



Al Ain Ahlia Insurance Co. (PSC)

INCORPORATED IN ABU DHABI BY ACT 18 OF THE YEAR 1975 INSURANCE REGISTRATION NO. 3 UNDER FEDERAL LAW NO. 9 OF 1984 PAID UP CAPITAL DH. 150,000,000



ULTRACARE - DHA

The cover shown on this certificate and process for claiming shall be subject at all times to the Membership Guide 2019 up to an overall annual maximum of USD 1,500,000 per insured person for each Certificate period, subject to the limits shown:

Parental accommodation (where your child is under 18) Covered - Up to USD 375 per night Hospital cash benefit (where no charge is made) Covered - Full refund Daycane surgery Covered - Full refund Encal ambulance services Covered - Full refund Emergency medical evacuation Covered - Full refund Repatriation or local burial (excluded in the home country) Covered - Up to USD 11,250 Nursing at home Covered - Full refund Accident and Emergency room services Covered - Full refund Oncology, Chemotherapy and Radiotherapy Covered - Full refund Oncology, Chemotherapy and Radiotherapy Covered - Full refund Organ transplantation surgery Covered - Up to USD 750 MRI, CT and PET Scans Covered - Up to USD 450,000 Rehabilitation care Covered - Up to USD 90,000 HIV and AIDS treatment Covered - Up to USD 10,500 - 20% copay applies Outpatient services Covered - Full refund Wellness benefit Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Covered - Up to USD 750	Hospital services	Covered - Full refund
Covered - Full refund		Covered - Full refund
Covered - Full refund		Covered - Up to USD 375 per night
Emergency medical evacuation Repatriation or local burial (excluded in the home country) Nursing at home Accident and Emergency room services Covered - Full refund Covered - Up to USD 750 MRI, CT and PET Scans Covered - Up to USD 450,000 Rehabilitation care HIV and AIDS treatment Covered - Up to USD 150,000 lifetime limit HIV and AIDS treatment Covered - Up to USD 30,000 Dental treatment following an accident Covered - Up to USD 30,000 Dental treatment following an accident Covered - Up to USD 150,000 jet lifetind Routine dental treatment Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Inpatient psychiatric treatment Covered - up to maximum aggregate period of 30 days Palliative care Mobility aids Covered - up to maximum of 30 days Palliative care Mobility aids Covered - up to usD 750 Optical - eye examination Covered - up to USD 750 Optical - eye examination Covered - up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Covered - Up to USD 30 days from birth - see note 4 - 10% copay applies - see note 5 Maternity - Inpatient See note 5 Covered - Up to USD 30 days from birth - see note 6 Covered - Full refund - 20% copay applies - see note 9 Preventative services Emergency dental treatment Deha Mandatory Screening and Treatment for Breast, Cervical and 5 Deha Mandatory Screening and Treatment for Breast, Cervical and 5 Deha Mandatory Screening and Treatment for Breast, Cervical and 5 Deha Mandatory Screening and Treatment for Breast	Daycare surgery	Covered - Full refund
Repatriation or local burial (excluded in the home country) Nursing at home Covered - Up to 26 weeks Covered - Full refund Covered - Up to USD 750 MRI, CT and PET Scans Covered - Up to USD 750 Covered - Up to USD 450,000 Rehabilitation care Covered - Up to USD 150,000 lifetime limit HIV and AIDS treatment Covered - Up to USD 30,000 Dental treatment following an accident Covered - Up to USD 1,500 - 20% copay applies Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Covered - Up to maximum aggregate period of 30 days Inpatient psychiatric treatment Covered - up to maximum of 30 days Palliative care Mobility aids Covered - up to usD 750 Optical - glasses/frames/lenses Covered - up to USD 750 Optical - glasses/frames/lenses Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Maternity - See note 7 Covered - Full refund - 20% copay applies - see note 8 Covered - Full refund - 20% copay applies - see note 9 Preventative services Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and See Notes 10 & 12	Local ambulance services	Covered - Full refund
(excluded in the home country) Nursing at home Accident and Emergency room services Covered - Full refund Concology, Chemotherapy and Radiotherapy Covered - Full refund Concord outselling Covered - Full refund Covered - Up to USD 750 MRI, CT and PET Scans Covered - Up to USD 450,000 Rehabilitation care Covered - Up to USD 150,000 lifetime limit HIV and AIDS treatment Covered - Up to USD 30,000 Dental treatment following an accident Routine dental treatment Covered - Up to USD 1,500 - 20% copay applies Covered - Full refund Covered - Up to USD 1,500 - 20% copay applies Covered - Full refund Wellness benefit Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Covered - Up to maximum aggregate period of 30 days Inpatient psychiatric treatment Covered - Up to USD 750 Mobility aids Covered - Up to USD 750 Optical - eye examination Covered - Up to USD 750 Optical - eye examination Covered - Up to USD 750 Optical - glasses/frames/lenses Covered - Up to USD 750 Optical - glasses/frames/lenses Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See not	Emergency medical evacuation	Covered - Full refund
Accident and Emergency room services Oncology, Chemotherapy and Radiotherapy Covered - Full refund Covered - Up to USD 750 MRI, CT and PET Scans Covered - Up to USD 750 Covered - Up to USD 750 MRI, CT and PET Scans Covered - Up to USD 450,000 Rehabilitation care HIV and AIDS treatment Covered - Up to USD 150,000 lifetime limit HIV and AIDS treatment Covered - Up to USD 30,000 Dental treatment following an accident Covered - Up to USD 150,000 lifetime limit Covered - Up to USD 750,000 Covered - Full refund Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to maximum aggregate period of 30 days Inpatient psychiatric treatment Covered - Up to maximum of 30 days Covered - Up to USD 750 Covered - Up to USD 150 Companion hospital accommodation Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 7 Preventative services Covered - Up to 30 days from birth - see note 4 - 10% copay applies See note 5 Mearing and Optical Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and See Notes 10 & 12		Covered - Up to USD 11,250
