



# Benefits Schedule

## EXECUTIVE HEALTHCARE PLAN

Effective 1<sup>st</sup> September 2011



In the tables below, **We** have summarised the **Benefits** applicable for each product option. Please refer to the **Policy** wording for full **Benefit** details and definitions. All **Benefits** shown are per **Insured Person**, per **Period of Cover** (unless specifically stated).

ALL limits and **Excesses** expressed in \$ shall in all instances mean US\$.

Benefits	Major Medical	Foundation	Lifestyle
Maximum Annual Aggregate Limit	\$1,000,000	\$1,500,000	\$1,500,000

### In-Patient Treatment

<b>General In-Patient Charges</b> <b>Hospital</b> charges, Room and Board, <b>Drugs and Dressings</b> , surgeon and anaesthetist fees, theatre charges, intensive care unit and pathology.	Full Refund	Full Refund	Full Refund
<b>Hospital Cash Benefit</b> When <b>Treatment</b> is received as an <b>In-Patient</b> for an eligible <b>Medical Condition</b> for a maximum of 20 nights and no costs are incurred for accommodation and/or <b>Treatment</b> . This <b>Benefit</b> is not applicable to <b>Accident</b> and <b>Emergency</b> admissions.	No Cover	No Cover	\$100 per night
<b>Parent Accommodation</b> <b>Hospital</b> accommodation costs in respect of a parent or legal guardian staying with an <b>Insured Person</b> who is under 18 years of age and is admitted to a <b>Hospital</b> as an <b>In-Patient</b> .	Full Refund	Full Refund	Full Refund
<b>New Born Cover</b> <b>In-Patient Treatment</b> of an <b>Acute Medical Condition</b> and any associated costs which presents symptoms at birth or which manifests itself within 30 days following birth.	\$100,000 and to a maximum of 90 days <b>Hospital</b> stay	\$100,000 and to a maximum of 90 days <b>Hospital</b> stay	\$100,000 and to a maximum of 90 days <b>Hospital</b> stay
<b>New Born Accommodation</b> <b>Hospital</b> accommodation costs relating to a <b>New Born</b> baby to accompany its mother (being an <b>Insured Person</b> ) whilst she is receiving <b>Treatment</b> as an <b>In-Patient</b> in a <b>Hospital</b> .	Full Refund	Full Refund	Full Refund
<b>In-Patient Psychiatric Treatment</b> In a registered psychiatric unit of a <b>Hospital</b> . All <b>Benefits</b> are conditional upon pre-authorisation from <b>Us</b> and all <b>Treatment</b> being administered under the direct control of a registered psychiatrist (after 24 months membership).	Full Refund (up to 30 days)	Full Refund (up to 30 days)	Full Refund (up to 30 days)
<b>Organ Transplant</b> The entire cost incurred to perform an <b>Organ Transplant</b> , including accommodation, intensive care unit, <b>Hospital</b> charges, surgeon fees, anaesthetist fees, operating theatre fees, <b>Specialist</b> fees whilst an <b>In-Patient</b> in a <b>Hospital</b> .	Full Refund	Full Refund	Full Refund
<b>Reconstructive Surgery</b> Reconstructive surgery following an <b>Accident</b> or following surgery for an eligible <b>Medical Condition</b> .	Full Refund	Full Refund	Full Refund
<b>In-Patient &amp; Day-Patient Treatment of Chronic Conditions</b> Stabilisation of an <b>Acute</b> exacerbation of a <b>Chronic Medical Condition</b> requiring <b>In-Patient</b> or <b>Day-Patient Treatment</b> in a <b>Hospital</b> .	Full Refund	Full Refund	Full Refund

