1.0 Overall plan limit

Reasonable costs will be paid up to the overall plan limit in the plan year. We will not pay any more than the overall plan limit for any one or more claims on any one or more of the benefits below. Where a benefit limit is shown as “Paid in full,” this is still subject to the overall plan limit. Unless stated, all benefit limits shown apply for the plan year.

<table>
<thead>
<tr>
<th>Category Description</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid in full</td>
<td>Cover Area 2</td>
<td>Cover Area 1</td>
</tr>
</tbody>
</table>

2.0 Inpatient and daycare (see section 26 for deductibles)

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

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

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

2.4 Speech and language therapy and occupational therapy as part of your inpatient treatment. This benefit is only available if the medical condition is covered under sections 2.1 or 2.3.

2.5 Medical services of a nurse as part of your inpatient or daycare treatment when these are received in your home instead of in hospital. This benefit is only available if the medical condition is covered under sections 2.1 or 2.3.

2.6 Inpatient treatment needed for acute medical conditions that begin before an insured member is eight days old.

2.7 Outpatient treatment received in a hospital when your medical condition is an emergency.

3.0 Inpatient rehabilitation (see section 26 for deductibles)

3.1 Hospital accommodation costs for a parent or legal guardian to stay with an insured child aged 17 or under. This benefit is only available when the child is receiving inpatient treatment covered under sections 2.1 to 2.3.

3.2 If the costs of the insured child’s inpatient admissions are related to a medical condition covered under sections 2.1 to 2.4, 8.1 to 8.3, 11 to 14, 19.4 or 25.1, the hospital accommodation costs for a parent or legal guardian to stay with the insured child will be covered within the benefit limits of the same section.

4.0 Outpatient post-hospitalisation treatment (see section 26 for deductibles)

4.1 Outpatient treatment for a period of 90 days following discharge from hospital for inpatient or daycare treatment related to 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.

5.0 Outpatient treatment (see section 26 for deductibles)

5.1 Outpatient treatment for a period of 90 days following discharge from hospital for inpatient treatment covered under sections 2.1 to 2.3.

5.2 Inpatient treatment covered under sections 2.1 to 2.4.

5.3 Outpatient treatment for a period of 90 days following discharge from hospital for daycare treatment covered under sections 2.1 to 2.3.

5.4 Outpatient treatment for a period of 90 days following discharge from hospital for inpatient treatment covered under sections 2.1 to 2.3.

5.5 Outpatient treatment for a period of 90 days following discharge from hospital for daycare treatment covered under sections 2.1 to 2.3.

6.0 Cancer care (see section 26 for deductibles)

6.1 All treatment for, or related to, a diagnosed cancer. This includes palliative treatment and care during the end stages of a cancer.

7.0 Physiotherapy and complementary medicine (see section 26 for deductibles)

7.1 Medical practitioners’ and specialists’ fees, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.

7.2 Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered under sections 2.1 to 2.3.

7.3 Medical practitioners’ and specialists’ fees, prescribed drugs and dressings, MRI scans, X-rays, pathology and diagnostic tests and procedures.

7.4 Outpatient treatment received in a hospital when your medical condition is an emergency.

7.5 Kidney dialysis.

7.6 PET and CT scans.

7.7 Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homoeopathic treatment. Further medical information may be needed after any four sessions for any one medical condition.

8.0 Physiotherapy and complementary medicine (see section 26 for deductibles)

8.1 Outpatient treatment as part of inpatient or daycare treatment.

8.2 Outpatient post-hospitalisation outpatient physiotherapy following admissions for inpatient or daycare treatment covered under sections 2.1 to 2.4. This benefit is available for a period of 90 days following each admission.

8.3 Outpatient physiotherapy when referred by a medical practitioner or specialist. Further medical information may be needed if you receive further treatment after you have completed the number of sessions that were referred by the medical practitioner or specialist.

8.4 Outpatient psychology, osteopathic and chiropractic treatment, when referred by a medical practitioner or specialist. Further medical information may be needed if you receive further treatment after you have completed the number of sessions that were referred by the medical practitioner or specialist.

