Aetna Summit℠

Benefits Schedule for

Carnegie Mellon University of Qatar

For plans starting on or after 01 January 2018
At a glance

Overall plan limit
as shown on your Certificate of Insurance

Annual excess
This is the total excess each member needs to pay towards claims in the plan year, as shown on your Certificate of Insurance.

Outpatient coinsurance
This is the percentage of coinsurance each member needs to pay towards claims in the plan year as shown on your Certificate of Insurance.

Good to know

Using this Benefits Schedule
Some words and phrases have specific meanings, we’ve highlighted them in bold print and you’ll find their definitions in your Handbook.

This Benefits Schedule details the plan benefits available under the core Aetna Summit plan. The plan sponsor may also be able to add and remove benefits, and increase or decrease benefit limits to enable them to custom-build a solution that’s right for them and their business.

Before you’re treated
It’s important you request our approval before you receive treatment for the following treatments and services:

- Medical evacuation
- Inpatient or daycare treatment admission
- Psychiatric treatment
- Prescription for more than three months’ supply of drugs for a chronic medical condition
- Single treatment or service that costs more than $500 or equivalent

If you’re unable to ask for approval because it’s an emergency, you or someone on your behalf must let us know about the emergency within 24 hours.

Your deductibles

Annual excess
An annual excess applies to Aetna Summit 1750. This is the total excess each member needs to pay towards claims in the plan year and applies to all benefits, except where explicitly stated in sections:

- Cancer Care
- Dental treatment
- Optical care
- Wellness
- Pregnancy and Childbirth
- Hospital cash

Your chosen annual excess is shown on your Certificate of Insurance.

Outpatient coinsurance
We’ll apply your level of outpatient coinsurance, as shown on your Certificate of Insurance, to outpatient claims. Once the total amount of outpatient coinsurance you have paid in a plan year reaches the maximum amount, you won’t have to pay any more outpatient coinsurance.

Dental coinsurance
We’ll apply our dental coinsurances to dental claims under the dental benefits only. See Dental treatment.
What’s covered

The benefits noted below are subject to the terms, conditions and exclusions contained in your plan documents. We’ll only pay reasonable costs for claims for treatment and services that are benefits and are medically necessary. Reasonable costs are the average cost of treatment, expertise or services given by similar types of medical provider within the same country or geographical region, based on our knowledge, experience and reasonable opinion. The benefits detailed below are available within your chosen tier and Area of Cover.

### Overall plan limit

We’ll pay reasonable costs for benefits up to the overall plan limit for each member in each plan year. Benefit limits shown as ‘Paid in full’ are subject to the overall plan limit for each member in each plan year.

<table>
<thead>
<tr>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worldwide excluding USA</td>
<td>Worldwide</td>
</tr>
<tr>
<td>Cover Area 2</td>
<td>Cover Area 1</td>
</tr>
<tr>
<td>MHD</td>
<td>MHD</td>
</tr>
</tbody>
</table>

$4,000,000

If you are a Hong Kong resident, costs for hospital accommodation, treatment and services in Hong Kong will only be paid up to the reasonable and customary rates associated with a semi-private dual occupancy room. This applies for all inpatient and daycare costs covered under:

1. Inpatient and daycare treatment
2. Parent accommodation
3. Rehabilitation
4. Cancer care
5. Physiotherapy and complementary medicine
6. Psychiatric treatment
7. Congenital abnormalities
8. HIV or AIDS
9. Organ transplants
10. Terminal care
11. Dental treatment

For non-Hong Kong residents, and Hong Kong residents receiving treatment outside of Hong Kong, we’ll pay for hospital accommodation (including meals) up to the cost of a standard single room with a private bathroom.

### In-patient and daycare treatment

Medical costs including intensive care, theatre, hospital accommodation, medical practitioners, specialists, anaesthetists, nursing, appliances and prescribed drugs and dressings.

Kidney dialysis.

MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.

Reconstructive surgery to restore natural function or appearance within 12 months of an accident or surgery.

Speech and language therapy and occupational therapy as part of your inpatient treatment.

Medical services of a nurse that would have been part of your inpatient or daycare treatment when these are received in your home instead of in hospital.

All inpatient treatment needed for acute medical conditions that begin before the member is eight days old, if the member was conceived by natural conception.

Where we agree that parent accommodation is needed in relation to this benefit and would normally be paid under section 3, Parent accommodation, it will be paid under this section instead.

