Flexi Health Insurance Plan (FAQs)

- **How is eligible for 'Flexi Health Insurance' plan**

  Abu Dhabi Visa Holders under following categories:
  - An expatriate residing in the Emirate who works in the private sector, provided that his/her monthly income exceeds 5,000 dirhams.
  - Investors and holders of free enterprises licenses, who desire to have this policy, and their families and employees.
  - The family of the resident expatriate and his/her workers who are not covered by employer's health insurance policy (government or private).

  Few Examples:
  - Investor/Partner
  - Freelancer/Holder of free enterprise visa
  - Members with Golden visa under investor status
  - Fourth Child
  - Above 18 Years Dependent Child
  - Spouse not covered under Employer Insurance
  - Full time Students under University
  - Dependent Parents

  Note: Sponsor Salary should be above AED 5,000 to enrol their dependents under Flexi Health Insurance Plan.

- **If I am an existing Daman member, can I opt for 'Flexi Health Insurance' plan?**
  Yes, subject to eligibility guidelines, you can opt for 'Flexi Health Insurance' plan at the time of renewal. Please note your application will be subject to medical underwriting.

- **Can a UAE resident who holds a Retirement Visa enroll in the 'Flexi Health Insurance' plan?**
  No, reference to eligibility guidelines set by Department of Health (DoH), 'Flexi health insurance' plan is not offered for Retirement visa holders.

- **How can I enroll for the 'Flexi Health Insurance' plan?**
  You can submit your quote request on Daman website, our customer representative will be contact and guide you with the next steps.

- **Are pre-existing conditions covered under the 'Flexi Health Insurance' plan?**
  Pre-existing conditions are covered only if declared on the application form.

  Below listed pre-existing conditions are covered with 6 months waiting period. The waiting period applies to Inpatient treatment only for the following medical conditions:
  - Diabetes mellitus,
  - Arterial diseases,
  - COPD (Chronic Obstructive Pulmonary Disease),
  - All cancers cases,
  - Neurosurgery,
  - Cerebro Vascular diseases,
  - All delivery cases.

  No waiting period applicable if pre-requisition of uninterrupted (pre-) coverage is fulfilled.

- **Is medical declaration required for enrolling under 'Flexi Health Insurance' plan?**
  Yes, medical declaration is required to enrol under Flexi Health Insurance plan. Member must fill individual application form irrespective of the group size.

- **Is a medical report required for members during plan enrollment?**
  Yes, medical reports are required in below mentioned scenarios, such as:
    o For member's 61 years and above
    o For Newborn's age up to 6 months
    o As and when requested by Daman

- **Is premium of AED 750 applicable for all age, gender?**
  Flexi Health Insurance plan is offered at AED 750 across all age bands and gender for standard risks. Sub-standard risks will be medically underwritten, and premium will shared accordingly by Daman.

- **Is premium refund allowed under 'Flexi Health Insurance' plan, if a member is deleted or entire policy is cancelled?**
  No premium refund will be allowed for member deletion or policy cancellation.

- **Do my 'Flexi Health Insurance' Plan offers coverage for inpatient and outpatient treatment?**
  Yes, Flexi Health Insurance plan offers coverage for inpatient and outpatient treatment. Network Hospitals offers coverage for inpatient and emergency treatment only. Outpatient treatment and GP consultations are covered at network Clinics/Primary Healthcare Centres (PHC) only.

- **Is maternity covered under 'Flexi Health Insurance' Plan?**
  Yes, maternity is covered under Flexi Health Insurance plan:

  Maximum Annual benefit limit per delivery (inclusive of Coinsurance):
  - Normal delivery: AED 7,000
  - Caesarian section, complications, and medically necessary termination: AED 10,000

  Outpatient maternity includes: (1) 8 visits to Primary Health Centre (PHC) reviews, checks and tests in accordance with the Antenatal Care Protocols; (2) All care provided by PHC obstetrician for low risk or specialist obstetrician for high-risk referrals.

- **Can I reimburse my medical claim if treatment is availed in non-network providers.**
  Non-network treatment is not covered under Flexi Health Insurance except in case of Emergency treatment.