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Build your own kind of healthy **Summit Dubai 4000 and 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 Dubai 4000 and 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.

Network and tiers

Unless otherwise shown:

- Within the United Arab Emirates: your chosen tier will apply.
- 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.

One of the following symbols will be shown if these rules do not apply:

Σ Tiers and the network do not apply. Your chosen area of cover still applies except where cover is provided under section 26.

Δ Treatment for medical conditions that are not an emergency is only available within Tier 4 Dubai in the Emirate of Dubai. If your medical condition is an emergency, tiers do not apply and treatment is available throughout the United Arab Emirates. No cover is provided for any treatment received outside of the United Arab Emirates.

		Summit Dubai 4000	Summit Dubai 5000
1	OVERALL LIMITS		
	Overall plan limit		
1.1	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 shown for any one or more claims on any one or more of the benefits below. This includes the overall DHA limit shown in section 1.2. Where a benefit limit is shown as 'Paid in full', this is still subject to the overall plan limit. Unless stated, all benefit limits shown apply for the plan year.	USD 4,000,000	USD 5,000,000
	Overall DHA limit		
1.2	Where the Δ symbol is shown in this Benefits schedule, costs will be paid up to the overall DHA limit. We will not pay any more than the overall DHA limit shown for any one or more claims where the Δ symbol is shown in each plan year. 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), the mandated costs will be paid from the overall DHA limit shown.	USD 41,000	USD 41,000
2	INPATIENT AND DAYCARE TREATMENT (SEE SECTION 27 FOR DEDUCTIBLES) For acute and chronic medical conditions		
2.1	Medical costs including intensive care costs, theatre costs, hospital accommodation, medical practitioners' and specialists' fees, anaesthetists' fees, nursing fees, kidney dialysis, appliances and prescribed drugs and dressings.	Paid in full	Paid in full
2.2	MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.		
2.3	Reconstructive surgery to restore natural function or appearance within 12 months of an accident or surgery.		
2.4	Speech and language therapy and occupational therapy as part of your inpatient treatment. This benefit is only available if the medical condition is covered under section 2.1 or 2.3.		

		Summit Dubai 4000	Summit Dubai 5000
2.5	Medical services of a nurse as part of your inpatient or daycare treatment when these are received in your home instead of in hospital . This benefit is only available if the medical condition is covered under section 2.1 or 2.3.	Paid in full	Paid in full
2.6	Inpatient treatment needed for acute medical conditions that begin before an insured member is eight days old if: <ul style="list-style-type: none"> the pregnancy was the result of natural conception, and the treatment would normally be covered under sections 2.1 to 2.3, 2.5 or 8.1. 	Paid up to a lifetime limit of USD 150,000	Paid up to a lifetime limit of USD 150,000
2.7	Inpatient treatment needed for acute medical conditions that begin before an insured member is eight days old if: <ul style="list-style-type: none"> the pregnancy was the result of assisted conception, and the treatment would normally be covered under sections 2.1 to 2.3, 2.5 or 8.1. 	△ Paid in full within the limit shown in section 1.2	△ Paid in full within the limit shown in section 1.2
3 COMPANION ACCOMMODATION (SEE SECTION 27 FOR DEDUCTIBLES)			
3.1	Hospital accommodation costs for a companion to stay with you if you are aged 17 or under and receiving inpatient treatment covered under sections 2.1 to 2.4.	Paid in full	Paid in full
3.2	Hospital accommodation costs for a companion to stay with you if you are aged 18 or over when you are receiving inpatient treatment covered under sections 2.1 to 2.4, 22.3, 22.4 or 22.6 and your medical condition is critical .	Paid up to USD 30 for each night	Paid up to USD 30 for each night
3.3	If the costs of your inpatient admission are related to a medical condition covered under sections 2.6, 2.7, 5, 6, 9.1, 9.3, 11 to 14, 19.5, 22.5 or 26.1, the hospital accommodation costs for a companion to stay with you will be covered within the benefit limits of the same section. If the relevant section is subject to the overall DHA limit shown in section 1.2 costs will be limited to USD 30 for each night. If the relevant section is not subject to the overall DHA limit shown in section 1.2 and you are aged 18 or over, cover will only be available if your medical condition is critical and costs will be limited to USD 30 for each night.		
4 OUTPATIENT POST-HOSPITALISATION TREATMENT (SEE SECTION 27 FOR DEDUCTIBLES) For acute medical conditions			
4.1	Outpatient treatment for a period of 90 days from the date of discharge following each admission for inpatient or daycare treatment related to 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	Paid in full
5 REHABILITATION (SEE SECTION 27 FOR DEDUCTIBLES) For acute medical conditions and stabilisation of acute episodes of chronic medical conditions			
5.1	Rehabilitation for a medical condition covered under section 2.1 or 2.3. This benefit is only available if: <ul style="list-style-type: none"> you have received inpatient treatment for three or more consecutive days for the same medical condition, and you have stayed in hospital for three or more consecutive nights. Rehabilitation must be referred by a medical practitioner or specialist and start: <ul style="list-style-type: none"> after you are discharged from hospital following your inpatient treatment, or when you are transferred to a rehabilitation unit following your inpatient treatment. Your first session must be no more than 14 days after you are discharged or transferred. <p>This benefit covers inpatient, daycare and outpatient physiotherapy, speech and language therapy and occupational therapy. We will also pay for accommodation costs at the rehabilitation unit when medically necessary.</p>	Paid in full for up to 90 days following each admission	Paid in full for up to 120 days following each admission
5.2	Section 5.1 applies before any available benefit limit shown in sections 8.1, 8.2 and 8.3. If post-hospitalisation outpatient physiotherapy is needed following rehabilitation, the benefit limit shown in section 8.2 will only be available if the number of days shown in section 5.1 is less than 90 days. If this applies to you , the number of days of treatment available under section 8.2 will be 90 days minus the number of days shown in section 5.1.		

