Maximum plan benefit	$4,000,000
Out-patient Plan Co-payment **Co-payment only applies to treatments on an out-patient basis and to benefits indicated with a ***	**$16.50 per visit**

Core Plan	Carnegie Mellon University – CAT 1 WW
In-patient benefits[1] - please refer to notes for more information on Treatment Guarantee	
Hospital accommodation[1]	Private room
Intensive care[1]	Full refund
Prescribed drugs and materials[1] (in-patient and day-care treatment only)	Full refund
Surgical fees, including anaesthesia and theatre charges[1]	Full refund
Physician and therapist fees[1] (in-patient and day-care treatment only)	Full refund
Surgical appliances and materials[1]	Full refund
Diagnostic tests[1] (in-patient and day-care treatment only)	Full refund
Organ transplant[1] (in-patient treatment only)	Full refund
Psychiatry and psychotherapy[1] (in-patient and day-care treatment only)	$10,000 Max. 30 Days
Reconstructive surgery[1] (to restore natural function or appearance after a disfiguring accident or surgery for cancer) (where treatment for the accident or initial surgery is covered by this policy)	Full refund
CT and MRI scans[1] (in-patient and day-care treatment only)	Full refund
PET and CT-PET scans[1] (in-patient and day-care treatment only)	Full refund
Accommodation costs for one parent staying in hospital with an insured child under 18[1]	Full refund
Emergency in-patient dental treatment	Full refund
Other benefits - please refer to notes for more information on Treatment Guarantee	
Day-care treatment[2]	Full refund
Kidney dialysis[2] (in-patient, day-care and out-patient treatment)	Full refund
Out-patient surgery[2]	Full refund
Nursing at home or in a convalescent home[2] (Immediately after or instead of hospitalisation)	Full Refund
Rehabilitation treatment[2] (in-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases)	Full refund, max. 90 days per discharge
Local ambulance	Full refund
Medical evacuation[2] (in the event of emergency treatment) • Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre[2] • Where ongoing treatment is required, we will cover hotel accommodation costs[2] • Evacuation in the event of unavailability of adequately screened blood[2]	Full refund

• If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs[2]	max. 14 days
Expenses for one person accompanying an evacuated person[2]	Full Refund
Repatriation of mortal remains or burial expenses[2]	Full refund
Travel costs of insured members to be with a close relative who is at peril of death or who has died (one round trip per insured member per Insurance Year)	Full Refund
Oncology[2] (in-patient, day-care and out-patient treatment) • Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes	Full refund $675
Routine maternity[2] (in-patient and out-patient treatment)	90% refund Max. $10,000
Complications of pregnancy and childbirth[2]	Full refund
Elective circumcision for newborn males	$500
In-patient cash benefit (per night) (where treatment has been received free of charge)	$125 max. 20 nights
Emergency out-patient dental treatment	$750
Out-patient dental treatment (required as follow-up to an in-patient stay for accidental damage to natural teeth) (covered when required in the 90 days following discharge from in-patient treatment)	Full Refund
HIV/AIDS treatment[2] * (in-patient, day-care and out-patient treatment)	$10,000
Congenital conditions[2] (in-patient and day-care treatment only)	$100,000 per lifetime
Palliative care[2] (in-patient, day-care and out-patient treatment)	Full refund
Long term care[2] (in-patient, day-care and out-patient treatment)	Full refund Max. 90 days per lifetime
Additional Core Plan Services	
MyHealth Digital Services • Manage your cover online with our app or portal anytime, anywhere. • Submit and track progress of claims. • Access your policy documents, health services, payment details and more.	Services available
Olive Our Health & Wellness support program includes, for example: • HealthSteps fitness app • Access to wellness resources	Services available
Second Medical Opinion Service offers access to expert help on the best treatment options available if you have been diagnosed with a serious illness or had surgery recommended	Services available

Out-Patient Plan	Carnegie Mellon University – CAT 1 WW
Maximum plan benefit	Included within overall maximum plan limit
Pre-hospitalisation tests	Full refund

(covered when they are needed in the 72 hours before in-patient or day-care treatment)	
Medical practitioner fees *	Full refund
Prescribed drugs and dressings	Full refund
Video consultation services	Full refund
Diagnostic tests	Full refund
Specialist fees *	Full refund
MRI scans	Full refund
PET and CT-PET scans[2]	Full refund
CT scans	Full refund
Emergency out-patient treatment *	Full refund
Post hospitalisation physiotherapy (covered when required in the 90 days following in-patient or day-care discharge)	$2,000
Prescribed physiotherapy (referral from doctor required) (initially limited to 12 sessions per condition)	
Chiropractic treatment, osteopathy and podiatry (max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit)	
Homeopathy, Chinese herbal medicine, Tui na, cupping, bone setting, acupuncture and ayurvedic treatment	$750
Prescribed speech therapy and occupational therapy[2]	Full Refund
Vaccinations (Up to and including 17 years of age)	Full refund
Vaccinations (from age18 years and older)	$1,000
Health and wellbeing checks including screening for the early detection of illness or disease	
Cancer screening	
Asymptomatic testing Antibody tests	$300 $70 max per test
Psychiatry and psychotherapy (referral from doctor required for psychotherapy and initially limited to 10 sessions per condition)	$2,000
Prescribed medical aids	$1,000
Prescribed glasses and contact lenses including eye examination	$500
Hormone replacement therapy	$500

