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شركة العين الأهلية للتأمين (ش.م.ع)  
Al Ain Ahlia Insurance Co. (PSC)



# Summit Abu Dhabi 5000+

## Benefits Schedule

2017  
USD

For plans starting on or after 1 August 2017



# At a glance



## Overall plan limit

Summit Abu Dhabi 5000+  
Up to 5,000,000 USD



## Outpatient excess

This is the excess applied to each outpatient consultation.

Summit Abu Dhabi 5000+  
50 AED as shown on your Certificate of Insurance.

# 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.

This **Benefits Schedule** details the **plan benefits** available under the core Summit Abu Dhabi **plan**. The **plan sponsor** may also be able to add and remove **benefits**, and increase or decrease **benefit** limits to enable them to custom-build a solution that's right for them and their business.

## 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

### Dental coinsurance

We'll apply **our** dental coinsurances 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.

## 1 Overall plan limit

We'll pay reasonable costs for **benefits** up to the overall **plan** limit for each **member** in each **plan year**. Benefit limits shown as 'Paid in full' are subject to the overall **plan** limit for each **member** in each **plan year**.

5,000,000 USD

## 2 Inpatient and daycare treatment

Medical costs including intensive care, theatre, **hospital** accommodation, **medical practitioners**, **specialists**, anaesthetists, nursing, **appliances** and prescribed drugs and dressings.

Kidney dialysis.

MRI, PET and CT scans, X-rays, pathology and other **diagnostic tests and procedures**.

Reconstructive surgery to restore natural function or appearance within 12 months of an **accident** or surgery.

Speech and language therapy and occupational therapy as part of your **inpatient treatment**.

✓  
Paid in full

Medical services of a **nurse** that would have been part of your **inpatient** or **daycare treatment** when these are received in your home instead of in **hospital**.

All **inpatient treatment** needed for **acute medical conditions** that begin before the **member** is eight days old, if the **member** was conceived by natural conception.

Where we agree that parent accommodation is needed in relation to this **benefit** and would normally be paid under section **3 Parent accommodation**, it will be paid under this section instead.

All **inpatient treatment** needed for **acute medical conditions** that begin before the **member** is eight days old, if the **member** was conceived by assisted conception.

Where we agree that parent accommodation is needed in relation to this **benefit** and would normally be paid under section **3 Parent accommodation**, it will be paid under this section instead.

✓  
Paid in full

### 3 Parent accommodation

Hospital accommodation costs for a parent or legal guardian to stay with the member if they are aged 17 or under and receiving **inpatient treatment** that we cover under **2 Inpatient and daycare treatment**.

✓  
Paid in full

Hospital accommodation costs for a companion to stay with the member if they're aged 18 or over, their condition is critical and they're receiving **inpatient treatment** that we cover.

✓  
Paid up to  
30 USD  
for each night

### 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**.

✓  
Paid in full

**i** Your **outpatient excess** applies, as shown on your **Certificate of Insurance**.

50 AED

### 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 **outpatient excess** applies, as shown on your **Certificate of Insurance**.

✓  
Paid in full  
for up to 120 days  
after your  
discharged or  
transferred

50 AED

### 6 Cancer care

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

✓  
Paid in full



## 7 Outpatient treatment

Surgical procedures.	✓ Paid in full
Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered under <a href="#">2 Inpatient and daycare treatment</a> .	✓ Paid in full
Medical practitioners' and specialists' fees, prescribed drugs and dressings, MRI scans, X-rays, pathology and diagnostic tests and procedures.	✓ Paid in full
Outpatient treatment for medical conditions that are an emergency when the treatment is received in a hospital.	✓ Paid in full
Kidney dialysis.	✓ Paid in full
PET and CT scans.	✓ Paid in full
<b>i</b> Your outpatient excess applies, as shown on your Certificate of Insurance.	50 AED

## 8 Physiotherapy and complementary medicine

Physiotherapy as part of inpatient or daycare treatment.	✓ Paid in full
<b>i</b> Outpatient excess doesn't apply	
Post-hospitalisation outpatient physiotherapy. This benefit is available for 90 days after each inpatient or daycare admission.	✓ Paid in full
Outpatient physiotherapy when a medical practitioner or specialist refers you.	✓ Paid in full
<b>i</b> 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.	✓ Paid in full
Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic treatment.	✓ Paid up to 1,500 USD
<b>i</b> 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.	
<b>i</b> Your outpatient excess applies, as shown on your Certificate of Insurance.	50 AED

## 9 Psychiatric treatment

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

**i** Outpatient excess doesn't apply

Outpatient psychiatric treatment and psychotherapy.

Inpatient and outpatient psychiatric treatment and psychotherapy when your medical condition is an emergency.

**i** Your outpatient excess applies, as shown on your Certificate of Insurance.

✓ Paid in full
✓ Paid in full
✓ Paid in full
50 AED

## 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

This **benefit** does not extend to sight or hearing aids, furniture or any modifications to your personal or work environment.

**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
- 22 Pregnancy and childbirth
- 25 Emergency treatment outside your area of cover

**i** Your outpatient excess applies, as shown on your Certificate of Insurance.

✓ Paid in full
50 AED

## 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**.

All **treatment** for diagnosed **congenital abnormalities** and any **related medical conditions** that are diagnosed before an insured **member** is 31 days old:

- if the pregnancy is the result of natural conception,
- if they are added to the **plan** before they are 31 days old, and
- the **treatment** would normally be covered under the **lifetime limit** above.

Once the **member** reaches five years of age, cover will only be available under the **lifetime limit** above. Any costs paid under this section will not be deducted from the **lifetime limit** shown above. If the pregnancy is the result of assisted conception, cover will only be available under the **lifetime limit** above.