CANCER CARE (SEE SECTION 27 FOR DEDUCTIBLES)			
6.1	All treatment for, or related to, a diagnosed cancer. This includes palliative treatment and care during the end stages of a cancer.	Paid in full	Paid in full
7 OUTPATIENT TREATMENT (SEE SECTION 27 FOR DEDUCTIBLES) For acute and chronic medical conditions			
7.1	Surgical procedures.	Paid up to USD 41,000	Paid in full
7.2	Outpatient pre-operative tests before inpatient or daycare treatment covered under sections 2.1 to 2.3.		
7.3	Medical practitioners' and specialists' fees, prescribed drugs and dressings, X-rays, pathology and diagnostic tests and procedures .		
7.4	MRI, PET and CT scans.		
7.5	Kidney dialysis.	Paid up to USD 5,000	
8 PHYSIOTHERAPY AND COMPLEMENTARY MEDICINE (SEE SECTION 27 FOR DEDUCTIBLES) For acute and chronic medical conditions			
8.1	Physiotherapy as part of inpatient or daycare treatment .	Paid in full	Paid in full
8.2	Post-hospitalisation outpatient physiotherapy following admissions for inpatient or daycare treatment covered under sections 2.1 to 2.3, 2.6 or 2.7. This benefit is available for a period of 90 days following each admission.	Paid up to USD 41,000	
8.3	Outpatient physiotherapy when referred by a medical practitioner or specialist . Further medical information may be needed if you receive further treatment after you have completed the number of sessions that were referred by the medical practitioner or specialist .		
8.4	Outpatient podiatry, osteopathic and chiropractic treatment , when referred by a medical practitioner or specialist . Further medical information may be needed if you receive further treatment after you have completed the number of sessions that were referred by the medical practitioner or specialist .	Paid up to USD 1,000	Paid up to USD 4,000
8.5	Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic treatment . Further medical information may be needed after any four sessions for any one medical condition .	Paid up to USD 750	Paid up to USD 1,500
9 PSYCHIATRIC TREATMENT (SEE SECTION 27 FOR DEDUCTIBLES) For acute and chronic medical conditions			
9.1	Inpatient psychiatric treatment and psychotherapy when your medical condition is not an emergency . This benefit is available for up to 30 days in the plan year .	Paid up to USD 10,000	Paid in full
9.2	Outpatient psychiatric treatment and psychotherapy when your medical condition is not an emergency .	Paid up to USD 2,000	Paid up to USD 10,000
9.3	Inpatient and outpatient psychiatric treatment and psychotherapy when your medical condition is an emergency .	∑ Paid up to USD 41,000	∑ Paid up to USD 41,000

