

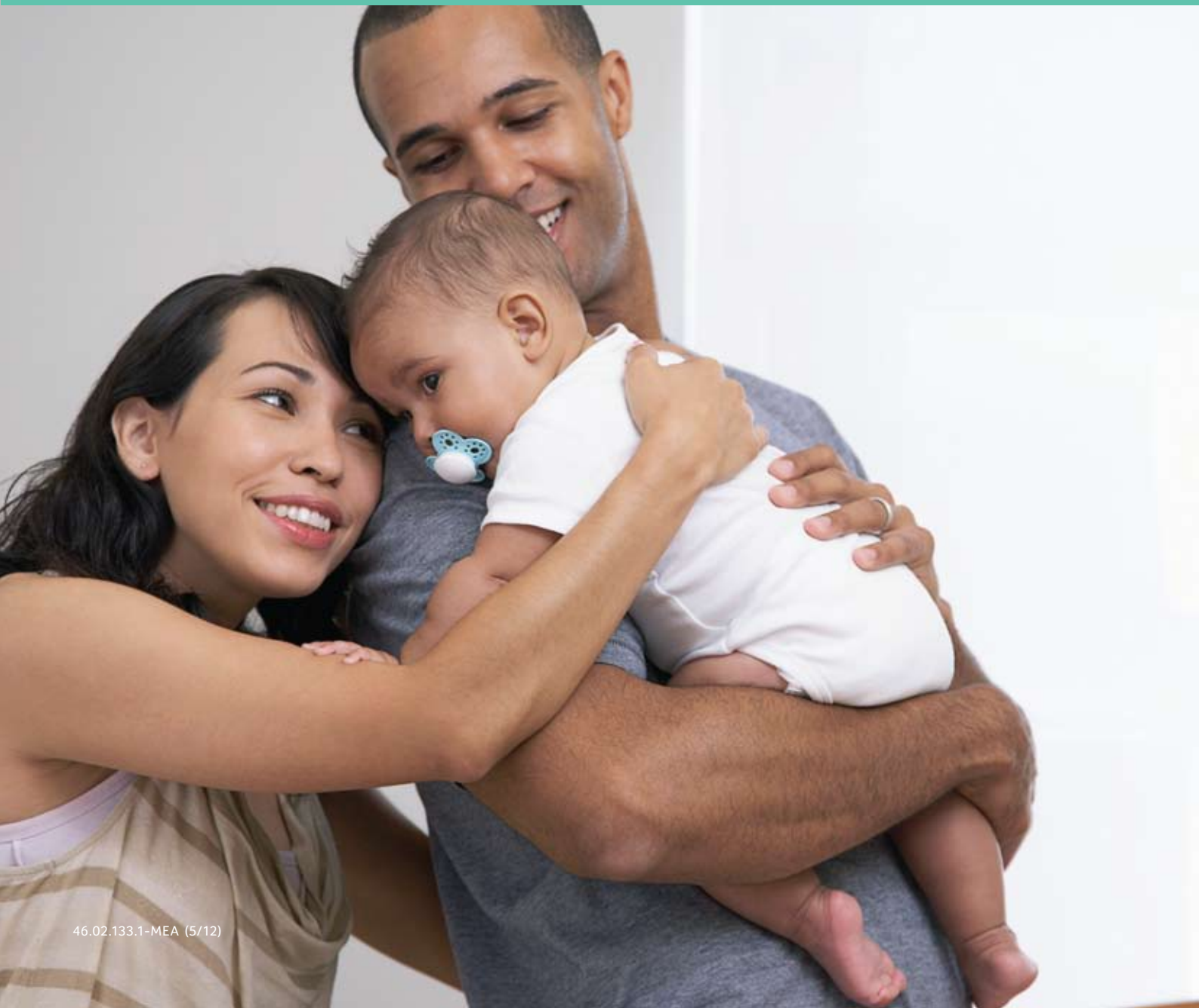
Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetnaSM

Healthy AEssentials Plan

A regional solution for local and
expatriate employees

www.aetnainternational.com



At Aetna, we make it our business to understand your business, as well as the unique needs of your employee population. With more than 155 years of experience, covering over 445,000 members around the world, we are well-positioned to provide regional health benefits solutions to help meet your ever-changing business needs.

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Regional business solutions — made easy.

That's our commitment to you. We're dedicated to providing you with consultative solutions, backed by first-class service.



Your business and the health of your employees and their families lie at the centre of everything we do. Through our first-class approach to service, we are a valued partner, working to provide you with innovative products and services that make a positive impact on your business.

We take our collaboration to heart. That's why we've established a strong global presence, with a local footprint that touches key areas all over the world. With employees located in 10 countries, we are deeply embedded in the global marketplace. This enables us to best meet the needs of our valued customers with confidence and compassion.

Contact us today, to find out how our regional solutions can help satisfy the health and wellness needs of your employee population.



Our service philosophy

We want our customers to be satisfied every time they interact with us. To achieve this goal, we have dedicated areas within the organisation focused on delivering a first-class service experience.

