Schedule of Benefits*

REGIONAL HEALTHCARE PLAN

AETNA GLOBAL BENEFITS®

Effective 1st 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$.

PRODUCT OPTIONS

Benefits	Lifestyle	Lifestyle Plus
Maximum Annual Aggregate Limit	$100,000	$250,000
Area of Coverage	AGCC Countries, the Middle East, Indian Sub-Continent and South East Asia	AGCC Countries, the Middle East, Indian Sub-Continent and South East Asia
Reimbursement Percentage The amount of reimbursement provided under each **Benefit** whether **Treatment** is undertaken within **Our Provider Network** or not.	100% in Network, 50% outside Network 100% where no network exists in the **Area of Coverage**	100% in Network, 80% outside Network 100% where no network exists in the **Area of Coverage**
Excess Options Each Product Option carries an **Excess** for each new **Medical Condition** or per visit. Each product option carries a range of **Excesses You** can choose from. These are applied for each new **Medical Condition** or per visit.	AED50, AED75 or AED100 options	AED50, AED75 or AED100 options
Direct Settlement Pre-authorisation Requirement The threshold of cost of **Treatment** where pre-authorisation is required before **Treatment** takes place within the **Direct Settlement Network**.	AED 1,000	N/A
In-Patient Treatment		
General In-Patient Charges **Hospital** charges, **Drugs and Dressings**, **Specialist** fees, surgeon and anesthetist fees, theatre charges and pathology.	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
Room and Board	Up to $300 per day for accommodation and nursing charges whilst as an **In-Patient** or **Day-Patient** in a **Hospital**	Up to $300 per day for accommodation and nursing charges whilst as an **In-Patient** or **Day-Patient** in a **Hospital**
Intensive Care Unit	Up to $500 per day for accommodation and nursing charges whilst admitted to a specific Intensive Care Unit as an **In-Patient**	Up to $500 per day for accommodation and nursing charges whilst admitted to a specific Intensive Care Unit as an **In-Patient**
Hospital Cash Benefit When **Treatment** is received for an eligible **Medical Condition** as an **In-Patient** in Bangladesh, India, Pakistan, Philippines, Sri Lanka and Iran.	$50 per night up to a maximum of $250 per **Period of Cover** subject to the **Treatment** being available in the **Country of Residence**	$75 per night up to a maximum of $375 per **Period of Cover** subject to the **Treatment** being available in the **Country of Residence**
Organ Transplant	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage

Benefits	Lifestyle	Lifestyle Plus
Parent Accommodation **Hospital** accommodation costs in respect of a parent or legal guardian staying with an **Insured Person** who is under 18 years of age and is admitted to **Hospital** as an **In-Patient**.	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
New Born Cover **In-Patient Treatment** of an **Acute Medical Condition** 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
New Born Accommodation **Hospital** accommodation costs relating to a **New Born** baby (Up to 16 weeks old) to accompany its mother (being an **Insured Person**) whilst she is receiving **Treatment** as an **In-Patient** in a **Hospital**.	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
Reconstructive Surgery Reconstructive Surgery following an **Accident** or following surgery for an eligible **Medical Condition**.	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
Out-Patient Treatment		
Out-Patient Charges Including: i. **Medical Practitioner** fees including: ii. Consultations iii. **Specialist** Fees iv. Diagnostic Procedures v. **Drugs and Dressings** vi. Physiotherapy on referral by a **Medical Practitioner**. (Limited to an annual maximum aggregate of 10 sessions).	Up to $2,000 per **Period of Cover**. Additional sub-limit of $50 per **Out-Patient** consultation	Up to Full Reimbursement Percentage. Additional sub-limit of $85 per **Out-Patient** consultation
Out-Patient Surgery	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
Home Nursing Immediately following **Hospital** discharge on the recommendation of a **Specialist** and must be provided by a **Qualified Nurse**. All **Treatment** under this **Benefit** must be pre-authorised by **Us**.	Up to 30 Days	Up to 30 Days
Other General Benefits		
Oncology **Treatment** given for cancer received as an **In-Patient**, **Day-Patient**, or **Out-Patient**.	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
Ancillary Charges The purchase or rental of crutches or wheelchairs following **Treatment** as an **In-Patient** or **Day-Patient**.	No Cover	Up to $1,000 per **Medical Condition**
Rehabilitation In a recognised **Rehabilitation** unit of a **Hospital** following **Treatment** as an **In-Patient**.	No Cover	Up to 120 days per **Medical Condition**
CT and MRI Scans Scans received as an **In-Patient**, **Day-Patient** or **Out-Patient** and pre-authorised by **Us**.	Up to Full Reimbursement Percentage	Up to Full Reimbursement Percentage
Accidental Damage to Teeth **Treatment** initially received in an **Emergency** room in a **Hospital** within seven days of incurring accidental damage caused to sound, natural teeth.	Full Refund	Full Refund
Complications of Pregnancy **Treatment** of a **Medical Condition** which arises during the antenatal stages of pregnancy, or a **Medical Condition** 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		
Emergency Transportation **Emergency** Transportation costs to and from **Hospitals** by the most appropriate form of transport.	Full Refund	Full Refund
Evacuation **Evacuation** of an **Insured Person** in the event of an **Emergency**, where **Treatment** is not readily available at the place of the incident, to the nearest appropriate facility, for the purpose of admission to **Hospital** as an **In-Patient** or **Day-Patient**. Extended to cover the costs for one other person to travel with the **Insured Person** as an escort where **Medically Necessary**.	Full Refund	Full Refund
Additional Travel Expenses (following Evacuation) Reasonable travel costs: i. to and from medical appointments when **Treatment** is being received as a **Day-Patient**. ii. for an accompanying person to travel to and from the **Hospital** to visit the **Insured Person** following admission as an **In-Patient**. iii. non-**Hospital** accommodation for immediate pre- and post **Hospital** admission periods provided that the **Insured Person** is under the care of a **Specialist**. iv. economy class airline ticket to return the **Insured Person** and one other person who has travelled as an escort to the **Country of Residence**, or to the country from where **Evacuation** occurred.	 Full Refund Full Refund Up to $150 per person per day and $5,000 per person, per **Evacuation** Full Refund	 Full Refund Full Refund Up to $150 per person per day and $5,000 per person, per **Evacuation** Full Refund

