Aetna Summit℠ Benefits Schedule for Carnegie Mellon University of Qatar

For plans starting on or after 01 January 2020
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 listed below are subject to the limitations, conditions and exclusions contained in your plan documents. We'll only pay reasonable costs for services that are benefits and medically necessary. Reasonable costs are the average cost of treatment, services or supplies of similar type of medical provider within the same country or geographical region, based on our knowledge, experience and reasonable opinion. The benefits listed below are available within your chosen area and area of cover:

### Overall plan limit

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

<table>
<thead>
<tr>
<th>Category Description</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 4000</th>
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<tbody>
<tr>
<td>Area of Cover</td>
<td>Worldwide excluding USA</td>
<td>Worldwide</td>
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<tr>
<td>Understanding Type</td>
<td>Standard</td>
<td>Standard</td>
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</table>

#### WorldWide

$16.50 / QAR 60

#### Paid in full

Not applicable

### In-patient and daycare treatment

Medical costs including inpatient care, hospital accommodations, medical practitioners, specialists, anesthesiologists, nursing, supplies and prescribed drugs and dressings.

Surgical and diagnostic procedures.

Rehabilitation

Psychiatric treatment

Rehabilitation

Psychiatric treatment

Outpatient treatment

Speech and language therapy and occupational therapy as part of your rehabilitation.

Kidney dialysis.

Dental treatment.

Rehabilitation

Psychiatric treatment

Rehabilitation

Psychiatric treatment

Outpatient treatment

Speech and language therapy and occupational therapy as part of your rehabilitation.

Kidney dialysis.

Dental treatment.

Rehabilitation

Psychiatric treatment

Rehabilitation

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Rehabilitation

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Rehabilitation

Psychiatric treatment

Outpatient treatment

Speech and language therapy and occupational therapy as part of your rehabilitation.

Kidney dialysis.

Dental treatment.
Medical practitioners and specialists’ fees, prescribed drugs and dressings, billed scans, lab tests, pathology and diagnostic tests and procedures.

Outpatient treatment for medical conditions that are an emergency when the treatment is received in a hospital.

PET and CT scans.

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

$16.50 / QAR 60

Physiotherapy and complementary medicine

Physiotherapy as part of inpatient or day care treatment.

Outpatient coinsurance doesn’t apply.

Outpatient physiotherapy when a medical practitioner or specialist refers you.

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

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

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

Physiotherapy as part of inpatient or day care treatment.

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 psychiatric treatment and psychotherapy.

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

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 casts.
• 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 under the section(s) listed:

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

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

$16.50 / QAR 60
### 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.

- **Aetna Summit℠ 4000**
  - Paid up to a lifetime limit of $100,000
- **Aetna Summit™ 4000**
  - Paid up to a lifetime limit of $100,000

<table>
<thead>
<tr>
<th>Section</th>
<th>Aetna Summit℠ 4000</th>
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<tbody>
<tr>
<td>Congenital abnormalities</td>
<td>Paid up to a lifetime limit of $100,000</td>
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</table>

- We cover costs for an organ transplant for congenital abnormalities and any related medical conditions under section ④ 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. $16.50 / QAR 60

### HIV or AIDS

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

- **Aetna Summit℠ 4000**
  - Paid up to $10,000
- **Aetna Summit™ 4000**
  - Paid up to $10,000

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

### Organ transplants

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

- **Aetna Summit℠ 4000**
  - Paid in full
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  - Paid in full

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

### Terminal care

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

- **Aetna Summit℠ 4000**
  - Paid in full
- **Aetna Summit™ 4000**
  - Paid in full

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- Your outpatient coinsurance applies, as shown on your Certificate of Insurance. $16.50 / QAR 60
### 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 applies 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.** Paid in full
- **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.

### 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:

- Inpatient and daycare treatment
- Outpatient and hospitalisation treatment
- Cancer care
- Inpatient treatment
- Psychiatric treatment
- Psychological assessment
- HIV or AIDS
- Organ transplants
- Perinatal care
- Pregnancy and childbirth

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

- Inpatient and daycare treatment
- Outpatient and hospitalisation treatment
- Cancer care
- Inpatient treatment
- Psychiatric treatment
- Psychological assessment
- HIV or AIDS
- Organ transplants
- Perinatal care
- Pregnancy and childbirth

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

- Inpatient and daycare treatment
- Outpatient and hospitalisation treatment
- Cancer care
- Inpatient treatment
- Psychiatric treatment
- Psychological assessment
- HIV or AIDS
- Organ transplants
- Perinatal care
- Pregnancy and childbirth

Paid in full

Paid in full

Not covered

Not covered
### Mortal remains

- Burial or cremation of a member.

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### Compassionate emergency visit

- Cost of opening or reopening a grave.
- Cost to supply, fit and repair crowns, bridges and dentures.
- Costs to supply, fit and repair a casket.

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### Dental Treatment

- Outpatient dental treatment for damage to natural teeth caused by an accident when:
  - Your dental condition is not an emergency.
  - You received treatment within 90 days after you've been discharged from hospital for your related inpatient treatment.

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<th>Aetna Summit™ 4000</th>
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<td>Paid up to $750</td>
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### Dental Treatment Continued

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

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<th>Aetna Summit™ 4000</th>
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<tr>
<td>Not covered</td>
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### Optical care

- Prescription costs for:
  - Contact lenses.
  - Spectacles.
  - Spectacle lenses.
  - Spectacle frames.

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<td>Paid up to $500</td>
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### Wellness

- Members aged 45 or over: Routine health checks including cancer screening, cardiovascular examinations, neurological examinations, oral sign tests and vaccinations.

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<tr>
<td>Paid up to $1,000</td>
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### Pregnancy and childbirth

- For natural and assisted conception pregnancies.

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<tr>
<td>Paid in full</td>
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</tbody>
</table>
- Hospital Cash
  - We'll pay you for each night you stay in a hospital for inpatient treatments.
  - Paid up to $150,000
  - Included

- Inpatient and day-case treatment when your medical condition is an emergency.
  - Paid up to $50,000
  - Not applicable

- Outpatient treatment when your medical condition is an emergency.
  - Paid up to $50,000
  - Not applicable

- red24 Security Services
  - Included

- Outpatient direct billing
  - Included
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<tr>
<th>Service</th>
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<tr>
<td>Rehabilitation</td>
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<tr>
<td>Cancer care</td>
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<td>Outpatient treatment</td>
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<tr>
<td>Congenital abnormalities</td>
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