10 DURABLE MEDICAL EQUIPMENT (SEE SECTION 27 FOR DEDUCTIBLES)			
10.1	<p>Durable medical equipment including prosthetic and orthotic supplies. We will pay for:</p> <ul style="list-style-type: none"> Items prescribed by a medical practitioner or specialist, which are needed to deliver, or facilitate the delivery of, prescribed drugs and dressings The purchase and fitting of devices or items medically necessary for treatment, including, but not limited to, spinal supports, orthopaedic braces and air cast boots The rental or initial purchase of crutches or a wheelchair if medically necessary The initial purchase and fitting of external prostheses needed following surgery, including, but not limited to, artificial eyes and limbs The purchase and fitting of medically necessary orthotic supplies, including, but not limited to, insoles and orthotic supports <p>This benefit does not extend to sight or hearing aids, the supply, modification or fitting of furniture, or any modifications to your personal or work environment.</p> <p>Cover is only available under this benefit if the treatment is covered under sections 2, 4, 5, 7 to 9 or 24.</p>	∑ Paid up to USD 1,000	∑ Paid up to USD 2,000
10.2	If the costs are related to a medical condition covered under sections 6, 11 to 14, 23.2, 23.3 or 26 these will be covered within the benefit 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 your personal or work environment.		
11 CONGENITAL ABNORMALITIES (SEE SECTION 27 FOR DEDUCTIBLES)			
11.1	All treatment for diagnosed congenital abnormalities and any related medical conditions . This includes palliative treatment and care during the end stages of a congenital abnormality or any related medical condition .	Paid up to a lifetime limit of USD 50,000	Paid up to a lifetime limit of USD 100,000
11.2	For organ transplants for congenital abnormalities and any related medical conditions , see section 13.		
12 HIV OR AIDS (SEE SECTION 27 FOR DEDUCTIBLES)			
12.1	All treatment , including palliative treatment and care, for diagnosed HIV or AIDS and all related medical conditions .	Paid up to USD 10,000	Paid up to USD 15,000
13 ORGAN TRANSPLANTS (SEE SECTION 27 FOR DEDUCTIBLES) For acute and chronic medical conditions and congenital abnormalities			
13.1	Kidney, pancreas, liver, heart or lung transplants and any related treatment .	Paid in full	Paid in full
14 TERMINAL CARE (SEE SECTION 27 FOR DEDUCTIBLES)			
14.1	Palliative treatment and care for a medical condition which is diagnosed as terminal .	Paid in full	Paid in full
14.2	For terminal care related to cancer care, congenital abnormalities and HIV or AIDS, see sections 6, 11 and 12.		
15 MEDICAL EVACUATION			
15.1	<p>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.</p> <p>This benefit will only be paid if your medical condition is an emergency and we agree appropriate treatment is not available locally.</p> <p>This benefit extends to the costs for emergency treatment you receive during the journey.</p> <p>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.</p> <p>Cover is only available under this benefit if the treatment is covered under sections 2.1 to 2.6, 4, 6, 7, 9, 11 to 14, 22.5 or 23 and you have completed any waiting periods shown in the relevant section.</p>	∑ Paid in full	∑ Paid in full

		Summit Dubai 4000	Summit Dubai 5000
15.2	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 15.1.		
15.3	Costs of one dependant or companion having to accompany you for an emergency medical evacuation under section 15.1. 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: <ul style="list-style-type: none"> 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 	∑ Paid in full	∑ Paid in full
15.4	The costs to transport you to appropriate medical facilities to receive treatment when your 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: <ul style="list-style-type: none"> 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. Cover is only available under this benefit if the treatment is covered under sections 2.1 to 2.6 or 4 to 14.	Not covered	Not covered
15.5	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: <ul style="list-style-type: none"> 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 23 and you have completed any waiting periods shown in section 23.	Not covered	Not covered
15.6	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.		
16	LOCAL AMBULANCE		
16.1	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 . Cover is only available under this benefit if the treatment is covered under sections 2, 4, 6, 7, 9, 11 to 14, 19.3, 20.2, 22.5, 22.6, 23.2 or 23.3 and you have completed any waiting periods shown in the relevant section.	∑ Paid in full	∑ Paid in full
16.2	Costs for local ambulances 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.		