Oncology, Chemotherapy and Radiotherapy Cancer counselling Covered - Up to USD 750 MRI, CT and PET Scans Covered - Up to USD 450,000 Rehabilitation care Covered - Up to USD 30,000 Rehabilitation care HIV and AIDS treatment Covered - Up to USD 30,000 Dental treatment following an accident Routine dental treatment Covered - Up to USD 1,500 - 20% copay applies Outpatient services Covered - Full refund Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to maximum aggregate period of 30 days Inpatient psychiatric treatment Covered - Up to maximum of 30 days Palliative care Covered - Up to USD 750 Optical - eye examination Covered - Up to USD 750 Optical - eye examination Covered - Up to USD 750 Optical - glasses/frames/lenses Covered - Up to USD 750 Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Maternity - Inpatient See note 5 Maternity - Inpatient See note 5 Covered - Normal delivery - Up to USD 2,000 - complications - Up to USD 2,800 - see note 4 - 10% copay applies Newborn cover Vaccinations and inoculations for newborns and children Preventative services Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and	Nursing at home	Covered - Up to 26 weeks
Cancer counselling Covered - Up to USD 750 MRI, CT and PET Scans Covered - Full refund Corgan transplantation surgery Covered - Up to USD 450,000 Rehabilitation care HIV and AIDS treatment Covered - Up to USD 30,000 Dental treatment following an accident Covered - Up to USD 1,500 - 20% copay applies Covered - Full refund Routine dental treatment Covered - Full refund Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to D 750 - See Note 1 Covered - Up to maximum aggregate period of 30 days Inpatient psychiatric treatment Covered - Up to maximum of 30 days Covered - Up to USD 750 Covered - Up to USD 30 per night - see note 2 Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Maternity - Inpatient See note 5 Covered - Normal delivery - Up to USD 2,800 - see note 4 - 10% copay applies Newborn cover Covered - Up to 30 days from birth - see note 6 Covered - Pull refund - see note 7 Preventative services Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and	Accident and Emergency room services	Covered - Full refund
MRI, CT and PET Scans Organ transplantation surgery Covered - Up to USD 450,000 Rehabilitation care Covered - Up to USD 150,000 lifetime limit Covered - Up to USD 30,000 Dental treatment Covered - Up to USD 30,000 Dental treatment following an accident Routine dental treatment Covered - Full refund Covered - Full refund Covered - Full refund Covered - Up to USD 1,500 - 20% copay applies Outpatient services Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Covered - Up to maximum aggregate period of 30 days Inpatient psychiatric treatment Covered - Up to maximum of 30 days Inpatient psychiatric treatment Covered - Up to maximum of 30 days Covered - Up to USD 750 Optical - eye examination Covered - Up to USD 750 Optical - eye examination Covered - one examination per policy period Optical - glasses/frames/lenses Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal Covered - Up to 8 visits - 10% copay applies - see note 3 See note 5 Newborn cover Covered - Normal delivery - Up to USD 2,000 - complications - Up to USD 2,800 - see note 4 - 10% copay applies - see note 6 Vaccinations and inoculations for newborns and children Covered - Full refund - see note 7 Preventative services Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and	Oncology, Chemotherapy and Radiotherapy	Covered - Full refund
Organ transplantation surgery Rehabilitation care Covered - Up to USD 150,000 lifetime limit HIV and AIDS treatment Covered - Up to USD 30,000 Dental treatment following an accident Routine dental treatment Outpatient services Covered - Full refund Wellness benefit Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Out of geographic area cover for emergency treatment Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Palliative care Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 Optical - eye examination Optical - glasses/frames/lenses Covered - Up to USD 750 Covered - Up to USD 750 Covered - Up to USD 750 Covered - Up to USD 150 Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Preventative services Covered - Full refund - see note 7 Preventative services Covered - Diabetes test every 3 years - see note 8 Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical See Notes 10 & 10 & 20	Cancer counselling	Covered - Up to USD 750
Rehabilitation care HIV and AIDS treatment Covered - Up to USD 30,000 Dental treatment following an accident Routine dental treatment Outpatient services Covered - Up to USD 15,00 - 20% copay applies Outpatient services Wellness benefit Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Covered - up to maximum aggregate period of 30 days Inpatient psychiatric treatment Covered - up to maximum of 30 days Palliative care Covered - Up to USD 750 Optical - eye examination Optical - eye examination Optical - glasses/frames/lenses Covered - Up to USD 30 per night - see note 2 Covered - Up to USD 30 per night - see note 2 Covered - Up to 8 visits - 10% copay applies - see note 3 See note 5 Maternity - Inpatient See note 5 Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Covered - Up to 30 days from birth - see note 7 Preventative services Covered - Full refund - see note 7 Preventative services Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical Covered - Full refund - 20% copay applies - see note 9 See Notes 10 & 12	MRI, CT and PET Scans	Covered - Full refund