### Out-Patient Treatment

<b>Out-Patient Charges including:</b> a) <b>Medical Practitioner</b> fees including consultations. b) <b>Specialist</b> fees. c) Diagnostic procedures. d) Physiotherapy on referral by a <b>Medical Practitioner/Specialist</b> . e) Prescribed <b>Drugs and Dressings</b>	Up to \$3,000 per <b>Medical Condition</b> for <b>Out-Patient</b> Consultative & Diagnostic costs prior to hospitalisation and for up to 90 days immediately following hospitalisation	Full Refund	Full Refund
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Out-Patient Treatment	Major Medical	Foundation	Lifestyle
<b>Alternative Medicine</b> Alternative medicine administered by a registered chiropractor, osteopath, homeopath, ayurvedic medicine practitioner, podiatrist and acupuncturists. Pre-authorisation required for any costs exceeding \$250.	No Cover	Full Refund up to \$1,000	Full Refund up to \$1,000
<b>Out-Patient Surgery</b>	Full Refund	Full Refund	Full Refund
<b>Out-Patient Psychiatric Treatment</b> Including <b>Specialist</b> consultations. All <b>Benefits</b> are conditional upon pre-authorisation from <b>Us</b> and all <b>Treatment</b> must be administered under the direct control of a registered psychiatrist (after 24 months membership).	No Cover	Full Refund up to \$4,500 per <b>Medical Condition</b>	Full Refund up to \$4,500 per <b>Medical Condition</b>
<b>Home Nursing</b> Immediately following <b>Hospital</b> discharge on the recommendation of a <b>Specialist</b> and must be provided by a <b>Qualified Nurse</b> . All <b>Treatment</b> under this <b>Benefit</b> must be pre-authorized by <b>Us</b> .	Full Refund up to 30 days per <b>Medical Condition</b>	Full Refund up to 30 days per <b>Medical Condition</b>	Full Refund up to 120 days per <b>Medical Condition</b>
<b>Emergency Out-Patient Treatment inside Area of Coverage</b> <b>Emergency Treatment</b> received as an <b>Out-Patient</b> received in the <b>Accident</b> and <b>Emergency</b> unit of a <b>Hospital</b> .	Up to \$1,000 per <b>Period of Cover</b>	Full Refund	Full Refund

### Other General Benefits

<b>Oncology</b> <b>Treatment</b> given for cancer received as an <b>In-Patient, Day-Patient</b> or <b>Out-Patient</b> .	Full Refund	Full Refund	Full Refund
<b>Ancillary Charges</b> The purchase or rental of crutches or wheelchairs following <b>Treatment</b> as an <b>In-Patient</b> or <b>Day-Patient</b> .	Limited to \$1,000 per <b>Medical Condition</b>	Limited to \$1,000 per <b>Medical Condition</b>	Limited to \$1,000 per <b>Medical Condition</b>
<b>Hospice Care Charges</b> <b>Treatment</b> provided by a hospice for the care of an <b>Insured Person</b> with a terminal illness.	Full Refund (up to 30 days) where <b>Treatment</b> is received as an <b>In-Patient</b> only	Full Refund (up to 30 days) where <b>Treatment</b> is received as an <b>In-Patient</b> only. Full Refund up to \$5,000 where <b>Treatment</b> received as an <b>Out-Patient</b>	Full Refund (up to 30 days) where <b>Treatment</b> is received as an <b>In-Patient</b> only. Full Refund up to \$5,000 where <b>Treatment</b> received as an <b>Out-Patient</b>
<b>Rehabilitation</b> Admission to a recognised <b>Rehabilitation</b> unit of a <b>Hospital</b> following <b>Treatment</b> for a <b>Medical Condition</b> where the <b>Insured Person</b> was confined to a <b>Hospital</b> as an <b>In-Patient</b> for at least three consecutive days and where a <b>Specialist</b> confirms in writing that <b>Rehabilitation</b> is required. Admission to a <b>Rehabilitation</b> unit must be made within 14 days of discharge from a <b>Hospital</b> .	Limited to 120 days per <b>Medical Condition</b>	Limited to 120 days per <b>Medical Condition</b>	Limited to 120 days per <b>Medical Condition</b>
<b>Congenital Anomalies</b> <b>Treatment</b> of <b>Congenital Anomalies</b> which manifest themselves after <b>Your Date of Entry</b> .	No Cover	No Cover	Up to \$100,000 per <b>Medical Condition</b>
<b>CT, MRI and PET Scans</b> Scans received as an <b>In-Patient, Day-Patient</b> or <b>Out-Patient</b> and pre-authorized by <b>Us</b> .	Full Refund	Full Refund	Full Refund

### Evacuation/Transportation Benefits

<b>Emergency Transportation</b> <b>Emergency</b> transportation costs to and from <b>Hospitals</b> by the most appropriate form of transport.	Full Refund	Full Refund	Full Refund
<b>Evacuation</b> Evacuation of moving an <b>Insured Person</b> in the event of <b>Emergency Treatment</b> not being readily available at the place of the incident, to an appropriate facility, within the geographical <b>Area of Coverage</b> , for the purpose of admission to <b>Hospital</b> as an <b>In-Patient</b> or <b>Day-Patient</b> . Extended to cover the costs for one other person to travel with the <b>Insured Person</b> as an escort.	Full Refund	Full Refund	Full Refund
<b>Out of Country Transportation</b> The costs of moving an <b>Insured Person</b> in the event of non- <b>Emergency Treatment</b> not being readily available at the place of the incident, to an appropriate facility, within the geographical <b>Area of Coverage</b> , for the purpose of admission to <b>Hospital</b> as an <b>In-Patient</b> or <b>Day-Patient</b> . Extended to cover the costs for one other person to travel with the <b>Insured Person</b> as an escort. Cover under this <b>Benefit</b> is restricted to economy class flight tickets only.	Full Refund	Full Refund	Full Refund