17		MORTAL REMAINS	
17.1	<p>In the event of your death we will pay reasonable costs for:</p> <ul style="list-style-type: none"> the transportation of your body or mortal remains to your home country or your country of residence, or your burial or cremation at the place of your death. <p>This benefit is only available if you die outside your home country.</p> <p>In the event of burial this benefit will cover:</p> <ul style="list-style-type: none"> The cost of opening or reopening a grave Any exclusive right of burial fee Burial costs <p>In the event of cremation this benefit will cover:</p> <ul style="list-style-type: none"> The cost of any doctor's certificates Cremation costs, including the removal of any medical device before the cremation <p>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.</p>	∑ Paid in full	∑ Paid in full
18		COMPASSIONATE EMERGENCY VISIT	
18.1	<p>Costs you have to pay for an economy class return travel ticket from a country within your area of cover for you to visit a close family member:</p> <ul style="list-style-type: none"> if their medical condition is critical, or to attend their burial or cremation following their death. <p>You are limited to one return journey in the plan year.</p>	∑ Paid in full	∑ Paid in full
19		DENTAL TREATMENT (SEE SECTION 27 FOR DEDUCTIBLES)	
19.1	<p>Outpatient dental treatment for accidental damage to sound, natural teeth when:</p> <ul style="list-style-type: none"> the treatment can only be provided after you have received inpatient treatment related to the accident, and the treatment is received no more than 90 days after you are discharged from hospital following your related inpatient treatment. <p>This benefit includes the cost to supply and fit dental implants.</p>	∑ Paid in full	∑ Paid in full
19.2	<p>Outpatient dental treatment for accidental damage to sound, natural teeth, except when the damage is caused through eating. Cover is only available when treatment for the accidental damage is received within ten days of the accident. This benefit also includes one follow-up consultation within 30 days of the accident.</p>	∑ Paid up to USD 750	∑ Paid up to USD 1,500
19.3	<p>Outpatient dental treatment when your dental condition is an emergency. Where cover is provided under this benefit, costs are not payable under sections 19.1 or 19.2.</p>	∑ Paid up to USD 41,000	∑ Paid up to USD 41,000
19.4	<p>Routine outpatient dental treatment, including treatment for accidental damage to sound, natural teeth when the damage is caused through eating. This benefit covers dental examinations, scraping, cleaning and polishing, gum treatment, X-rays, composite fillings and simple non-surgical extractions only.</p> <p>Cover is available after you have had 182 days' continuous cover from the date that the benefit was first introduced on your plan.</p>		
19.5	<p>Major restorative dental treatment, including treatment for accidental damage to sound, natural teeth when the damage is caused through eating. This benefit covers:</p> <ul style="list-style-type: none"> Surgical extractions, including wisdom teeth Root canal treatment Costs to supply, fit and repair crowns, bridges and dentures X-rays needed to support major restorative dental treatment <p>Cover is available after you have had 182 days' continuous cover from the date that the benefit was first introduced on your plan.</p>	Not covered	Not covered

