

**aetna**<sup>®</sup>



# Build your own kind of healthy **Summit 5000+** **Benefits schedule**

**USD**

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



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Whether you're choosing your plan or choosing how to use it, **this Benefits schedule will provide the details you need.**



# Summit 5000+

## Benefits schedule 2016

### You or your personal representative must request preauthorisation for any:

- Medical evacuation
- Inpatient or daycare treatment admission
- Psychiatric treatment
- Prescription for more than three months' supply of drugs for the management of a chronic medical condition
- 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.

### Summit 5000+

1 OVERALL PLAN LIMIT		
1.1	Reasonable costs will be paid for <b>you</b> up to the overall <b>plan</b> limit in the <b>plan year</b> . <b>We</b> will not pay any more than the overall <b>plan</b> limit for any one or more claims on any one or more of the <b>benefits</b> below. Where a <b>benefit</b> limit is shown as 'Paid in full', this is still subject to the overall <b>plan</b> limit. Unless stated, all <b>benefit</b> limits shown apply for the <b>plan year</b> .	USD 5,000,000
2 INPATIENT AND DAYCARE TREATMENT (SEE SECTION 26 FOR DEDUCTIBLES) For acute and chronic medical conditions		
2.1	Medical costs including intensive care costs, theatre costs, <b>hospital</b> accommodation, <b>medical practitioners'</b> and <b>specialists'</b> fees, anaesthetists' fees, nursing fees, kidney dialysis, <b>appliances</b> and prescribed drugs and dressings.	Paid in full
2.2	MRI, PET and CT scans, X-rays, pathology and other <b>diagnostic tests and procedures</b> .	
2.3	Reconstructive surgery to restore natural function or appearance within 12 months of an <b>accident</b> or surgery.	
2.4	Speech and language therapy and occupational therapy as part of <b>your inpatient treatment</b> . This <b>benefit</b> is only available if the <b>medical condition</b> is covered under section 2.1 or 2.3.	
2.5	Medical services of a <b>nurse</b> as part of <b>your inpatient</b> or <b>daycare treatment</b> when these are received in <b>your home</b> instead of in <b>hospital</b> . This <b>benefit</b> is only available if the <b>medical condition</b> is covered under section 2.1 or 2.3.	
2.6	<b>Inpatient treatment</b> needed for <b>acute medical conditions</b> that begin before an insured <b>participant</b> is eight days old if: <ul style="list-style-type: none"> <li>• the pregnancy was the result of natural conception, and</li> <li>• the <b>treatment</b> would normally be covered under sections 2.1 to 2.3, 2.5 or 8.1.</li> </ul>	
2.7	<b>Inpatient treatment</b> needed for <b>acute medical conditions</b> that begin before an insured <b>participant</b> is eight days old if: <ul style="list-style-type: none"> <li>• the pregnancy was the result of assisted conception, and</li> <li>• the <b>treatment</b> would normally be covered under sections 2.1 to 2.3, 2.5 or 8.1.</li> </ul>	
3 PARENT ACCOMMODATION (SEE SECTION 26 FOR DEDUCTIBLES)		
3.1	<b>Hospital</b> accommodation costs for a parent or legal guardian to stay with an insured child aged 17 or under. This <b>benefit</b> is only available when the child is receiving <b>inpatient treatment</b> covered under sections 2.1 to 2.4 or 2.6.	Paid in full
3.2	If the costs of the insured child's <b>inpatient</b> admission are related to a <b>medical condition</b> covered under sections 2.7, 5, 6, 9.1, 11 to 14, 19.4 or 25.1, the <b>hospital</b> accommodation costs for a parent or legal guardian to stay with the insured child will be covered within the <b>benefit</b> limits of the same section.	