The customer experience

Our customers have numerous resources they can rely on throughout their relationship with us. For example, our Plan Sponsor Services team centrally manages a number of key operational functions, including implementation, enrolment, eligibility, billing and renewals. Plan installation is handled with care from start to finish — this includes eligibility, ID cards and contractual questions.

In addition, a designated account representative is assigned to each customer to assist with daily benefits needs. The account representative interacts regularly with our customers to communicate service enhancements and other updates.

The member experience

The 24/7 Aetna International Member Service Centre is committed to making sure our members get the care they need, when they need it.

Members can receive assistance with:

- Questions on claims, benefit levels and cover
- Claims processing in many languages
- General benefit and plan inquiries

The International Member Service Centre is a member's one-stop resource, both day and night. Taking personalised service one step further, we can easily connect members to our **International Health Advisory Team (IHAT)**. IHAT is our dedicated, clinical team that interacts one-on-one with our members to provide:

- Pre-trip planning
- 24/7 support that's tailored to the individual's specific health needs
- Identification of providers and specialists
- Coordination of routine and urgent medical care
- Assistance with obtaining prescription medications and medical devices
- Coordinating second opinions for complex cases
- Benefit coordination
- Coordination of care for return to home country after assignment completion
- Discharge planning
- Clinical claim and international standards of care reviews
- Maternity management

Innovative tools and resources

Our first-class service philosophy extends far beyond our organisational capabilities. We are committed to providing valuable information through technological innovation.

With their cover, members have access to tools and resources via the Aetna International secure member website at www.aetnainternational.com to help them navigate their health care experience more easily, including:

- **Doctor and medical facility search tool** that allows members to find screened and approved physicians and medical facilities
- **Online claims submission and claims lookup** to manage and keep track of claims status
- **Health and wellness information** to help members improve or maintain their health, given lifestyle, diet and/or conditions
- **Health and security news** with the latest risk ratings and security alerts
- **City profiles** inclusive of travel information such as vaccination requirements and emergency phone numbers
- **Drug and medical phrase translation services** with features that allow members to search for medication availability by country
- **Mobile doctor directory applications** helping members to find direct settlement facilities in their city
- **More mobile applications coming soon**

Healthy AEssentials Plan overview

An innovative, flexible solution for locally-hired employees and expatriates

No two companies are alike. That's why we offer a rich inpatient plan, complimented by an outpatient module and chronic condition management cover, plus other optional benefits so you can maximise your health care investment and manage costs based on your varied employee populations.

Employers taking advantage of this flexibility can provide different cover for different groups of employees within the same policy. For example, you may want to select a different annual limit, a different network and/or provide different wellness benefits.

A Collaborative Approach

Our skilled team is committed to working with you to identify the plan type and benefits that are best for your business and the employees you're looking to cover.

STEP 1:

Choose one of our pre-built plan designs to best meet your needs.

STEP 2:

Build upon our rich plan designs by selecting from a range of benefit upgrades.

STEP 3:

Tailor the levels of cover and network choice to best fit your budget.

Area of coverage options:

• **Middle East, Indian Subcontinent & Southeast Asia**

Algeria, Bahrain, Bangladesh, Bhutan, Egypt, India, Indonesia, Iraq, Jordan, Kuwait, Lebanon, Libya, Malaysia, Morocco, Nepal, Oman, Palestine, Pakistan, Philippines, Qatar, Saudi Arabia, Sri Lanka, South Sudan, Thailand, Tunisia, Turkey, United Arab Emirates, Vietnam and Yemen.

Network options include:

• **Gold** (all private hospitals are included)

OR

• **Pearl** (All Middle East, Indian Subcontinent & Southeast Asia hospitals, except for the American Hospital Dubai.)

OR

• **Silver** (All private hospitals, except for the hospitals and clinics found on the next page.)

OR

• **Bronze** (All private hospitals, except for the hospitals and clinics found on the next page.)

Maximum annual aggregate limit

6 standard options ranging from: up to USD\$100,000 per insured person per period of cover, to up to USD\$1,600,000 per insured person per period of cover

The inpatient plan includes, but is not limited to:

- Inpatient care and connected outpatient care (up to 60 days pre- and post-hospital treatment)
- Diagnostic tests
- Outpatient surgery
- Emergency transportation

The outpatient care module includes, but is not limited to:

- Outpatient care
- Alternative treatment
- Vaccinations and inoculations

The chronic condition management module includes, but is not limited to:

- Chronic conditions
- Congenital anomalies
- Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)

Optional benefits either reduce costs and/or upgrade cover. These include, but are not limited to, evacuation expenses, mother and baby benefits, dental and deductibles/copays.

Aetna is committed to ensuring compliant business practices around the globe. This includes compliance with sanctioned country information published by the United States Department of Treasury's Office of Foreign Asset Control (OFAC), EU Financial Sanction Regime and United Nations Common Foreign and Security Policy (UN CFSP). If you have a need for us to provide cover in a sanctioned country, please contact your Aetna International representative for guidance on options that may be available.

