

Day Care and Day Surgery	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *
Prescribed Medicine	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *
Diagnostic Tests	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *
Alternative Medicine and Treatment	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *
Vaccination and Inoculations	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *	Covered *
Renal Dialysis	Not Covered	Covered *	Covered *	Not Covered	Covered *	Covered *	Covered *	Covered *
AIDS	Not Covered	Covered *	Covered *	Not Covered	Covered *	Covered *	Covered *	Covered *
Psychiatric Treatment Inpatient	Not Covered	Covered *	Covered *	Not Covered	Covered *	Covered *	Covered *	Covered *
Psychiatric Treatment Outpatient	Not Covered	Covered *	Covered *	Not Covered	Covered *	Covered *	Covered *	Covered *
Maternity	Not Covered	Covered (Optional)	Covered (Optional)	Covered *	Covered *	Covered *	Covered *	Covered *
Dental Benefits	Not Covered	Covered *	Covered *	Not Covered	Covered *	Covered *	Covered *	Covered *
Optical	Not Covered	Covered *	Covered *	Not Covered	Covered *	Covered *	Covered *	Covered *
Medical Emergencies Diagnostic and Treatment for Dental Gum, Hearing and Vision Aids and Vision Correction bu Surgeries and Laser Treatment.	Not Covered	Not Covered	Not Covered	Covered *	Covered *	Covered *	Covered *	Covered *
Work Related Injuries and Illnesses	Not Covered	Not Covered	Not Covered	Not Covered	Covered *	Covered *	Covered *	Covered *
Annual Checkups (Wellness benefit)	Not Covered	Covered *	Covered *	Only Diabetes screening covered as stipulated in DHA Policies.	Covered *	Covered *	Covered *	Covered *
Cancer Scanning	Not Covered	Covered *	Covered *	Not Covered	Covered *	Covered *	Covered *	Covered *
Critical Illness (Life Threatening Cancer Only)	Covered *	Covered *	Covered *	Not Covered	Covered *	Covered *	Covered *	Covered *
Life Insurance / Repatriation	Covered *	Covered *	Covered *	Not Covered	Covered *	Covered *	Covered *	Covered *

Please Note: All Benefits marked with an (*) sign are covered subject to the Limits, Co-Insurances, and other Terms & Conditions as stipulated in the Table of Benefits of each product.