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



# Maternity 200

## Benefits Schedule

2017  
USD

For plans starting on or after 1 July 2017



# At a glance



## Overall plan limit

Up to 1,700,000 USD



## Benefits

### Pregnancy and childbirth

Up to 40,000 USD

### Medical evacuation

Paid in full

### Local ambulance

Paid in full

### Emergency treatment outside your area of cover

Worldwide

# Good to know

## Eligibility

Maternity 200 is only available within Area 1. If **you** have another area of cover **you** are only eligible for Maternity 75 and 150 and **you** should read the Maternity 75 and 150 **Benefits Schedule**.

This **plan** is only available to female **members**. **You** can only join this **plan** between the ages of 18 and 44 inclusive. Once **you** have reached the age of 46 during your **plan year**, your Maternity **plan** will not be renewed.

## Before you're treated

It's important **you** get **our** approval (also known as **preauthorisation**) before **you're** treated for the following **treatments** and services:

- Medical evacuation
- **Inpatient** or **daycare treatment** admission
- A 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. **You'll** find more information about claiming in your Handbook.

## Your deductibles

### Coinsurance

The maternity **coinsurance** **you** choose when **you** first join the **plan** as shown on your **Certificate of Insurance** will apply for the first 24 months continuous cover under the **plan** after which time **you** have the option to change your **coinsurance** at renewal.

# What's covered

## 1 Overall plan limit

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

All **benefit** limits in this document apply to each pregnancy. If your pregnancy spans more than one **plan year**, any **benefit** we paid under your Maternity **plan** for **treatment** or services received by **you** in the **plan year** when the pregnancy began will be taken from the **benefit** limit in the following **plan year**.

1,700,000 USD

## 2 Pregnancy and Childbirth

For natural and assisted conception pregnancies

- 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 the newborn to stay with **you** for up to four nights immediately after childbirth

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 Pioneer **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.

✓  
Paid up to 20,000 USD

**Treatment** for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of assisted conception.

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 Pioneer **plan**:

- **Hospital** accommodation costs for the newborn to stay with **you** immediately after a complicated childbirth.
- 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.

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

**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**.

✓  
Paid up to 40,000 USD

10%  
Or your chosen option:  
0%  
20%  
30%

**Treatment** for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of natural conception.

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 Pioneer **plan**:

- **Hospital** accommodation costs for the newborn to stay with **you** immediately after a complicated childbirth.
- 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.

✓  
Paid in full

### 3 Medical evacuation

The costs to transport **you** to the nearest appropriate medical facility for **treatment** for an **emergency** medical maternity complication when **treatment** isn't available locally.

This **benefit** also covers the costs for any **emergency treatment** **you** receive during the journey.

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

Economy class travel costs for **you** to go back to your **country of residence** or your **home country** after an **emergency** medical evacuation.

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, to include breakfast

The costs to transport **you** to appropriate medical facilities to receive **treatment** related to your pregnancy when 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 pay for airport taxi transfers.

**You** are limited to three return journeys for each pregnancy.

✓  
Paid in full

✓  
Paid in full

### 4 Local ambulance

Costs of the appropriate type of ambulance needed to transport **you** to the nearest available and appropriate local **hospital** in a pregnancy or childbirth **emergency**.

✓  
Paid in full

### 5 Emergency treatment outside area of cover

**Inpatient** and **daycare treatment** for any **emergency** medical maternity complications during pregnancy or childbirth outside your **area of cover**.

**Outpatient treatment** for any **emergency** medical maternity complications during pregnancy outside your **area of cover**.

Costs of the appropriate type of ambulance needed to transport **you** to the nearest available and appropriate local **hospital** for an **emergency** medical maternity complication when **you** are outside your **area of cover**.

Not  
Applicable  
  
Area of cover is  
worldwide

**i** *You're only covered under this **benefit** if the **emergency** would normally be covered when **you're** within your **area of cover** and **you've** completed any waiting periods shown in this **Benefits Schedule**.*

**i** *You're only covered under this **benefit** if the **emergency** is due to pregnancy or childbirth and **you're** 26 weeks or more into your pregnancy and **you've** been outside your **area of cover** for less than 14 days before your **inpatient admission** or **outpatient treatment date**. **You must not travel against the advice of a medical practitioner, specialist or nurse at any time during your pregnancy***

# Exclusions and other terms

This plan doesn't cover 3D or 4D Ultrasound scans

The Maternity 200 plan is also subject to the general exclusions set out in your Handbook (The details) and the other terms and conditions of your plan.

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

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