Network options

Gold

All hospitals and clinics in your area of coverage

Pearl

All hospitals and clinics in your area of coverage, except for the American Hospital Dubai

Silver

All hospitals and clinics in your area of coverage, excluding:

- Al Ahli Hospital (Qatar)
- American Hospital Dubai (AHD)
- American Academy of Cosmetic Surgery Hospital
- American University of Beirut Medical Center (Lebanon)
- Arabian Ranches (EHL Group)
- Emirates Diagnostic Clinic (EHL Group)
- Dubai Mall Medical Centre (EHL Group)
- Meadows Clinic (EHL Group)
- The City Hospital (EHL Group)
- Welcare Ambulatory Care Centre (EHL Group)
- Welcare Clinic Al Qusais (EHL Group)
- Welcare Clinic Ibn Batuta (EHL Group)
- Welcare Clinic Mirdiff (EHL Group)
- Welcare Hospital (EHL Group)

Bronze

All hospitals and clinics in your area of coverage, excluding:

- All hospitals and clinics listed under Silver
- Abu Hamour Medical Centre
- Al Noor Hospital Airport Road
- Al Noor Hospital Al Ain
- Al Noor Hospital Khalifa
- Al Noor Hospital Clinics - Al Mussafah
- Al Noor Hospital Clinics - Al Yahar
- Al Noor Hospital Clinics - Beda Zayed
- Al Noor Speciality Clinics - Al Mirfa
- Al Noor Speciality Clinics - Al Mussafah
- Al Noor Speciality Clinics - Madinat Zayed
- Al Shunnar Polyclinic
- Ciemenceau Medical Center (Lebanon)
- Cosmesurge and Emirates Hospital Clinics (Br.)
- Drs Nicolas & Asp, DHCC
- Drs Nicolas & Asp, Green Community
- Drs Nicolas & Asp, JBR Remal
- Drs Nicolas & Asp, Jumeirah Branch
- Drs Nicolas & Asp, Marina Branch
- Drs Nicolas & Asp, Mirdif Branch
- Drs Nicolas & Asp, Pediatric Dentistry Centre

- Dr. Sulaiman Al Habib Medical Center
- Dubai Bone & Joint Center
- Dubai London Clinic Dubai Festival City
- Dubai London Clinic - Medical & Surgical Centre
- Emirates Hospital
- German Medical Center, FZ, LLC
- German Orthopaedic Hospital - Bahrain
- GMC Clinic Green Community
- GMC Clinic Jebel Ali Village
- GMC Clinic Jumeirah
- GMC Clinic Trade Centre
- Gulf Diagnostic Center Hospital - Abu Dhabi
- Health Bay Polyclinic
- Health Call
- Hotel-Dieu de France (Lebanon)
- Imperial Healthcare Institute
- International Hospital of Bahrain - Bahrain
- International Modern Hospital
- Medicentres International Al Barsha
- Medicentres International MotorCity
- Moorfields Eye Hospital Dubai
- Neuro Spinal Hospital
- Northwest Clinic



Value-added wellness programmes

Wellness is a lifelong path, and the journey is different for each individual. It begins with getting members engaged in their own well-being and supporting them wherever they are on their journey — whether they are healthy, at risk for disease or injury, managing a chronic condition or experiencing a major health event.

With this in mind, we've developed **Aetna Global Health Connections** — a complimentary wellness offering for members, which includes the following programmes:

Cancer Outreach and Support

Members with cancer can get assistance to help them understand their condition and locate helpful resources without a “one size fits all” approach. Instead, each interaction is customised to a member's unique health situation. Members can even speak one-on-one with a registered nurse who is committed to helping them reach their best health.

Health and Wellness Education

Whether employees are healthy individuals looking for additional healthy lifestyle tips — or have a chronic condition and want to learn how to reach their optimal state of health — we offer an array of health and wellness education materials to aid them in their efforts.

The Aetna International Wellness Centre provides helpful information, including health topics such as:

- asthma
- cancer
- coronary artery disease
- maternity
- stress management

Healthy AEssentials sample plans

Additional plan designs are available

The words and phrases that are in bold have specific meanings, and are defined in the member handbook.

This will be a 12 month policy starting from the date of entry or any subsequent renewal date, as applicable. It is the responsibility of the policyholder to continually review your policy in order to ensure that the plan selected continues to meet the needs and requirements of your employees.

This policy summary does not contain the full terms of the policy; these can be found in the benefits schedule, group contract, certificate of insurance and member handbook.

All benefits shown are per insured person, per period of cover (unless specifically stated).

