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Aetna SummitSM

USD

Benefits Schedule for Carnegie Mellon University of Qatar

For plans starting on or after 01 January 2021



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

Please refer to your Handbook under section 13 Claims "Requesting preauthorisation" for treatment and services that require our approval prior to receiving treatment.

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:

- 6 Cancer Care
- 19 Dental treatment
- 20 Optical care
- 21 Wellness
- 22 Pregnancy and Childbirth
- 24 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 [19 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**:

Aetna SummitSM 4000

Category Description	Worldwide excluding USA
Area of Cover	Cover Area 2
Underwriting Type	MHD

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

2 In-patient and daycare treatment

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

Kidney dialysis.

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

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

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

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

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

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

Paid in full

Paid in full

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 **2** Inpatient and daycare treatment.

Paid in full

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**.

Paid in full

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

\$16.50 / QAR 60 for each consultation

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 **2** Inpatient and daycare treatment.
- a **medical practitioner** or **specialist** has referred **you** for rehabilitation, and
- your rehabilitation starts:

Paid in full for up to 90 days

Aetna SummitSM 4000

<ul style="list-style-type: none"> – after you're discharged from hospital following your inpatient treatment, or – when you're transferred to a rehabilitation unit following your inpatient treatment. <p>Your first session must be no more than 14 days after you're discharged or transferred.</p> <p>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.</p>	after you're discharged or transferred
<p>i This section applies before any available benefit limit shown in 8 <i>Physiotherapy and complementary medicine</i>.</p>	
<p>i Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</p>	\$16.50 / QAR 60 for each consultation
<h3>6 Cancer care</h3>	
All treatment for, or related to, a diagnosed cancer. This includes palliative treatment and care.	Paid in full
i <i>Annual excess</i>	Not applicable
<h3>7 Outpatient treatment</h3>	
Surgical procedures.	Paid in full
Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered under 2 <i>Inpatient and daycare treatment</i> .	
Medical practitioners' and specialists' fees, prescribed drugs and dressings, MRI scans, X-rays, pathology and diagnostic tests and procedures .	Paid in full
Outpatient treatment for medical conditions that that are an emergency when the treatment is received in a hospital .	
Kidney dialysis.	
PET and CT scans.	Paid in full
i Your outpatient coinsurance applies, as shown on your Certificate of Insurance .	\$16.50 / QAR 60 for each consultation
<h3>8 Physiotherapy and complementary medicine</h3>	
Physiotherapy as part of inpatient or daycare treatment .	Paid in full
i <i>Outpatient coinsurance doesn't apply</i>	
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 .	
i <i>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.</i>	Paid up to \$2,000
Outpatient podiatry, osteopathic and chiropractic treatment when a medical practitioner or specialist refers you .	
Outpatient traditional Chinese medicine, acupuncture, homeopathic treatment , and ayurvedic medicine including ayurvedic herbal preparations and therapies.	
i <i>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.</i>	Paid up to \$750
i Your outpatient coinsurance applies, as shown on your Certificate of Insurance .	\$16.50 / QAR 60 for each consultation
<h3>9 Mental health</h3>	
Up to 30 days inpatient psychiatric treatment and psychotherapy in the plan year .	
i <i>Outpatient coinsurance doesn't apply</i>	Paid up to \$10,000
Outpatient psychiatric treatment and psychotherapy.	
i <i>Outpatient coinsurance doesn't apply</i>	Paid up to \$2,000

Aetna Mind – Provides you with tools for better mental health:

- Discover self-help solutions that develop positive mental health through educational well-being articles and how-to guides
- Receive direction and assistance with access to a range of evidence-based well-being tools for issues such as depression, anxiety, stress, substance abuse, chronic pain and sleep
- Access guided support from diagnosis to condition management.

Log in to your Health Hub Well-being section to find out how to access these services.
www.aetnainternational.com/members/login.do

Employee Assistance Programme - Includes 24/7 real-time confidential support, as well as up to five in-person, telephonic or video counselling sessions annually for each work, personal or family issue.

10 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.

This benefit does not extend to sight or hearing aids, personal protective equipment, furniture or any modifications to your personal or work environment

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:**

- 6 Cancer care
- 11 Congenital abnormalities
- 12 HIV or AIDS
- 13 Organ transplants
- 14 Terminal care
- 22 Pregnancy and childbirth
- 25 Emergency treatment outside your area of cover

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

\$16.50 / QAR 60 for each consultation

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**.

Paid up to a lifetime limit of \$100,000

i We'll cover costs for an organ transplant for **congenital abnormalities** and any **related medical conditions** under section **13 Organ transplants**.

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

\$16.50 / QAR 60 for each consultation

12 HIV or AIDS

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

Paid up to \$10,000

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

\$16.50 / QAR 60 for each consultation

13 Organ transplants

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

Paid in full

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

\$16.50 / QAR 60 for each consultation

14 Terminal care

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

i 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:

- 6 Cancer care
- 11 Congenital abnormalities
- 12 HIV or AIDS

Paid in full

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

\$16.50 / QAR 60 for each consultation

15 Medical evacuation

The costs to transport you to the nearest appropriate medical facility when we agree that your medical condition is an emergency following an assessment by a medical practitioner in a local medical facility, and that treatment is not available **locally in any public or private medical facility**.