All inpatient treatment needed for acute medical conditions that begin before the member is eight days old, if the pregnancy was the result of assisted conception.

Where we agree that parent accommodation is needed in relation to this benefit and would normally be paid under section 3, Parent accommodation, it will be paid under this section instead.

### Parent accommodation

Hospital accommodation costs for a parent or legal guardian to stay with the member if they’re aged 17 or under and receiving inpatient treatment that we cover under 2, Inpatient and daycare treatment.

Hospital accommodation costs for a companion to stay with the member if they’re aged 18 or over, their condition is critical and they’re receiving inpatient treatment that we cover.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4</strong></td>
<td><strong>Outpatient post-hospitalisation treatment</strong>&lt;br&gt;&lt;br&gt;Outpatient treatment for 90 days after you're discharged following inpatient or daycare treatment for the same acute medical condition. This benefit covers medical practitioners' and specialists' fees, surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures. Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</td>
</tr>
<tr>
<td></td>
<td>Paid in full</td>
</tr>
<tr>
<td></td>
<td>$16.50 / QAR 60</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td><strong>Rehabilitation</strong>&lt;br&gt;&lt;br&gt;This benefit is only available if:&lt;br&gt;&lt;br&gt;* you’ve received inpatient treatment for three or more consecutive days for the same medical condition&lt;br&gt;* you’ve stayed in hospital for three or more consecutive nights for the same medical condition&lt;br&gt;* your inpatient treatment was covered under inpatient and daycare treatment&lt;br&gt;* a medical practitioner or specialist has referred you for rehabilitation, and&lt;br&gt;* your rehabilitation starts:&lt;br&gt;– after you’re discharged from hospital following your inpatient treatment, or&lt;br&gt;– when you’re transferred to a rehabilitation unit following your inpatient treatment. Your first session must be no more than 14 days after you’re discharged or transferred.&lt;br&gt;&lt;br&gt;This benefit covers inpatient, daycare and outpatient physiotherapy, speech and language therapy and occupational therapy. We’ll also pay for accommodation costs at the rehabilitation unit when medically necessary.&lt;br&gt;&lt;br&gt;This section applies before any available benefit limit shown in <strong>Physiotherapy and complementary medicine</strong>. Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</td>
</tr>
<tr>
<td></td>
<td>Paid in full for up to 90 days following each admission</td>
</tr>
<tr>
<td></td>
<td>$16.50 / QAR 60</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td><strong>Cancer care</strong>&lt;br&gt;&lt;br&gt;All treatment for, or related to, a diagnosed cancer. This includes palliative treatment and care.</td>
</tr>
<tr>
<td></td>
<td>Paid in full</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td><strong>Outpatient treatment</strong>&lt;br&gt;&lt;br&gt;Surgical procedures. Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered under inpatient and daycare treatment. Medical practitioners' and specialists' fees, prescribed drugs and dressings, MRI scans, X-rays, pathology and diagnostic tests and procedures. Outpatient treatment for medical conditions that are an emergency when the treatment is received in a hospital. Kidney dialysis. PET and CT scans. Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</td>
</tr>
<tr>
<td></td>
<td>Paid in full</td>
</tr>
<tr>
<td></td>
<td>Paid in full</td>
</tr>
<tr>
<td></td>
<td>Paid in full</td>
</tr>
<tr>
<td></td>
<td>$16.50 / QAR 60</td>
</tr>
</tbody>
</table>
## Physiotherapy and complementary medicine

Physiotherapy as part of inpatient or daycare treatment.

<table>
<thead>
<tr>
<th>Outpatient coinsurance</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Post-hospitalisation outpatient physiotherapy. This benefit is available for 90 days after each inpatient or daycare admission.</strong></td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>

Outpatient physiotherapy when a medical practitioner or specialist refers you.

<table>
<thead>
<tr>
<th>Outpatient coinsurance</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>We reserve the right to seek further information from your medical practitioner or therapist if you received further treatment after you’ve completed six sessions.</strong></td>
<td>Paid up to $2,000</td>
<td>Paid up to $2,000</td>
</tr>
</tbody>
</table>

Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic treatment.

<table>
<thead>
<tr>
<th>Outpatient coinsurance</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>We reserve the right to seek further information from your therapist if you received further treatment after you’ve completed four sessions for any one medical condition.</strong></td>
<td>Paid up to $750</td>
<td>Paid up to $750</td>
</tr>
</tbody>
</table>

Outpatient podiatry, osteopathic and chiropractic treatment when a medical practitioner or specialist refers you.

