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# Pioneer 1750–5000

## Benefits Schedule

2017  
USD

For plans starting on or after 1 July 2017



# At a glance



## Overall plan limit

**Pioneer 1750** Up to 1,750,000 USD

**Pioneer 2500** Up to 2,500,000 USD

**Pioneer 4000** Up to 4,000,000 USD

**Pioneer 5000** Up to 5,000,000 USD



## Annual excess

This is the total excess each participant needs to pay towards claims in the plan year.

### **Pioneer 1750**

Nil, 1,000 USD, 2,000 USD, 4,000 USD or 8,000 USD, as shown on your Takaful certificate.

### **Pioneer 2500, 4000 and 5000**

No annual excess



## Outpatient co-payment

This is the percentage of co-payment each participant needs to pay towards claims in the plan year.

### **Pioneer 1750**

No outpatient co-payment.

### **Pioneer 2500, 4000 and 5000**

0%, 10% up to a maximum 2,000 USD, 20% up to a maximum 4,000 USD or 30% up to a maximum 5,000 USD, as shown on your Takaful certificate.

# Good to know

## Using this Benefits Schedule

Some words and phrases have specific meanings, we've highlighted them in bold print and you'll find their definitions in your Handbook.

## Before you're treated

It's important you request our approval before you receive treatment for the following treatments and services:

- Medical evacuation
- **Inpatient** or **daycare treatment** admission
- **Psychiatric treatment**
- Prescription for more than three months' supply of drugs for a **chronic medical condition**
- Single **treatment** or service that costs more than 500 USD or equivalent

If you're unable to ask for approval because it's an **emergency**, you or someone on your behalf must let us know about the **emergency** within 24 hours.

## Your deductibles

### Annual excess

An annual **excess** applies to Pioneer 1750. This is the total **excess** each **participant** needs to pay towards **claims** in the **plan year** and applies to all **benefits**, except where explicitly stated in sections: [6](#) **Cancer Care**, [19](#) **Dental treatment**, [20](#) **Wellness** and [22](#) **Hospital cash**. Your chosen annual **excess** is shown on your Takaful certificate.

### Outpatient co-payment

We'll apply your chosen level of **outpatient co-payment**, as shown on your Takaful certificate, to **outpatient claims**. Once the total amount of **outpatient co-payment** you have paid in a **plan year** reaches the maximum amount, you won't have to pay any more **outpatient co-payment**.

### Dental co-payment

We'll apply our **dental co-payment** to **dental claims** under the **dental benefits** only. See [19](#) **Dental treatment**.

# What's covered

The **benefits** noted below are subject to the terms, conditions and exclusions contained in your **plan documents**. We'll only pay reasonable costs for **claims** for **treatment** and services that are **benefits** and are **medically necessary**. Reasonable costs are the average cost of **treatment**, expertise or services given by similar types of medical provider within the same country or geographical region, based on our knowledge, experience and reasonable opinion.

