Aetna Summit℠

Benefits Schedule for
Carnegie Mellon University of Qatar

For plans starting on or after 01 January 2019
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:

<table>
<thead>
<tr>
<th>Category Description</th>
<th>Overall plan limit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Worldwide excluding USA</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1 Overall plan limit</strong></td>
<td></td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td>$4,000,000</td>
</tr>
<tr>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>1 Inpatient and daycare treatment</td>
<td></td>
</tr>
<tr>
<td>2 Parent accommodation</td>
<td></td>
</tr>
<tr>
<td>3 Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>4 Cancer care</td>
<td></td>
</tr>
<tr>
<td>5 Physiotherapy and complementary medicine</td>
<td></td>
</tr>
<tr>
<td>6 Psychiatric treatment</td>
<td></td>
</tr>
<tr>
<td>7 Congenital abnormalities</td>
<td></td>
</tr>
<tr>
<td>8 HIV or AIDS</td>
<td></td>
</tr>
<tr>
<td>9 Organ transplants</td>
<td></td>
</tr>
<tr>
<td>10 Terminal care</td>
<td></td>
</tr>
<tr>
<td>11 Dental treatment</td>
<td></td>
</tr>
<tr>
<td>12 Pregnancy and childbirth. 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.</td>
<td></td>
</tr>
<tr>
<td>2 Inpatient and daycare treatment</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Where we agree that parent accommodation is needed in relation to this benefit and would normally be paid under section 1 Parent accommodation, it will be paid under this section instead.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Where we agree that parent accommodation is needed in relation to this benefit and would normally be paid under section 1 Parent accommodation, it will be paid under this section instead.</td>
<td></td>
</tr>
</tbody>
</table>

Proprietary
### 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>3</td>
<td>Parent accommodation</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Paid in full</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

### Outpatient post-hospitalisation treatment

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.

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>Outpatient post-hospitalisation treatment</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Paid in full</td>
</tr>
<tr>
<td></td>
<td>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>
</tbody>
</table>

### Rehabilitation

This benefit is only available if:

- you’ve received inpatient treatment for three or more consecutive days for the same medical condition
- you’ve stayed in hospital for three or more consecutive nights for the same medical condition
- your inpatient treatment was covered under 2 Inpatient and daycare treatment.
- a medical practitioner or specialist has referred you for rehabilitation, and
- your rehabilitation starts:
  - after you’re discharged from hospital following your inpatient treatment, or
  - 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.

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.

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Rehabilitation</td>
</tr>
</tbody>
</table>
| | This benefit is only available if:

  - you’ve received inpatient treatment for three or more consecutive days for the same medical condition
  - you’ve stayed in hospital for three or more consecutive nights for the same medical condition
  - your inpatient treatment was covered under 2 Inpatient and daycare treatment.
  - a medical practitioner or specialist has referred you for rehabilitation, and
  - your rehabilitation starts:
    - after you’re discharged from hospital following your inpatient treatment, or
    - 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.

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. |
| | Paid in full for up to 90 days following each admission |
| | This section applies before any available benefit limit shown in 1 Physiotherapy and complementary medicine. |
| | Your outpatient coinsurance applies, as shown on your Certificate of Insurance. |
| | Paid in full for up to 90 days following each admission |
| | $16.50 / QAR 60 |

### Cancer care

All treatment for, or related to, a diagnosed cancer. This includes palliative treatment and care.

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Cancer care</td>
</tr>
<tr>
<td></td>
<td>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>Annual excess</td>
</tr>
<tr>
<td></td>
<td>Paid in full</td>
</tr>
</tbody>
</table>

### Outpatient treatment

Surgical procedures.

Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered under 2 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.
### Physiotherapy and complementary medicine

Physiotherapy as part of inpatient or daycare treatment.

**Outpatient coinsurance doesn’t apply**

Post-hospitalisation outpatient physiotherapy. This benefit is available for 90 days after each inpatient or daycare admission.

Outpatient physiotherapy when a medical practitioner or specialist refers you.

*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.*

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

*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.*

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

*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.*

### Psychiatric treatment

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

**Outpatient coinsurance doesn’t apply**

Outpatient psychiatric treatment and psychotherapy.

