

# Schedule of Benefits

## REGIONAL HEALTHCARE PLAN

Effective 1<sup>st</sup> May 2010

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\$.

**AETNA  
GLOBAL  
BENEFITS®**

## PRODUCT OPTIONS

<b>Benefits</b>	<b>Lifestyle</b>	<b>Lifestyle Plus</b>
<b>Maximum Annual Aggregate Limit</b>	\$100,000	\$250,000
<b>Area of Coverage</b>	AGCC Countries, the Middle East, Indian Sub-Continent and South East Asia	AGCC Countries, the Middle East, Indian Sub-Continent and South East Asia
<b>Reimbursement Percentage</b> The amount of reimbursement provided under each <b>Benefit</b> whether <b>Treatment</b> is undertaken within <b>Our Provider Network</b> or not.	100% in Network, 50% outside Network  100% where no network exists in the <b>Area of Coverage</b>	100% in Network, 80% outside Network  100% where no network exists in the <b>Area of Coverage</b>
<b>Excess Options</b> Each Product Option carries an <b>Excess</b> for each new <b>Medical Condition</b> or per visit. Each product option carries a range of <b>Excesses</b> <b>You</b> can choose from. These are applied for each new <b>Medical Condition</b> or per visit.	\$15, \$20 or \$30 options	\$15, \$20 or \$30 options
<b>Direct Settlement Pre-authorization Requirement</b> The threshold of cost of <b>Treatment</b> where pre-authorization is required before <b>Treatment</b> takes place within the <b>Direct Settlement Network</b> .	\$270	N/A

### In-Patient Treatment

<b>General In-Patient Charges</b> Hospital charges, <b>Drugs and Dressings</b> , <b>Specialist</b> fees, surgeon and anesthetist fees, theatre charges and pathology.	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
<b>Room and Board</b>	Up to \$300 per day for accommodation and nursing charges whilst as an <b>In-Patient</b> or <b>Day-Patient</b> in a <b>Hospital</b>	Up to \$300 per day for accommodation and nursing charges whilst as an <b>In-Patient</b> or <b>Day-Patient</b> in a <b>Hospital</b>
<b>Intensive Care Unit</b>	Up to \$500 per day for accommodation and nursing charges whilst admitted to a specific Intensive Care Unit as an <b>In-Patient</b>	Up to \$500 per day for accommodation and nursing charges whilst admitted to a specific Intensive Care Unit as an <b>In-Patient</b>
<b>Hospital Cash Benefit</b> When <b>Treatment</b> is received for an eligible <b>Medical Condition</b> as an <b>In-Patient</b> in Bangladesh, India, Pakistan, Philippines, Sri Lanka and Iran.	\$50 per night up to a maximum of \$250 per <b>Period of Cover</b> subject to the <b>Treatment</b> being available in the <b>Country of Residence</b>	\$75 per night up to a maximum of \$375 per <b>Period of Cover</b> subject to the <b>Treatment</b> being available in the <b>Country of Residence</b>
<b>Organ Transplant</b>	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage



Benefits	Lifestyle	Lifestyle Plus
<b>Parent Accommodation</b> Hospital 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 <b>Hospital</b> as an <b>In-Patient</b> .	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
<b>New Born Cover</b> <b>In-Patient Treatment</b> of an <b>Acute Medical Condition</b> and any associated cost which present symptoms at birth or which manifests itself within 30 days following birth.	Up to \$3,000	Up to \$5,000
<b>New Born Accommodation</b> Hospital accommodation costs relating to a <b>New Born</b> baby (Up to 16 weeks old) 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> .	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
<b>Reconstructive Surgery</b> Reconstructive Surgery following an <b>Accident</b> or following surgery for an eligible <b>Medical Condition</b> .	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage

#### Out-Patient Treatment

<b>Out-Patient Charges Including:</b> i. <b>Medical Practitioner</b> fees including: ii. Consultations iii. <b>Specialist Fees</b> iv. Diagnostic Procedures v. <b>Drugs and Dressings</b> vi. Physiotherapy on referral by a <b>Medical Practitioner</b> . (Limited to an annual maximum aggregate of 10 sessions).	Up to \$2,000 per <b>Period of Cover</b> . Additional sub-limit of \$50 per <b>Out-Patient</b> consultation	Up to Full Reimbursement Percentage. Additional sub-limit of \$85 per <b>Out-Patient</b> consultation
<b>Out-Patient Surgery</b>	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
<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> .	Up to 30 Days	Up to 30 Days

#### Other General Benefits

<b>Oncology Treatment</b> given for cancer received as an <b>In-Patient</b> , <b>Day-Patient</b> , or <b>Out-Patient</b> .	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
<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> .	No Cover	Up to \$1,000 per <b>Medical Condition</b>
<b>Rehabilitation</b> In a recognised <b>Rehabilitation</b> unit of a <b>Hospital</b> following <b>Treatment</b> as an <b>In-Patient</b> .	No Cover	Up to 120 days per <b>Medical Condition</b>
<b>CT and MRI Scans</b> Scans received as an <b>In-Patient</b> , <b>Day-Patient</b> or <b>Out-Patient</b> and pre-authorized by <b>Us</b> .	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
<b>Accidental Damage to Teeth</b> <b>Treatment</b> initially received in an <b>Emergency</b> room in a <b>Hospital</b> within seven days of incurring accidental damage caused to sound, natural teeth.	Full Refund	Full Refund
<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.	Up to Full Reimbursement Percentage  Subject to a 12 month wait period	Up to Full Reimbursement Percentage  Subject to a 12 month wait period