	Pioneer 1750	Pioneer 2500	Pioneer 4000	Pioneer 5000
<p><b>1 Overall plan limits</b></p> <p>We'll pay reasonable costs for <b>benefits</b> up to the overall <b>plan</b> limit for each <b>participant</b> in each <b>plan year</b>. <b>Benefit</b> limits shown as 'Paid in full' are subject to the overall <b>plan</b> limit for each <b>participant</b> in each <b>plan year</b>.</p>	1,750,000 USD	2,500,000 USD	4,000,000 USD	5,000,000 USD
<p><b>2 Inpatient and daycare treatment</b></p> <p>Medical costs including intensive care, theatre, <b>hospital</b> accommodation, <b>medical practitioners</b>, <b>specialists</b>, anaesthetists, nursing, <b>appliances</b> and prescribed drugs and dressings.</p> <p>Kidney dialysis.</p> <p>MRI, PET and CT scans, X-rays, pathology and other <b>diagnostic tests and procedures</b>.</p> <p>Reconstructive surgery to restore natural function or appearance within 12 months of an <b>accident</b> or surgery.</p> <p>Speech and language therapy and occupational therapy as part of your <b>inpatient treatment</b>.</p> <p>Medical services of a <b>nurse</b> that would have been part of your <b>inpatient</b> or <b>daycare treatment</b> when these are received in your home instead of in <b>hospital</b>.</p> <p>All <b>inpatient treatment</b> needed for <b>acute medical conditions</b> that begin before the <b>participant</b> is eight days old, if the <b>participant</b> was conceived by natural conception.</p> <p>Where <b>we</b> agree that parent accommodation is needed in relation to this <b>benefit</b> and would normally be paid under section <b>3 Parent accommodation</b>, it will be paid under this section instead.</p>	<p>✓ Paid in full</p> <p>✓ Up to a lifetime limit of 150,000 USD</p>	<p>✓ Paid in full</p> <p>✓ Up to a lifetime limit of 150,000 USD</p>	<p>✓ Paid in full</p> <p>✓ Up to a lifetime limit of 150,000 USD</p>	<p>✓ Paid in full</p> <p>✓ Up to a lifetime limit of 150,000 USD</p>

### 3 Parent accommodation

Hospital accommodation costs for a parent or legal guardian to stay with the participant if they're aged 17 or under and receiving inpatient treatment that we cover under [2 Inpatient and daycare treatment](#).

Pioneer  
1750

✓  
Paid in full

Pioneer  
2500

✓  
Paid in full

Pioneer  
4000

✓  
Paid in full

Pioneer  
5000

✓  
Paid in full

### 4 Outpatient post-hospitalisation treatment

Outpatient treatment for 90 days after you're discharged following inpatient or daycare treatment for the same acute medical condition. This benefit covers medical practitioners' and specialists' fees, surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.

**i** Your chosen outpatient co-payment applies, as shown on your Takaful certificate.

✓  
Paid in full

Not applicable

✓  
Paid in full

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

✓  
Paid in full

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

✓  
Paid in full

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

## 5 Rehabilitation

This benefit is only available if:

- you've received **inpatient treatment** for three or more consecutive days for the same **medical condition**
- you've stayed in **hospital** for three or more consecutive nights for the same **medical condition**,
- your **inpatient treatment** was covered under **2 Inpatient and daycare treatment**,
- a **medical practitioner** or **specialist** has referred you for rehabilitation, and
- your rehabilitation starts:
  - after you're discharged from **hospital** following your **inpatient treatment**, or
  - when you're transferred to a rehabilitation unit following your **inpatient treatment**.

Your first session must be no more than 14 days after you're discharged or transferred.

This benefit covers **inpatient**, **daycare** and **outpatient** physiotherapy, speech and language therapy and occupational therapy. We'll also pay for accommodation costs at the rehabilitation unit when **medically necessary**.

**i** This section applies before any available **benefit limit** shown in **8 Physiotherapy and complementary medicine**.

**i** Your chosen **outpatient co-payment** applies, as shown on your **Takaful certificate**.

### Pioneer 1750

✓  
Paid in full  
for up to 30 days  
after you're discharged  
or transferred

Not applicable

### Pioneer 2500

✓  
Paid in full  
for up to 60 days  
after you're discharged  
or transferred

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

### Pioneer 4000

✓  
Paid in full  
for up to 90 days  
after you're discharged  
or transferred

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

### Pioneer 5000

✓  
Paid in full  
for up to 120 days  
after you're discharged  
or transferred

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

## 6 Cancer care

All **treatment** for, or related to, a diagnosed cancer. This includes **palliative treatment** and care.

**i** Annual excess

Pioneer  
1750

✓  
Paid in full

Not applicable

Pioneer  
2500

✓  
Paid in full

Not applicable

Pioneer  
4000

✓  
Paid in full

Not applicable

Pioneer  
5000

✓  
Paid in full

Not applicable

## 7 Outpatient treatment

Surgical procedures.