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

*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.*

### 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:*

<table>
<thead>
<tr>
<th>Section</th>
<th>Benefit Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer care</td>
<td>Paid up to $1,000</td>
</tr>
<tr>
<td>Congenital abnormalities</td>
<td>Paid up to $10,000</td>
</tr>
<tr>
<td>HIV or AIDS</td>
<td>Paid up to $2,000</td>
</tr>
<tr>
<td>Organ transplants</td>
<td>Paid up to $1,000</td>
</tr>
<tr>
<td>Terminal care</td>
<td>Paid in full</td>
</tr>
<tr>
<td>Pregnancy and childbirth</td>
<td>Paid up to $750</td>
</tr>
<tr>
<td>Emergency treatment outside your area of cover</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>

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

$16.50 / QAR 60
11 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 13 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.

12 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.

13 Organ transplants

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

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

14 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.

Economy class travel costs for you to go back to your choice of your country of residence, or your home country, after your emergency medical evacuation that was covered under this plan.

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.

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 2 Inpatient or daycare treatment, or 4 Outpatient post-hospitalisation treatment to 6 Terminal care.

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.

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.

Cover is only available under this benefit if the treatment is covered under the following sections:

1 Inpatient and daycare treatment
2 Outpatient post-hospitalisation treatment
3 Cancer care
4 Outpatient treatment
5 Psychiatric treatment
6 Congenital abnormalities
7 HIV or AIDS
8 Organ transplants
9 Terminal care
10 Pregnancy and childbirth
17 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.

18 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.

19 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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient dental treatment when your dental condition is an emergency.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Emergency dental coinsurance</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Routine outpatient dental treatment, including treatment for accidental damage to natural teeth when the damage is caused by eating. This benefit covers:</td>
<td>$16.50 / QAR 60</td>
</tr>
<tr>
<td>- Surgical extractions, including wisdom teeth</td>
<td></td>
</tr>
<tr>
<td>- Root canal treatment</td>
<td></td>
</tr>
<tr>
<td>- The cost to supply, fit and repair crowns, bridges and dentures</td>
<td></td>
</tr>
<tr>
<td>- X-rays needed to support major restorative dental treatment</td>
<td></td>
</tr>
<tr>
<td>- Major gum treatment</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>Paid up to $750</td>
</tr>
<tr>
<td>Major restorative dental treatment, including treatment for accidental damage to natural teeth when the damage is caused by eating. This benefit covers:</td>
<td>Paid up to $1,000</td>
</tr>
<tr>
<td>- Surgical extractions, including wisdom teeth</td>
<td></td>
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<tr>
<td>- Root canal treatment</td>
<td></td>
</tr>
<tr>
<td>- The cost to supply, fit and repair crowns, bridges and dentures</td>
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<td>- X-rays needed to support major restorative dental treatment</td>
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</tr>
<tr>
<td>- Major gum treatment</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

Dental coinsurance

- Proprietary
## Orthodontic treatment

<table>
<thead>
<tr>
<th>orthodontic treatment</th>
<th>Not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthodontic examinations</td>
<td></td>
</tr>
<tr>
<td>Costs to supply, fit and repair orthodontic devices or items</td>
<td></td>
</tr>
<tr>
<td>X-rays needed to support orthodontic treatment</td>
<td></td>
</tr>
<tr>
<td>Surgical and non-surgical extractions needed as part of your orthodontic treatment</td>
<td></td>
</tr>
</tbody>
</table>

### Orthodontic coinsurance

<table>
<thead>
<tr>
<th>Orthodontic coinsurance</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

## Dental implants

<table>
<thead>
<tr>
<th>Dental implants</th>
<th>Not covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental examinations needed for dental implants</td>
<td></td>
</tr>
<tr>
<td>Costs to supply, fit and repair dental implants</td>
<td></td>
</tr>
<tr>
<td>X-rays needed to support the fitting or repair of dental implants</td>
<td></td>
</tr>
</tbody>
</table>

### Dental implants coinsurance

<table>
<thead>
<tr>
<th>Dental implants coinsurance</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

## Optical care

<table>
<thead>
<tr>
<th>Optical care</th>
<th>Paid up to $500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription costs for:</td>
<td></td>
</tr>
<tr>
<td>Contact lenses</td>
<td></td>
</tr>
<tr>
<td>Spectacles</td>
<td></td>
</tr>
<tr>
<td>Spectacle lenses</td>
<td></td>
</tr>
<tr>
<td>Spectacle frames</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Optical coinsurance</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

## Wellness

### Members aged 18 or over: routine health checks

- Cancer screening
- Cardiovascular examinations
- Neurological examinations
- Vital sign tests
- Vaccinations

### Members aged 17 or under: routine health checks

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

### Vaccinations for members aged 17 or under

- 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.