	Plan 1	Plan 2
Maximum annual aggregate limit	Up to USD\$100,000	Up to USD\$250,000
Network	Gold, Pearl, Silver or Bronze	
Area of coverage Elective treatment and emergency treatment, including evacuations, outside the area of coverage are excluded.	Middle East, Indian Subcontinent & Southeast Asia	
Out of area cover – accident & emergency treatment (excluding the U.S.)	Inpatient treatment is covered in full. Outpatient treatment is limited to USD\$500 per medical condition and subject to an excess of USD\$80 per medical condition.	
Inpatient plan: inpatient, day patient, emergency care and diagnostics		
Inpatient care i) Acute chronic conditions, reconstructive surgery, 60 days pre- and post-hospital treatment, and associated drugs and dressings and appliances used in surgery ii) Rehabilitation	i) Covered in full ii) Covered in full up to 30 days per medical condition	i) Covered in full ii) Covered in full up to 120 days per medical condition
Emergency transportation	Covered in full	
Outpatient surgery	Covered in full	
CT, PET and MRI scans	Covered in full	
Oncology	Covered in full	
Organ transplant	Covered in full	
Inpatient psychiatric treatment	Optional	Covered in full (up to 14 days)
Hospital cash	USD\$100 per night	USD\$125 per night
Accidental damage to teeth	Covered in full	
Parental accommodation	Covered in full	
Outpatient care module		
Outpatient care	Covered in full	
Alternative treatment	Optional	Up to USD\$250
Traditional Chinese or Ayurvedic medicine	Optional	Up to USD\$250
Vaccinations and inoculations	Up to USD\$100	Up to USD\$250
Chronic condition management module		
Routine management of chronic conditions	Up to USD\$5,000	
Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)	Optional	Up to USD\$500 per medical condition

Additional options for outpatient care module	
Alternative treatment	No cover OR Up to USD\$250 OR Up to USD\$500
Traditional Chinese or Ayurvedic medicine	No cover OR 4 standard options ranging from: up to USD\$250, to up to USD\$1,500
Vaccinations and inoculations	No cover OR 4 standard options ranging from: up to USD\$100, to covered in full
Home nursing	Optional up to 14 days or 30 days per medical condition
Additional options for chronic condition management module	
Routine management of chronic conditions	Up to USD\$10,000 OR Covered in full
Congenital anomalies	3 standard options ranging from US\$10,000 to US\$100,000 per medical condition
Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)	No cover OR from USD\$500 to USD\$1,500
AIDS	Optional up to USD\$10,000
Additional options to upgrade cover	
Out of country transportation i) Travel ii) Non- hospital accommodation	i) Covered in full ii) Up to USD\$150 per person per day and USD\$5,000 per person per evacuation
Dental – routine dental treatment	4 standard options ranging from: up to USD\$250 – with or without 20% coinsurance , to up to USD\$650 – with or without 20% coinsurance
Dental – combined routine and restorative dental	8 standard options ranging from: up to USD\$250 – with or without 20% coinsurance , up to USD\$1,500 with 20% coinsurance
Wellness	4 standard options ranging from US\$250 to US\$1,000
Vision care	One eye exam and a maximum benefit of up to USD\$250 OR One eye exam and a maximum benefit of USD\$500
Choose your maximum annual aggregate limit	6 standard options ranging from: up to USD\$100,000 to USD\$1,600,000
Wellness, vision and hearing	Up to USD\$500 OR Up to USD\$1,000
Mother and baby modules i) Routine pregnancy ii) New born accommodation iii) New born care iv) Well-baby care	i) Various options up to USD\$10,000 (with or without 20% co-insurance) ii) Covered in full iii) Various options up to USD\$50,000 (maximum of 30 days hospital stay) iv) Up to USD\$500
Additional option to reduce cost	
Pay an outpatient copay per visit	USD\$15 copay per visit OR USD\$20 copay per visit OR USD\$30 copay per visit

Medical underwriting

For **groups** of less than 10 **employees**, we require a completed member application form for each **employee**.

Our standard approach to medical underwriting is moratorium; however, **plan sponsors** may elect to purchase enhanced underwriting terms for the **group**.

Moratorium underwriting

Our standard approach to medical underwriting.

At the **member** level, **cover** is not provided for any **medical condition** in existence on the date that individual is accepted into the **group (date of entry)** until it has been treated such that the individual is symptom and **advice**-free for two consecutive years following the **date of entry** with regard to that **medical condition**. This **policy** does not cover the **treatment** of pre-existing **chronic** conditions.

Full medical underwriting

Plan sponsors may also elect to have **members** fully underwritten.

Should we accept **cover**, we may apply additional terms and exclusions, which will be shown on the **member's certificate of insurance**.

Continuous transfer terms

For **members** wishing to transfer from other **policies**. This feature may incur additional premium.

The acceptance by us of the **member's** original **date of entry** as shown by the **member's** current insurer will be applied to the **member's policy** with us. We will maintain the **member's** existing underwriting or special acceptance terms, as offered by the **member's** existing insurer, such as any moratoria or specific exclusions, and the **member's policy** with us will be governed by the terms and conditions of our **policy**. Any transfer will be subject to no enhanced **benefits** being provided. We reserve the right at all times to decline a **continuous transfer terms** request without giving any reason or impose/include additional exclusions.

Medical history disregarded

Available to compulsory **group** schemes of 10 **employees** or more.

Cover is extended to include **treatment** for any **medical condition** or **related condition** where symptoms have existed or **advice** has been sought prior to the **member's date of entry**.

All **members** must be enrolled within 30 days of eligibility. Any **employee** or **dependant** not covered within 30 days of eligibility will be subject to individual medical underwriting.

Plan currency

The plan currency is US Dollar (\$).