8.5 Outpatient treatment as part of inpatient or daycare treatment.

9.0 Inpatient rehabilitation (see section 26 for deductibles)

9.1 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.

9.2 Outpatient treatment for a period of 90 days following discharge from hospital for inpatient treatment covered under sections 2.1 to 2.3 or 2.6. This benefit is available for a period of 90 days following each admission.

9.3 Outpatient physiotherapy when referred by a medical practitioner or specialist. Further medical information may be needed if you receive further treatment after you have completed the number of sessions that were referred by the medical practitioner or specialist.

9.4 Outpatient psychology, osteopathic and chiropractic treatment, when referred by a medical practitioner or specialist. Further medical information may be needed if you receive further treatment after you have completed the number of sessions that were referred by the medical practitioner or specialist.

9.5 Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homoeopathic treatment. Further medical information may be needed after any four sessions for any one medical condition.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Benefit Limit</th>
<th>Benefit Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.0</td>
<td><strong>Psychiatric treatment</strong> (see section 26 for deductibles)</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>10.1</td>
<td>Inpatient psychiatric treatment and psychotherapy. This benefit is available for up to 30 days in the plan year.</td>
<td>Paid up to $10,000</td>
<td>Paid up to $10,000</td>
</tr>
<tr>
<td>10.2</td>
<td>Outpatient psychiatric treatment and psychotherapy.</td>
<td>Paid up to $2,000</td>
<td>Paid up to $2,000</td>
</tr>
<tr>
<td>10.3</td>
<td><strong>Durable medical equipment</strong> (see section 26 for deductibles)</td>
<td>Paid in full</td>
<td>Paid up to $1,000</td>
</tr>
<tr>
<td>10.4</td>
<td><strong>Organ transplants</strong> (see section 26 for deductibles)</td>
<td>Paid in full</td>
<td>Paid up to $10,000</td>
</tr>
<tr>
<td>11.0</td>
<td><strong>Congenital abnormalities</strong> (see section 26 for deductibles)</td>
<td>Paid up to a lifetime limit of $50,000</td>
<td>Paid up to a lifetime limit of $50,000</td>
</tr>
<tr>
<td>11.1</td>
<td>All treatment for diagnosed congenital abnormalities and any related medical conditions. This includes palliative treatment and care during the end stages of a congenital abnormality or any related medical condition.</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>11.2</td>
<td>For organ transplants for congenital abnormalities and any related medical conditions, see section 13.</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>11.3</td>
<td>HIV or AIDS (see section 26 for deductibles)</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>13.0</td>
<td><strong>Medical evacuation</strong> (see section 26 for deductibles)</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>13.1</td>
<td>All treatment, including palliative treatment and care, for diagnosed HIV or AIDS and all related medical conditions.</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>14.0</td>
<td><strong>Terminal care</strong> (see section 26 for deductibles)</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>14.1</td>
<td>Palliative treatment and care for a medical condition which is diagnosed as terminal.</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>14.2</td>
<td>For terminal care related to cancer care, congenital abnormalities and HIV or AIDS, see sections 6, 11 and 12.</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>15.0</td>
<td><strong>Concurrent abnormalities</strong> (see section 26 for deductibles)</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>15.1</td>
<td>The costs to transport you to the nearest location where appropriate medical facilities are available, as agreed by us and by your attending medical practitioner. This benefit will only be paid if 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. Where it is necessary to transport you outside your area of cover, any related costs that are incurred in the country you are evacuated to will be payable under the relevant sections of your Benefits schedule that would normally apply when you are within your area of cover. Cover is only available under this benefit if the treatment is covered under sections 2, 4, 5, 7 to 9 or 22 and you have completed any waiting periods shown in the relevant section.</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>15.2</td>
<td>Economy class travel costs for you to go back to your country of residence, or your home country, after your emergency medical evacuation under section 15.1.</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>15.3</td>
<td>Costs of one dependent or companion having to accompany you for an emergency medical evacuation under section 15.1. This benefit will only become available if your medical condition is critical or you are expected to stay in hospital for seven or more nights. We will cover: Costs for return economy class travel, including taxi transfers to and from the hotel on arrival and departure. Reasonable overnight accommodation costs, to include breakfast.</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>15.4</td>
<td>The costs to transport you to appropriate medical facilities to receive treatment when your medical condition is not an emergency. We will 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 will also pay for airport taxi transfers. Cover is only available under this benefit if the treatment is covered under sections 2 or 4 to 14.</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>15.5</td>
<td>The costs to transport you to appropriate medical facilities for treatment related to your pregnancy if the medical condition is not an emergency. We will 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 will also pay for airport taxi transfers. You are limited to three return journeys for each pregnancy. Cover is only available under this benefit if the treatment is covered under section 22 and you have completed any waiting periods shown in section 22.</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>15.6</td>
<td>Costs for medical evacuations do not extend to air rescue, or any mountain rescue unless related to a medical condition you suffer at a recognised ski resort or similar winter sports resort.</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>
## SUMMARY OF BENEFITS