### Pregnancy and childbirth coinsurance

<table>
<thead>
<tr>
<th>Pregnancy and childbirth coinsurance</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

## Aetna Summit℠ 4000

<table>
<thead>
<tr>
<th>Aetna Summit℠ 4000</th>
<th></th>
</tr>
</thead>
</table>
**Treatment** for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of an assisted 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.

<table>
<thead>
<tr>
<th>Maternity coinsurance</th>
<th>10%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hospital accommodation costs for your newborn to stay with you immediately after a complicated childbirth</td>
</tr>
<tr>
<td>• One physical examination</td>
</tr>
<tr>
<td>• Vitamin K, hepatitis B and BCG vaccinations</td>
</tr>
<tr>
<td>• Screening tests for PKU, congenital hypothyroidism and G6PD</td>
</tr>
<tr>
<td>• One hearing examination</td>
</tr>
</tbody>
</table>

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.

| These benefits are 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. |
| These benefits within this section do not extend to 3D or 4D ultrasound scans. |

<table>
<thead>
<tr>
<th>23 Hormone replacement therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormone replacement therapy for symptoms of the menopause.</td>
</tr>
</tbody>
</table>

| Your outpatient coinsurance applies, as shown on your Certificate of Insurance. |
| $16.50 / QAR 60 |

<table>
<thead>
<tr>
<th>24 Hospital Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>We'll pay you for each night you stay in a hospital for inpatient treatment:</td>
</tr>
<tr>
<td>• if the inpatient treatment and hospital accommodation you receive during your stay are provided free of charge, and</td>
</tr>
<tr>
<td>• we would otherwise cover the treatment or services you receive during your stay under this plan.</td>
</tr>
<tr>
<td>We'll pay for a maximum of 20 nights in the plan year.</td>
</tr>
</tbody>
</table>

| Annual excess |
| Not applicable |

<table>
<thead>
<tr>
<th>25 Emergency treatment outside area of cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient and daycare treatment when your medical condition is an emergency.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient coinsurance doesn’t apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient treatment when your medical condition is an emergency.</td>
</tr>
</tbody>
</table>

| Your outpatient coinsurance applies, as shown on your Certificate of Insurance. |
| $16.50 / QAR 60 |

| Paid up to $150,000 |
| Paid up to $500 |
| $16.50 / QAR 60 |
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.

## 26 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.**

## 27 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

## 28 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

**Paid up to $500**
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:

<table>
<thead>
<tr>
<th>Category Description</th>
<th>Area of Cover</th>
<th>Underwriting Type</th>
</tr>
</thead>
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<tr>
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<td>Worldwide</td>
<td>Cover Area 1</td>
</tr>
<tr>
<td></td>
<td>MHD</td>
<td></td>
</tr>
</tbody>
</table>

1 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. $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:

2 Inpatient and daycare treatment

3 Parent accommodation

4 Rehabilitation

5 Cancer care

6 Physiotherapy and complementary medicine

7 Psychiatric treatment

8 Congenital abnormalities

9 HIV or AIDS

10 Organ transplants

11 Terminal care

12 Dental treatment

13 Pregnancy and childbirth.

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.

2 Inpatient 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.

2 Inpatient 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.

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.

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.
3 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 ❷ 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.

4 Outpatient post-hospitalisation treatment

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.

5 Rehabilitation

This benefit is only available if:

• you’ve received inpatient treatment for three or more consecutive days for the same medical condition

• you’ve stayed in hospital for three or more consecutive nights for the same medical condition

• your inpatient treatment was covered under ❷ Inpatient and daycare treatment.

• a medical practitioner or specialist has referred you for rehabilitation, and

• your rehabilitation starts:
  – after you’re discharged from hospital following your inpatient treatment, or
  – 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.

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.

This section applies before any available benefit limit shown in ❶ Physiotherapy and complementary medicine.

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

6 Cancer care

All treatment for, or related to, a diagnosed cancer. This includes palliative treatment and care.

7 Outpatient treatment

Surgical procedures.

Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered under ❷ 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.
### Physiotherapy and complementary medicine

Physiotherapy as part of inpatient or daycare treatment.

- **Outpatient coinsurance** doesn’t apply

Post-hospitalisation outpatient physiotherapy. This benefit is available for 90 days after each inpatient or daycare admission.

**Outpatient physiotherapy when a medical practitioner or specialist refers you.**

- 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.

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

- 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.

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

- $16.50 / QAR 60

### Psychiatric treatment

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

- **Outpatient coinsurance** doesn’t apply

Outpatient psychiatric treatment and psychotherapy.

- Paid up to $10,000

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

- Not applicable

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

- $16.50 / QAR 60

### 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.

- Paid up to $1,000

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

- $16.50 / QAR 60
11 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 13 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.

12 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.

13 Organ transplants

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

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

14 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.

Economy class travel costs for you to go back to your choice of your country of residence, or your home country, after your emergency medical evacuation that was covered under this plan.

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

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.

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.

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.

Cover is only available under this benefit if the treatment is covered under the following sections:
- ❷ Inpatient and daycare treatment
- ❹ Outpatient post-hospitalisation treatment
- ❬ Cancer care
- ❭ Outpatient treatment
- ❬ Psychiatric treatment
- ❬ Congenital abnormalities
- ❭ HIV or AIDS
- ❭ Organ transplants
- ❬ Terminal care
- 22 Pregnancy and childbirth

Paid in full
17 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.

18 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.

19 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’ve 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.
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 Not covered

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 Not covered

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 Not applicable

Wellness

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

Members aged 17 or under: routine health checks
One sight examination and one hearing examination in the plan year.
Vaccinations for members aged 17 or under

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.

Proprietary
Treatment for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of an assisted 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.

Maternity coinsurance 10%

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.

These benefits are 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.

These benefits within this section do not extend to 3D or 4D ultrasound scans.

Annual excess Not applicable

23 Hormone replacement therapy

Hormone replacement therapy for symptoms of the menopause. Paid up to $500

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

$16.50 / QAR 60

24 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.

Annual excess Not applicable

25 Emergency treatment outside area of cover

Inpatient and daycare treatment when your medical condition is an emergency. Not applicable Area of cover is Area 1

Outpatient coinsurance doesn’t apply

Outpatient treatment when your medical condition is an emergency. Not applicable Area of cover is Area 1

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

26 Health management services

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

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. Included

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. Included

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

27 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 Included

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 Included

28 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:

Outpatient post-hospitalisation treatment Included

Rehabilitation

Cancer care

Outpatient treatment

Congenital abnormalities

Pregnancy and childbirth
Quote summary
You'll be pleased to know that we cover, as standard, a wide range of benefits within your plan:
• inpatient and daycare treatment
• cancer care
• treatment for chronic medical conditions
• emergency medical evacuation and repatriation
• treatment for work-related injuries
• costs arising from conflict or civil unrest and natural disasters (as long as you have not intentionally put yourself at risk of injury)
Refer to your member handbook for full policy wording.

General Information
Premium Currency: USD
Payment Frequency: Annual
Total Annual Premium Excluding Tax: 1,124,553.00
Total Number of Employees: 159
Total Number of Members: 475
Renewal Increase: 6.9%

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<thead>
<tr>
<th>Category</th>
<th>Area of cover</th>
<th>Product</th>
<th>Plan</th>
<th>Members</th>
<th>Current Rates</th>
<th>Current Premium</th>
<th>Proposed Rates</th>
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<td>Total</td>
<td>27</td>
<td>105,609</td>
<td>112,925</td>
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**GRAND TOTAL**  
1,051,693.34  
1,124,553.00
Terms and Conditions

This proposal terms and conditions are based on the information submitted to Aetna for quotation purposes. It is important to note that any deviation or amendments to these terms and conditions will invalidate this proposal and revised terms will be issued.

The Office of Foreign Assets Control (OFAC) of the US Department of the Treasury, EU Financial Sanction Regime, United Nations Common Foreign and Security Policy (UN CFSP) and/or other regulators place sanctions against certain countries, entities and individuals. We are prohibited from engaging in business that may fall within the guidelines of the sanctions.

- Attached is the latest member list as per our record. Please review the list, including the location and country from (i.e. Nationality) of each member, and notify us in writing of any discrepancies.