		Summit Dubai 4000	Summit Dubai 5000
19.6	<p>Orthodontic treatment. This benefit covers:</p> <ul style="list-style-type: none"> • Orthodontic examinations • Costs to supply, fit and repair orthodontic devices or items • X-rays needed to support orthodontic treatment • Surgical and non-surgical extractions needed as part of your orthodontic treatment 	Not covered	Not covered
19.7	<p>Dental implants. This benefit covers:</p> <ul style="list-style-type: none"> • Dental examinations needed for dental implants • Costs to supply, fit and repair dental implants • X-rays needed to support the fitting or repair of dental implants 		
20	OPTICAL CARE (SEE SECTION 27 FOR DEDUCTIBLES)		
20.1	<p>Costs of prescription:</p> <ul style="list-style-type: none"> • Contact lenses • Spectacles • Spectacle lenses • Spectacle frames <p>This benefit 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	Not covered
20.2	Vision aids, vision correction by surgery and hearing aids, when treatment is needed for a medical condition that is an emergency . Where cover is provided under this benefit , costs are not payable under section 20.1.	∑ Paid up to USD 41,000	∑ Paid up to USD 41,000
21	WELLNESS		
21.1	Members aged 18 or over: routine health checks including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations.	∑ Paid up to USD 500	∑ Paid up to USD 1,000
21.2	Members aged 17 or under: routine health checks and vaccinations.		
21.3	Preventative services for sight and hearing: one sight examination and one hearing examination in the plan year .	Not covered	∑ Paid up to USD 250
21.4	Members aged 17 or under: essential vaccinations as shown in the DHA's policies and updates. Where cover is provided under this benefit , costs are not payable under section 21.2. Vaccinations for newborns are covered within section 22.8.	∑ Paid up to USD 41,000	∑ Paid up to USD 41,000
21.5	Preventative services as shown in the DHA's policies and updates. Where cover is provided under this benefit , costs are not payable under section 21.1, 21.2 or 21.3.		
22	PREGNANCY AND CHILDBIRTH (SEE SECTION 27 FOR DEDUCTIBLES) For pregnancies resulting from natural and assisted conception		
22.1	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.	Δ Paid in full within the limit shown in section 1.2	Δ Paid in full within the limit shown in section 1.2
22.2	Normal delivery costs including nursing fees and hospital accommodation.	Δ	Δ
22.3	Inpatient treatment for medical complications of maternity during pregnancy or childbirth if the medical condition is not an emergency .	∑ Paid up to USD 2,750 within the limit shown in section 1.2	∑ Paid up to USD 2,750 within the limit shown in section 1.2
22.4	Costs of a medically necessary caesarean section if the medical condition is not an emergency . This benefit includes nursing fees and hospital accommodation.		
22.5	Costs of terminating a pregnancy when medically necessary .	Paid in full	Paid in full

		Summit Dubai 4000	Summit Dubai 5000
22.6	Treatment for an emergency related to, or due to, a pregnancy. This benefit does not extend to the onset of a normal delivery.		
22.7	We will pay reasonable hospital accommodation costs for the newborn to stay with you immediately after childbirth.		
22.8	<p>We will pay the following routine costs for the newborn:</p> <ul style="list-style-type: none"> • One physical examination • Vitamin K, hepatitis B and BCG vaccinations • Screening tests for PKU, congenital hypothyroidism, G6PD or sickle cell and congenital adrenal hyperplasia • One hearing examination <p>This benefit is only available for the first 30 days from birth. Where the newborn is an insured member, cover will still be provided under the insured mother's plan.</p>	<p>△</p> <p>Paid in full within the limit shown in section 1.2</p>	<p>△</p> <p>Paid in full within the limit shown in section 1.2</p>
22.9	<p>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.</p> <p>This benefit extends to hospital accommodation costs for a companion to stay with the newborn. Costs will be limited to USD 30 for each night.</p>		
22.10	<p>The benefit limits shown for sections 22.2 to 22.4 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.</p> <p>This benefit does not extend to 3D or 4D ultrasound scans.</p>		

23	ENHANCED BENEFIT FOR PREGNANCY AND CHILDBIRTH (SEE SECTION 27 FOR DEDUCTIBLES)		
23.1	<p>Costs for:</p> <ul style="list-style-type: none"> • Antenatal checkups for an uncomplicated pregnancy • Antenatal vitamins • Delivery costs, nursing fees and hospital accommodation costs for uncomplicated childbirth • Postnatal checkups <p>This benefit 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 medically necessary, we will ask for further medical information so we can consider cover under section 23.2 or 23.3.</p> <p>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:</p> <ul style="list-style-type: none"> • One physical examination • Vitamin K, hepatitis B and BCG vaccinations • Screening tests for PKU, congenital hypothyroidism and G6PD • One hearing examination <p>This benefit is only available after you have had 12 months' continuous cover from the date that the benefit was first introduced on your plan.</p>	Not covered	Not covered