<table>
<thead>
<tr>
<th>Outpatient coinsurance</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your outpatient coinsurance applies, as shown on your Certificate of Insurance</td>
<td>$16.50 / QAR 60</td>
<td>$16.50 / QAR 60</td>
</tr>
</tbody>
</table>

## Psychiatric treatment

Up to 30 days inpatient psychiatric treatment and psychotherapy in the plan year.

<table>
<thead>
<tr>
<th>Outpatient coinsurance</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient coinsurance doesn’t apply</strong></td>
<td>Paid up to $10,000</td>
<td>Paid up to $10,000</td>
</tr>
</tbody>
</table>

Inpatient and outpatient psychiatric treatment and psychotherapy when your medical condition is an emergency.

<table>
<thead>
<tr>
<th>Outpatient coinsurance</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your outpatient coinsurance applies, as shown on your Certificate of Insurance</td>
<td>$16.50 / QAR 60</td>
<td>$16.50 / QAR 60</td>
</tr>
</tbody>
</table>

## Durable medical equipment

We’ll cover costs for:

- Items a medical practitioner or specialist prescribes which are needed to deliver prescribed drugs and apply dressings
- Buying and fitting of devices or items medically necessary for treatment including spinal supports, orthopaedic braces and air cast boots
- The rental or initial purchase of crutches or a wheelchair if medically necessary
- The initial buying and fitting of external prostheses needed after surgery including artificial eyes and limbs
- The buying and fitting of medically necessary orthotic supplies, including insoles and orthotic supports.

If the costs are related to a medical condition we cover under the following sections, we’ll cover these within the benefit limits of that section:

- Cancer care
- Congenital abnormalities
- HIV or AIDS
- Organ transplants
- Terminal care
- Pregnancy and childbirth
- Emergency treatment outside your area of cover

<table>
<thead>
<tr>
<th>Outpatient coinsurance</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your outpatient coinsurance applies, as shown on your Certificate of Insurance</td>
<td>$16.50 / QAR 60</td>
<td>$16.50 / QAR 60</td>
</tr>
</tbody>
</table>
## Congenital abnormalities

All treatment for diagnosed congenital abnormalities and any related medical conditions. This includes palliative treatment and care for a congenital abnormality or any related medical condition.

We’ll cover costs for an organ transplant for congenital abnormalities and any related medical conditions under section ⑩ Organ transplants.

All treatment for diagnosed congenital abnormalities and any related medical conditions that are diagnosed before an insured member is 31 days old:
- if the pregnancy is the result of natural conception,
- if they are added to the plan before they are 31 days old, and
- the treatment would normally be covered under the lifetime limit above.

Once the member reaches five years of age, cover will only be available under the lifetime limit above. Any costs paid under this section will not be deducted from the lifetime limit shown above.

If the pregnancy is the result of assisted conception, cover will only be available under the lifetime limit above.

**Your outpatient coinsurance applies, as shown on your Certificate of Insurance.**

### HIV or AIDS

All treatment, including palliative treatment and care, for diagnosed HIV or AIDS and all related medical conditions.

**Your outpatient coinsurance applies, as shown on your Certificate of Insurance.**

### Organ transplants

Kidney, pancreas, liver, heart or lung transplants and any related treatment.

**Your outpatient coinsurance applies, as shown on your Certificate of Insurance.**

### Terminal care

Palliative treatment and care for a medical condition which is diagnosed as terminal.

If the costs are related to a medical condition we cover under the following sections, we’ll cover these within the benefit limits of that section:
- Cancer care
- Congenital abnormalities
- HIV or AIDS

**Your outpatient coinsurance applies, as shown on your Certificate of Insurance.**
### 15 Medical evacuation

The costs to transport you to the nearest appropriate medical facility when your *medical condition* is an emergency and we agree appropriate *treatment* is not available locally.

This *benefit* extends to the costs for emergency treatment you receive during the journey.

If we have transported you outside your *area of cover*, we’ll pay any related costs you incur in the country you’re evacuated to under the sections of your *Benefits Schedule* that would normally apply when you’re within your *area of cover*.

<table>
<thead>
<tr>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>

#### Costs of one dependant or companion having to accompany you or to travel at the same time if they are not able to accompany you during the emergency medical evacuation that we cover. This *benefit* will only become available if your *medical condition* is critical or you’re expected to stay in hospital for seven or more nights.