- Aetna requests all clients provide a disclosure of any employees or dependents located in sanctioned countries, and to provide an updated disclosure in the event of changes during the policy period. Sanctioned countries currently include Crimea (Annexed Region of Ukraine), Cuba, Iran, North Korea, and Syria*, but may change as warranted by changes in sanction regulations. If you have any employees and/or their dependents currently, working, residing or spending time in sanctioned countries or regions, you must notify us in writing now, or if this becomes the case at some time during the policy period, you must provide an updated disclosure immediately upon the change in circumstance.

The above list is subject to change based on changes in financial sanctions regulations. In addition, other countries are subject to less broad sanctions than the countries/region listed here.

If coverage provided by this policy violates or will violate any U.S., UN, or 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 United States, 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.

Aetna reserves the right to modify its products, services, rates, fees, and where appropriate the application of local and government taxes and in response to legislation, regulation or requests of government authorities which result in material changes and to recoup any material fees, costs, assessments, or taxes due to changes in the law even if no benefit or plan changes are mandated.

In particular, and without prejudice to the generality of the above, Aetna reserves the right to, where appropriate and in response to legislation, regulation or requests of government authorities in the relevant jurisdiction, apply any existing and/or future taxes of any type (including the expected implementation of a 5% value added tax in the GCC) to your premium and/or portion of it, and add the relevant corresponding amount to your premium payment or installment.

This proposal does not constitute a contract of insurance, and the statements in this proposal are not intended as legal representations or warranties. Our obligation to one another will be limited to the terms of the Group Policy.

The insurance contract consists of the policy (group policy); the group formation form or other application form; the current rates on file with the policyholder; and the policy documentation, including the certificate of insurance, benefits schedule and member handbook. The rights of the policyholder; any insured employee; or any beneficiary will not be affected by any provision other than the one described above.

This proposal is valid for the earlier of the Effective Date (01 January 2019) or up to 60 days from the Quote Date indicated on the proposal (04 September 2018). After that date, we reserve the right to amend our proposal terms and conditions and rate summary.

The billing premium is subject to the provision of a final census for administration purposes.

All material facts (e.g. where applicable, pre-existing health conditions, involvement in hazardous activities) that may affect our assessment and consideration of an application should be declared. Failure to declare such material facts may invalidate cover under a group plan. If you are in doubt whether a fact is material then it should be disclosed.

We reserve the right to amend our quotation terms and conditions if any of the following occur:
• If the final membership changes greater than 10 percent from the census provided for quotation purposes.
• If any of the details that you give on the application are different from the details that you gave when you received your quotation, your premium may be different.
• If complete member nationality is not provided at the time of quotation. This quotation is only indicative if this data is not available at the time of quotation. Prior to the commencement date of the group policy, member nationality must be provided for all members.

This proposal is based on a Group Policy for eligible Employees and Dependents. All new members are subject to the eligibility terms and conditions of the policy. Cover is only provided for group members (and eligible dependents) where declared and accepted by Aetna.

Group eligibility
• A group can only be made up of employees of the same company.
• Where husband and wife are both employed by the same company, they are deemed to be one employee and eligible dependents.
• For a group that consists solely of members of the same family, it must be fully substantiated by the employer that such members are all working for the same employer.
• Employees and their dependents need to be covered under the same group plan design, with identical benefits.
• Eligibility is on an Employer Paid basis, meaning that the employer determines which members are to be covered, and pays the premium for all members. This proposal assumes there is no voluntary enrolment to this plan for all Employees and Dependents.
• For groups that incept with less than 10 employees we will require individual medical application forms for all members. This quotation is indicative subject to full medical information being provided. We reserve the right to amend our terms based on the medical information provided.

Area of Cover Definitions
The area of cover you choose helps to shape your plan and premium. The specific area of cover available is based on residence.
• Area 7 includes cover in Africa
• Area 6 includes cover for Middle East (excluding Qatar and the UAE), Africa and Asia (excluding China, Hong Kong and Singapore)
• Area 5 includes cover for all the locations in Area 6, plus Europe and Latin America
  • Area 4 includes cover for all the locations in Area 5, plus Australia, New Zealand, Qatar, Singapore and the UAE
  • Area 3 includes cover for all the locations in Area 4, plus China
  • Area 2 provides worldwide cover excluding the US
  • Area 1 provides worldwide cover including the US

Underwriting Term Definitions

Moratorium - Cover is not provided for any Medical Condition in existence on the date that You or Your Dependents are accepted into the Group (Date of Entry) until it has been treated such that You or Your Dependents are symptom and Advice-free for two consecutive years following the Date of Entry with regard to that Medical Condition. This Policy does not cover the Treatment of pre-existing Chronic conditions. Waiting periods of 6 months will apply to Dental benefits if purchased, similarly a 12 months waiting period will apply to Routine and Complications of Pregnancy.