HIV and AIDS treatment Covered - Up to USD 30,000 Dental treatment following an accident Routine dental treatment Covered - Full refund Covered - Up to USD 1,500 - 20% copay applies Outpatient services Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Out of geographic area cover for emergency treatment Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to maximum aggregate period of 30 days Inpatient psychiatric treatment Covered - Up to maximum of 30 days Covered - Up to USD 750 Optical - eye examination Covered - Up to USD 750 Optical - eye examination Covered - Up to USD 750 Optical - eye examination Covered - Up to USD 150 Companion hospital accommodation Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Maternity - Inpatient See note 5 Maternity - Inpatient See note 5 Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical DHA Mandatory Screening and Treatment for Breast, Cervical and	Organ transplantation surgery	Covered - Up to USD 450,000
Dental treatment following an accident Routine dental treatment Covered - Up to USD 1,500 - 20% copay applies Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to maximum aggregate period of 30 days Inpatient psychiatric treatment Covered - up to maximum of 30 days Palliative care Covered - up to usp 750 Covered - up to maximum of 30 days Covered - up to USD 750 Optical - eye examination Covered - Up to USD 750 Covered - up to USD 150 Companion hospital accommodation Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Maternity - Inpatient See note 5 Covered - Up to 30 days from birth - see note 4 - 10% copay applies - see note 6 Vaccinations and inoculations for newborns and children Preventative services Covered - Up to 30 days from birth - see note 7 Preventative services Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical DHA Mandatory Screening and Treatment for Breast, Cervical and	Rehabilitation care	Covered - USD 150,000 lifetime limit
Routine dental treatment Covered - Up to USD 1,500 - 20% copay applies Covered - Full refund Covered - Full refund Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 - See Note 1 Covered - Up to USD 750 Covered - Up to USD 150 Covered - Up to USD 150 Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Covered - Normal delivery - Up to USD 2,000 - complications - Up to USD 2,800 - see note 4 - 10% copay applies Newborn cover Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Preventative services Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical DHA Mandatory Screening and Treatment for Breast, Cervical and See Notes 10 & 12	HIV and AIDS treatment	Covered - Up to USD 30,000
Outpatient services Covered - Full refund Covered - Up to USD 750 - See Note 1 Covered - Up to maximum aggregate period of 30 days Inpatient psychiatric treatment Covered - up to maximum of 30 days Palliative care Covered - Included in all benefits and limits shown on your insurance certificate Mobility aids Covered - Up to USD 750 Optical - eye examination Optical - glasses/frames/lenses Covered - Up to USD 150 Companion hospital accommodation Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Covered - Up to 30 days from birth - see note 4 - 10% copay applies Newborn cover Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Preventative services Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and Covered - Full refund - 20% copay applies - see note 9 See Notes 10 & 12	Dental treatment following an accident	Covered - Full refund
Wellness benefit Covered – Up to USD 750 – See Note 1 Covered – up to maximum aggregate period of 30 days Inpatient psychiatric treatment Covered – up to maximum aggregate period of 30 days Covered – up to maximum of 30 days Covered – Up to USD 750 Palliative care Covered – Up to USD 750 Covered – Up to USD 750 Optical – eye examination Covered – Up to USD 150 Companion hospital accommodation Covered – Up to USD 30 per night – see note 2 Maternity – Outpatient antenatal See note 5 Maternity – Inpatient See note 5 Covered – Up to 8 visits – 10% copay applies – see note 4 – 10% copay applies Covered – Up to 30 days from birth – see note 6 Vaccinations and inoculations for newborns and children Preventative services Emergency dental treatment Covered – Full refund – 20% copay applies – see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and See Notes 10 & 12	Routine dental treatment	Covered - Up to USD 1,500 - 20% copay applies
Out of geographic area cover for emergency treatment Covered - up to maximum aggregate period of 30 days Palliative care Covered - Included in all benefits and limits shown on your insurance certificate Mobility aids Covered - Up to USD 750 Optical - eye examination Optical - glasses/frames/lenses Cowpanion hospital accommodation Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Covered - Up to 8 visits - 10% copay applies - see note 3 Maternity - Inpatient See note 5 Newborn cover Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Covered - Full refund - see note 7 Preventative services Covered - Diabetes test every 3 years - see note 9 Hearing and Optical Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and Covered - Full refund - 20% copay applies - see note 9 See Notes 10 & 12	Outpatient services	Covered - Full refund
Inpatient psychiatric treatment Covered - up to maximum of 30 days Covered - Included in all benefits and limits shown on your insurance certificate Mobility aids Covered - Up to USD 750 Optical - eye examination Optical - glasses/frames/lenses Covered - Up to USD 150 Companion hospital accommodation Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Maternity - Inpatient See note 5 Covered - Up to 30 days from birth - see note 4 - 10% copay applies Newborn cover Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Covered - Diabetes test every 3 years - see note 8 Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and Covered - Breatment Covered - Full refund - 20% copay applies - see note 9 See Notes 10 & 12	Wellness benefit	Covered – Up to USD 750 – See Note 1