<b>4</b>		
<b>OUTPATIENT POST-HOSPITALISATION TREATMENT (SEE SECTION 26 FOR DEDUCTIBLES)</b> For <b>acute medical conditions</b>		
<b>4.1</b>	<b>Outpatient treatment</b> for a period of 90 days from the date of discharge following each admission for <b>inpatient</b> or <b>daycare treatment</b> related to the same <b>acute medical condition</b> . This <b>benefit</b> covers <b>medical practitioners' and specialists' fees</b> , surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other <b>diagnostic tests and procedures</b> .	Paid in full
<b>5</b>		
<b>REHABILITATION (SEE SECTION 26 FOR DEDUCTIBLES)</b> For <b>acute medical conditions</b> and stabilisation of <b>acute episodes of chronic medical conditions</b>		
<b>5.1</b>	Rehabilitation for a <b>medical condition</b> covered under section 2.1 or 2.3. This <b>benefit</b> is only available if: <ul style="list-style-type: none"> <li><b>you</b> have received <b>inpatient treatment</b> for three or more consecutive days for the same <b>medical condition</b>, and</li> <li><b>you</b> have stayed in <b>hospital</b> for three or more consecutive nights.</li> </ul> Rehabilitation must be referred by a <b>medical practitioner</b> or <b>specialist</b> and start: <ul style="list-style-type: none"> <li>after <b>you</b> are discharged from <b>hospital</b> following <b>your inpatient treatment</b>, or</li> <li>when <b>you</b> are transferred to a rehabilitation unit following <b>your inpatient treatment</b>.</li> </ul> <b>Your</b> first session must be no more than 14 days after <b>you</b> are discharged or transferred.  This <b>benefit</b> covers <b>inpatient, daycare and outpatient</b> physiotherapy, speech and language therapy and occupational therapy. <b>We</b> will also pay for accommodation costs at the rehabilitation unit when <b>medically necessary</b> .	Paid in full for up to 120 days following each admission
<b>5.2</b>	Section 5.1 applies before any available <b>benefit</b> limit shown in sections 8.1, 8.2 and 8.3. If further <b>outpatient</b> physiotherapy is needed following rehabilitation, cover will only be available under section 8.3.	
<b>6</b>		
<b>CANCER CARE (SEE SECTION 26 FOR DEDUCTIBLES)</b>		
<b>6.1</b>	All <b>treatment</b> for, or related to, a diagnosed cancer. This includes <b>palliative treatment</b> and care during the end stages of a cancer.	Paid in full
<b>7</b>		
<b>OUTPATIENT TREATMENT (SEE SECTION 26 FOR DEDUCTIBLES)</b> For <b>acute</b> and <b>chronic medical conditions</b>		
<b>7.1</b>	Surgical procedures.	Paid in full
<b>7.2</b>	<b>Outpatient</b> pre-operative tests up to 72 hours before <b>inpatient</b> or <b>daycare treatment</b> covered under sections 2.1 to 2.3.	
<b>7.3</b>	<b>Medical practitioners' and specialists' fees</b> , prescribed drugs and dressings, MRI scans, X-rays, pathology and <b>diagnostic tests and procedures</b> .	
<b>7.4</b>	<b>Outpatient treatment</b> received in a <b>hospital</b> when <b>your medical condition</b> is an <b>emergency</b> .	
<b>7.5</b>	Kidney dialysis.	
<b>7.6</b>	PET and CT scans.	
<b>8</b>		
<b>PHYSIOTHERAPY AND COMPLEMENTARY MEDICINE (SEE SECTION 26 FOR DEDUCTIBLES)</b> For <b>acute</b> and <b>chronic medical conditions</b>		
<b>8.1</b>	Physiotherapy as part of <b>inpatient</b> or <b>daycare treatment</b> .	Paid in full
<b>8.2</b>	Post-hospitalisation <b>outpatient</b> physiotherapy following admissions for <b>inpatient</b> or <b>daycare treatment</b> covered under sections 2.1 to 2.3, 2.6 or 2.7. This <b>benefit</b> is available for a period of 90 days following each admission.	
<b>8.3</b>	<b>Outpatient</b> physiotherapy when referred by a <b>medical practitioner</b> or <b>specialist</b> . Further medical information may be needed if <b>you</b> receive further <b>treatment</b> after <b>you</b> have completed the number of sessions that were referred by the <b>medical practitioner</b> or <b>specialist</b> .	



