

## ULTRACARE - DHA

The cover shown on this document and process for claiming shall be subject at all times to the Membership Guide 2025 up to an overall annual maximum of USD 4,500,000 per insured person for each certificate period, subject to the limits shown:

<b>Hospital services</b>	Covered - Full refund
<b>Medical and Surgical Support Services</b> Assistance in provider location and coordination of required surgery.	Covered
<b>Parental accommodation</b> (when your child is under 18)	Covered - Full refund
<b>Hospital cash benefit</b> (where no charge is made)	Covered - Up to USD 375 per night
<b>Daycare surgery</b>	Covered - Full refund
<b>Local ambulance services</b>	Covered - Full refund
<b>Emergency medical evacuation</b>	Covered - Full refund
<b>Repatriation or local burial</b> (excluded in the home country)	Covered - Up to USD 11,250
<b>Nursing at home</b>	Covered - Up to 26 weeks
<b>Accident and Emergency room services</b>	Covered - Full refund
<b>Oncology, Chemotherapy and Radiotherapy</b>	Covered - Full refund
<b>Cancer counselling</b>	Covered - Up to USD 750
<b>ATMPs for the treatment of cancer or chronic conditions</b>	Covered - Up to USD 500,000 per lifetime, for in-patient and out-patient treatment. Up to one course of treatment per condition, per lifetime.
<b>MRI, CT and PET Scans</b>	Covered - Full refund
<b>Kidney dialysis</b>	Covered - Full refund
<b>Organ transplantation surgery</b>	Covered - Up to USD 450,000
<b>Rehabilitation care</b>	Covered - USD 150,000 lifetime limit
<b>HIV and AIDS treatment</b>	Covered - Up to USD 30,000
<b>Dental treatment following an accident</b>	Covered - Full refund
<b>Routine dental treatment</b>	Covered - Up to USD 1,500 - 20% copay applies



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<b>Outpatient services</b>	Covered - Full refund - General practitioner fees, X-rays, diagnostic and pathology tests, specialist and consultant fees, physiotherapy, complementary therapies, prescription drugs and vaccinations (including influenza, adult pneumococcal conjugate and shingles) are covered up to the overall policy limit.
<b>Wellness benefit</b>	Covered – Up to USD 750 – See Note 1
<b>Out of geographic area cover for emergency treatment</b>	Covered - up to maximum aggregate period of 30 days
<b>Inpatient psychiatric treatment</b>	Covered - up to USD 10,000
<b>Outpatient psychiatric treatment</b>	Covered - Up to USD 2,800. 20% copay applies (no copay if follow up visit made within 7 days)
<b>Palliative care</b>	Covered - Included in all benefits and limits shown on your insurance coverage details
<b>Mobility aids</b>	Covered - Up to USD 750
<b>Optical – eye examination</b>	Covered - one examination per policy period
<b>Optical – glasses/frames/lenses</b>	Covered - Up to USD 150
<b>Companion hospital accommodation</b>	Covered - Up to USD 30 per night - see note 2
<b>Maternity - Outpatient antenatal</b> See note 5	Covered - Up to 8 visits - 10% copay applies - see note 3
<b>Maternity - Inpatient</b> See note 5	Covered - Normal delivery - Up to USD 2,800 - Complications - Up to USD 2,800 - see note 4 - 10% copay applies
<b>Newborn cover</b>	Covered - Up to 30 days from birth - see note 6
<b>Vaccinations and inoculations for newborns and children</b>	Covered - Full refund - see note 7
<b>Preventative services</b>	Covered - Diabetes test every 3 years - see note 8
<b>Emergency dental treatment</b>	Covered - Full refund - 20% copay applies - see note 9
<b>Hearing and Optical</b>	Covered - Full refund - 20% copay applies - see note 9
<b>DHA Mandatory Screening and Treatment for Breast, Cervical and Colorectal Cancer</b>	See Note 11
<b>DHA Mandatory Screening and Treatment for Hepatitis B and C</b>	See Notes 10 & 11
<b>Disease Management Program</b>	Covered



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### Notes

Within the UAE, any condition developing into a medical emergency will be covered up to USD 41,000 - where the policy benefit limit exceeds USD 41,000, the higher limit applies. Emergency is defined as a situation that calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of danger threatening that person's life.

1. The costs of a full medical examination for insured adults every policy year. A one year waiting period applies.
2. The cost of accommodation of a person accompanying an in-patient in the same room in cases of medical necessity at the recommendation of the treating doctor and after the prior approval of the insurance company providing coverage.
3. All care provided by PHC obstetrician for low risk or specialist obstetrician for high risk referrals  
Initial investigations to include:
  - › FBC and Platelets
  - › Blood group, Rhesus status and antibodies
  - › VDRL
  - › MSU & urinalysis
  - › Rubella serology
  - › HIV
  - › Hep C offered to high risk patients
  - › GTT if high risk
  - › FBS , random s or A1c for all due to high prevalence of diabetes in UAE
 Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols, 3 ante-natal ultrasound scans
4. Complicated maternity includes a medically necessary C-section, and medically necessary termination.
5. Until the first renewal date maternity benefit is only available for eligible treatment received in Dubai. After the first annual renewal of the policy, maternity care costs (Inpatient and Outpatient) are covered up to a maximum benefit of USD 12,000 for Normal pregnancy or USD 24,000 for Complicated pregnancy as defined in the Plan Rules. Complicated maternity includes a medically necessary C-section, and medically necessary termination. No copay applies.
6. Cover for - BCG, Hepatitis B and neo-natal screening tests (Phenylketonuria (PKU), Congenital Hypothyroidism, sickle cell screening, congenital adrenal hyperplasia) are covered in full. All other newborn care costs are covered up to USD 105,000 in respect of costs occurring from the date of birth until 30 days after discharge from hospital. The first 20% of costs of each claim shall be met by the Insured Person.
7. Essential vaccinations and inoculations as stipulated in the DHA's policies are covered under this benefit.
8. Preventative services covers one diabetes test every three years for members aged 30 and over. Annual Diabetes tests are available to members aged 18 and over, if they are deemed as high risk.
9. Diagnostic and treatment services for dental and gum treatments, Hearing and vision aids, and vision correction by surgeries and laser are covered under this benefit in the event of a medical emergency following an accident. Emergency has been defined as a situation that calls for immediate medical intervention by a health services provider for the rescuing of a person's life or the elimination of danger threatening that person's life.
10. Diagnostic and treatment services for Hepatitis B and C shall be covered as per the Policy Terms, Conditions and Guidelines of the program defined by DHA.
11. Screening for breast/cervical/colorectal cancer or Hepatitis B and C is covered within the network offered for high-risk cases as defined in the guidelines approved by the DHA and subject to a written preapproval. Cancer treatments covered as per the Policy Terms, Conditions and Guidelines of the program defined by DHA. The above would apply for existing residents and new residents in Dubai who were not diagnosed with breast/cervical/colorectal cancer or Hepatitis B and C before entering the country. Members are eligible to enrol in the support program only after 1st year of residence (cancer) or after 1st visa renewal (Hepatitis B and C). Enrolment into the Patient Support Program upon confirmation of diagnosis would entitle members to discounted rates at Centers of Excellence. Should any of these conditions / symptoms of these conditions exist before the date of the application and the insured failed intentionally to declare it thereby not giving the Insurer a chance to assess the risk appropriately, the treatment shall be excluded from coverage.