For the duration of your evacuation and period of admission we’ll cover:

- Costs for return economy class travel, including taxi transfers to and from the hotel on arrival and departure
- A taxi from the hotel to the hospital, and back, once a day
- Reasonable overnight accommodation costs including breakfast

<table>
<thead>
<tr>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>

#### The costs to transport you to appropriate medical facilities to receive *treatment* when your *medical condition* is not an emergency.

We’ll cover costs for return economy class travel to a location of your choice within your *area of cover* if:

- we agree appropriate *treatment* is not available locally, and
- we agree appropriate *treatment* is available in your chosen location.

We’ll also cover costs for airport taxi transfers.

Cover is only available under this *benefit* if the *treatment* is covered under ❷ *Inpatient or daycare treatment*, or ❹ *Outpatient post-hospitalisation treatment to* ❱ *Terminal care*.

<table>
<thead>
<tr>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

#### The costs to transport you to appropriate medical facilities for *treatment* related to your pregnancy if its not an emergency.

We’ll cover costs for return economy class travel to a location of your choice within your *area of cover* if:

- we agree appropriate *treatment* is not available locally, and
- we agree appropriate *treatment* is available in your chosen location.

We’ll also cover costs for airport taxi transfers.

You’re limited to three return journeys for each pregnancy.

Cover is only available under this *benefit* if the *treatment* is covered under 22 *Pregnancy and childbirth* and you have completed any waiting periods shown in section 22.

<table>
<thead>
<tr>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>

### 16 Local ambulance

Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital because of an emergency or if treatment is medically necessary.

<table>
<thead>
<tr>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>
### Mortal remains

If you die outside your home country, we’ll cover reasonable costs:
- to transport your body or mortal remains to your home country or your country of residence as directed by your next of kin or estate, or
- for your burial or cremation at the place of your death as directed by your next of kin or estate.

In the event of you’re burial, we’ll cover:
- The cost of opening or reopening a grave
- Any exclusive right of burial fee
- Burial costs

In the event of you’re cremation, we’ll cover:
- The cost of any doctor’s certificates
- Cremation costs, including the removal of any medical device before the cremation.

### Compassionate emergency visit

Costs you have to pay for one economy class return travel ticket from your area of cover for you to:
- visit a close family member if their medical condition is critical, or
- attend their burial or cremation following their death.

We’ll cover a maximum of one return journey in the plan year.

### Dental Treatment

Outpatient dental treatment for damage to natural teeth caused by an accident when:
- your dental condition is not an emergency
- the treatment can only be provided after you’ve received inpatient treatment related to the accident, and
- you receive treatment within 90 days after you’re discharged from hospital for your related inpatient treatment.

This benefit includes the cost to supply and fit dental implants.

Outpatient dental treatment for damage to natural teeth caused by an accident, except when the damage is caused by eating. Cover is only available when your dental condition is not an emergency and you receive treatment for the accidental damage within 10 days of the accident. This benefit also includes one follow-up consultation within 30 days of the accident.

- Your annual excess applies, as shown on your Certificate of Insurance.
- Your outpatient coinsurance applies, as shown on your Certificate of Insurance.

- Outpatient dental treatment when your dental condition is an emergency.
- Emergency dental coinsurance

Routine outpatient dental treatment, including treatment for accidental damage to natural teeth when the damage is caused by eating. This benefit covers dental examinations, scraping, cleaning and polishing, minor gum treatment, X-rays, composite fillings and simple non-surgical extractions only.

Cover is available after you’ve had 182 days’ continuous cover from the date that this optional benefit was first included in your plan. This waiting period is waived for MHD.

Major restorative dental treatment, including treatment for accidental damage to natural teeth when the damage is caused by eating. This benefit covers:
- Surgical extractions, including wisdom teeth
- Root canal treatment
- The cost to supply, fit and repair crowns, bridges and dentures
- X-rays needed to support major restorative dental treatment
- Major gum treatment

Cover is available after you’ve had 182 days’ continuous cover from the date that this optional benefit was first included in your plan. This waiting period is waived for MHD.
Dental Treatment Continued

Orthodontic treatment including:
• Orthodontic examinations
• Costs to supply, fit and repair orthodontic devices or items
• X-rays needed to support orthodontic treatment
• Surgical and non-surgical extractions needed as part of your orthodontic treatment

Orthodontic coinsurance

Dental implants including:
• Dental examinations needed for dental implants
• Costs to supply, fit and repair dental implants
• X-rays needed to support the fitting or repair of dental implants

Dental implants coinsurance

Optical care

Prescription costs for:
• Contact lenses
• Spectacles
• Spectacle lenses
• Spectacle frames

You’re also covered for one consultation and sight examination for the signs or symptoms, or management of, natural or non-medical degenerative sight disorders. This includes, but isn’t limited to, myopia, hypermetropia and astigmatism.