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8.4	<b>Outpatient</b> podiatry, osteopathic and chiropractic <b>treatment</b> , when referred by a <b>medical practitioner</b> or <b>specialist</b> . Further medical information may be needed if <b>you</b> receive further <b>treatment</b> after <b>you</b> have completed the number of sessions that were referred by the <b>medical practitioner</b> or <b>specialist</b> .	Paid up to USD 4,000
8.5	<b>Outpatient</b> traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic <b>treatment</b> . Further medical information may be needed after any four sessions for any one <b>medical condition</b> .	Paid up to USD 1,500
9	<b>PSYCHIATRIC TREATMENT (SEE SECTION 26 FOR DEDUCTIBLES)</b> For <b>acute</b> and <b>chronic medical conditions</b>	
9.1	<b>Inpatient</b> psychiatric <b>treatment</b> and psychotherapy. This <b>benefit</b> is available for up to 30 days in the <b>plan year</b> .	Paid in full
9.2	<b>Outpatient</b> psychiatric <b>treatment</b> and psychotherapy.	Paid up to USD 10,000
10	<b>DURABLE MEDICAL EQUIPMENT (SEE SECTION 26 FOR DEDUCTIBLES)</b>	
10.1	Durable medical equipment including prosthetic and orthotic supplies. <b>We</b> will pay for: <ul style="list-style-type: none"> <li>• Items prescribed by a <b>medical practitioner</b> or <b>specialist</b>, which are needed to deliver, or facilitate the delivery of, prescribed drugs and dressings</li> <li>• The purchase and fitting of devices or items <b>medically necessary</b> for <b>treatment</b>, including, but not limited to, spinal supports, orthopaedic braces and air cast boots</li> <li>• The rental or initial purchase of crutches or a wheelchair if <b>medically necessary</b></li> <li>• The initial purchase and fitting of external prostheses needed following surgery, including, but not limited to, artificial eyes and limbs</li> <li>• The purchase and fitting of <b>medically necessary</b> orthotic supplies, including, but not limited to, insoles and orthotic supports</li> </ul> This <b>benefit</b> does not extend to sight or hearing aids, the supply, modification or fitting of furniture, or any modifications to <b>your</b> personal or work environment. Cover is only available under this <b>benefit</b> if the <b>treatment</b> is covered under sections 2, 4, 5, 7 to 9 or 23.	Paid up to USD 2,000
10.2	If the costs are related to a <b>medical condition</b> covered under sections 6, 11 to 14, 22.2, 22.3 or 25 these will be covered within the <b>benefit</b> limits of the same section. Cover under these sections does not extend to sight or hearing aids, the supply, modification or fitting of furniture, or any modifications to <b>your</b> personal or work environment.	
11	<b>CONGENITAL ABNORMALITIES (SEE SECTION 26 FOR DEDUCTIBLES)</b>	
11.1	All <b>treatment</b> for diagnosed <b>congenital abnormalities</b> and any <b>related medical conditions</b> . This includes <b>palliative treatment</b> and care during the end stages of a <b>congenital abnormality</b> or any <b>related medical condition</b> .	Paid up to a <b>lifetime limit</b> of USD 100,000
11.2	All <b>treatment</b> for diagnosed <b>congenital abnormalities</b> and any <b>related medical conditions</b> that are diagnosed before an insured <b>participant</b> is 31 days old: <ul style="list-style-type: none"> <li>• if the pregnancy is the result of natural conception,</li> <li>• if they are added to the <b>plan</b> before they are 31 days old, and</li> <li>• the <b>treatment</b> would normally be covered under section 11.1.</li> </ul> Once the <b>participant</b> reaches five years of age, cover will only be available under section 11.1. Any costs paid under section 11.2 will not be deducted from the <b>lifetime limit</b> shown in section 11.1. If the pregnancy is the result of assisted conception, cover will only be available under section 11.1.	Paid in full
11.3	For organ transplants for <b>congenital abnormalities</b> and any <b>related medical conditions</b> , see section 13.	
12	<b>HIV OR AIDS (SEE SECTION 26 FOR DEDUCTIBLES)</b>	
12.1	All <b>treatment</b> , including <b>palliative treatment</b> and care, for diagnosed HIV or AIDS and all <b>related medical conditions</b> .	Paid up to USD 15,000