#### 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
<b>Evacuation</b> <b>Evacuation</b> of an <b>Insured Person</b> in the event of an <b>Emergency</b> , where <b>Treatment</b> is not readily available at the place of the incident, to the nearest appropriate facility, 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 where <b>Medically Necessary</b> .	Full Refund	Full Refund
<b>Additional Travel Expenses (following Evacuation)</b> Reasonable travel costs: i. to and from medical appointments when <b>Treatment</b> is being received as a <b>Day-Patient</b> . ii. 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> . iii. non- <b>Hospital</b> accommodation 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> .  iv. economy class airline ticket to return the <b>Insured Person</b> and one other person who has travelled as an escort to the <b>Country of Residence</b> , or to the country from where <b>Evacuation</b> occurred.	Full Refund Full Refund  Up to \$150 per person per day and \$5,000 per person, per <b>Evacuation</b> Full Refund	Full Refund Full Refund  Up to \$150 per person per day and \$5,000 per person, per <b>Evacuation</b> Full Refund

Benefits	Lifestyle	Lifestyle Plus
<p><b>Mortal Remains</b></p> <p>i. Transportation of a body or ashes to the <b>Country of Nationality</b> or <b>Country of Residence</b>, or</p> <p>ii. Burial or cremation costs at the place of death.</p>	\$1,000	\$3,000
<b>Out of Area Benefits</b>		
<p><b>Elective Treatment outside Area of Coverage</b></p> <p><b>Treatment</b> outside of <b>Area of Coverage</b> but in <b>Your Country of Nationality</b>. Subject to the limits of cover noted in this <i>Schedule of Benefits</i>.</p> <p><b>Treatment</b> outside of <b>Area of Coverage</b> and not in <b>Your Country of Nationality</b>.</p>	<p>Full Reimbursement Percentage subject to <b>Reasonable and Customary Charges</b> within <b>Your Country of Residence</b> and within <b>Our Direct Settlement Network</b>.</p> <p>Limited to 90 days per <b>Period of Cover</b>.</p> <p>80% of costs subject to <b>Reasonable and Customary Charges</b> within <b>Your Country of Residence</b> and within <b>Our Direct Settlement Network</b>.</p>	<p>Full Reimbursement Percentage subject to <b>Reasonable and Customary Charges</b> within <b>Your Country of Residence</b> and within <b>Our Direct Settlement Network</b>.</p> <p>Limited to 90 days per <b>Period of Cover</b>.</p> <p>80% of costs subject to <b>Reasonable and Customary Charges</b> within <b>Your Country of Residence</b> and within <b>Our Direct Settlement Network</b>.</p>
<p><b>Accident and Emergency Treatment Outside Area of Coverage</b></p> <p><b>Treatment</b> undertaken in an <b>Accident</b> and <b>Emergency</b> ward of a <b>Hospital</b> and where a <b>Medical Condition</b> did not exist prior to travel (excludes Complications of Pregnancy).</p> <p><b>Out-Patient Treatment</b> arising as a result of an <b>Accident</b> or <b>Emergency</b>, whilst <b>You</b> are temporarily travelling in the USA and where the <b>Medical Condition</b> did not exist prior to travel.</p>	<p>Up to \$20,000 and to a maximum of 90 days per <b>Period of Cover</b></p> <p>Up to \$500 and subject to an <b>\$80 Excess</b> per <b>Medical Condition</b></p>	<p>Up to \$50,000 and to a maximum of 90 days per <b>Period of Cover</b></p> <p>Up to \$500 and subject to an <b>\$80 Excess</b> per <b>Medical Condition</b></p>
<b>Additional Options</b>		
<p><b>Chronic Conditions</b></p> <p>Routine check-ups, <b>Drugs and Dressings</b> prescribed for management of the condition, <b>Hospital</b> accommodation, nursing, renal dialysis, surgery and <b>Palliative Treatment</b> for <b>Chronic</b> conditions.</p>	Up to \$2,000 (Nil <b>Excess</b> )	Up to \$10,000 (Nil <b>Excess</b> )
<p><b>Routine Dental Treatment</b></p> <p>Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions, root canal <b>Treatment</b>.</p> <p>Cover is limited to a combined maximum of 5 visits and/or services per <b>Insured Person</b> per <b>Period of Cover</b>.</p>	<p>Up to \$400 and subject to a 25% <b>Co-Insurance</b> (Nil <b>Excess</b>)</p> <p>Subject to a six month waiting period.</p>	<p>Up to \$400 and subject to a 25% <b>Co-Insurance</b> (Nil <b>Excess</b>)</p> <p>Subject to a six month waiting period.</p>
<p><b>Pregnancy and Childbirth</b></p> <p>Costs associated with normal pregnancy and childbirth, pre- and post natal check ups and delivery costs.</p>	<p>Up to \$3,000 subject to a 20% <b>Co-Insurance</b> (10% when utilising a maternity package in a pre-approved provider facility).</p> <p>Subject to a 12 month waiting period. (Nil <b>Excess</b>)</p>	<p>Up to \$3,000 subject to a 20% <b>Co-Insurance</b> (10% when utilising a maternity package in a pre-approved provider facility).</p> <p>Subject to a 12 month waiting period. (Nil <b>Excess</b>)</p>
<p><b>Wellness</b></p> <p>Routine medical check-ups, associated tests, <b>Medically Necessary</b> vaccinations and inoculations. Only available to compulsory <b>Group</b> schemes of 10 employees or more.</p>	Up to \$400	Up to \$400
<p><b>Medical History Disregarded</b></p> <p>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>.</p> <p>Also waives any waiting periods applied for any <b>Benefits</b> under the <b>Policy</b>.</p> <p>Only available to compulsory <b>Group</b> schemes of 10 employees or more.</p>	Optional	Optional

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