



Pioneer Dubai 1750

Benefits Schedule

2019
USD

For plans starting on or after 1 July 2019

Administered by:



Insured by:

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



Visit alaininsurance.com

Call +971-4-312-3000

Email uaesales@alainahlia.aetna.com

M015-177E-010719

At a glance



Overall plan limit

Pioneer Dubai 1750
Up to 1,750,000 USD

Overall DHA limit

Pioneer Dubai 1750
Up to 41,000 USD



Outpatient coinsurance

This deductible is applied to outpatient claims.

20% up to a maximum of AED 100 for each outpatient consultation

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** has two broad sections; the first section covers **benefits** available anywhere within your chosen tier and **area of cover**.

The second section covers **benefits** available only within Tier 4. If your **medical condition** is an **emergency**, tiers do not apply and **treatment** is available at any medical provider throughout the United Arab Emirates.

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.

Network and tiers

Unless otherwise shown:

- Within the United Arab Emirates: your chosen **tier** will apply except if your **medical condition** is an **emergency**.
- Outside of the United Arab Emirates: The entire network will be available within your **area of cover**. Tiers do not apply.

Your **area of cover** and chosen **tier** are shown on your **Certificate of Insurance** and **Member ID Card**.

Your deductibles

Outpatient coinsurance

We'll apply your chosen level of **outpatient coinsurance**, as shown on your **Certificate of Insurance**, to **outpatient claims**.

Maternity coinsurance

We'll apply our **maternity coinsurance** to **maternity claims** under section **22** [Pregnancy and childbirth](#).

Dental coinsurance

We'll apply our **dental coinsurance** to **dental claims** under section **19** [Dental treatment](#).

Emergency dental, vision and hearing coinsurance

We'll apply this **coinsurance** to **claims** under some **benefits** within sections **19** [Dental treatment](#) and **20** [Optical Care](#).

Out-of-tier coinsurance

We'll apply our 25% **out-of-tier coinsurance** if the **treatment** or services are received at a provider in the United Arab Emirates and:

- the provider is included in a tier that is not your chosen **tier**, or
- the provider is not in the **medical provider network**.

This **out-of-tier coinsurance** is applied to each **claim** after the deduction of any other applicable **coinsurance**. This **coinsurance** does not apply if the **treatment** or services received are needed due to an **emergency**, or if Tier 1 UAE is your chosen **tier**.

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. The **benefits** detailed below are available within your chosen **tier** and **area of cover**:

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**. This includes the overall DHA limit shown in the Tier 4 section.

1,750,000 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**.

✓
Paid in full

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 companion accommodation is needed in relation to this **benefit** and would normally be paid under section **3** **Companion accommodation**, it will be paid under this section instead.

✓
Up to a **lifetime limit** of 150,000 USD

i Additional **benefits** are available, refer to the Tier 4 section.

i Out-of-tier **coinsurance** may apply

3 Companion accommodation

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

✓
Paid in full

i Additional **benefits** are available, refer to the Tier 4 section.

i Out-of-tier **coinsurance** may apply

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 chosen **outpatient coinsurance** applies, as shown on your **Certificate of Insurance**.

20% up to a max of AED 100 per OP consultation

i Out-of-tier **coinsurance** may apply

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

i Out-of-tier **coinsurance** may apply

6 Cancer care

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

i Out-of-tier **coinsurance** may apply

✓
Paid in full for up to 30 days after you're discharged or transferred

20% up to a max of AED 100 per OP consultation

✓
Paid in full

7 Outpatient treatment

No cover refer to the Tier 4 section .

Not covered

i Additional **benefits** are available, refer to the Tier 4 section.

8 Physiotherapy and complementary medicine

Physiotherapy as part of **inpatient** or **daycare** treatment.

✓
Paid in full

i **Outpatient coinsurance** doesn't apply

Post-hospitalisation **outpatient** physiotherapy. This **benefit** is available for 90 days after each **inpatient** or **daycare** admission.

✓
Paid in full for up to 6 sessions in each **plan year**

Outpatient podiatry, osteopathic and chiropractic **treatment**, when a **medical practitioner** or **specialist** refers you.

Not covered

Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic **treatment**.

Not covered

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 Additional **benefits** are available, refer to the Tier 4 section.

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

20% up to a max of AED 100 per OP consultation

i Out-of-tier **coinsurance** may apply

9 Psychiatric treatment

No cover refer to the Tier 4 section .

Not covered

*i Additional **benefits** are available, refer to the Tier 4 section.*

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
- 26 Emergency treatment outside your area of cover

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

✓
Paid up to
1,000 USD

20% up to a max
of AED 100 per OP
consultation

11 Congenital abnormalities

Benefit does not apply.

Not covered

12 HIV or AIDS

Benefit does not apply.

Not covered

13 Organ transplants

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

✓
Paid in full

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

20% up to a max
of AED 100 per OP
consultation

*i Out-of-tier **coinsurance** may apply*

14 Terminal care

Benefit does not apply.

Not covered

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

Optional benefit
Only applicable if
selected

✓
Paid up to
2,000 USD

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 **23** Enhanced pregnancy and childbirth and **you** have completed any waiting periods shown in section **23**.

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
- D 7** Outpatient treatment
- D 9** Psychiatric treatment
- 19** Dental treatment
- D 22** Pregnancy and childbirth

✓
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

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**.

Not covered

19 Dental treatment

Outpatient **dental treatment** for damage to **natural teeth** caused by an **accident** when:

- your **dental** condition is not an **emergency**,
- 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 your **dental** condition is not an **emergency** and **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**.

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

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.

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**

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

i Additional **benefits** are available, refer to the **Tier 4** section.