Evacuation/Transportation Benefits	Major Medical	Foundation	Lifestyle
<p><b>Additional Travel Expenses (following evacuation or out of country transportation) Reasonable travel costs:</b></p> <p>a) Incurred by the <b>Insured Person</b> to and from medical appointments when <b>Treatment</b> is being received as a <b>Day-Patient</b>.</p> <p>b) For an accompanying person to travel to and from the <b>Hospital</b> to visit the <b>Insured Person</b> following admission as an <b>In-Patient</b>.</p> <p>c) For an accompanying person (where applicable) for non-<b>Hospital</b> accommodation where the <b>Insured Person</b> has been admitted as an <b>In-Patient</b> and for the duration of the <b>Insured Person's</b> stay as an <b>In-Patient</b>.</p> <p>d) For the <b>Insured Person</b> and one other accompanying person (where applicable) for non-<b>Hospital</b> accommodation only for immediate pre- and post-<b>Hospital</b> admission periods, provided that the <b>Insured Person</b> is under the care of a <b>Specialist</b>.</p> <p>e) Economy class airline ticket to return the <b>Insured Person</b> and accompanying person who has travelled as an escort to the <b>Country of Residence</b> or to the country from where <b>Evacuation</b> occurred.</p>	<p>Full Refund</p> <p>Full Refund</p> <p><b>Benefits c) – d)</b> Up to a daily limit of \$120 per <b>Insured Person</b> and to an overall <b>Benefit</b> limit of \$2,500 per <b>Insured Person</b>, per <b>Evacuation</b></p> <p>Full Refund</p>	<p>Full Refund</p> <p>Full Refund</p> <p><b>Benefits c) – d)</b> Up to a daily limit of \$120 per <b>Insured Person</b> and to an overall <b>Benefit</b> limit of \$2,500 per <b>Insured Person</b>, per <b>Evacuation</b></p> <p>Full Refund</p>	<p>Full Refund</p> <p>Full Refund</p> <p><b>Benefits c) – d)</b> Up to a daily limit of \$120 per <b>Insured Person</b> and to an overall <b>Benefit</b> limit of \$2,500 per <b>Insured Person</b>, per <b>Evacuation</b></p> <p>Full Refund</p>
<p><b>Mortal Remains</b></p> <p>a) Transportation of a body or ashes to the <b>Country of Nationality</b> or <b>Country of Residence</b>, or</p> <p>b) Burial or cremation costs at the place of death.</p>	Up to \$2,250	Up to \$2,250	Up to \$10,000

### Condition Management

<p><b>Routine Management of Chronic Conditions</b> Routine check-ups, <b>Drugs and Dressings</b> prescribed for management of the condition, nursing, surgery and <b>Palliative Treatment</b> for <b>Chronic</b> conditions.</p>	No Cover	See Optional Benefits	Up to \$5,000 per <b>Period of Cover</b> (Nil Excess)
<p><b>AIDS</b> Medical expenses which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and/or any mutant derivative or variation thereof.</p>	No Cover	No Cover	Up to \$10,000
<p><b>Hormone Replacement Therapy</b> <b>Medical Practitioner</b> or <b>Specialist</b> consultation and the cost of prescribed tablets, implants or patches, when <b>Treatment</b> is prescribed for the female menopause which has been induced artificially and/or through early onset (by early onset <b>We</b> mean prior to age 40 years).</p>	No Cover	No Cover	Full Refund up to 18 months per condition
<p><b>Renal Dialysis</b> Covers the cost of renal dialysis needed as a result of <b>Chronic</b> and irreversible End Stage Renal Disease or renal failure in both kidneys caused by illness or injury unrelated to alcohol or drug abuse. Also covers the cost of renal dialysis incurred: a) Immediately pre- and post-operatively b) In connection with <b>Acute</b> secondary failure when dialysis is part of intensive care <b>Treatment</b> must be received as an <b>In-Patient</b>, <b>Day-Patient</b> or <b>Out-Patient</b> in a <b>Hospital</b>, or in a legally registered and licensed dialysis centre.</p>	Full Refund	Full Refund	Full Refund