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

**Outpatient** pre-operative tests up to 72 hours before **inpatient** or **daycare treatment** covered under **2 Inpatient and daycare treatment**.

✓  
Paid up to  
1,000 USD

✓  
Paid up to  
5,000 USD

✓  
Paid up to  
15,000 USD

✓  
Paid in full

**Medical practitioners'** and **specialists'** fees, prescribed drugs and dressings, MRI scans, X-rays, pathology and **diagnostic tests and procedures**.

Not covered

✓  
Paid in full

Kidney dialysis.

Not covered

✓  
Paid in full

PET and CT scans.

Not covered

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

**i** Your chosen **outpatient co-payment** applies, as shown on your **Takaful certificate**.

Not applicable

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

## 8 Physiotherapy and complementary medicine

Physiotherapy as part of inpatient or daycare treatment.

**i** *Outpatient co-payment doesn't apply*

Post-hospitalisation outpatient physiotherapy. This benefit is available for 90 days after each inpatient or daycare admission.

Outpatient physiotherapy when a medical practitioner or specialist refers you.

**i** *We reserve the right to seek further information from your medical practitioner or therapist if you received further treatment after you've completed six sessions.*

Outpatient podiatry, osteopathic and chiropractic treatment, when a medical practitioner or specialist refers you.

Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic treatment.

**i** *We reserve the right to seek further information from your therapist if you received further treatment after you've completed four sessions for any one medical condition.*

**i** *Your chosen outpatient co-payment applies, as shown on your Takaful certificate.*

Pioneer  
1750

Pioneer  
2500

Pioneer  
4000

Pioneer  
5000

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

✓  
Paid up to  
750 USD

Not covered

Not covered

Not covered

✓  
Paid up to  
1,500 USD

✓  
Paid up to  
300 USD

✓  
Paid up to  
2,000 USD

✓  
Paid up to  
750 USD

✓  
Paid in full

✓  
Paid in full

✓  
Paid up to  
4,000 USD

✓  
Paid up to  
1,500 USD

Not applicable

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

## 9 Psychiatric treatment

Up to 30 days inpatient psychiatric treatment and psychotherapy in the plan year.

**i** Outpatient co-payment doesn't apply

Outpatient psychiatric treatment and psychotherapy.

**i** Your chosen outpatient co-payment applies, as shown on your *Takaful certificate*.

Pioneer  
1750

Pioneer  
2500

Pioneer  
4000

Pioneer  
5000

Not covered

✓  
Paid up to  
5,000 USD

✓  
Paid up to  
10,000 USD

✓  
Paid in full

Not covered

✓  
Paid up to  
1,000 USD

✓  
Paid up to  
2,000 USD

✓  
Paid up to  
10,000 USD

Not applicable

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD



## 10 Durable medical equipment

including prosthetic and orthotic supplies

We'll cover costs for:

- Items a **medical practitioner** or **specialist** prescribes which are needed to deliver prescribed drugs and apply dressings
- Buying and fitting of devices or items **medically necessary** for treatment including spinal supports, orthopaedic braces and air cast boots
- The rental or initial purchase of crutches or a wheelchair if **medically necessary**
- The initial buying and fitting of external prostheses needed after surgery, including artificial eyes and limbs
- The buying and fitting of **medically necessary** orthotic supplies, including insoles and orthotic supports

**i** If the costs are related to a **medical condition** we cover under the following sections, we'll cover these within the **benefit** limits of that section:

- 6 Cancer care
- 11 Congenital abnormalities
- 12 HIV or AIDS
- 13 Organ transplants
- 14 Terminal care
- 23 Emergency treatment outside your area of cover

**i** Your chosen **outpatient co-payment** applies, as shown on your **Takaful certificate**.

### Pioneer 1750

✓  
Paid up to  
1,000 USD

Not applicable

### Pioneer 2500

✓  
Paid up to  
1,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

### Pioneer 4000

✓  
Paid up to  
1,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

### Pioneer 5000

✓  
Paid up to  
2,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

## 11 Congenital abnormalities

All treatment for diagnosed congenital abnormalities and any related medical conditions. This includes palliative treatment and care for a congenital abnormality or any related medical condition.