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

Paid in full

If we have arranged for you to be transported 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 evacuation that was covered under this plan.

Paid in full

If we agree that you're not medically fit to travel following your treatment, this benefit extends to reasonable overnight accommodation costs including breakfast until you're fit to travel.

Costs of:

- one companion to accompany you, or travel at the same time if they're not able to accompany you during your emergency evacuation, if your medical condition is critical or you're expected to stay in hospital for seven or more nights; or
- one companion or non-medical escort needed to assist you during your emergency evacuation if your medical condition prevents you from travelling alone, you do not need a medical escort, your medical condition is not critical and you're not expected to stay in hospital for seven or more nights.

Paid in full

We'll cover costs for:

- One return economy class journey, including taxi transfers to and from their hotel on arrival and departure
- A taxi from their hotel to the hospital, and back, once a day for the duration of your evacuation
- Their reasonable overnight accommodation costs including breakfast for the duration of your evacuation, until you're fit to travel back to your country of residence or home country.

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 in any public or private medical facility, 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 **14** Terminal care.

Not covered

The costs to transport **you** to appropriate medical facilities for **treatment** related to your pregnancy when 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 in any public or private medical facility**, and
- we agree appropriate **treatment** is available in your chosen location.

Paid in full

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 section

22 [Pregnancy and childbirth](#) and you have completed any waiting periods shown in section **22**

i You're not covered for air-sea rescue or any mountain rescue unless you suffer from a medical condition at a recognised ski or similar winter sports resort.

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**.

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

- 2** Inpatient and daycare treatment
- 4** Outpatient post-hospitalisation treatment
- 6** Cancer care
- 7** Outpatient treatment
- 9** Mental Health
- 11** Congenital abnormalities
- 12** HIV or AIDS
- 13** Organ transplants
- 14** Terminal care
- 22** Pregnancy and childbirth

Paid in full

i You're not covered for air-sea rescue or any mountain rescue unless you suffer from a medical condition at a recognised ski or similar winter sports resort.

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

Paid in full

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.
- This benefit does not extend to the purchase of a burial plot, or funeral costs, including, but not limited to, flowers and the funeral director's fees.

If you die within your home country, we'll cover reasonable costs to transport your body to the place of your burial or cremation as directed by your next of kin or estate. This benefit does not extend to any costs related to your burial or 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**.

Paid in full

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.

Paid in full

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**.

Paid up to \$750

i Your **annual excess** applies, as shown on your **Certificate of Insurance**.

Not applicable

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

\$16.50 / QAR 60 for each consultation

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, X-rays, composite fillings and simple non-surgical extractions only.

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**
- Gum **treatment**

Paid up to \$1,000

Dental coinsurance

Nil

19 Dental Treatment Continued

Orthodontic treatment including:

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

Not covered

Orthodontic coinsurance

Not applicable

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

Not covered

Dental implants coinsurance

Not applicable

i **Annual excess**

Not applicable

20 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.

Paid up to \$500

i **Annual excess**

Not applicable

Optical **coinsurance**.

Nil

21 Wellness

Vaccinations.

Routine health checks for non-communicable diseases. This includes cancer screening, cardiovascular examinations, neurological examinations and vital sign tests. This benefit extends to an **annual health assessment**.

Paid up to \$1,000

Outpatient tests and diagnostic procedures for **communicable diseases** when **you** do not have signs or symptoms, and they are not received in relation to a diagnosed **medical condition**. This benefit extends to **outpatient** antibody tests.

Paid up to \$300
(Maximum \$70 paid for each antibody test)

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

Not covered

Vaccinations for members aged 17 or under

Paid in full

22 Pregnancy and childbirth

For natural and assisted conception pregnancies

• 12 routine antenatal checkups and three routine 2D ultrasound scans, or one antenatal package, during each uncomplicated pregnancy

- 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.

Paid up to \$10,000

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.

Paid in full

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

i Annual excess

Not applicable

23 Hormone replacement therapy

Hormone replacement therapy for symptoms of the menopause.

Paid up to \$500

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

\$16.50 / QAR 60 for each consultation

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.

\$125 paid to **you** for each night

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

i *Annual excess*

Not applicable

25 Emergency treatment outside area of cover

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

Paid up to \$150,000

i *Outpatient coinsurance doesn't apply*

Outpatient treatment when your **medical condition** is an **emergency**.

Paid up to \$500

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

\$16.50 / QAR 60 for each consultation

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**.

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

Paid up to \$500

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

27 Aetna security assistance

24/7 personal security information and telephone support for all your travel safety queries. Log in to your HealthHub to find out more and 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:

- 4 Outpatient post-hospitalisation treatment
- 5 Rehabilitation
- 6 Cancer care
- 7 Outpatient treatment
- 11 Congenital abnormalities
- 22 Pregnancy and childbirth

Included

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وربة للتأمين



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