

Schedule of Benefits (Classic Chrome Extended)

Plan Name	Classic Chrome Extended		
Annual Benefit Limit	AED 160,000 Per Person Per Policy Year		
Territorial Limit ¹	UAE Extended to Southeast Asia, India Subcontinent and Arab Country* for inpatient treatment only on reimbursement basis for elective and emergency treatment		
Network (Allowing direct billing at designated providers)	Network Within UAE: GP_H In & out-patient on direct billing in Provider Network (Outpatient treatment extended to designated hospitals within the network) Out Patient COVERED AT ECARE PROVIDERS for all elective & emergency services. Out Patient emergency cases outside ECARE Network will also be covered by ECARE on reimbursement Network Outside UAE: Not available		
Pre-existing conditions	Fully Covered		
Inpatient Treatment	Network	Non-network	
Inpatient & Day Treatment ² Up to the relevant annual benefit limit Per Person (including Pre & Post In Hospital Treatment Covered)	100% covered	50% covered	
Accommodation Type – Shared Room	100% covered	50% covered	
Hospital Accommodation & Services	100% covered	50% covered	
Consultant's, Surgeon's & Anesthetist's Fees and other fee	100% covered	50% covered	
Ambulance Services (Ground transportation in Medical emergency only, subject to General exclusions)	100% covered	100% covered	
Parent Accommodation for accompanying an Insured Child under 16 years of age (Maximum limit of AED 100 per day)	100% covered	50% covered	
Companion Accommodation in cases of medical necessity at the recommendation of the treating doctor (Maximum limit of AED 100 per day)	100% covered	50% covered	
Out-patient Treatment	Network	Non-network	
Physician Consultation (20% coinsurance applicable with an out of pocket limit of AED 25) (Access to outpatient specialists only upon referral by a General Practitioner) (Coinsurance not applicable for follow up within 7 days) (Services and procedures with a net amount above AED 150 with Pre-Authorization only)	80% covered	Not Covered	
Diagnostics (X-Ray, MRI, CT-Scan, Ultra Sound, etc.), Laboratory (Diagnostic procedures and tests with a net amount above AED 150 with Pre-Authorization only)	90% covered	Not Covered	
Pharmaceuticals (Annual Limit Per Person of AED 5,000) (Pharmacy restricted to a list of formulary products approved by DHA) (Prescriptions with a net amount above AED 150 or more than 2 months' supply regardless of value with Pre-Authorization only)	100% covered	Not Covered	
Physiotherapy ² (Maximum up to 12 sessions per year)	90% covered	Not Covered	
Alternative Medicine ³ (Homeopathy and Ayurveda treatment only) (Maximum Limit Per Person Per Year of AED 2,500)	80% covered	Not covered	
Other Benefits	Network	Non-network	
Emergency Treatment	100% covered	100% covered ¹¹	
Diagnostic and treatment services for dental and gum treatment (Medical emergency cases)	100% covered	100% covered	
Hearing and vision aids, and vision correction by surgeries and laser (Medical emergency cases)	100% covered	100% covered	
Preventive services, vaccines and immunizations ⁴	100% covered	50% covered ¹³	
Influenza Vaccine once per year ²	100% covered	Not Covered	
Annual Breast Cancer Screening (applicable for females > 35 years) ^{2,8}	100% covered	Not Covered	
Annual Prostate Cancer Screening (applicable for males > 45 years) ^{2,9}	100% covered	Not Covered	
Colorectal Cancer Screening (applicable for males and females > 40 years) ^{2,10}	100% covered	Not Covered	
Cervical Cancer Screening (applicable for females aged 25-65 years. Every 3 years for women aged 25-49 years, every 5 years for women aged 50-65 years) ^{2,12}	100% covered	Not Covered	
Hepatitis B and C Virus Screening ²	100% covered	Not covered	
Patient Support Program ^{2,14}	100% covered	Not covered	
Psychiatry and Mental Health ² (Maximum Limit Per Person Per Year of AED 10,000)	Inpatient: 100% covered	Not covered	

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	Outpatient: 90% Covered	
Repatriation of Mortal Remains to country of origin ³ (Maximum limit AED 5,000 per person)	100% covered	100% covered
Maternity^{2,5}	Network	Non-network
Inpatient Maternity Maximum Annual benefit limit per delivery: Within UAE: Normal delivery: AED 10,000 Caesarian section, complications and medically necessary termination: AED10,000 Outside UAE: Normal delivery, Caesarian section, complications and medically necessary termination: AED 7,000	100% covered	50% covered
Newborn Care: Up to 30 days from birth (New Born care to include BCG, Hepatitis B and neo-natal screening test ⁶)		
Outpatient Maternity ⁷ (Diagnostic procedures and tests with a net amount above AED 150 with Pre-Authorization only)	90% covered	Not Covered
Outpatient Maternity – Physician Consultation (10% coinsurance applicable with an out of pocket limit of AED 25) (Coinsurance not applicable for follow up within 7 days) (Services and procedures with a net amount above AED 150 with Pre-Authorization only)	90% covered	Not Covered
Other Services covered (Through Service Providers Only)		
Teleconsultation healthcare services (Deductible Nil)		
International Assistance Service through service provider only		
Second Medical Opinion through service provider only		

*As defined by Daman

¹ Please note: (1) A single holiday or business trip may not exceed 90 days. (2) Coverage outside UAE is limited to 90 days per treatment. Exception: For Maternity benefit, coverage is extended up to 180 days.

² Pre –authorization required to avail this benefit. All Emergency cases do not require pre-authorization but should be notified to Daman within 24 hours

³ Available on reimbursement only. Non-network Providers covered on re-imburement only

⁴ Includes: (1) Vaccinations and inoculations for new borns and children as per DHA; (2) Preventive services for diabetes, every 3 years from age 30 and for High risk individuals annually from age 18.

⁵ Maternity: Where any condition develops into life threatening to either the mother or the newborn, the medically necessary expenses will be covered up to the annual aggregate limit.

⁶ Neo-natal screening tests includes: Phenylketonuria, Congenital Hypothyroidism, Sickle cell screening, congenital adrenal hyperplasia

⁷ Outpatient maternity includes: (1) up to 8 visits (2) 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 or A1c for others; (3) Visits to include reviews, checks and tests in accordance with DHA Antenatal Care Protocols; (4) 3 ante-natal ultrasound scans. Prescribed Drugs for the Outpatient Maternity benefit shall be covered as part of Outpatient Pharmaceuticals.

⁸ Includes: a) Clinical Examination b) Mammogram c) Pelvic Sonogram (if medically indicated) d) CA 15.3 (if medically indicated)

⁹ Includes: a) Clinical Examination b) PSA c) Rectal sonogram

¹⁰ Includes: a) FIT (Fecal Immunochemical Test) every 2 years; b) Colonoscopy every 10 years

¹¹ Exception: For inpatient maternity treatment at Non Network Provider, 50% covered outside UAE

¹² Papanicolaou test (Pap test)

¹³ Outpatient treatment at Non-Network Providers Not Covered

¹⁴ Mandated patient support program offering coverage for treatment of Cancer, Hepatitis B and Hepatitis C as per applicable DHA support program