Payment frequency

Bank transfers are available on an annual, semi-annual or quarterly basis. These are accepted in US Dollars.

A surcharge will apply for payments made on a quarterly or semi-annual basis.

Communicating with your employees

To assist **you** in communicating your **benefits** to **your employees** and their **dependants**, we provide the following options:

- Electronic **member** packs and mailed membership cards
- Printed copies of **member** packs and membership cards

Membership adjustments

There are three options for **plan sponsors** to adjust membership when **members** leave or join the plan:

- **Pay as you go** — Adjustments are credited or debited as adjustments are made.
- **Periodic adjustments** — We will adjust **your** instalment plan to incorporate membership adjustments.
- **End of year adjustments** — We will reconcile **your** account at year end.

Policyholder's right of termination

After the **commencement date**, this **policy**, or any **cover** included, may only be terminated by the **policyholder**, as to all or any class of its **members**, with effect from the **renewal date**. We must be given written notice of intent to non-renew within 15 days of **your** renewal date. If the **policy** is terminated by the **policyholder** at any other time, whatsoever the reason, there will be no return of premium.

Common questions and answers

Q. Are all employees, at home or abroad, eligible for cover?

A. New applicants will be eligible for cover up until the age of 65. The plan will cover employees who live or work in or outside of their home country (the country that issued their passport). Any employee or dependant (subject to the agreement of the plan sponsor) not enrolled within 30 days of eligibility will be subject to individual underwriting.

Q. Are family members eligible for cover as well?

A. Children who are not more than 18 years old residing with the employee, or 26 years old if in full-time education, at the date of entry or at any subsequent renewal date, will be accepted for cover as dependants. Children will not be accepted for cover, unless on a policy with a legal parent or guardian and subject to the identical benefits applying to all parties. A declaration of health is required with respect to all dependants who are born following assisted conception.

New born children will be accepted for cover (subject to the limitations of the new born benefit) from birth. Acceptance of new born babies is subject to written notification within 30 days of birth and receipt of the full premium within a further 30 days following notification.

Q. Is a medical examination required to enrol in the plan?

A. No. In the rare instance that we require additional information for fair and accurate underwriting purposes, we will ask the applicant to submit a medical report from his/her doctor.

Q. Will the plan cover any illnesses or injuries that members have prior to enrolling in the plan?

A. If you select a moratorium underwriting basis, cover for all pre-existing medical conditions are excluded during the first two years of membership. Future costs will be covered providing members do not have any symptoms, treatment or advice for that condition during this two year period. You may also apply for Continuous Transfer Terms (CTT). For groups of 10 or more employees, you may purchase Medical History Disregarded cover.

Q. Does the plan include cover for treatment in the U.S.?

A. Cover is not available in the U.S. for elective treatment or emergency treatment, including evacuations. If you are interested in providing U.S. coverage, speak to your Aetna representative about other available plans.

Q. How do members know if inpatient treatment is covered?

A. All inpatient treatment is required to be pre-authorised prior to a planned admission into a hospital. Members should contact the Aetna International Member Service Centre to determine whether treatment is covered under the policy.**

Q. Is emergency evacuation covered?

A. Emergency evacuation is covered within your area of coverage, provided that we pre-authorise it and treatment is not available at the location of the incident.

Emergency evacuation is included out of area, provided that you purchase the out of area coverage benefit (full refund option only). This does not extend to include treatment in the United States (see the above question for more detail).

Q. How can members submit a claim?

A. Upon inception, each member will receive a membership card. This provides them with the contact information for the Aetna International Member Service Centre and information they need to register for the Aetna International secure member website. Members can use either resource to submit a claim.

We reserve the right to deny any claim that is not submitted within 180 days of the treatment date. Claims may only be made for treatment given during a period of cover. The benefit will only be payable for expenditure incurred prior to expiry or termination.

Q. Is inpatient direct settlement available?

A. Yes, we have negotiated simplified prepayment procedures with thousands of medical facilities so our members have access to quality care when and where they may need it in their area of cover. For added convenience, we can also coordinate one-time arrangements if a health care professional is not in our direct-settlement database. We have a 95 percent success rate in negotiating these one-time arrangements.

Q. Is outpatient direct settlement available?

A. Yes, we have a direct settlement network enabling members to obtain outpatient treatment at a number of selected medical centres where all eligible treatment charges will be paid directly by us.

**Settlement can be made directly to the hospital. Full details of the claims procedure are available in the member handbook.

Appendix: benefits schedule detail

Your policy may include some of the following benefits. To confirm the benefits included in your policy, please refer to your benefits schedule.

All benefits are subject to the maximum annual aggregate limit and the sums insured indicated in your benefits schedule, the applicable medical underwriting, the member's certificate of insurance and our general conditions and exclusions.

All costs incurred must be medically necessary and subject to reasonable and customary charges, based on the average treatment costs applicable to the region in which the treatment was received, as determined by us. Inpatient accommodation costs are for a standard private room.