		Summit Dubai 4000	Summit Dubai 5000
23.2	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • One physical examination • Vitamin K, hepatitis B and BCG vaccinations • Screening tests for PKU, congenital hypothyroidism and G6PD • One hearing examination <p>This benefit is only available after you have had 12 months' continuous cover from the date that the benefit was first introduced on your plan.</p>	Not covered	Not covered
23.3	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • One physical examination • Vitamin K, hepatitis B and BCG vaccinations • Screening tests for PKU, congenital hypothyroidism and G6PD • One hearing examination 	Not covered	Not covered
23.4	<p>If the Enhanced benefit for pregnancy and childbirth has been chosen, wherever the Δ symbol is shown in section 22, cover will also be available in your chosen tier throughout the Emirate of Dubai for:</p> <ul style="list-style-type: none"> • Normal antenatal costs • Routine delivery costs • Treatment for medical conditions that are not an emergency <p>Treatment for any medical conditions that are an emergency will continue to be available throughout the United Arab Emirates.</p> <p>If any costs for the same treatment or services are covered under sections 22 and 23, cover under section 23 will only become available after the applicable benefit limit shown in section 22 has been used. The total number of routine visits and ultrasound scans available under section 23.1 will be the number shown minus any visits and scans covered under section 22.1.</p> <p>The benefit limits shown for section 23 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.</p> <p>This benefit does not extend to 3D or 4D ultrasound scans.</p> <p>Routine costs for newborns, as shown in section 23, are only covered for the first 30 days from birth. Where the newborn is an insured member, cover for routine costs within the first 30 days will still be provided under section 23 of the insured mother's plan.</p>		
24	HORMONE REPLACEMENT THERAPY (SEE SECTION 27 FOR DEDUCTIBLES)		
24.1	Hormone replacement therapy for symptoms of the menopause.	Paid up to USD 500	Paid up to USD 500
25	HOSPITAL CASH		
25.1	<p>Payment made to you for each night you stay in a hospital when receiving inpatient treatment:</p> <ul style="list-style-type: none"> • if your inpatient treatment and hospital accommodation are provided free of charge, and • the treatment or services received would normally be covered under sections 2.1 to 2.6, 6, 9, 11 to 14, 19.5, 22.5 or 23 and you have completed any waiting periods shown in the relevant section. <p>This benefit is payable for up to 20 nights in the plan year.</p>	Σ USD 125 paid to you for each night	Σ USD 125 paid to you for each night

26 EMERGENCY TREATMENT OUTSIDE AREA OF COVER (SEE SECTION 27 FOR DEDUCTIBLES)			
26.1	Inpatient and daycare treatment when your medical condition is an emergency and you are outside your area of cover .	∑ Paid up to USD 30,000	∑ Paid up to USD 50,000
26.2	Outpatient treatment when your medical condition is an emergency and you are outside your area of cover .	∑ Paid up to USD 500	∑ Paid up to USD 500
26.3	Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital . This benefit is only available when your medical condition is an emergency and you are outside your area of cover .	∑ Paid up to USD 500	∑ Paid up to USD 500
26.4	Cover is only available under this benefit if the emergency would normally be covered under sections 2.1 to 2.6, 4, 6, 7, 9, 11 to 14, 22.5 or 23 when you are within your area of cover and you have completed any waiting periods shown in the relevant section. If the emergency is due to pregnancy or childbirth and 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.		