<b>13</b>	<b>ORGAN TRANSPLANTS (SEE SECTION 26 FOR DEDUCTIBLES)</b> For <b>acute</b> and <b>chronic medical conditions</b> and <b>congenital abnormalities</b>	
<b>13.1</b>	Kidney, pancreas, liver, heart or lung transplants and any related <b>treatment</b> .	Paid in full
<b>14</b>	<b>TERMINAL CARE (SEE SECTION 26 FOR DEDUCTIBLES)</b>	
<b>14.1</b>	<b>Palliative treatment</b> and care for a <b>medical condition</b> which is diagnosed as <b>terminal</b> .	Paid in full
<b>14.2</b>	For <b>terminal</b> care related to cancer care, <b>congenital abnormalities</b> and HIV or AIDS, see sections 6, 11 and 12.	
<b>15</b>	<b>MEDICAL EVACUATION (SEE SECTION 26 FOR DEDUCTIBLES)</b>	
<b>15.1</b>	<p>The costs to transport <b>you</b> to the nearest location where appropriate medical facilities are available, as agreed by <b>us</b> and by <b>your</b> attending <b>medical practitioner</b>.</p> <p>This <b>benefit</b> will only be paid if <b>your medical condition</b> is an <b>emergency</b> and <b>we</b> agree appropriate <b>treatment</b> is not available locally.</p> <p>This <b>benefit</b> extends to the costs for emergency <b>treatment you</b> receive during the journey.</p> <p>Where it is necessary to transport <b>you</b> outside <b>your area of cover</b>, any related costs that are incurred in the country <b>you</b> are evacuated to will be payable under the sections of <b>your Benefits schedule</b> that would normally apply when <b>you</b> are within <b>your area of cover</b>.</p> <p>Cover is only available under this <b>benefit</b> if the <b>treatment</b> is covered under sections 2, 4, 6, 7, 9, 11 to 14 or 22 and <b>you</b> have completed any waiting periods shown in the relevant section.</p>	Paid in full
<b>15.2</b>	Economy class travel costs for <b>you</b> to go back to <b>your country of residence</b> , or <b>your home country</b> , after <b>your</b> emergency medical evacuation under section 15.1.	
<b>15.3</b>	<p>Costs of one <b>dependant</b> or companion having to accompany <b>you</b> for an emergency medical evacuation under section 15.1. This <b>benefit</b> will only become available if <b>your medical condition</b> is <b>critical</b> or <b>you</b> are expected to stay in <b>hospital</b> for seven or more nights. <b>We</b> will cover:</p> <ul style="list-style-type: none"> <li>• Costs for return economy class travel, including taxi transfers to and from the hotel on arrival and departure</li> <li>• A taxi from the hotel to the <b>hospital</b>, and back, once a day</li> <li>• Reasonable overnight accommodation costs, to include breakfast</li> </ul>	
<b>15.4</b>	<p>The costs to transport <b>you</b> to appropriate medical facilities to receive <b>treatment</b> when <b>your medical condition</b> is not an <b>emergency</b>.</p> <p><b>We</b> will cover costs for return economy class travel to a location of <b>your</b> choice within <b>your area of cover</b> if:</p> <ul style="list-style-type: none"> <li>• <b>we</b> agree appropriate <b>treatment</b> is not available locally, and</li> <li>• <b>we</b> agree appropriate <b>treatment</b> is available in <b>your</b> chosen location.</li> </ul> <p><b>We</b> will also pay for airport taxi transfers.</p> <p>Cover is only available under this <b>benefit</b> if the <b>treatment</b> is covered under sections 2 or 4 to 14.</p>	Not covered
<b>15.5</b>	<p>The costs to transport <b>you</b> to appropriate medical facilities for <b>treatment</b> related to <b>your</b> pregnancy if the <b>medical condition</b> is not an <b>emergency</b>.</p> <p><b>We</b> will cover costs for return economy class travel to a location of <b>your</b> choice within <b>your area of cover</b> if:</p> <ul style="list-style-type: none"> <li>• <b>we</b> agree appropriate <b>treatment</b> is not available locally, and</li> <li>• <b>we</b> agree appropriate <b>treatment</b> is available in <b>your</b> chosen location.</li> </ul> <p><b>We</b> will also pay for airport taxi transfers.</p> <p><b>You</b> are limited to three return journeys for each pregnancy.</p> <p>Cover is only available under this <b>benefit</b> if the <b>treatment</b> is covered under section 22 and <b>you</b> have completed any waiting periods shown in section 22.</p>	Not covered
<b>15.6</b>	Costs for medical evacuations do not extend to air-sea rescue, or any mountain rescue unless related to a <b>medical condition you</b> suffer at a recognised ski resort or similar winter sports resort.	

