

# Member Guide

## Member Guide

Dear Member,

Welcome to Daman's Member's Manual for National Health Insurance Company – Daman, the first and largest Specialized Health Insurance Company in the UAE.

Daman's Member's Manual highlights the main features of your health insurance plan and provides useful information to the new member. Detailed information outlining what is covered in your membership plan and a complete list of health care providers is available for your easy reference.

We are pleased you have chosen Daman as your health insurance provider and we look forward to providing you with the products and services that help you achieve a healthy well-being.

Dr. Michael Bitzer  
CEO,  
National Health Insurance Company - Daman

## Introduction

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This booklet is designed specifically for Daman Insured Members who have chosen to avail benefits under Daman Medical Insurance Schemes. We invite you to read this guide carefully since it provides essential information on how to use your health plan.

Please refer to the relevant Policy Wording for more details as it is the binding document. In any areas where this booklet is unclear or ambiguous, the Policy takes precedence.

In case you need any further assistance please contact Daman's call center on 800 4 DAMAN (32626).

### 1. When Are You Entitled To Your Health Insurance Benefits?

Once you choose a Daman Insurance Scheme and you or your Employer has paid the respective premium you will be entitled to avail the benefits under the respective scheme as a Daman Member.

You will be enrolled under a valid Health Insurance Policy and will receive a valid Daman Card. The Daman Card shows the validity period of your health insurance scheme, some necessary personal information and also some coverage details.

Your Daman Card is a personal document which grants you free access at the corresponding Daman Provider Network. It is non-transferable to any other person.

### 2. Where Can You Obtain Your Health Insurance Benefits?

For each product Daman has contracted a wide network of participating providers. The provider network shall ensure Daman's insured members easy access to an excellent medical treatment under the benefits scheme of the Daman insurance plan (after paying the deductible mentioned on your Daman card).

For the details of the participating providers of your network please refer to the Provider Directory. Please be aware that the network is subject to continuous changes and upgrades by Daman and updated information can be found on Daman's website.

Whereas you will enjoy free access to Daman's network of participating providers, you will have to pay the deductibles mentioned on your Daman Card. There are also restrictions when it comes to treatment outside the network, e.g. co-payments to be paid

by the insured member and reimbursement of claims, restriction of benefits to emergency cases (life threatening), etc. For more detailed information please refer to the details of the Schedule of Benefits and Policy Wording of your respective health insurance plan.

### 3. How Can You Obtain Your Health Insurance Benefits?

As a Daman Member you are entitled to inpatient and/or outpatient benefits as outlined in the Schedule of Benefits and Policy Wording of your health insurance plan.

For receiving benefits under any Daman Health Insurance Scheme, you will need to present your Daman Health Insurance Card at the point of service, be it an in- or outpatient service. You are also requested to comply with certain administrative procedures. These procedures have been agreed upon with all providers of Daman's Network of participating providers, which provide inpatient and day-treatment health services under Daman's health insurance schemes.

Certain inpatient and outpatient services require Daman's pre-authorization. This review is mainly intended to help to support choices on suitable procedures and to avoid unnecessary hospital stays or surgery. As such, you get support in receiving maximum benefits from your health insurance plan. The procedure will be initiated by the medical provider.

During pre-authorization, Daman will only take decisions as to whether services are covered under your Daman Health Insurance Scheme(s). The fact that a Physician has performed or prescribed a procedure or treatment, or the fact that it may be the only treatment available for a particular Injury, Sickness or Mental Illness does not mean that it is a Covered Health Service as defined in your Daman Health Insurance Policy.

**Prior Approval:** To obtain maximum non-Network Benefits, prior approval must be obtained for certain Health Services received from non-Network Providers. Covered Persons are responsible for assuring that required prior approval is received before services are rendered and a Pre-Hospitalization Form is completed by the attending physician and approved by the Company prior to hospitalization. Failure to comply with the prior approval requirement for non-Network Benefits may result in no Coverage of such Health Services.

In order to clarify whether specific services might need to be paid by yourself, please verify with the medical provider whether the planned services are covered under your Daman health insurance scheme.

### 3.1 Outpatient Services

If you are eligible for receiving outpatient benefits as a Daman Member, please identify yourself as a Daman Insured Member before any required medical services are rendered by the medical provider.

Daman's pre-authorization is required for the following outpatient services:

- MRI, CT Scans & Endoscopies
- Physiotherapy
- Long term medication supplies exceeding 30 days
- Dental treatments (if the optional benefit has been chosen)

Either before or after the treatment you will be asked to settle co-payments according to the specifics of your respective health insurance plan. In addition you will need to pay to the medical facility, upon receiving the treatment, all the medical expenses which are not covered under your health insurance plan. The medical provider will provide you with respective information.

After medical services have been rendered, please sign the medical expenses form which will be prepared by the provider before you leave. For minors, their guardian can sign the form.

### 3.2 Inpatient And Day-Treatment Services

For receiving inpatient and day-treatment benefits as a Daman Member, please identify yourself as a Daman Insured Member before any required medical services are rendered by the medical provider. Pre-authorization by Daman is required for any inpatient and day-treatment services. Any Emergency case does not require prior approval from Daman but has to be notified within 24 hours.

Where hospitalization or day-treatment is needed for non-emergency cases, the medical facility will inform Daman to pre-authorize the respective services before actual hospitalization occurs. Daman will notify the medical provider whether such services are covered under your respective Daman health insurance scheme and are subject to payment through Daman.

### 4. How To Reimburse Claims (Emergency - Out Of Network) ?

Within the geographical scope of your coverage, outside the Daman network of participating providers, you will need to pay out of your own pocket for services rendered to you by a medical provider. If such services are covered under your Daman health insurance plan, you can apply for reimbursement through Daman.

Within the UAE, reimbursement claims should be reported to Daman within 60 days from the date of occurrence and, outside of the UAE, within 90 days from the date of occurrence.

Please note that Daman requires a minimum set of information in order to be able to process your reimbursement claims. Properly documented claims will result in speeding up the claim's settlement time.

The following supporting documents need to be submitted for each claim:

- Copy of Daman Card
- Signed and dated Original itemized bill/ invoices
- Original prescription for medication by the treating doctor
- Investigation results/ reports, like laboratory tests, x-rays etc.

For Inpatient (Hospitalization Cases), In addition to the above documents:

- Medical discharge report/ summary stamped and signed by the treating doctor

For treatment availed outside the UAE, In addition to the above documents:

- Copy of Passport showing exit and re-entry to the UAE

As per the policy terms and conditions, the reimbursement of properly documented claims will be settled within 2 weeks after the respective claim has been received by Daman. A cheque will be issued in the policy holder's name along with a detailed settlement report.

Please note that the documents in languages other than English/Arabic need to be legally translated into English/Arabic before submission of the claim. The legal translation is the responsibility of the claimant.

## 5. How To add Maternity Benefits?

If during the Policy period, you get married and your spouse is residing with you in the UAE, by law you are required to enroll your spouse for Maternity coverage. Once you selected Daman as your insurer for such Maternity coverage, you will need to provide Daman with your Marriage certificate along with the residential proof of your spouse in the UAE and you or your employer will need to pay the respective Premiums for the Maternity coverage. Your spouse will receive a new Daman Card including Maternity benefits.

## 6. How Can You Contact Daman?

For more information or inquiries please contact Daman's Customer Service Center anytime on our Toll Free Number: 800 4 DAMAN (32626).

The professional staff at Daman will be happy to provide you with specialized assistance services.

### **Mailing Address:**

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