Dental Plan	**Carnegie Mellon University – CAT 1 WW**
Maximum plan benefit	$1,000
Dental treatment	Full refund
Dental surgery	Full refund
Periodontics	Full refund
Dental prostheses	Full refund

NOTES

Hospital network

The name of the provider network applicable to your cover is indicated on your personal Access Card and a list of the medical providers included in your network was issued with your membership pack.

Your provider network includes a large number of clinics/hospitals and pharmacies that have contractual arrangements in place with us. Upon presentation of your Access Card each of these clinics/hospitals and pharmacies will provide their services and products without seeking immediate payment from you, unless the prescribed treatment is specifically excluded under your policy.

Please note that under some benefits, cover may be available on a reimbursement basis only, i.e. you will have to pay for eligible treatments and then complete and submit a Claim Form. For further details, please refer to the 'Getting treatment' section of Employee Benefit Guide.

Pre-authorisation

For certain benefits listed in your Table of Benefits, you are required to submit a completed Pre-authorization Form in advance of receiving your treatment. Following approval by us, cover can then be guaranteed. In the Table of Benefits, benefits which require pre-approval through submission of a Pre-authorization Form are indicated by either a **1** or a **2**.

If you choose to be treated within your provider network, then your medical provider will automatically deal with us directly for Pre-authorization, where necessary.

However, where you choose to be treated outside of the provider network, you will need to ensure that you contact us for the necessary Pre-authorization. Full details of our Pre-authorization process are provided in the Employee Benefit Guide issued at policy inception. Please note that:

- If Pre-authorization is not obtained for the benefits listed with a **1**, we reserve the right to decline a claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only **80%** of the eligible benefits.

- If Pre-authorization is not obtained for the benefits listed with a **2**, we reserve the right to decline a claim. If the respective treatment is subsequently proven to be medically necessary, we will pay only **50%** of the eligible benefits.

- In the case of an emergency, you don't need to submit the Pre-authorization Form in advance but we should be informed within 48 hours of the event to ensure that no Pre-authorization penalty apply to your claim.

For further details please refer to our Benefit Guide, or simply contact our Helpline.

Chronic conditions
Chronic conditions are covered within the limits of the selected plan during the Insurance Year.

Pre-existing conditions
Pre-existing conditions are covered within the limits of the selected plan during the Insurance Year.

Benefit Limits

There are two kinds of benefit limits shown in the Table of Benefits. The **maximum plan benefit**, which applies to certain plans, is the maximum we will pay for all benefits in total, per member, per Insurance Year, under that particular plan. Some benefits also have a **specific benefit limit**, which may be provided on a "per Insurance Year" basis, a "per lifetime" basis or on a "per event" basis, such as per trip, per visit or per pregnancy. Where a specific benefit limit applies or where the term "Full refund" appears next to certain benefits, the refund is subject to the maximum plan benefit, if one

applies to your plan(s). All limits are per member, per Insurance Year, unless otherwise stated in your Table of Benefits.

Policy Terms and Conditions

Your Table of Benefits outlines the cover offered under your plan(s). Cover is subject to our policy terms and conditions, as detailed in our Employee Benefit Guide which is issued to members upon policy inception.

If you are based in Dubai, please note that your policy terms and conditions are also subject to the Dubai Health Authority requirements that may be changed from time to time.

Policy Endorsement(s)

If there are any policy terms and conditions unique to your policy, they will be listed below. Please read carefully in conjunction with our Benefit Guide.

Certain services (which may be included in your plan) are provided by third party providers outside the Allianz group. Such services include, for example, the Employee Assistance Programme, Travel Security Services, fitness app, Second Medical Opinion and tele-medicine services. If included in your plan, these services are listed in your Table of Benefits and are made available to you subject to your acceptance of the terms and conditions of your policy and the terms and conditions of the third parties. These services may be subject to geographical restrictions. The fitness app does not provide medical or health advice and the wellness resources contained within Olive are for information purposes only. The fitness app and the wellness resources contained within Olive shouldn't be regarded as a substitute for professional advice (medical, physical or psychological). They are also not a substitute for the diagnosis, treatment, assessment or care that you may need from your own doctor. You understand and agree that AWP Health & Life SA (Qatar Branch) and AWP Health & Life Services Limited are not responsible or liable for any claim, loss or damage, directly or indirectly resulting from your use of any of these third party services.

The following additional definitions will apply:

Asymptomatic testing: Out-patient tests and diagnostic procedures for communicable diseases when you are asymptomatic (do not have any symptom) and these tests are not received in relation to a diagnosed medical condition. This benefit extend to outpatient antibody tests.