### 16.0 Local ambulance (see section 26 for deductibles)

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.1</td>
<td>Paid in full</td>
<td></td>
</tr>
<tr>
<td>16.2</td>
<td>Paid in full</td>
<td></td>
</tr>
</tbody>
</table>

### 17.0 Mortal remains (see section 26 for deductibles)

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.1</td>
<td>Paid in full</td>
<td></td>
</tr>
</tbody>
</table>

### 18.0 Compassionate emergency visit

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.1</td>
<td>Paid in full</td>
<td></td>
</tr>
</tbody>
</table>

### 19.0 Dental Treatment (see section 26 for deductibles)

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.1</td>
<td>Paid in full</td>
<td></td>
</tr>
<tr>
<td>19.2</td>
<td>Paid up to $750</td>
<td></td>
</tr>
<tr>
<td>19.3</td>
<td>Paid up to $1,000</td>
<td></td>
</tr>
</tbody>
</table>

### 20.0 Optical care (see section 26 for deductibles)

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.1</td>
<td>Paid up to $1,000</td>
<td></td>
</tr>
</tbody>
</table>

### 21.0 Wellness

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.1</td>
<td>Paid in full</td>
<td></td>
</tr>
<tr>
<td>21.2</td>
<td>Paid in full</td>
<td></td>
</tr>
<tr>
<td>21.3</td>
<td>Paid in full</td>
<td></td>
</tr>
<tr>
<td>21.4</td>
<td>Paid in full</td>
<td></td>
</tr>
</tbody>
</table>
SUMMARY OF BENEFITS

Effective Date: 01 January 2018

22.0 Pregnancy and childbirth (see section 26 for deductibles)

22.1 Costs for:
  • Antenatal care
  • Antenatal vitamins
  • Delivery costs, nursing fees and hospital accommodation costs for uncomplicated childbirth
  • Postnatal care
  This benefit includes coverage for pregnancies resulting from natural or assisted conception.

Outpatient care
  • Antenatal care
  • Antenatal vitamins
  • Delivery costs, nursing fees and hospital accommodation costs for uncomplicated childbirth
  • Postnatal care

We will pay reasonable hospital accommodation costs for the newborn to stay with you for no more than four nights immediately after childbirth. We will also pay the following routine costs for the newborns:
  • One physical examination
  • Vitamin K, hepatitis B and BCG vaccinations
  • Screening tests for PKU, congenital hypothyroidism and G6PD

This benefit is only available after you have had 12 months’ continuous cover from the date that the benefit was first introduced on your plan. This waiting period is waived for MHD.

Paid up to $10,000

22.2 Treatment for medical complications of maternity that happens due to a medical condition during pregnancy or childbirth, if the pregnancy is the result of assisted conception.

We will pay reasonable accommodation costs for the newborn to stay with you immediately after a complicated childbirth. We will also pay the following routine costs for the newborns:
  • One physical examination
  • Vitamin K, hepatitis B and BCG vaccinations
  • Screening tests for PKU, congenital hypothyroidism and G6PD
  • One hearing examination

This benefit is only available after you have had 12 months’ continuous cover from the date that the benefit was first introduced on your plan. This waiting period is waived for MHD.

Paid in full

22.3 Treatment for medical complications of maternity that happens due to a medical condition during pregnancy or childbirth, if the pregnancy is the result of natural conception.

