Benefits for healthy beginnings

Aetna Maternity 75 & 150

Benefits schedule

USD

For plans with a start date on or after 1 January 2016

Visit www.aetnainternational.com
Whether you’re choosing a plan or choosing how to use it, **this Benefits schedule** will provide the details you need.
Aetna Maternity 75 & 150
Benefits schedule 2016

You or your personal representative must request preauthorisation for any:

- Medical evacuation
- Inpatient or daycare treatment admission
- Single treatment or service that costs more than USD 500 or equivalent

All preauthorisation must be requested before treatment or services are received or costs are incurred. If it is not possible to request preauthorisation for an emergency we expect to be notified of the event within 24 hours. See your Claims procedures for full details. Please also see condition C3 in your Handbook.

<table>
<thead>
<tr>
<th>1</th>
<th>OVERALL PLAN LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Reasonable costs will be paid for you up to the overall plan limit in the plan year. We will not pay any more than the overall plan limit for any one or more claims on any one or more of the benefits below. Where a benefit limit is shown as ‘Paid in full’, this is still subject to the overall plan limit. All benefit limits shown below apply to each pregnancy. Where a pregnancy spans more than one plan year, any benefit paid for treatment or services received in the plan year when the pregnancy began will be deducted from the benefit limit shown in the following plan year.</td>
</tr>
<tr>
<td></td>
<td>USD 1,700,000</td>
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<table>
<thead>
<tr>
<th>2</th>
<th>PREGNANCY AND CHILDBIRTH (SEE SECTION 6 FOR DEDUCTIBLES)</th>
</tr>
</thead>
</table>
| 2.1 | Costs for:  
- Antenatal checkups for an uncomplicated pregnancy  
- Antenatal vitamins  
- Delivery costs, nursing fees and hospital accommodation costs for uncomplicated childbirth  
- Postnatal checkups  
This benefit includes cover for pregnancies resulting from natural or assisted conception.  
Cover for antenatal checkups includes no more than 12 routine antenatal visits during each pregnancy and one routine 2D ultrasound scan in each trimester. If any additional antenatal visits or ultrasound scans are medically necessary, we will ask for further medical information so we can consider cover under section 2.2 or 2.3.  
We will pay reasonable hospital accommodation costs for the newborn to stay with you for no more than four nights immediately after childbirth. We will also pay the following routine costs for the newborn:  
- One physical examination  
- Vitamin K, hepatitis B and BCG vaccinations  
- Screening tests for PKU, congenital hypothyroidism and G6PD  
- One hearing examination  
This benefit is only available after you have had 12 months’ continuous cover from your date of joining this plan. |
| | Paid up to USD 7,500 | Paid up to USD 15,000 |
### 2.2 Treatment for medical complications of maternity that happen due to a medical condition during pregnancy or childbirth, if the pregnancy is the result of assisted conception. This includes the costs of durable medical equipment.

**We** will pay reasonable accommodation costs for the newborn to stay with **you** immediately after a complicated childbirth. **We** will also pay the following routine costs for the newborn:

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

This **benefit** is only available after **you** have had 12 months’ continuous cover from your date of joining this plan.

<table>
<thead>
<tr>
<th>Aetna Maternity 75</th>
<th>Aetna Maternity 150</th>
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</thead>
<tbody>
<tr>
<td>Paid up to the limit shown in Section 2.1</td>
<td>Paid up to the limit shown in Section 2.1</td>
</tr>
</tbody>
</table>

### 2.3 Treatment for medical complications of maternity that happen due to a medical condition during pregnancy or childbirth, if the pregnancy is the result of natural conception. This includes the costs of durable medical equipment.

**We** will pay reasonable accommodation costs for the newborn to stay with **you** immediately after a complicated childbirth. **We** will also pay the following routine costs for the newborn:

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

**Paid up to USD 15,000**

### 2.4 This **benefit** does not extend to 3D or 4D ultrasound scans. Routine costs for newborns, as shown in section 2, are only covered for the first 30 days from birth. Where the newborn is an insured **member** on an Aetna Pioneer **plan**, cover for routine costs within the first 30 days will still be provided under section 2 of the insured mother’s Aetna Maternity **plan**.

