Aetna Summit℠
Benefits Schedule for
Carnegie Mellon University of Qatar

For plans starting on or after 01 January 2021

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At a glance

**Overall plan limit**

as shown on your Certificate of Insurance

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**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.

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**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.

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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:

- 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>Area of Cover</th>
<th>Underwriting Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall plan limit</td>
<td>Worldwide</td>
<td>MHD</td>
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</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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
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<tbody>
<tr>
<td></td>
<td>$4,000,000</td>
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</table>

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.

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.

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.

<table>
<thead>
<tr>
<th>Benefit</th>
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<tr>
<td></td>
<td>$16.50 / QAR 60 for each consultation</td>
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</table>

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
– 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.

6.1 Annual excess
Not applicable

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 that are an emergency when the treatment is received in a hospital.

Kidney dialysis.

PET and CT scans.

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

7.1 Annual excess
Not applicable

8 Physiotherapy and complementary medicine
Physiotherapy as part of inpatient or daycare treatment.

8.1 Outpatient coinsurance doesn’t apply
Paid in full

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.

Outpatient traditional Chinese medicine, acupuncture, homeopathic treatment, and ayurvedic medicine including ayurvedic herbal preparations and therapies.

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.

8.2 Annual excess
Not applicable

8.3 Outpatient coinsurance doesn’t apply
Paid up to $2,000

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

9.1 Outpatient coinsurance doesn’t apply
Paid up to $10,000

Outpatient psychiatric treatment and psychotherapy.

Outpatient coinsurance doesn’t apply

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.

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:

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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<tbody>
<tr>
<td>6</td>
<td>Cancer care</td>
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<tr>
<td>11</td>
<td>Congenital abnormalities</td>
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<tr>
<td>12</td>
<td>HIV or AIDS</td>
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<tr>
<td>18</td>
<td>Organ transplants</td>
</tr>
<tr>
<td>22</td>
<td>Terminal care</td>
</tr>
<tr>
<td>24</td>
<td>Congenital abnormalities</td>
</tr>
</tbody>
</table>

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

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

$16.50 / QAR 60 for each consultation

Paid up to a lifetime limit of $100,000

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.

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

$16.50 / QAR 60 for each consultation

Paid up to a lifetime limit of $100,000

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.

$16.50 / QAR 60 for each consultation

Paid up to $10,000

13 Organ transplants

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

Paid in full

Proprietary
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

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.

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.

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.

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 ❷ Inpatient or daycare treatment, or ❶ Outpatient post-hospitalisation treatment to ❬ Terminal care.
The costs to transport you to appropriate medical facilities for treatment related to your pregnancy when it 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.

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.

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.

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

- Inpatient and daycare treatment
- Outpatient post-hospitalisation treatment
- Cancer care
- Outpatient treatment
- Mental Health
- Congenital abnormalities
- HIV or AIDS
- Organ transplants
- Terminal care
- Pregnancy and childbirth

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 your burial, we'll cover:

- The cost of opening or reopening a grave
- Any exclusive right of burial fee
- Burial costs

In the event of your 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.

### 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.

1. **Your annual excess applies, as shown on your Certificate of Insurance.**
2. **Your outpatient coinsurance applies, as shown on your Certificate of Insurance.**

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

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

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

Dental implants coinsurance: Not applicable

### 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.

1. **Annual excess**

Optical coinsurance: Nil
## 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.

**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.

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

- **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.

**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**

<table>
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<th>10%</th>
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**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.

- The benefits within this section do not extend to 3D or 4D ultrasound scans.
- Annual excess
- Not applicable

## Hormone replacement therapy

Hormone replacement therapy for symptoms of the menopause.

<table>
<thead>
<tr>
<th>Paid up to $500</th>
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**Your outpatient coinsurance applies, as shown on your Certificate of Insurance.**

$16.50 / QAR 60 for each consultation

Proprietary
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.

| Outpatient coinsurance doesn’t apply | Not applicable Area of cover is Area 1 |

Outpatient treatment when your medical condition is an emergency.

| Your outpatient coinsurance applies, as shown on your Certificate of Insurance | Not applicable Area of cover is Area 1 |

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

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:

- Outpatient post-hospitalisation treatment
- Rehabilitation
- Cancer care
- Outpatient treatment
- Congenital abnormalities
- Pregnancy and childbirth

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

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