We will pay reasonable accommodation costs for the newborn to stay with you immediately after a complicated childbirth. We will also pay the following routine costs for the newborns:
  • One physical examination
  • Vitamin K, hepatitis B and BCG vaccinations
  • Screening tests for PKU, congenital hypothyroidism and G6PD
  • One hearing examination

Paid in full

22.4 The benefit limits shown for section 22 apply for each pregnancy. Where a pregnancy spans more than one plan year, any benefit paid for treatment or services received in the plan year when the pregnancy began will be deducted from the benefit limit shown in the following plan year. This benefit does not extend to 3D or 4D ultrasound scans.

Routine costs for newborns, as shown in section 22, are only covered for the first 30 days from birth. Where the newborn is an insured member, cover for routine costs within the first 30 days will still be provided under section 22 of the insured member’s plan.

23.0 Hormone replacement therapy (see section 26 for deductibles)

23.1 Hormone replacement therapy for symptoms of the menopause.

Paid up to $500

24.0 Hospital Cash

24.1 Payment made to you for each night you stay in a hospital when receiving inpatient treatment:
  • If your inpatient treatment and hospital accommodation are provided free of charge, and
  • The treatment or services received would normally be covered under sections 2, 6, 9, 11 to 14, 19.5 and 22 and you have completed any waiting periods shown in the relevant sections.

This benefit is payable for up to 20 nights in the plan year.

$125

35.0 Emergency treatment outside area of cover (see section 26 for deductibles)

35.1 Inpatient and day-case treatment when your medical condition is an emergency and you are outside your area of cover.

Paid up to $200,000

35.2 Outpatient treatment when your medical condition is an emergency and you are outside your area of cover.

Paid up to $500

35.3 Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital. This benefit is only available when your medical condition is an emergency and you are outside your area of cover.

Paid up to $500

26.0 Deductibles

26.1 Annual excess applies to sections 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19.1, 19.2, 20 and 25. This is the total excess that you will pay for any one or more claims in the plan year. An additional deductible may apply for treatment or services received outside of the network, see section 26.4.

Not applicable

26.2 Outpatient excess on sections 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19.1, 19.2, 19.3 and 25.2. This excess is applied to each outpatient consultation. An additional deductible may apply for treatment or services received outside of the network, see section 26.8.

$16.50 / QAR 60

26.3 Deductible on sections 20.1 and 20.5. This deductible is applied to each claim.

4.5

26.4 Orthodontics

Not applicable

26.5 Dental implants on section 19.7. This deductible is applied to each claim.

Not applicable

26.6 Optical care on section 30.1. This deductible is applied to each claim.

Not applicable

26.7 Maternity care on sections 22.1 and 22.2. This deductible is applied to each claim. An additional deductible may apply for treatment or services received outside of the network, see section 26.8.

10%

26.8 Out-of-network deductible on sections 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19.1, 19.2, 19.3 and 25.2.
  • An appropriate provider within the network is available in the location where you receive treatment or services, but you receive treatment or services at a provider outside of the network, and
  • The cost of treatment or services is greater than the cost that would have been incurred if the treatment or services were received within the network in the same location.

Deduction for reasonable costs

27.0 Health management services

27.1 Chronic condition and disease management to provide tailored information and access to a nurse to discuss your health.

Included

27.2 Employee Assistance Programme - online and telephone confidential support including counselling, information and guidance. Log on to the Secure Member Website or contact our Member Services Team for more information.

Included

27.3 Employee Assistance Programme - in-person confidential support including counselling, information and guidance. Log on to the Secure Member Website or contact our Member Services Team for more information.

Included

27.4 The service provided under sections 27.1 and 27.2 includes a combined maximum of five sessions of counselling in each plan year.

28.0 Medibank Security Services

28.1 ActionResponse – 24/7 personal security information and advice for all your travel safety queries. Please contact Medibank or visit www.medibank.com/aetna

Included

28.2 ActionResponse – 24/7 international rescue and response service for you in a potentially life-threatening, non-medical event. Please contact red24 or visit www.red24.com/aetna

Included

29.0 Outpatient drug benefits

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

Included

Included