INPATIENT PLAN: INPATIENT, DAY PATIENT, EMERGENCY CARE AND DIAGNOSTICS

Inpatient Care: Charges incurred for the treatment of a medical condition, including stabilisation of an acute chronic condition, when treatment is received as an inpatient or day patient including:

- i) Accommodation and associated charges.
- ii) Admittance to the intensive care unit.
- iii) Charges for nursing by a qualified nurse, and theatre fees.
- iv) Medical practitioner fees including consultations, specialist fees and Anaesthetist fees.
- v) Diagnostic and surgical procedures including pathology and X-rays.
- vi) Reconstructive surgery (including outpatient treatment) to restore natural function or appearance required as a result of an accident or illness occurring during the period of cover and where treatment takes place within 12 months of the insured event occurring.
- vii) Drugs and dressings, medicines and appliances prescribed by a medical practitioner or specialist, including Traditional Chinese Medicine.
- viii) Rehabilitation (including outpatient treatment) in a recognised rehabilitation unit of a hospital subsequent to inpatient treatment lasting 3 days or more, which takes place within 14 days of discharge. Treatment must be recommended and under the direct control of a specialist. Treatment includes the use of special treatment rooms, physical and/or speech therapy fees, and other services usually given by a rehabilitation unit.
- ix) Outpatient treatment connected with inpatient treatment will be covered for 60 days pre- and post-hospital admission.

Emergency Transportation: Emergency transportation costs to and from hospital to receive treatment as an inpatient or day patient, by the most appropriate transport method when considered medically necessary by a medical practitioner or specialist.

This benefit does not include the cost of car hire.

Evacuation & Additional Travel Expense: Evacuation of a member in the event of an emergency, where treatment is not readily available at the place of the incident, to the nearest appropriate medical facility as determined by us, by the most appropriate method of transportation as determined by us, for the purpose of admission to hospital as an inpatient or day patient.

Evacuation is subject to written agreement from us, prior to travel and certified instructions to us from the attending medical practitioner or specialist, including confirmation that the required treatment is unavailable at the place of incident.

This benefit excludes all maternity and childbirth costs except where these are covered under the benefit for complications of pregnancy, and any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts. Cover is provided for:

- i) Evacuation costs including the costs of one other person to travel with the member as an escort, if medically necessary.
- ii) Travel to and from medical appointments when treatment is being received as a day patient.
- iii) For an accompanying person to travel to and from the hospital to visit the member following admission as an inpatient.
- iv) Economy class airline tickets to return the member and the escort to the country of residence or to the country where evacuation occurred.
- v) Non-hospital accommodation for the member and escort for immediate pre- and post-hospital admission periods provided that the member is under the care of a specialist.

Outpatient Surgery: This benefit extends to cover the cost of endoscopy investigations carried out under an outpatient basis. This includes gastroscopy, bronchoscopy, colonoscopy and colposcopy, but excludes laparoscopy and arthroscopy, which are covered under the inpatient care benefit.

CT PET and MRI Scans: Scans received as an inpatient, day patient or outpatient.

This must be pre-authorised by us.

Oncology: Covers all medically necessary treatment received for, or related to, the diagnosis of cancer when received as an inpatient, day patient or outpatient including palliative treatment.

Organ Transplant: The organ transplants covered under this policy are as follows: heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogenic bone marrow and autologous bone marrow.

Inpatient Psychiatric Treatment: Treatment received in a registered psychiatric unit of a **hospital**. All **benefits** are conditional on pre-authorization from **us** and all **treatment** being administered under the control of a registered psychiatrist. Without **our** written confirmation prior to such **treatment**, **we** will not be liable to pay any **benefit**. However, the initial consultation with the **medical practitioner** (not a psychiatric **specialist**) that results in a psychiatric referral is covered without the requirement for pre-authorization.

Accidental Damage to Teeth: Treatment received in an **accident** and **emergency** ward of a **hospital** or dental clinic, within 10 days of incurring accidental damage to sound, natural teeth, except when the accidental damage has been caused through eating. Follow-up **treatment** is limited to one visit within 30 days following **your** initial **treatment** and must be pre-authorized by **us**.

Complications of Pregnancy: Treatment of a **medical condition** arising during the antenatal stages of pregnancy, a **medical condition** arising during childbirth and that requires a recognised obstetric procedure, and post natal checkups required as a result of the complication of pregnancy for up to six weeks. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this **benefit**.

This **benefit** is payable after the first 12 months from the commencement date or date of entry, whichever is the later.

Parental Accommodation: Hospital accommodation costs of a parent or legal guardian staying with a **member** who is under 18 years of age and is admitted to **hospital** as an **inpatient**.

Mortal Remains: In the event of death from an eligible **medical condition**: Transportation of the body of a **member** or his/her ashes to the **country of nationality** or **country of residence** or burial or cremation costs at the place of death in accordance with reasonable and customary practice.

OUTPATIENT CARE

Outpatient Care: Medical practitioner, **specialist**, consultant and nursing fees and **outpatient** charges including diagnostic and surgical procedures including pathology, x-rays, **drugs** and **dressings** and **appliances** prescribed by a **medical practitioner** or **specialist**. Physiotherapy on referral by a **medical practitioner** is restricted to 10 sessions per **medical condition**, after which it must be further reviewed by a **specialist**. A medical report will be required for **outpatient** physiotherapy after 10 sessions. A referral letter/report must be submitted with the first claim for such **treatment**.