✓
Paid in full

Not covered

20% up to a max of AED 100 per OP consultation

Not covered

Not covered

Not applicable

20 Optical care

No cover refer to the Tier 4 section.

Not covered

i Additional benefits are available, refer to the Tier 4 section.

21 Wellness

No cover, refer to the Tier 4 section.

Not covered

i Additional benefits are available, refer to the Tier 4 section.

22 Pregnancy and childbirth

For natural and assisted conception pregnancies

Costs of terminating a pregnancy when medically necessary.

✓
Paid in full

i Additional benefits are available, refer to the Tier 4 section.

i Out-of-tier coinsurance may apply

23 Enhanced benefit for pregnancy and childbirth

For natural and assisted conception pregnancies

Benefit does not apply.

Not covered

24 Hormone replacement therapy

Benefit does not apply.

Not covered

25 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

26 Emergency treatment outside your area of cover

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

i Outpatient coinsurance doesn't apply

✓
Paid up to
5,000 USD

Outpatient treatment when your medical condition is an emergency.

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

Not covered

20% up to a max
of AED 100 per OP
consultation

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

If the emergency is due to pregnancy or childbirth and you're 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.

27 Health management services

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

Not included

28 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.

✓
Included

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

What's covered only within Tier 4

The following section covers **benefits** available only within Tier 4. If your **medical condition** is an **emergency**, **tiers** do not apply and **treatment** is available throughout the United Arab Emirates.

D 1 Overall DHA limit

We'll pay costs up to the overall DHA limit for each **member** in each **plan year**.

This DHA limit is included within the overall **plan** limit shown in **1 Overall plan limit**.

If cover provided under this **plan** does not meet the minimum requirements of Dubai mandatory health coverage as stated by the Dubai Health Authority (DHA), we'll pay the mandated costs from the overall DHA limit shown.

41,000 USD

D 2 Inpatient and daycare treatment

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

✓
Paid in full

i Out-of-tier coinsurance may apply

D 3 Companion accommodation

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.

✓
30 USD
for each night

D 7 Outpatient treatment

Surgical procedures.

✓
Paid in full

Outpatient pre-operative tests before **inpatient** or **daycare treatment** covered under **2 Inpatient and daycare treatment**.

✓
Paid in full

Medical practitioners' and **specialists'** fees, prescribed drugs and dressings, X-rays, pathology and **diagnostic tests and procedures**.

✓
Paid in full

MRI, PET and CT scans.

✓
Paid in full

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

20% up to a max of AED 100 per OP consultation

D 8 Physiotherapy and complementary medicine

Outpatient physiotherapy when a medical practitioner or specialist refers you.

✓
Paid in full for up to 6 sessions in each **plan year**

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

20% up to a max of AED 100 per OP consultation

D 9 Psychiatric treatment

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

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

✓
Paid in full

20% up to a max of AED 100 per OP consultation

D 19 Dental treatment

Outpatient dental treatment when your dental condition is an emergency.

Emergency dental coinsurance

✓
Paid in full

20%

D 20 Optical care

Visions aids, vision correction by surgery and hearing aids, when treatment is needed for a medical condition that is an emergency.

Vision and hearing coinsurance

✓
Paid in full

20%

D 21 Wellness

Members aged 17 or under: essential vaccinations as shown in the DHA's policies and updates.

i Certain vaccinations for newborns are covered within section 22 Pregnancy and childbirth

Preventative services as shown in the DHA's policies and updates.

✓
Paid in full

✓
Paid in full

D 22 Pregnancy and childbirth

For pregnancies resulting from natural and assisted conception

Costs for eight routine antenatal visits for each pregnancy, to include reviews, checks and tests as shown in the DHA's policies and updates. This benefit also includes antenatal vitamins and three antenatal 2D ultrasound scans for each pregnancy.

Normal delivery costs including nursing fees and hospital accommodation.

Inpatient treatment for medical complications of maternity during pregnancy or childbirth if the medical condition is not an emergency.

Costs of a medically necessary caesarean section if the medical condition is not an emergency. This benefit includes nursing fees and hospital accommodation.

Maternity coinsurance

Treatment for an emergency related to, or due to, a pregnancy. This benefit does not extend to the onset of a normal delivery.

We will pay reasonable hospital accommodation costs for the newborn to stay with you immediately after childbirth.

We'll 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 or sickle cell and congenital adrenal hyperplasia
- 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.

Where the newborn is an insured member, cover will still be provided under the insured mother's plan.

Treatment needed for uninsured newborns. This benefit is only available for the first 30 days from birth, and cover will be provided under the insured mother's plan.

This benefit extends to hospital accommodation costs for a companion to stay with the newborn. Costs will be limited to 30 USD for each night.

✓
Paid in full

✓
Paid up to 2,750 USD

10%

✓
Paid in full

D22 Pregnancy and childbirth Continued

For pregnancies resulting from natural and assisted conception

i The **benefit** limits apply for 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**.

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

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

Stay connected



Visit us

alaininsurance.com



Follow us

twitter.com/AetnaIntl



Like us

facebook.com/AetnaInternational

Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Al Ain Ahlia and Aetna do not provide care or guarantee access to health services. Not all health services are covered. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to www.AetnaInternational.com.

If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Al Ain Ahlia and Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license. For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

Notice to United Kingdom residents: In the UK, Aetna Insurance Company Limited (FRN 458505) has issued and approved this communication.

Notice to all: Please visit www.aetnainternational.com/ai/en/about-us/legal/regional-entities for more information, including a list of relevant entities permitted to carry on or administer insurance business in their respective jurisdictions.

Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