Durable medical equipment does not extend to the supply, modification or fitting of furniture, or any modifications to your personal or work environment.

### 3 MEDICAL EVACUATION

#### 3.1 The costs to transport **you** to the nearest location where appropriate medical facilities are available, as agreed by **us** and by your attending medical practitioner.

This **benefit** will only be paid:

- for medical complications of maternity that happen due to a medical condition during pregnancy or childbirth,
- if the medical condition is an emergency, and
- if we agree appropriate treatment is not available locally.

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

Where it is necessary to transport **you** outside your area of cover, any related costs that are incurred in the country **you** are evacuated to will be payable under the sections of your Benefits schedule that would normally apply when **you** are within your area of cover.

Cover is only available under this **benefit** if the treatment is covered under section 2 and **you** have completed any waiting periods shown in section 2.

**Paid in full**

<table>
<thead>
<tr>
<th>Aetna Maternity 75</th>
<th>Aetna Maternity 150</th>
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</thead>
<tbody>
<tr>
<td>Paid in full</td>
<td>Paid in full</td>
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</tbody>
</table>

#### 3.2 Economy class travel costs for **you** to go back to your country of residence, or your home country, after your emergency medical evacuation under section 3.1.

<table>
<thead>
<tr>
<th>Aetna Maternity 75</th>
<th>Aetna Maternity 150</th>
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### 3.3 Costs of One Dependant or Companion

Costs of one **dependant** or companion having to accompany **you** for an emergency medical evacuation under section 3.1. This **benefit** will only become available if **your medical condition** is **critical** or **you** are expected to stay in **hospital** for seven or more nights. **We** will 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

<table>
<thead>
<tr>
<th>Aetna Maternity 75</th>
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<tr>
<td>Paid in full</td>
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</tr>
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</table>

### 3.4 The Costs to Transport You

The costs to transport **you** to appropriate medical facilities for **treatment** related to **your pregnancy** if the **medical condition** is not an **emergency**.

**We** will 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** will also pay for airport taxi transfers.

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

Cover is only available under this **benefit** if the **treatment** is covered under section 2 and **you** have completed any waiting periods shown in section 2.

<table>
<thead>
<tr>
<th>Aetna Maternity 75</th>
<th>Aetna Maternity 150</th>
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</thead>
<tbody>
<tr>
<td>Not covered</td>
<td>Paid in full</td>
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### 3.5 Costs for Medical Evacuations

Costs for medical evacuations do not extend to air-sea rescue, or any mountain rescue unless related to a **medical condition you** suffer at a recognised ski resort or similar winter sports resort.

### 4 LOCAL AMBULANCE

#### 4.1 Costs of 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 to **medical necessity**, when related to **your pregnancy** or childbirth.

Cover is only available under this **benefit** if the **treatment** is covered under section 2 and **you** have completed any waiting periods shown in section 2.

<table>
<thead>
<tr>
<th>Aetna Maternity 75</th>
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<tbody>
<tr>
<td>Paid in full</td>
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</tbody>
</table>

### 5 EMERGENCY TREATMENT OUTSIDE AREA OF COVER

#### 5.1 Inpatient and Daycare Treatment

Inpatient and **daycare treatment** for medical complications of maternity that happen due to a **medical condition** during pregnancy or childbirth, if the medical complication is an **emergency** and **you** are outside **your area of cover**.

Cover is only available under this **benefit** if the **emergency** would normally be covered under section 2 when **you** are within **your area of cover** and **you** have completed any waiting periods shown in section 2.

<table>
<thead>
<tr>
<th>Aetna Maternity 75</th>
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<tbody>
<tr>
<td>Paid up to USD 7,500</td>
<td>Paid up to USD 15,000</td>
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#### 5.2 Outpatient Treatment

**Outpatient treatment** for medical complications of pregnancy that happen due to a **medical condition** during pregnancy, if the medical complication is an **emergency** and **you** are outside **your area of cover**.