16 LOCAL AMBULANCE (SEE SECTION 26 FOR DEDUCTIBLES)		
16.1	<p>Costs of the appropriate type of ambulance needed to transport <b>you</b> to the nearest available and appropriate local <b>hospital</b> because of an <b>emergency</b> or due to <b>medical necessity</b>.</p> <p>Cover is only available under this <b>benefit</b> if the <b>treatment</b> is covered under sections 2, 4, 6, 7, 9, 11 to 14, 22.2 or 22.3 and <b>you</b> have completed any waiting periods shown in the relevant section.</p>	Paid in full
16.2	Costs for local ambulances do not extend to air-sea rescue, or any mountain rescue unless related to a <b>medical condition you</b> suffer at a recognised ski resort or similar winter sports resort.	
17 MORTAL REMAINS (SEE SECTION 26 FOR DEDUCTIBLES)		
17.1	<p>In the event of <b>your</b> death <b>we</b> will pay reasonable costs for:</p> <ul style="list-style-type: none"> <li>• the transportation of <b>your</b> body or mortal remains to <b>your home country</b> or <b>your country of residence</b>, or</li> <li>• <b>your</b> burial or cremation at the place of <b>your</b> death.</li> </ul> <p>This <b>benefit</b> is only available if <b>you</b> die outside <b>your home country</b>.</p> <p>In the event of burial this <b>benefit</b> will cover:</p> <ul style="list-style-type: none"> <li>• The cost of opening or reopening a grave</li> <li>• Any exclusive right of burial fee</li> <li>• Burial costs</li> </ul> <p>In the event of cremation this <b>benefit</b> will cover:</p> <ul style="list-style-type: none"> <li>• The cost of any doctor's certificates</li> <li>• Cremation costs, including the removal of any medical device before the cremation</li> </ul> <p>This <b>benefit</b> 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.</p>	Paid in full
18 COMPASSIONATE EMERGENCY VISIT (SEE SECTION 26 FOR DEDUCTIBLES)		
18.1	<p>Costs <b>you</b> have to pay for an economy class return travel ticket from a country within <b>your area of cover</b> for <b>you</b> to visit a <b>close family member</b>:</p> <ul style="list-style-type: none"> <li>• if their <b>medical condition</b> is <b>critical</b>, or</li> <li>• to attend their burial or cremation following their death.</li> </ul> <p><b>You</b> are limited to one return journey in the <b>plan year</b>.</p>	Paid in full
19 DENTAL TREATMENT (SEE SECTION 26 FOR DEDUCTIBLES)		
19.1	<p><b>Outpatient dental treatment</b> for accidental damage to sound, <b>natural teeth</b> when:</p> <ul style="list-style-type: none"> <li>• the <b>treatment</b> can only be provided after <b>you</b> have received <b>inpatient treatment</b> related to the <b>accident</b>, and</li> <li>• the <b>treatment</b> is received no more than 90 days after <b>you</b> are discharged from <b>hospital</b> following <b>your</b> related <b>inpatient treatment</b>.</li> </ul> <p>This <b>benefit</b> includes the cost to supply and fit dental implants.</p>	Paid in full
19.2	<p><b>Outpatient dental treatment</b> for accidental damage to sound, <b>natural teeth</b>, except when the damage is caused through eating. Cover is only available when <b>treatment</b> for the accidental damage is received within ten days of the <b>accident</b>. This <b>benefit</b> also includes one follow-up consultation within 30 days of the <b>accident</b>.</p>	Paid up to USD 1,500

