

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:

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



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<p>Outpatient services</p> <ul style="list-style-type: none"> › General Practitioner fees › X-rays, Diagnostic and Pathology tests › Physiotherapy › Specialist and Consultants fees › Complementary Therapies › Prescription Drugs - including HRT › Vaccinations › Treatment of chronic conditions 	Covered - Full refund
<p>Wellness benefit</p>	Covered – Up to USD 750 – See Note 1
<p>Out of geographic area cover for emergency treatment</p>	Covered - up to maximum aggregate period of 30 days
<p>Inpatient psychiatric treatment</p>	Covered - up to USD 10,000
<p>Outpatient psychiatric treatment</p>	Covered - Up to USD 2,800. 20% copay applies (no copay if follow up visit made within 7 days)
<p>Palliative care</p>	Covered - Included in all benefits and limits shown on your insurance coverage details
<p>Mobility aids</p>	Covered - Up to USD 750
<p>Optical – eye examination</p>	Covered - one examination per policy period
<p>Optical – glasses/frames/lenses</p>	Covered - Up to USD 150
<p>Companion hospital accommodation</p>	Covered - Up to USD 30 per night - see note 2
<p>Maternity - Outpatient antenatal See note 5</p>	Covered - Up to 8 visits - 10% copay applies - see note 3
<p>Maternity - Inpatient See note 5</p>	Covered - Normal delivery - Up to USD 2,800 - Complications - Up to USD 2,800 - see note 4 - 10% copay applies
<p>Newborn cover</p>	Covered - Up to 30 days from birth - see note 6
<p>Vaccinations and inoculations for newborns and children</p>	Covered - Full refund - see note 7
<p>Preventative services</p>	Covered - Diabetes test every 3 years - see note 8
<p>Emergency dental treatment</p>	Covered - Full refund - 20% copay applies - see note 9
<p>Hearing and Optical</p>	Covered - Full refund - 20% copay applies - see note 9
<p>DHA Mandatory Screening and Treatment for Breast, Cervical and Colorectal Cancer</p>	See Notes 10 & 12
<p>DHA Mandatory Screening and Treatment for Hepatitis B and C</p>	See Notes 11 & 12



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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 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 B and 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 B and 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 B and 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 B and 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 B and 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.