hormonal disturbances, when determined as medically necessary.

Paid in full

MEDICAL ONLY (Continued)

	Limits
Surgical and non-surgical treatment for obesity, when determined as medically necessary.	Paid in full
Health care services, treatments & associated expenses for alopecia, baldness, hair falling, dandruff or wigs, when determined to be medically necessary.	Paid in full
Inpatient treatment received without prior approval from the insurance company including cases of medical emergency which were not notified within 24 hours from the date of admission, is covered if determined as medically necessary.	Paid in full
Emergency Psychiatric Conditions <ul style="list-style-type: none"> This benefit will cover in-patient and out-patient emergency psychiatric conditions. Emergency is defined as a situation which calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of the danger threatening that person's life. 	Paid in full
All chronic conditions requiring hemodialysis or peritoneal dialysis, and related investigations, treatments or procedures.	Paid in full
Treatments and services related to viral Hepatitis and associated complications, except for treatment and services related to Hepatitis A.	Paid in full
Venereal sexually transmitted diseases. A list with respect thereto will be set out by the General Covered Authority of Health Services.	Paid in full
All health care services for internationally and locally recognized epidemics.	Paid in full
Injuries resulting from attempted suicide or self-inflicted injuries.	Paid in full
All cases resulting from the use of alcohol, drugs and hallucinatory substances.	Paid in full
Health care 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.	Paid in full
Injuries resulting from natural disasters (including but not limited to) earthquakes, tornados and any other types of natural disaster.	Paid in full
Health care services for injuries and accidents arising from nuclear or chemical contamination.	Paid in full
Any in-patient treatment, tests and other procedures, which can be carried out on out-patient basis without jeopardizing the insured person's health.	Paid in full
Preventive services, including vaccinations, immunizations, allergy testing and desensitization; any physical, psychiatric or psychological examinations or testing during these examinations.	Paid in full
Treatment and services for contraception.	Paid in full
Enteral feedings (via a tube) and other nutritional and electrolyte supplements, when determined as medically necessary.	Paid in full
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.	Paid in full
Sterilization which includes tubal ligation and vasectomy (reversal of sterilization is excluded).	Paid in full
Any investigations, tests or procedures carried out with the intention of ruling out any foetal anomaly.	Paid in full



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