Benefits	Lifestyle	Lifestyle Plus
Mortal Remains i. Transportation of a body or ashes to the **Country of Nationality** or **Country of Residence**, or ii. Burial or cremation costs at the place of death.	$1,000	$3,000
Out of Area Benefits		
Elective Treatment outside Area of Coverage **Treatment** outside of **Area of Coverage** but in **Your Country of Nationality**. Subject to the limits of cover noted in this *Schedule of Benefits*. **Treatment** outside of **Area of Coverage** and not in **Your Country of Nationality**.	Full Reimbursement Percentage subject to **Reasonable and Customary Charges** within **Your Country of Residence** and within **Our Direct Settlement Network.** Limited to 90 days per **Period of Cover**. 80% of costs subject to **Reasonable and Customary Charges** within **Your Country of Residence** and within **Our Direct Settlement Network**.	Full Reimbursement Percentage subject to **Reasonable and Customary Charges** within **Your Country of Residence** and within **Our Direct Settlement Network.** Limited to 90 days per **Period of Cover**. 80% of costs subject to **Reasonable and Customary Charges** within **Your Country of Residence** and within **Our Direct Settlement Network**.
Accident and Emergency Treatment Outside Area of Coverage **Treatment** undertaken in an **Accident** and **Emergency** ward of a **Hospital** and where a **Medical Condition** did not exist prior to travel (excludes Complications of Pregnancy). **Out-Patient Treatment** arising as a result of an **Accident** or **Emergency**, whilst **You** are temporarily travelling in the USA and where the **Medical Condition** did not exist prior to travel.	Up to $20,000 and to a maximum of 90 days per **Period of Cover** Up to $500 and subject to an $80 **Excess** per **Medical Condition**	Up to $50,000 and to a maximum of 90 days per **Period of Cover** Up to $500 and subject to an $80 **Excess** per **Medical Condition**

Additional Options	Lifestyle	Lifestyle Plus
Chronic Conditions Routine check-ups, **Drugs and Dressings** prescribed for management of the condition, **Hospital** accommodation, nursing, renal dialysis, surgery and **Palliative Treatment** for **Chronic** conditions.	Up to $2,000 (Nil **Excess**)	Up to $10,000 (Nil **Excess**)
Routine Dental Treatment Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions, root canal **Treatment**. Cover is limited to a combined maximum of 5 visits and/or services per **Insured Person** per **Period of Cover**.	Up to $400 and subject to a 25% **Co-Insurance** (Nil **Excess**) Subject to a six month waiting period.	Up to $400 and subject to a 25% **Co-Insurance** (Nil **Excess**) Subject to a six month waiting period.
Pregnancy and Childbirth Costs associated with normal pregnancy and childbirth, pre- and post natal check ups and delivery costs.	Up to $3,000 subject to a 20% **Co-Insurance** (10% when utilising a maternity package in a pre-approved provider facility). Subject to a 12 month waiting period. (Nil **Excess**)	Up to $3,000 subject to a 20% **Co-Insurance** (10% when utilising a maternity package in a pre-approved provider facility). Subject to a 12 month waiting period. (Nil **Excess**)
Wellness Routine medical check-ups, associated tests, **Medically Necessary** vaccinations and inoculations. Only available to compulsory **Group** schemes of 10 employees or more.	Up to $400	Up to $400
Medical History Disregarded Cover for **Treatment** for any **Medical Condition** or **Related Condition** where symptoms have existed or **Advice** has been sought prior to **Your Date of Entry** under this **Policy**. Also waives any waiting periods applied for any **Benefits** under the **Policy**. Only available to compulsory **Group** schemes of 10 employees or more.	Optional	Optional

*Not applicable to members residing and/or working in the emirate of Abu Dhabi. For members residing and/or working in the emirate of Abu Dhabi kindly refer to the *Schedule of Benefits* approved by Health Authorities of Abu Dhabi which will be provide upon request.

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