Vision aids, vision correction by surgery and hearing aids, when treatment is needed for a medical condition that is an emergency.

Optical coinsurance.

Wellness

Members aged 18 or over: routine health checks including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations.

Paid up to $1,000

Paid up to $1,000

Members aged 17 or under: routine health checks

One sight examination and one hearing examination in the plan year.

Not covered

Not covered

Vaccinations for members aged 17 or under

Paid in full

Paid in full

Pregnancy and childbirth

For natural and assisted conception pregnancies

• Antenatal checkups for an uncomplicated pregnancy (no more than 12 routine antenatal visits during each pregnancy and one routine 2D ultrasound scan in each trimester)
• Antenatal vitamins
• Delivery costs, nursing fees and hospital accommodation costs for uncomplicated childbirth
• Postnatal checkups
• Hospital accommodation costs for your newborn to stay with you for up to four nights immediately after his or her birth

We’ll also pay the following routine costs for the newborn for the first 30 days after his or her birth, even if you do not add the newborn to your plan:
• One physical examination
• Vitamin K, hepatitis B and BCG vaccinations
• Screening tests for PKU, congenital hypothyroidism and G6PD
• One hearing examination

This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to $500 within the benefit limit shown.
### Maternity coinsurance

<table>
<thead>
<tr>
<th>Policy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Summit℠ 4000</td>
<td>10%</td>
</tr>
</tbody>
</table>

Treatment for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of natural conception. We'll also cover the following routine costs for the newborn for the first 30 days after his or her birth, even if you do not add the newborn to your plan:

- Hospital accommodation costs for your newborn to stay with you immediately after a complicated childbirth
- One physical examination
- Vitamin K, hepatitis B and BCG vaccinations
- Screening tests for PKU, congenital hypothyroidism and G6PD
- One hearing examination

This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to $500 within the benefit limit shown.

### Hormone replacement therapy

Hormone replacement therapy for symptoms of the menopause.

Paid up to $500

<table>
<thead>
<tr>
<th>Policy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Summit℠ 4000</td>
<td>$16.50 / QAR 60</td>
</tr>
</tbody>
</table>

Your outpatient coinsurance applies, as shown on your Certificate of Insurance.

### Hospital Cash

We'll pay you for each night you stay in a hospital for inpatient treatment:

- if the inpatient treatment and hospital accommodation you receive during your stay are provided free of charge, and
- we would otherwise cover the treatment or services you receive during your stay under this plan.

We'll pay for a maximum of 20 nights in the plan year.

### Emergency treatment outside area of cover

Inpatient and daycare treatment when your medical condition is an emergency.

Outpatient treatment when your medical condition is an emergency.

<table>
<thead>
<tr>
<th>Policy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Summit℠ 4000</td>
<td>Not applicable Area of cover is Area 1</td>
</tr>
<tr>
<td>Aetna Summit℠ 4000</td>
<td>Not applicable Area of cover is Area 1</td>
</tr>
</tbody>
</table>

Paid up to $500

<table>
<thead>
<tr>
<th>Policy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Summit℠ 4000</td>
<td>$16.50 / QAR 60</td>
</tr>
<tr>
<td>Aetna Summit℠ 4000</td>
<td>Not applicable Area of cover is Area 1</td>
</tr>
</tbody>
</table>
Costs of the appropriate type of ambulance needed to transport you to the nearest appropriate local hospital. This benefit is only available when your medical condition is an emergency.

We will only cover you if the emergency would be covered if you were within your area of cover.

If the emergency is due to pregnancy or childbirth and you’re 26 weeks or more into your pregnancy, this benefit is only available if you have been outside your area of cover for no more than 14 days at your date of admission for emergency inpatient or daycare treatment or the date you receive emergency outpatient treatment. Travel must not be against the advice of a medical practitioner, specialist or nurse at any time during your pregnancy.