**i** We'll cover costs for an organ transplant for congenital abnormalities and any related medical conditions under section **13** Organ transplants.

**i** Your chosen outpatient co-payment applies, as shown on your Takaful certificate.

### Pioneer 1750

Not covered

Not applicable

### Pioneer 2500

Up to a lifetime limit of 25,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

### Pioneer 4000

Up to a lifetime limit of 50,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

### Pioneer 5000

Up to a lifetime limit of 100,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

## 12 HIV or AIDS

All treatment, including palliative treatment and care, for diagnosed HIV or AIDS and all related medical conditions.

**i** Your chosen outpatient co-payment applies, as shown on your Takaful certificate.

Not covered

Not applicable

Paid up to 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

Paid up to 10,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

Paid up to 15,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

## 13 Organ transplants

Kidney, pancreas, liver, heart or lung transplants and any related treatment.

**i** Your chosen outpatient co-payment applies, as shown on your Takaful certificate.

Paid in full

Not applicable

Paid in full

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

Paid in full

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

Paid in full

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

## 14 Terminal care

Palliative treatment and care for a medical condition which is diagnosed as terminal.

**i** If the costs are related to a **medical condition** we cover under the following sections, we'll cover these within the **benefit limits** of that section:

- 6** Cancer care
- 11** Congenital abnormalities
- 12** HIV or AIDS

**i** Your chosen **outpatient co-payment** applies, as shown on your **Takaful certificate**.

Pioneer  
1750

Pioneer  
2500

Pioneer  
4000

Pioneer  
5000

Not covered

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

Not applicable

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

## 15 Medical evacuation

The costs to transport **you** to the nearest appropriate medical facility when your **medical condition** is an **emergency** and we agree appropriate **treatment** is not available locally.

This **benefit** extends to the costs for **emergency treatment** you receive during the journey.

If we have transported **you** outside your **area of cover**, we'll pay any related costs **you** incur in the country **you're** evacuated to under the sections of your **Benefits Schedule** that would normally apply when **you're** within your **area of cover**.

Economy class travel costs for **you** to go back to your choice of your **country of residence**, or your **home country**, after your **emergency** medical evacuation that was covered under this **plan**.

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

**15 Medical evacuation**  
Continued

Costs of one **dependant** or companion having to accompany **you** or to travel at the same time if they are not able to accompany **you** during the actual **emergency** medical evacuation. This **benefit** will only become available if your **medical condition** is **critical** or **you're** expected to stay in **hospital** for seven or more nights.

For the duration of your evacuation and period of admission **we'll** cover:

- Costs for return economy class travel, including taxi transfers to and from the hotel on arrival and departure
- A taxi from the hotel to the **hospital**, and back, once a day
- Reasonable overnight accommodation costs including breakfast

The costs to transport **you** to appropriate medical facilities to receive **treatment** when your **medical condition** is not an **emergency**.

**We'll** cover costs for return economy class travel to a location of your choice within your **area of cover** if:

- **we** agree appropriate **treatment** is not available locally, and
- **we** agree appropriate **treatment** is available in your chosen location.

**We'll** also cover costs for airport taxi transfers.

Cover is only available under this **benefit** if the **treatment** is covered under **2** Inpatient or daycare treatment, or **4** Outpatient post-hospitalisation treatment to **14** Terminal care.

**Pioneer  
1750**

**Pioneer  
2500**

**Pioneer  
4000**

**Pioneer  
5000**

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

**Optional benefit**  
Only applicable if selected

**Optional benefit**  
Only applicable if selected

**Optional benefit**  
Only applicable if selected

**Optional benefit**  
Only applicable if selected

✓  
Paid up to  
2,000 USD

✓  
Paid up to  
2,000 USD

✓  
Paid up to  
2,000 USD

✓  
Paid up to  
2,000 USD

## 16 Local ambulance

Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital because of an emergency or due if treatment is medically necessary.