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19.3	<p>Routine <b>outpatient dental treatment</b>, including <b>treatment</b> for accidental damage to sound, <b>natural teeth</b> when the damage is caused through eating. This <b>benefit</b> covers <b>dental</b> examinations, scraping, cleaning and polishing, gum <b>treatment</b>, X-rays, composite fillings and simple non-surgical extractions only.</p> <p>Cover is available after <b>you</b> have had 182 days' continuous cover from the date that the <b>benefit</b> was first introduced on <b>your plan</b>.</p>	
19.4	<p>Major restorative <b>dental treatment</b>, including <b>treatment</b> for accidental damage to sound, <b>natural teeth</b> when the damage is caused through eating. This <b>benefit</b> covers:</p> <ul style="list-style-type: none"> <li>• Surgical extractions, including wisdom teeth</li> <li>• Root canal <b>treatment</b></li> <li>• The cost to supply, fit and repair crowns, bridges and dentures</li> <li>• X-rays needed to support major restorative <b>dental treatment</b></li> </ul> <p>Cover is available after <b>you</b> have had 182 days' continuous cover from the date that the <b>benefit</b> was first introduced on <b>your plan</b>.</p>	Not covered
19.5	<p><b>Orthodontic treatment</b>. This <b>benefit</b> covers:</p> <ul style="list-style-type: none"> <li>• <b>Orthodontic</b> examinations</li> <li>• Costs to supply, fit and repair <b>orthodontic</b> devices or items</li> <li>• X-rays needed to support <b>orthodontic treatment</b></li> <li>• Surgical and non-surgical extractions needed as part of <b>your orthodontic treatment</b></li> </ul>	Not covered
19.6	<p>Dental implants. This <b>benefit</b> covers:</p> <ul style="list-style-type: none"> <li>• <b>Dental</b> 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
<b>20</b>	<b>OPTICAL CARE (SEE SECTION 26 FOR DEDUCTIBLES)</b>	
20.1	<p>Costs of prescription:</p> <ul style="list-style-type: none"> <li>• Contact lenses</li> <li>• Spectacles</li> <li>• Spectacle lenses</li> <li>• Spectacle frames</li> </ul> <p>This <b>benefit</b> also covers the costs of one consultation and sight examination for the signs or symptoms, or management of, natural or non-medical degenerative sight disorders. This includes, but is not limited to, myopia, hypermetropia and astigmatism.</p>	Not covered
<b>21</b>	<b>WELLNESS</b>	
21.1	<p><b>Participants</b> aged 18 or over: <b>routine health checks</b> including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations.</p>	Paid up to USD 1,000
21.2	<p><b>Participants</b> aged 17 or under: <b>routine health checks</b> and vaccinations.</p>	
21.3	<p><b>Preventative services</b> for sight and hearing: one sight examination and one hearing examination in the <b>plan year</b>.</p>	Paid up to USD 250



22	PREGNANCY AND CHILDBIRTH (SEE SECTION 26 FOR DEDUCTIBLES)	
22.1	<p>Costs for:</p> <ul style="list-style-type: none"> <li>• Antenatal checkups for an uncomplicated pregnancy</li> <li>• Antenatal vitamins</li> <li>• Delivery costs, nursing fees and <b>hospital</b> accommodation costs for uncomplicated childbirth</li> <li>• Postnatal checkups</li> </ul> <p>This <b>benefit</b> includes cover for pregnancies resulting from natural or assisted conception.</p> <p>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 <b>medically necessary</b>, we will ask for further medical information so we can consider cover under section 22.2 or 22.3.</p> <p>We will pay reasonable <b>hospital</b> accommodation costs for the newborn to stay with <b>you</b> for no more than four nights immediately after childbirth. We will also pay the following routine costs for the newborn:</p> <ul style="list-style-type: none"> <li>• One physical examination</li> <li>• Vitamin K, hepatitis B and BCG vaccinations</li> <li>• Screening tests for PKU, congenital hypothyroidism and G6PD</li> <li>• One hearing examination</li> </ul> <p>This <b>benefit</b> is only available after <b>you</b> have had 12 months' continuous cover from the date that the <b>benefit</b> was first introduced on <b>your plan</b>.</p>	Not covered
22.2	<p><b>Treatment</b> for medical complications of maternity that happen due to a <b>medical condition</b> during pregnancy or childbirth, if the pregnancy is the result of assisted conception.</p> <p>We will pay reasonable accommodation costs for the newborn to stay with <b>you</b> immediately after a complicated childbirth. We will also pay the following routine costs for the newborn:</p> <ul style="list-style-type: none"> <li>• One physical examination</li> <li>• Vitamin K, hepatitis B and BCG vaccinations</li> <li>• Screening tests for PKU, congenital hypothyroidism and G6PD</li> <li>• One hearing examination</li> </ul> <p>This <b>benefit</b> is only available after <b>you</b> have had 12 months' continuous cover from the date that the <b>benefit</b> was first introduced on <b>your plan</b>.</p>	Paid up to USD 40,000
22.3	<p><b>Treatment</b> for medical complications of maternity that happen due to a <b>medical condition</b> during pregnancy or childbirth, if the pregnancy is the result of natural conception.</p> <p>We will pay reasonable accommodation costs for the newborn to stay with <b>you</b> immediately after a complicated childbirth. We will also pay the following routine costs for the newborn:</p> <ul style="list-style-type: none"> <li>• One physical examination</li> <li>• Vitamin K, hepatitis B and BCG vaccinations</li> <li>• Screening tests for PKU, congenital hypothyroidism and G6PD</li> <li>• One hearing examination</li> </ul>	Paid in full
22.4	<p>The <b>benefit</b> limits shown for section 22 apply for each pregnancy. Where a pregnancy spans more than one <b>plan year</b>, any <b>benefit</b> paid for <b>treatment</b> or services received in the <b>plan year</b> when the pregnancy began will be deducted from the <b>benefit</b> limit shown in the following <b>plan year</b>.</p> <p>This <b>benefit</b> does not extend to 3D or 4D ultrasound scans.</p> <p>Routine costs for newborns, as shown in section 22, are only covered for the first 30 days from birth. Where the newborn is an insured <b>participant</b>, cover for routine costs within the first 30 days will still be provided under section 22 of the insured mother's <b>plan</b>.</p>	