<table>
<thead>
<tr>
<th>Aetna Maternity 75</th>
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<tbody>
<tr>
<td>Paid up to USD 250</td>
<td>Paid up to USD 500</td>
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</tbody>
</table>

#### 5.3 Costs of Ambulance

Costs of the appropriate type of ambulance needed to transport **you** to the nearest available and appropriate local **hospital**. This **benefit** will only be paid for medical complications of maternity that happen due to a **medical condition** that is an **emergency** during pregnancy or childbirth when **you** are outside **your area of cover**.

<table>
<thead>
<tr>
<th>Aetna Maternity 75</th>
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<tr>
<td>Paid up to USD 500</td>
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</table>

#### 5.4 Cover for Emergency Outpatient Treatment

Cover is only available under this **benefit** if the **emergency** would normally be covered under section 2 when **you** are within **your area of cover** and **you** have completed any waiting periods shown in section 2.

If **you** are 26 weeks or more into **your pregnancy**, this **benefit** is only available if **you** have been outside **your area of cover** for no more than 14 days at **your date of admission** for emergency **inpatient** or **daycare treatment** or the date **you** receive emergency **outpatient treatment**. Travel must not be against the advice of a **medical practitioner**, **specialist** or **nurse** at any time during **your pregnancy**.
## DEDUCTIBLES

### 6.1 Coinsurance

**Coinsurance** on sections 2.1 and 2.2. This coinsurance is applied to each claim. An additional **deductible** may apply for **treatment** or services received outside of the **network**, see section 6.2.

### 6.2 Out-of-network deductible

**Out-of-network deductible** on section 2 if:

- an appropriate provider within the **network** is available in the location where you receive **treatment** or services, but you receive **treatment** or services at a provider outside of the **network**, and
- the cost of **treatment** or services is greater than the cost that would have been incurred if the **treatment** or services were received within the **network** in the same location.

The value of the **deductible** will be the difference between the cost of the **treatment** or services received and the cost that would have been incurred if the **treatment** or services were received within the **network** in the same location.

This **deductible** is applied to each claim before the deduction of any other applicable **deductible** shown in section 6.1.

This **deductible** does not apply if the **treatment** or services received are needed due to an **emergency**.

### 6.3 After any applicable deductibles

After any applicable **deductibles**, the maximum amount we will pay for any one or more claims will be the amount shown in the relevant section above.

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<tr>
<th>Aetna Maternity 75</th>
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<tr>
<td>10% if a voluntary coinsurance of 0%, 20% or 30% has been chosen, this will apply instead.</td>
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</tr>
</tbody>
</table>

All cover provided under this **Benefits schedule** is subject to the terms and conditions of **your plan**.

Some words and phrases used in this **Benefits schedule** have specific meanings that are relevant to **your plan**. We have highlighted them in bold print and defined them in the ‘Definitions’ section of **your** Handbook.

### Areas of cover, eligibility and coinsurance

**Aetna Maternity plans** are only available with the same area of cover as **your** Aetna Pioneer **plan**. **Aetna Maternity 75 and 150** are only available with Areas 2 to 7. If Area 1 is **your area of cover** on **your** Aetna Pioneer 5000 or 5000+ **plan**, please see the Aetna Maternity 200 **Benefits schedule**.

Cover under this **plan** is only available if **you** are a female **member** and **your** Aetna Pioneer **plan** is in force. The Aetna Maternity **plan** levels shown above are available as follows:

- **Aetna Maternity 75** is only available with Aetna Pioneer 2500, 4000 and 5000
- **Aetna Maternity 150** is only available with Aetna Pioneer 4000 and 5000

**Aetna Maternity plans** are not available with Aetna Pioneer 1750.

The minimum age at entry for this **plan** is 18. The maximum age at entry is 44. Once **you** have reached the age of 46 during **your plan year,** **your** Aetna Maternity **plan** will not be renewed. For full eligibility details, see **your** Handbook.

The maternity **coinsurance** chosen will apply for the first 24 months’ continuous cover under the **plan**.