Alternative Treatment: Treatment administered by registered chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists when given under the direct control of and following referral by a **medical practitioner** or **specialist**.

Traditional Chinese or Ayurvedic Medicine: This **benefit** covers the cost of **treatment** administered by a recognised traditional Chinese or Ayurvedic **medical practitioner**.

Vaccinations and Inoculations: Vaccinations and inoculations, including those that are **medically necessary** for travel.

Home Nursing: Nursing care given outside a **hospital** that is immediately received subsequent to **treatment** as an **inpatient** or **day patient** on the recommendation of a **specialist**. This must be provided by a **qualified nurse** and not provided for domestic reasons or convenience.

This must be pre-authorized by **us**.

CHRONIC CONDITION MANAGEMENT

Chronic Conditions: Routine checkups, **drugs** and **dressings** prescribed for management of the condition, **hospital** accommodation nursing, renal dialysis, surgery and **palliative treatment** of **chronic** conditions (excluding cancer). Costs for the **treatment** of cancer are covered under the oncology **benefit**.

Congenital Anomalies: Treatment of **congenital anomalies** that manifest after the **member's** cover commences with **us**, or which manifest in a **dependant** child born in the year prior to **cover** commencing. This **benefit** excludes any **hereditary** **medical conditions**.

Durable Medical Equipment, Prosthetic and Orthotic Supplies (DMEPOS): The following benefits are covered:

- i) **Medically necessary** durable medical equipment prescribed by a treating **specialist**, which is necessary to deliver or facilitate the delivery of prescribed **drugs** and **dressings**. This includes, but is not limited to, diabetic monitoring equipment.
- ii) Ancillary charges following **treatment** as an **inpatient** or **day patient** including the purchase or rental of crutches, and costs associated with the initial purchase or rental of a wheelchair.
- iii) External prosthetics required following surgery; including braces and calipers, artificial eyes and the initial purchase and fitment of an artificial limb.
- iv) Orthotic supplies including insoles and orthotic supports.

This **benefit** excludes provision, modifications and fitment of furniture or adaptations to the home.

AIDS: Medical expenses that 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 variations thereof.

Expenses are limited to pre- and post-diagnosis consultations, routine checkups for this condition, **drugs and dressings** (except experimental or those unproven), **hospital** accommodation and nursing fees.

For this **benefit**, the general exclusion for sexually transmitted diseases does not apply.

ADDITIONAL OPTIONS TO REDUCE COSTS

Outpatient Consultation Copay per Visit: Outpatient consultations are subject to a **copay per visit**. If a claim is submitted by the **member** for reimbursement, the **copay per visit** will be deducted before reimbursement.

Outpatient consultations for the following **benefits** can be covered subject to their inclusion in **your** plan, and up to the value of **cover** selected.

- i) Complications of pregnancy
- ii) **Congenital anomalies**
- iii) CT and MRI scans
- iv) Hormone replacement therapy (HRT)
- v) Oncology
- vi) **Outpatient** care
- vii) **Outpatient** surgery

ADDITIONAL OPTIONS TO UPGRADE COVER

Accident & Emergency Treatment Outside Area of Cover:

Benefit is payable for medical expenses which arise as a result of an **emergency**, which requires the **member** to seek **treatment** in the **accident** and **emergency** unit of a **hospital** whilst temporarily travelling outside **area of cover** and where the **medical condition** did not exist prior to travel and the **member** was **treatment-**, **symptom-** and **advice-** free.

This **benefit** extends to include **outpatient treatment** arising as a result of an **accident** or **emergency**, whilst the **member** is temporarily travelling outside **area of cover** and where the **medical condition** did not exist prior to travel and the **member** was **treatment-**, **symptom-** and **advice-** free.

Complications of pregnancy and/or childbirth are not covered under this **benefit**.

Out of Country Transportation: The costs of moving an **insured person** in the event of **medically necessary non-emergency treatment** not being readily available at the place of the incident, to the nearest centre of medical excellence, within the **area of cover**, for the purpose of admission to **hospital** as an **inpatient** or **day patient** (excluding all maternity or childbirth costs, except for Complications of Pregnancy) and/or for the purpose of seeking any **medically necessary inpatient, day patient** or **outpatient treatment**. **Cover** under this **benefit** is subject to written agreement from **us** prior to travel and certified instructions from the attending **medical practitioner** or **specialist** including confirmation that the required **treatment** is unavailable at the place of incident. **Cover** is provided for:

- i) **Evacuation** costs (restricted to economy class flight tickets only) including the costs of one other person to travel with the **member** as an escort, if **medically necessary**.
- ii) Travel to and from medical appointments when **treatment** is being received as a **day patient**.
- iii) For an accompanying person to travel to and from the **hospital** to visit the **member** following admission as an **inpatient**.
- iv) Economy class airline ticket to return the **member** and any escort to the **country of residence** or to the country where **evacuation** occurred.
- v) Non-**hospital** accommodation for the **member** and escort for immediate pre- and post-**hospital** admission periods provided that the **member** is under the care of a **specialist**.