### Maternity Benefits

<p><b>Routine Pregnancy and Childbirth</b> Costs associated with normal pregnancy and childbirth, pre- and post-natal check-ups and delivery costs (conception must be after 12 months membership).</p>	No Cover	Up to \$4,500 <b>Nil Excess</b>	Up to \$8,000 <b>Nil Excess</b>
<p><b>Complications of Pregnancy</b> <b>Treatment</b> of a <b>Medical Condition</b> which arises during the antenatal stages of pregnancy, or a <b>Medical Condition</b> which arises during childbirth and requires a recognised obstetric procedure (conception must be after 12 months membership).</p>	Full Refund	Full Refund	Full Refund

### Dental Benefits

<p><b>Accidental Damage to Teeth</b> <b>Treatment</b> received in a dental surgery or in an <b>Accident</b> and <b>Emergency</b> room in a <b>Hospital</b> within seven days of incurring <b>Accidental</b> damage caused to sound, natural teeth.</p>	Up to \$3,750 when <b>Treatment</b> received as <b>In-Patient</b> only per event	Up to \$3,750 per event	Up to \$3,750 per event
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Dental Benefits	Major Medical	Foundation	Lifestyle
<p><b>Routine and Major Restorative Dental Treatment</b> Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions.</p> <p>Removal of impacted, buried or unerrupted teeth, removal of roots, removal of solid odontomes, apicectomy, new or repair of bridge work, new or repair of crowns, root canal <b>Treatment</b>, new or repair of upper or lower dentures.</p> <p>This <b>Benefit</b> is subject to a six months waiting period from purchase date of this <b>Benefit</b> or <b>Your Date of Entry</b>, whichever is later.</p>	No Cover	No Cover	Up to \$1,000 and subject to 25% <b>Co-Insurance</b>  Nil <b>Excess</b>

### Preventative Care

<p><b>Vaccinations/Inoculations</b> <b>Medically Necessary</b> vaccinations and inoculations</p>	No Cover	No Cover	Full Refund
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### Optional Benefits

<p><b>Exclude Pregnancy Cover</b> Cover for routine pregnancy and childbirth <b>Benefits</b> are excluded.</p>	Not Applicable	Optional	Optional
<p><b>Routine Management of Chronic Conditions*</b> Routine check-ups, <b>Drugs and Dressings</b> prescribed for management of the condition, nursing, surgery and <b>Palliative Treatment</b> for <b>Chronic</b> conditions.</p>	Not Applicable	Optional Up to \$5,000 per <b>Period of Cover</b> (Nil <b>Excess</b> )	Not Applicable
<p><b>Elective Treatment excluding USA</b> Cover is extended to provide <b>Elective Treatment</b> worldwide excluding USA (<b>Area of Coverage</b> - Area 2)</p>	Optional	Optional	Optional
<p><b>USA Elective Treatment</b> Costs will be reimbursed on a full refund basis, where <b>In-Patient</b> or <b>Day-Patient Treatment</b> is received within <b>Our Provider Network</b> or for any <b>Out-Patient Treatment</b>. <b>In-Patient</b> or <b>Day-Patient Treatment</b> received outside <b>Our Provider Network</b> will be subject to a 50% <b>Co-Insurance</b> and an annual maximum of \$750,000. (<b>Area of Coverage</b> – Area 3)</p>	Not Applicable	Optional	Optional
<p><b>Medical History Disregarded</b> Cover for <b>Treatment</b> for any <b>Medical Condition</b> or <b>Related Condition</b> where symptoms have existed or <b>Advice</b> has been sought prior to <b>Your Date of Entry</b> under this <b>Policy</b>. (Only available to compulsory <b>Group</b> schemes of 10 or more employees).</p>	Optional	Optional	Optional
<p><b>Wellness*</b> Routine medical check-ups, associated tests, <b>Medically Necessary</b> vaccinations and inoculations.</p>	Not Applicable	Optional Up to \$400	Optional Up to \$400
<p><b>Routine Dental Treatment*</b> Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions and root canal <b>Treatment</b> incurred after six months from the purchase date of this <b>Benefit</b> or <b>Your Date of Entry</b>, whichever is the later.</p>	Not Applicable	Optional Up to \$400 subject to 25% <b>Co-Insurance</b> (Nil <b>Excess</b> )	Not Applicable
<p><b>Vision Care**</b> Includes cover for one routine eye exam per <b>Period of Cover</b> and the purchase of Vision Hardware when the member's prescription has changed, up to the amount listed in the <b>Policy Schedule</b>. Vision Hardware covers prescribed spectacle lenses and frames or prescribed contact lenses.</p>	Not Applicable	Up to \$250	Up to \$250

\*Available for compulsory **Groups** of three employees or more.

\*\*Available for compulsory **Groups** of five employees or more.

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