23 HORMONE REPLACEMENT THERAPY (SEE SECTION 26 FOR DEDUCTIBLES)		
23.1	Hormone replacement therapy for symptoms of the menopause.	Paid up to USD 500
24 HOSPITAL CASH		
24.1	<p>Payment made to <b>you</b> for each night <b>you</b> stay in a <b>hospital</b> when receiving <b>inpatient treatment</b>:</p> <ul style="list-style-type: none"> <li>if <b>your inpatient treatment</b> and <b>hospital</b> accommodation are provided free of charge, and</li> <li>the <b>treatment</b> or services received would normally be covered under sections 2, 6, 9, 11 to 14, 19.4 or 22 and <b>you</b> have completed any waiting periods shown in the relevant section.</li> </ul> <p>This <b>benefit</b> is payable for up to 20 nights in the <b>plan year</b>.</p>	USD 125 paid to <b>you</b> for each night
25 EMERGENCY TREATMENT OUTSIDE AREA OF COVER (SEE SECTION 26 FOR DEDUCTIBLES)		
25.1	<b>Inpatient</b> and <b>daycare treatment</b> when <b>your medical condition</b> is an <b>emergency</b> and <b>you</b> are outside <b>your area of cover</b> .	Not applicable  <b>Area of cover</b> is Area 1
25.2	<b>Outpatient treatment</b> when <b>your medical condition</b> is an <b>emergency</b> and <b>you</b> are outside <b>your area of cover</b> .	
25.3	Costs of the appropriate type of ambulance needed to transport <b>you</b> to the nearest available and appropriate local <b>hospital</b> . This <b>benefit</b> is only available when <b>your medical condition</b> is an <b>emergency</b> and <b>you</b> are outside <b>your area of cover</b> .	
25.4	<p>Cover is only available under this <b>benefit</b> if the <b>emergency</b> would normally be covered under sections 2, 4, 6, 7, 9, 11 to 14 or 22 when <b>you</b> are within <b>your area of cover</b> and <b>you</b> have completed any waiting periods shown in the relevant section.</p> <p>If the <b>emergency</b> is due to pregnancy or childbirth and <b>you</b> are 26 weeks or more into <b>your pregnancy</b>, this <b>benefit</b> is only available if <b>you</b> have been outside <b>your area of cover</b> for no more than 14 days at <b>your</b> date of admission for emergency <b>inpatient</b> or <b>daycare treatment</b> or the date <b>you</b> receive emergency <b>outpatient treatment</b>. Travel must not be against the advice of a <b>medical practitioner, specialist</b> or <b>nurse</b> at any time during <b>your pregnancy</b>.</p>	
26 DEDUCTIBLES		
26.1	Annual <b>excess</b> applies to sections 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19.1, 19.2, 23 and 25. This is the total <b>excess</b> that <b>you</b> will pay for any one or more claims in the <b>plan year</b> . An additional <b>deductible</b> may apply for <b>treatment</b> or services received outside of the <b>network</b> , see section 26.8.	Not applicable
26.2	<b>Outpatient co-payment</b> on sections 4, 5, 7, 8.2, 8.3, 8.4, 8.5, 9.2, 10, 11, 12, 13, 14, 19.1, 19.2, 23 and 25.2. This <b>co-payment</b> is applied to each claim. Where a maximum is shown, this applies to any one or more claims <b>you</b> make in the <b>plan year</b> . An additional <b>deductible</b> may apply for <b>treatment</b> or services received outside of the <b>network</b> , see section 26.8.	10% up to a maximum of USD 2,000
26.3	<b>Dental co-payment</b> on sections 19.3 and 19.4. This <b>co-payment</b> is applied to each claim.	Not applicable
26.4	<b>Orthodontic co-payment</b> on section 19.5. This <b>co-payment</b> is applied to each claim.	Not applicable
26.5	<b>Dental implants co-payment</b> on section 19.6. This <b>co-payment</b> is applied to each claim.	Not applicable
26.6	<b>Optical care co-payment</b> on section 20. This <b>co-payment</b> is applied to each claim.	Not applicable
26.7	<b>Maternity co-payment</b> on sections 22.1 and 22.2. This <b>co-payment</b> is applied to each claim. An additional <b>deductible</b> may apply for <b>treatment</b> or services received outside of the <b>network</b> , see section 26.8.	10%

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26.8	<p>Out-of-<b>network deductible</b> on sections 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 22 and 23 if:</p> <ul style="list-style-type: none"> <li>• an appropriate provider within the <b>network</b> is available in the location where <b>you</b> receive <b>treatment</b> or services, but <b>you</b> receive <b>treatment</b> or services at a provider outside of the <b>network</b>, and</li> <li>• the cost of <b>treatment</b> or services is greater than the cost that would have been incurred if the <b>treatment</b> or services were received within the <b>network</b> in the same location.</li> </ul> <p>The value of the <b>deductible</b> will be the difference between the cost of the <b>treatment</b> or services received and the cost that would have been incurred if the <b>treatment</b> or services were received within the <b>network</b> in the same location.</p> <p>This <b>deductible</b> is applied to each claim before the deduction of any other applicable <b>deductible</b> shown in section 26.1, 26.2 or 26.7.</p> <p>This <b>deductible</b> does not apply if the <b>treatment</b> or services received are needed due to an <b>emergency</b>.</p>	Deduction for reasonable and customary costs
26.9	After any applicable <b>deductibles</b> , the maximum amount <b>we</b> will pay for any one or more claims will be the amount shown in the relevant section above.	

<b>27 HEALTH MANAGEMENT SERVICES</b>		
27.1	Chronic condition and disease management to provide tailored information and access to a <b>nurse</b> to discuss <b>your</b> health.	Included with <b>your plan</b>
27.2	Employee Assistance Programme – online and telephonic confidential support including counselling, information and guidance. Log on to the <b>Secure Member Website</b> or contact <b>our</b> Member Services Team for more information.	Included with <b>your plan</b>
27.3	Employee Assistance Programme – in-person confidential support including counselling, information and guidance. Log on to the <b>Secure Member Website</b> or contact <b>our</b> Member Services Team for more information.	
27.4	The cover provided under sections 27.2 and 27.3 includes a combined maximum of five sessions of counselling in each <b>plan year</b> .	

<b>28 RED24 SECURITY SERVICES</b>		
28.1	AdviceLine – 24/7 personal security information and advice for all <b>your</b> travel safety queries. Please contact red24 or visit <a href="http://www.red24.com/aetna">www.red24.com/aetna</a>	Included with <b>your plan</b>
28.2	ActionResponse – 24/7 international rescue and response service for <b>you</b> in a potentially life-threatening, non-medical event. Please contact red24 or visit <a href="http://www.red24.com/aetna">www.red24.com/aetna</a>	

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**.

### Eligibility

**Plans** are available to people of most nationalities, depending on where they reside. Our **plans** are not available to citizens of the United States (US) who reside in the US. For full eligibility details, see **your Handbook**.

The Summit 5000+ **plan** is only available to US citizens residing outside of the US and non-US citizens residing in the US.

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