Hospital Cash: Where the **member** receives **treatment** for an eligible **medical condition** as an **inpatient** and no costs are incurred for accommodation and **treatment**, we will pay a cash **benefit**. To claim this **benefit**, the **member** should ask the **hospital** to sign and stamp their claim form.

This **benefit** is not applicable to admissions into the **accident** and **emergency** facility of the **hospital**.

Routine Dental Treatment: Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** is defined as:

- examinations
- tooth cleaning
- normal compound fillings
- simple non-surgical extractions

This **benefit** excludes orthodontic **treatment**, restorative **treatment** and dental implants.

A 6 month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later.

Combined Routine & Restorative Dental: Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** is defined as:

- examinations
- tooth cleaning
- normal compound fillings
- simple non-surgical extractions

Restorative dental covers the fees of a **dental practitioner** and associated costs for the **treatment** of the following specified procedures:

- 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 **treatment**
- and new or repair of upper or lower dentures
- removal of wisdom teeth (whether performed in **hospital** or in dental surgery, whether performed by a **dental practitioner, specialist**, or an oral or maxillofacial surgeon)

This **benefit** excludes orthodontic **treatment** and dental implants.

A 6 month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later.

Wellness: This **benefit** covers the cost of:

- Bilateral mammogram/breast examination and routine gynaecological tests including PAP tests.
- Testicular/prostate examination/PSA/DRE tests.
- Routine medical checkups and associated tests. Such routine checkups/tests include: blood and cholesterol checks, height/weight body mass index, resting blood pressure, urine analysis, cardiac examination, exercise electrocardiogram (ECG), other vital organ function tests, and chest x-ray.

Vision Care: The cost of one routine eye exam per **period of cover** and the purchase of vision hardware, when the member's prescription has changed. Vision hardware covers prescribed glasses or contact lenses.

MOTHER AND BABY MODULE

Routine Pregnancy: Costs associated with normal pregnancy and childbirth, including normal deliveries as a result of infertility **treatment** (assisted conception), voluntary caesarean section costs, and **medically necessary** caesarean costs due to any previous non-**emergency** caesarean sections undertaken. This **benefit** covers the cost of pre- and post-natal checkups for up to six weeks, prescribed pre natal vitamins, and delivery costs, including qualified Midwives. All costs relating to complications of pregnancy or childbirth following infertility **treatment** (assisted conception) will be limited to this **benefit**.

This **benefit** extends to include neo-natal care, **new born** packages (including **elective** circumcision) and costs incurred for the care of the baby or babies for the first 24 hours following birth when the baby is accompanying its mother (being a **member**) whilst she is receiving **treatment** as an **inpatient** in a **hospital**.

A 12 month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later.

New Born Accommodation: Hospital accommodation costs relating to a **new born** baby (up to 16 weeks old) to accompany its mother (being a **member**) whilst she is receiving **treatment** as an **inpatient** in a **hospital**.

New Born Care: Inpatient treatment of an acute medical condition being suffered by a **new born** baby that manifests itself within 30 days following birth. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this **benefit**. In circumstances where a **congenital anomaly** manifests itself in a **new born** baby, **cover** will be excluded under this **benefit** and payable under the **benefit** for **congenital anomalies**.

Following the 30 day **new born benefit** period, excepting any **medical conditions** occurring or manifesting themselves during the 30 day period immediately following birth, the **member's dependant** will be eligible for **cover** subject to written notification within 30 days of birth and all premiums being paid in full within 30 days of the due date. A declaration of health is required with respect to all **dependants** who are born following infertility **treatment** (assisted conception).

Well-baby Care: Well-baby checks following the first 24 hours after birth, including physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as **hereditary** and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, hemoglobin and other blood tests, including tests to screen for sickle hemoglobinopathy; all as recommended by a **medical practitioner** or **specialist**.

Complaints procedures

We intend to meet our customers' expectations at all times. However, we understand that from time to time complaints may arise. Our complaints handling procedures are based on the rules prescribed by the UK's Financial Services Authority and our aim is to resolve any complaints that we receive both fairly and promptly.

Who to contact with a complaint

Middle East and Africa:

Aetna Global Benefits Limited
P.O. Box 6380
Dubai
United Arab Emirates
T: +971 4 438 7600
F: +971 4 428 7101
MEAServices@aetna.com

Summary of our complaints handling procedures

Complaints will:

- Be acknowledged promptly, confirming who will be responsible for investigating the complaint.
- Be investigated competently, efficiently and impartially, ensuring that we provide updates on progress.
- Be assessed fairly, consistently and promptly.
- Be responded to within eight weeks; you will receive either a letter explaining the status of your complaint or a final response outlining the determination of the investigation

*Global presence, local footprint —
around the corner or around the globe, we're there.*

To learn more, contact us today

Middle East and Africa:

+971 4 433 0400

MEASales@aetna.com

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