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

**i** Your **outpatient excess** applies, as shown on your **Certificate of Insurance**.

✓  
Paid in full

✓  
Paid in full

50 AED

## 12 HIV or AIDS

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

**i** Your **outpatient excess** applies, as shown on your **Certificate of Insurance**.

✓  
Paid up to  
15,000 USD

50 AED

## 13 Organ transplants

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

**i** Your **outpatient excess** applies, as shown on your **Certificate of Insurance**.

✓  
Paid in full

50 AED

## 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

✓  
Paid in full

**i** Your **outpatient excess** applies, as shown on your **Certificate of Insurance**.

50 AED

## 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**.

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.

✓  
Paid in full

✓  
Paid in full

✓  
Paid in full

Not covered

The costs to transport **you** to appropriate medical facilities for **treatment** related to your pregnancy if it's 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.

**You're** limited to three return journeys for each pregnancy.

Cover is only available under this **benefit** if the **treatment** is covered under section **22** Pregnancy and childbirth and **you** have completed any waiting periods shown in section **22**.

**i** *You're not covered for air-sea rescue or any mountain rescue unless you suffer from a **medical condition** at a recognised ski or similar winter sports resort.*

Not covered

## 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 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
- 22** Pregnancy and childbirth

*You're not covered for air-sea rescue or any mountain rescue unless you suffer from a **medical condition** at a recognised ski or similar winter sports resort.*

✓  
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

This **benefit** does not extend to the purchase of a burial plot, or funeral costs, including, but not limited to, flowers and the funeral director's fees.

✓  
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**.

✓  
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**.

✓  
Paid in full

Outpatient dental treatment for accidental damage to **natural teeth**, 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 up to 1,500 USD

**i** Your outpatient excess applies, as shown on your *Certificate of Insurance*.

50 AED

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.

Not covered

Cover is available after you've had 182 days' continuous cover from the date that this optional **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**

Not covered

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

Dental coinsurance

Not applicable

## 19 Dental treatment Continued

Outpatient dental treatment when your dental condition is an emergency	✓ Paid in full
Orthodontic treatment including: <ul style="list-style-type: none"> <li>• Orthodontic examinations</li> <li>• Costs to supply, fit and repair orthodontic devices or items</li> <li>• X-rays needed to support orthodontic treatment</li> <li>• Surgical and non-surgical extractions needed as part of your orthodontic treatment</li> </ul>	Not covered
Orthodontic coinsurance	50%
Dental implants including: <ul style="list-style-type: none"> <li>• Dental examinations needed for dental implants</li> <li>• Costs to supply, fit and repair dental implants</li> <li>• X-rays needed to support the fitting or repair of dental implants</li> </ul>	Not covered
Dental implants coinsurance	50%

## 20 Optical care

Prescription costs for: <ul style="list-style-type: none"> <li>• Contact lenses</li> <li>• Spectacles</li> <li>• Spectacle lenses</li> <li>• Spectacle frames</li> </ul> <p>You're also covered for one consultation and sight examination for the signs or symptoms, or management of, natural or non-medical degenerative sight disorders. This includes, but isn't limited to, myopia, hypermetropia and astigmatism.</p>	Not covered
Optical care coinsurance	Not applicable
Vision aids, vision correction by surgery and hearing aids, when treatment is needed for a medical condition that is an emergency.	✓ Paid in full

## 21 Wellness

Members aged 18 or over: routine health checks including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations.	✓ Paid up to 1,000 USD
Members aged 17 or under: routine health checks and vaccinations.	✓ Paid up to 1,000 USD
One sight examination and one hearing examination in the plan year.	✓ Paid up to 250 USD

## 22 Pregnancy and childbirth

- Antenatal checkups for an uncomplicated pregnancy (no more than 12 routine antenatal visits during each pregnancy and one routine 2D ultrasound scan in each trimester).
- Antenatal vitamins
- Delivery costs, nursing fees and **hospital** accommodation costs for uncomplicated childbirth
- Postnatal checkups
- **Hospital** accommodation costs for your newborn to stay with **you** for up to four nights immediately after his or her birth

We'll also pay the following routine costs for the newborn for the first 30 days after his or her birth, even if **you** do not add the newborn to your **plan**:

- One physical examination
- Vitamin K, hepatitis B and BCG vaccinations
- Screening tests for PKU, congenital hypothyroidism and G6PD
- One hearing examination

This **benefit** also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to 500 USD within the **benefit** limit shown.

Maternity coinsurance

✓  
Paid in full

10%

**i** These **benefits** are only available after **you** have had 12 months' continuous cover from the date that the **benefit** was first introduced on your **plan**.

**i** The **benefits** within this section do not extend to 3D or 4D ultrasound scans.

## 23 Hormone replacement therapy

Hormone replacement therapy for symptoms of the menopause.

✓  
Paid up to  
500 USD

**i** Your **outpatient excess** applies, as shown on your **Certificate of Insurance**.

50 AED

## 24 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**.

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

## 25 Emergency treatment outside your area of cover

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

**i** **Outpatient excess** doesn't apply

✓  
Paid up to  
50,000 USD

Outpatient treatment when your medical condition is an emergency.

**i** Your **outpatient excess** applies, as shown on your **Certificate of Insurance**.

✓  
Paid up to  
500 USD

50 AED

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**

✓  
Paid up to  
500 USD

## 26 Health management services

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

✓  
Included

Employee Assistance Programme – access to online and telephonic confidential support including counselling, information and guidance. Log on to the Health Hub or contact our Member Services Team for more information.

✓  
Included

Employee Assistance Programme – access to in-person confidential support including counselling, information and guidance. Log on to the Health Hub or contact our Member Services Team for more information.

✓  
Included

**i** We'll cover a maximum of five counselling session in each plan year.

## 27 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.

**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.

✓  
Included

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

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