**i** Cover is only available under this benefit if the treatment is covered under the following sections:

- 2 Inpatient and daycare treatment
- 4 Outpatient post-hospitalisation treatment
- 6 Cancer care
- 7 Outpatient treatment
- 9 Psychiatric treatment
- 11 Congenital abnormalities
- 12 HIV or AIDS
- 13 Organ transplants
- 14 Terminal care

Pioneer  
1750

✓  
Paid in full

Pioneer  
2500

✓  
Paid in full

Pioneer  
4000

✓  
Paid in full

Pioneer  
5000

✓  
Paid in full

## 17 Mortal remains

If you die outside your home country, we'll cover reasonable costs:

- to transport your body or mortal remains to your home country or your country of residence as directed by your next of kin or estate, or
- for your burial or cremation at the place of your death as directed by your next of kin or estate.

In the event of your burial, we'll cover:

- The cost of opening or reopening a grave
- Any exclusive right of burial fee
- Burial costs

In the event of your cremation, we'll cover:

- The cost of any doctor's certificates
- Cremation costs, including the removal of any medical device before the cremation

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

## 18 Compassionate emergency visit

Costs **you** have to pay for one economy class return travel ticket from your **area of cover** for **you** to:

- visit a **close family member** if their **medical condition** is **critical**, or
- attend their **burial** or **cremation** following their **death**.

We'll cover a maximum of one return journey in the **plan year**.

### Pioneer 1750

Not covered

### Pioneer 2500

Not covered

### Pioneer 4000

✓  
Paid in full

### Pioneer 5000

✓  
Paid in full

## 19 Dental treatment

**Outpatient dental treatment** for damage to **natural teeth** caused by an **accident** when:

- the **treatment** can only be provided after **you've** received **inpatient treatment** related to the **accident**, and
- **you** receive **treatment** within 90 days after **you're** discharged from **hospital** for your related **inpatient treatment**.

This **benefit** includes the cost to supply and fit **dental implants**.

**Outpatient dental treatment** for damage to **natural teeth** caused by an **accident**, except when the damage is caused by eating. Cover is only available when **you** receive **treatment** for the accidental damage within 10 days of the **accident**. This **benefit** also includes one follow-up consultation within 30 days of the **accident**.

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

Not covered

✓  
Paid up to  
500 USD

✓  
Paid up to  
750 USD

✓  
Paid up to  
1,500 USD

**i** Your chosen annual excess applies, as shown on your **Takaful certificate**.

Nil or  
1,000 USD or  
2,000 USD or  
4,000 USD or  
8,000 USD

Not applicable

Not applicable

Not applicable

**i** Your chosen **outpatient co-payment** applies, as shown on your **Takaful certificate**.

Not applicable

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

**i** **Dental co-payment**

Not applicable

Not applicable

Not applicable

Not applicable

**19 Dental treatment**  
Continued

Routine **outpatient dental treatment**, including **treatment** for accidental damage to **natural teeth** when the damage is caused by eating. This **benefit** covers **dental** examinations, scraping, cleaning and polishing, minor gum **treatment**, X-rays, composite fillings and simple non-surgical extractions only.

Cover is available after **you've** had 182 days' continuous cover from the date that the **benefit** was first included in your **plan**.

Major restorative **dental treatment**, including **treatment** for accidental damage to **natural teeth** when the damage is caused by eating. This **benefit** covers:

- Surgical extractions, including wisdom teeth
- Root canal **treatment**
- The cost to supply, fit and repair crowns, bridges and dentures
- X-rays needed to support major restorative **dental treatment**
- Major gum **treatment**

Cover is available after **you've** had 182 days' continuous cover from the date that the **benefit** was first included in your **plan**.

**Dental co-payment**

**i** *Annual excess*

**i** *Outpatient co-payment*

Pioneer  
**1750**

Pioneer  
**2500**

Pioneer  
**4000**

Pioneer  
**5000**

Not covered

Not covered

**Optional benefit**  
Only applicable if selected

**Optional benefit**  
Only applicable if selected

Not covered

Not covered

✓  
Paid up to  
750 USD  
in each plan year

✓  
Paid up to  
1,500 USD  
in each plan year

Not applicable

Not applicable

25%

25%

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

Not applicable

## 20 Wellness

Participants aged 18 or over: **routine health checks** including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations.

Participants aged 17 or under: **routine health checks** and vaccinations.

One sight examination and one hearing examination in the **plan year**.

**i** Annual excess

Pioneer  
1750

Pioneer  
2500

Pioneer  
4000

Pioneer  
5000

Not covered

Not covered

✓  
Paid up to  
500 USD

✓  
Paid up to  
1,000 USD

Not covered

Not covered

Not covered

✓  
Paid up to  
250 USD

Not covered

Not covered

Not applicable

Not applicable

Not applicable

Not applicable

## 21 Hormone replacement therapy

Hormone replacement therapy for symptoms of the menopause.

**i** Your chosen *outpatient co-payment* applies, as shown on your *Takaful certificate*.

Not covered

Not covered

✓  
Paid up to  
500 USD

✓  
Paid up to  
500 USD

Not applicable

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

## 22 Hospital cash

We'll pay you for each night you stay in a hospital for **inpatient treatment**:

- if the **inpatient treatment** and **hospital accommodation** you receive during your stay are provided free of charge, and
- we would otherwise cover the **treatment** or services you receive during your stay under this **plan**.

We'll pay for a maximum of 20 nights in the **plan year**.

**i** Annual excess

✓  
125 USD  
paid to **you** for  
each night

✓  
125 USD  
paid to **you** for  
each night

✓  
125 USD  
paid to **you** for  
each night

✓  
125 USD  
paid to **you** for  
each night

Not applicable

Not applicable

Not applicable

Not applicable



## 23 Emergency treatment outside your area of cover

Inpatient and daycare treatment when your medical condition is an emergency.

**i** Outpatient co-payment doesn't apply

Outpatient treatment when your medical condition is an emergency.

**i** Your chosen outpatient co-payment applies, as shown on your Takaful certificate.

Costs of the appropriate type of ambulance needed to transport you to the nearest appropriate local hospital. This benefit is only available when your medical condition is an emergency.

**i** We will only cover you if the emergency would be covered if you were within your area of cover

Pioneer  
1750

Pioneer  
2500

Pioneer  
4000

Pioneer  
5000

✓  
Paid up to  
5,000 USD

✓  
Paid up to  
15,000 USD

✓  
Paid up to  
30,000 USD

✓  
Paid up to  
50,000 USD

Not covered

✓  
Paid up to  
500 USD

✓  
Paid up to  
500 USD

✓  
Paid up to  
500 USD

Not applicable

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

0% or  
10% to max 2,000 USD or  
20% to max 4,000 USD or  
30% to max 5,000 USD

✓  
Paid up to  
500 USD

✓  
Paid up to  
500 USD

✓  
Paid up to  
500 USD

✓  
Paid up to  
500 USD

## 24 Health management services

Access to our CARE team to receive tailored information and discuss any chronic condition and disease management

Not included

✓  
Included

✓  
Included

✓  
Included

## 25 red24 security services

**AdviceLine:** 24/7 personal security information and advice for all your travel safety queries. Visit [www.red24.com/aetna](http://www.red24.com/aetna) to register for this service.

✓  
Included

✓  
Included

✓  
Included

✓  
Included

**ActionResponse:** 24/7 international rescue and response service for you in a potentially life-threatening, non-medical event. Visit [www.red24.com/aetna](http://www.red24.com/aetna) to register for this service.

Not included

Not included

✓  
Included

✓  
Included

All cover provided under this Benefits Schedule is subject to the terms of your plan documents.

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