Palliative care Covered - Included in all benefits and limits shown on your insurance certificate Mobility aids Covered - Up to USD 750 Optical – eye examination Optical – glasses/frames/lenses Cowered - Up to USD 150 Companion hospital accommodation Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Covered - Up to 8 visits - 10% copay applies - see note 3 Maternity - Inpatient See note 5 Covered - Wormal delivery - Up to USD 2,000 - complications - Up to USD 2,800 - see note 4 - 10% copay applies Newborn cover Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Covered - Full refund - see note 7 Preventative services Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and	Out of geographic area cover for emergency treatment	Covered - up to maximum aggregate period of 30 days
Mobility aids Covered - Up to USD 750 Optical – eye examination Optical – glasses/frames/lenses Cowered - Up to USD 150 Companion hospital accommodation Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Covered - Up to 8 visits - 10% copay applies - see note 3 Maternity - Inpatient See note 5 Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Covered - Full refund - see note 7 Preventative services Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and Covered - Diabets 10 & 12	Inpatient psychiatric treatment	Covered - up to maximum of 30 days
Optical – eye examination Optical – glasses/frames/lenses Companion hospital accommodation Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Covered - Up to 8 visits - 10% copay applies - see note 3 Covered - Normal delivery - Up to USD 2,000 - complications - Up to USD 2,800 - see note 4 - 10% copay applies Newborn cover Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Covered - Full refund - see note 7 Preventative services Covered - Diabetes test every 3 years - see note 8 Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and	Palliative care	
Companion hospital accommodation Cowered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Covered - Up to 8 visits - 10% copay applies - see note 3 Maternity - Inpatient See note 5 Covered - Normal delivery - Up to USD 2,000 - complications - Up to USD 2,800 - see note 4 - 10% copay applies Newborn cover Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Covered - Full refund - see note 7 Preventative services Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and	Mobility aids	Covered - Up to USD 750
Covered - Up to USD 30 per night - see note 2 Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Covered - Up to 8 visits - 10% copay applies - see note 3 Covered - Normal delivery - Up to USD 2,000 - complications - Up to USD 2,800 - see note 4 - 10% copay applies Newborn cover Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Covered - Full refund - see note 7 Preventative services Covered - Diabetes test every 3 years - see note 8 Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and See Notes 10 & 12	Optical – eye examination	Covered - one examination per policy period
Maternity - Outpatient antenatal See note 5 Maternity - Inpatient See note 5 Covered - Normal delivery - Up to USD 2,000 - complications - Up to USD 2,800 - see note 4 - 10% copay applies Newborn cover Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Covered - Full refund - see note 7 Preventative services Covered - Diabetes test every 3 years - see note 8 Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and	Optical – glasses/frames/lenses	Covered - Up to USD 150
See note 5 Covered - Normal delivery - Up to USD 2,000 - complications - Up to USD 2,800 - see note 4 - 10% copay applies Newborn cover Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Covered - Full refund - see note 7 Preventative services Covered - Diabetes test every 3 years - see note 8 Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and See Notes 10 & 12	Companion hospital accommodation	Covered - Up to USD 30 per night - see note 2
See note 5 - complications - Up to USD 2,800 - see note 4 - 10% copay applies Newborn cover Covered - Up to 30 days from birth - see note 6 Vaccinations and inoculations for newborns and children Covered - Full refund - see note 7 Preventative services Covered - Diabetes test every 3 years - see note 8 Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and See Notes 10 & 12		Covered - Up to 8 visits - 10% copay applies - see note 3
Vaccinations and inoculations for newborns and children Covered - Full refund - see note 7 Preventative services Covered - Diabetes test every 3 years - see note 8 Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and See Notes 10 & 12		Covered - Normal delivery - Up to USD 2,000 - complications - Up to USD 2,800 - see note 4 - 10% copay applies
Preventative services Covered - Diabetes test every 3 years - see note 8 Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and See Notes 10 & 12	Newborn cover	Covered - Up to 30 days from birth - see note 6
Emergency dental treatment Covered - Full refund - 20% copay applies - see note 9 Hearing and Optical Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and See Notes 10 & 12	Vaccinations and inoculations for newborns and children	Covered - Full refund - see note 7
Hearing and Optical Covered - Full refund - 20% copay applies - see note 9 DHA Mandatory Screening and Treatment for Breast, Cervical and See Notes 10 & 12	Preventative services	Covered - Diabetes test every 3 years - see note 8
DHA Mandatory Screening and Treatment for Breast, Cervical and See Notes 10 & 12	Emergency dental treatment	Covered - Full refund - 20% copay applies - see note 9
	Hearing and Optical	Covered - Full refund - 20% copay applies - see note 9
		See Notes 10 & 12