### Health management services

Access to our CARE team to receive tailored information and discuss any chronic condition and disease management.

Employee Assistance Programme – access to online and telephonic confidential support including counselling, information and guidance. Log on to the Health Hub or contact our Member Services Team for more information.

Employee Assistance Programme – access to in-person confidential support including counselling, information and guidance. Log on to the Health Hub or contact our Member Services Team for more information.

We’ll cover a combined maximum of five counselling session in each plan year.

### red24 Security Services

AdviceLine: 24/7 personal security information and advice for all your travel safety queries. Visit www.red24.com/aetna to register for this service

ActionResponse: 24/7 international rescue and response service for you in a potentially life-threatening, non-medical event. Visit www.red24.com/aetna to register for this service

### Outpatient direct billing

Direct billing helps cut out-of-pocket costs at the point of service

If selected, outpatient costs for the following treatments can be settled directly with the provider:

1. Outpatient post-hospitalisation treatment
2. Rehabilitation
3. Cancer care
4. Outpatient treatment
5. Congenital abnormalities
6. Pregnancy and childbirth

<table>
<thead>
<tr>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid up to $500</td>
<td>Not applicable Area of cover is Area 1</td>
</tr>
</tbody>
</table>
Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to www.AetnaInternational.com.

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license. For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependents, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

Policies issued in Kuwait are insured by Warba Insurance Company (K.s.c) and reinsured by Aetna Life and Casualty (Bermuda) Limited and administered by Aetna Global Benefits Limited - A Company Regulated by DFSA, registered address: Gate Village Building No. 7, Unit 101, DIFC, P.O. Box 6380, Dubai, UAE and Wapmed TPA Services Co.

Policies issued in Qatar are insured by Al Khaleej Takaful Group and reinsured by Aetna Life and Casualty (Bermuda) Limited and administered by Aetna Global Benefits Limited - A Company Regulated by DFSA, registered address: Gate Village Building No. 7, Unit 101, DIFC, P.O. Box 6380, Dubai, UAE.

Policies issued in the Kingdom of Bahrain are insured by Bahrain & Kuwait Insurance Company and reinsured by Aetna Life and Casualty (Bermuda) Limited and administered by Aetna Global Benefits Limited - A Company Regulated by DFSA, registered address: Gate Village Building No. 7, Unit 101, DIFC, P.O. Box 6380, Dubai, UAE.

Policies issued in the Kingdom of Saudi Arabia are insured by Tawuniya and administered by Tawuniya and Aetna Global Benefits Limited - A Company Regulated by DFSA. Aetna Global Benefits Limited, registered address: Gate Village Building No. 7, Unit 101, DIFC, P.O. Box 6380, Dubai, UAE.

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of cover. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna International plans, refer to www.aetnainternational.com.
The policies issued in the Philippines by Starr International Insurance Philippines Branch under this plan are reinsured by Aetna Life & Casualty (Bermuda) Ltd., an Aetna Company. Starr International Insurance Philippines Branch registered address: 18/F, Philamlife Tower, 8767 Paseo de Roxas, Makati City, Philippines. Aetna Life & Casualty (Bermuda) Ltd. registered address: Cannon’s Court, 22 Victoria Street, P.O. Box HM 1179 Hamilton, HMEX Bermuda.

Starr® is a trademark of Starr International Insurance Philippines Branch and is protected throughout the world by trademark registrations and treaties.

No warranty or representation is given, whether expressed or implied, as to the completeness and/or accuracy of the information contained in this document and accordingly the information given is for guidance purposes only. You are requested to verify the above information before you act upon it. You should not rely on such information and should seek your own independent legal advice. We will not be liable for any loss and damage, whether direct or indirect, from your use of the information and the materials contained therein. Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional.

For more information, refer to www.treasury.gov/resource-center/sanctions.

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties. Al Ain Ahlia and Aetna do not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of cover. Information is believed to be accurate as of the production date; however, it is subject to change.

Whenever coverage provided by any insurance policy is in violation of any United States (US), United Nations (UN) or European Union (EU) economic or trade sanctions, such coverage shall be null and void. For example, Aetna companies cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control (OFAC) license. Learn more on the US Treasury’s website at: www.treasury.gov/resource-center/sanctions.

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties. Archipelago Insurance Limited does not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to www.Aetnalinternational.com.

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license. For more information on OFAC, visit http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license. For more information on OFAC, visit http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx.