



Aetna PioneerSM 1750-5000

Benefits Schedule

2019
USD

For plans starting on or after 1 July 2019



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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.

1 Overall plan limits

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

Pioneer
1750

Pioneer
2500

Pioneer
4000

Pioneer
5000

1,750,000 USD

2,500,000 USD

4,000,000 USD

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**.

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 **participant** is eight days old, if the **participant** 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.

✓
Paid in full

✓
Paid in full

✓
Paid in full

✓
Paid in full

✓
Up to a lifetime limit of
150,000 USD

✓
Up to a lifetime limit of
150,000 USD

✓
Up to a lifetime limit of
150,000 USD

✓
Up to a lifetime limit of
150,000 USD

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.

ⓘ 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

Not covered

Not covered

✓
Paid in full

✓
Paid in full

✓
Paid in full

Kidney dialysis.

PET and CT scans.

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

	Pioneer 1750	Pioneer 2500	Pioneer 4000	Pioneer 5000
Physiotherapy as part of inpatient or daycare treatment.	✓ Paid in full	✓ Paid in full	✓ Paid in full	✓ Paid in full
<i>Outpatient co-payment doesn't apply</i>				
Post-hospitalisation outpatient physiotherapy. This benefit is available for 90 days after each inpatient or daycare admission.	✓ Paid up to 750 USD			✓ Paid in full
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.</i>	Not covered	✓ Paid up to 1,500 USD	✓ Paid up to 2,000 USD	✓ Paid in full
Outpatient podiatry, osteopathic and chiropractic treatment, when a medical practitioner or specialist refers you.	Not covered			✓ Paid up to 4,000 USD
Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic treatment.	Not covered	✓ Paid up to 300 USD	✓ Paid up to 750 USD	✓ Paid up to 1,500 USD
<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>				
<i>Your chosen outpatient co-payment applies, as shown on your Takaful certificate.</i>	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

✓
Paid in full

Optional benefit
Only applicable if selected

✓
Paid up to
2,000 USD

Pioneer 2500

✓
Paid in full

Optional benefit
Only applicable if selected

✓
Paid up to
2,000 USD

Pioneer 4000

✓
Paid in full

Optional benefit
Only applicable if selected

✓
Paid up to
2,000 USD

Pioneer 5000

✓
Paid in full

Optional benefit
Only applicable if selected

✓
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; and
- burial costs.

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

- the cost of any doctor's certificates; and
- 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.

If **you** die within your **home country**, **we'll** cover reasonable costs to transport your body to the place of your burial or cremation as directed by your next of kin or estate. This **benefit** does not extend to any costs related to your burial or 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

Pioneer
2500

Pioneer
4000

Pioneer
5000

Not covered

Not covered

✓
Paid in full

✓
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, 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**
- 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

✓
Paid up to 5,000 USD

Not covered

Not applicable

✓
Paid up to 500 USD

Pioneer 2500

✓
Paid up to 15,000 USD

✓
Paid up to 500 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

Pioneer 4000

✓
Paid up to 30,000 USD

✓
Paid up to 500 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

Pioneer 5000

✓
Paid up to 50,000 USD

✓
Paid up to 500 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

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 to register for this service.

✓
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ActionResponse: 24/7 international rescue and response service for **you** in a potentially life-threatening, non-medical event. Visit 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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