Continuous Transfer Terms (for existing members) - The acceptance by Us of Your original Date of Entry as shown by Your current insurer will be applied to Your Policy with Us. We will maintain Your existing underwriting or special acceptance terms, as offered by Your existing insurer, such as any moratoria or specific exclusions and Your Policy with Us will be governed by the terms and conditions of Our Policy. Any transfer will be subject to no enhanced Benefits being provided. We reserve the right at all times to decline a Continuous Transfer Terms request without giving any reason or impose/include additional exclusions. Waiting periods may apply based on your existing cover and Underwriter review.

Medical History Disregarded - Cover is extended to include Treatment for any Medical Condition or Related Condition where symptoms have existed or Advice has been sought prior to Your or Your Dependant's Date of Entry. Cover is still subject to Policy terms, conditions and exclusions. All waiting periods have been waived off.
This proposal is based on standard Aetna International Policy Terms and Conditions. For a comprehensive list of the Policy Terms and Conditions please refer to the Policy Summary, Member Handbook and Certificate of Insurance. A copy is available on request.

The Policy is an Annual Contract, unless otherwise stated.

Premiums must be received within 30 days of the policy commencement date.

This proposal is subject to Underwriting approval and has been provided on the basis stated in this proposal. Aetna reserves the right to review the Underwriting basis on the provision of any material facts which could change our view of the risk. Please refer to the Pre-sale documentation for Medical Underwriting terms.

- Errors and omissions excepted.

The outlined Terms and Conditions have been reviewed and agreed upon

Group Administrator: _______________________________________________________

Broker: _________________________________________________________________

Date: _________________________________________________________________

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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.

Plans are underwritten by Aetna Insurance Company Limited, registered in England (Company Registration No. 05956141), which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference No. 458505). Plans are administered on behalf of the insurer by Aetna Global Benefits (UK) Limited, registered in England (Company Registration No. 03554885), which is authorised and regulated by the Financial Conduct Authority (Firm Reference No. 312279). Both companies are registered at 50 Cannon Street, London, EC4N 6JJ, United Kingdom.

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 dependants, 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 National Life Assurance 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 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.

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Policies are issued and underwritten by PT Asuransi Central Asia. Registered Address: Mall Ambassador Ruko 2 & 3, Jl. Prof. Dr. Satrio, Jakarta 12940, Indonesia.

Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programmes 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.

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 professional 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.

Whenever coverage provided by any insurance policy is in violation of any U.S. U.N or 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.

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Policies issued in Hong Kong by Starr International Insurance (Asia) Limited are administered by Aetna Global Benefits (Asia Pacific) Limited, an Aetna Company. Policies issued outside of mainland China, Hong Kong, Singapore and Indonesia but within Asia Pacific are issued by Aetna Insurance (Singapore) Pte. Ltd, registered address 112 Robinson Road, #09-01 Robinson 112, Singapore 068902, Company Registration No.: 201200834H or by Aetna Life & Casualty (Bermuda) Ltd. administered by Aetna Global Benefits (Asia Pacific) Limited, registered address Suite 401-403, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong, HKFI Insurance Agency Registration No.: 02905813.

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.
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.

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Starr 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.

Whenever coverage provided by any insurance policy is in violation of any U.S., U.N or EU economic or trade sanctions, such coverage shall be null and void. For example, Starr 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. 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. For more information, refer to www.AetnaInternational.com.

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Policies are underwritten by Al Ain Ahlia Insurance Co. (PSC), incorporated under the Abu Dhabi by Act 18 of 1975, Insurance Registration No. 3 of Law No. 6 of 2007 concerning the establishment of UAE Insurance authority and its regulations, and administered by Aetna Global Benefits (Middle East) LLC (Registration No. 5). Registered address: 28th Floor, Media One Tower Building, Dubai Media City, TECOM, PO Box 6380, Dubai, UAE.