Al Ain Ahlia Insurance Co. (PSC)

INCORPORATED IN ABU DHABI BY ACT 18 OF THE YEAR 1975 INSURANCE REGISTRATION NO. 3 UNDER FEDERAL LAW NO. 9 OF 1984 PAID UP CAPITAL DH. 150,000,000



ULTRACARE - DHA

Notes

Within Dubai, any condition developing into a medical emergency will be covered up to USD 41,000. 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.

- The costs of a full medical examination for insured adults every second policy year.
- 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.
- 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 9,000 for Normal pregnancy or USD 18,000 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 7,500 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.
- Essential vaccinations and inoculations as stipulated in the DHA's policies are covered under this benefit.

- 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 only covered 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. Includes screening, healthcare services, investigations and treatments related to and associated complications related to breast, cervical and colorectal cancer which will be covered by the central fund ONLY for members enrolled under the Patient Support Program (PSP) as per terms and conditions of the Program.
- 11. Includes screening, healthcare services, investigations and treatments related to viral hepatitis and associated complications related to Hepatitis C shall be available ONLY for members enrolled under the Patient Support Program as per terms and conditions of the Program.
- 12. Screening for breast/cervical/colorectal cancer or Hepatitis C is covered within the network offered - both public and private - for highrisk cases as defined in the guidelines approved by the DHA and subject to a written preapproval. Upon identification of a potential diagnosis, subsequent confirmatory screening tests are covered only in Centers of Excellence.

Members not enrolled on the Patient Support Programs will be covered for breast, cervical and colorectal cancer or Hepatitis C under the non-mandatory benefits of their plan. Treatment under the Patient Support Program is ONLY available at the Centers of Excellence (CoEs) and subject to enrolment into the Program through the Insurer. The above would apply for existing residents and new residents in Dubai who were not diagnosed with breast/ cervical/colorectal cancer or Hepatitis C before entering the country. Members are eligible to enroll in the support program only after 1st year of residence (cancer) or after 1st visa renewal (Hepatitis C).

Coverage would be up to the annual limit, on direct billing only and is not subject to any sublimit.

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 screening / treatment shall be excluded from coverage.