27 DEDUCTIBLES			
27.1	Outpatient coinsurance on sections 4, 5, 7, 8.2, 8.3, 8.4, 8.5, 9.2, 9.3, 10, 11, 12, 13, 14, 19.1, 19.2, 24 and 26.2. This coinsurance is applied to each claim for medical practitioners' and specialists' fees for an outpatient consultation. An additional deductible may apply for any outpatient treatment or services received: <ul style="list-style-type: none"> • In a tier that is not your chosen tier in the United Arab Emirates • Outside of the network in the United Arab Emirates • Outside of the network outside of the United Arab Emirates See sections 27.9 and 27.10 for more information.	10% up to a maximum of AED 50 for each consultation	10% up to a maximum of AED 50 for each consultation
27.2	Emergency dental, vision and hearing coinsurance on sections 19.3 and 20.2. This coinsurance is applied to each claim.	20%	20%
27.3	Dental coinsurance on sections 19.4 and 19.5. This coinsurance is applied to each claim.	Not applicable	Not applicable
27.4	Orthodontic coinsurance on section 19.6. This coinsurance is applied to each claim.	Not applicable	Not applicable
27.5	Dental implants coinsurance on section 19.7. This coinsurance is applied to each claim.	Not applicable	Not applicable
27.6	Optical care coinsurance on section 20.1. This coinsurance is applied to each claim.	Not applicable	Not applicable
27.7	Maternity coinsurance on sections 22.1 to 22.4. This coinsurance is applied to each claim.	10%	10%
27.8	Maternity coinsurance on sections 23.1 and 23.2. This coinsurance is applied to each claim. An additional deductible may apply for treatment or services received: <ul style="list-style-type: none"> • In a tier that is not your chosen tier in the United Arab Emirates • Outside of the network in the United Arab Emirates • Outside of the network outside of the United Arab Emirates See sections 27.9 and 27.10 for more information.	Not applicable	Not applicable

		Summit Dubai 4000	Summit Dubai 5000
27.9	<p>Out-of-tier coinsurance on sections 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3, 4, 5, 6, 7, 8, 9.1, 9.2, 11, 12, 13, 14, 22.5, 23 and 24 if the treatment or services are received at a provider in the United Arab Emirates and:</p> <ul style="list-style-type: none"> the provider is included in a tier that is not your chosen tier, or the provider is not in the network. <p>This coinsurance is applied to each claim after the deduction of any other applicable coinsurance shown in section 27.1 or 27.8.</p> <p>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.</p>	25%	25%
27.10	<p>Out-of-network deductible on sections 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3, 4, 5, 6, 7, 8, 9.1, 9.2, 11, 12, 13, 14, 22.5, 23 and 24 if:</p> <ul style="list-style-type: none"> treatment or services are received outside of the United Arab Emirates, 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. <p>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.</p> <p>This deductible is applied to each claim before the deduction of any other applicable coinsurance shown in section 27.1 or 27.8.</p> <p>This deductible does not apply if the treatment or services received are needed due to an emergency, or if Tier 1 UAE is your chosen tier.</p>	Deduction for reasonable and customary costs	Deduction for reasonable and customary costs
27.11	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.		
28	HEALTH MANAGEMENT SERVICES		
28.1	Chronic condition and disease management to provide tailored information and access to a nurse to discuss your health.	Included with your plan	Included with your plan
28.2	Employee Assistance Programme – online and telephonic confidential support including counselling, information and guidance. Log on to the Secure Member Website or contact our Member Services Team for more information.	Included with your plan	Included with your plan
28.3	Employee Assistance Programme – in-person confidential support including counselling, information and guidance. Log on to the Secure Member Website or contact our Member Services Team for more information.		
28.4	The cover provided under sections 28.2 and 28.3 includes a combined maximum of five sessions of counselling in each plan year .		
29	RED24 SECURITY SERVICES		
29.1	AdviceLine - 24/7 personal security information and advice for all your travel safety queries. Please contact red24 or visit www.red24.com/aetna	Included with your plan	Included with your plan
29.2	ActionResponse - 24/7 international rescue and response service for you in a potentially life-threatening, non-medical event. Please contact red24 or visit www.red24.com/aetna		

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 **main members** working for an employer in the Emirate of Dubai, and **dependants** residing in the Emirate of Dubai and holding a current residency visa. **Plans** are available to people of most nationalities. For full details, see **your Handbook**.

If **you** are a citizen of the United States (US) residing in the United Arab Emirates and you choose Area 1 as your **area of cover**, this will only be available on the Summit Dubai 5000+ **plan**.

If **you** are not a US citizen, Area 1 will only be available on the Summit Dubai 5000 plan.

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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.

Policies are underwritten and administered by Al Ain Ahlia Insurance Co. (PSC), incorporated under the Abu Dhabi by Act 18 of 1975, Insurance Registration No. 3 of Law No. 6 of 2007 concerning the establishment of UAE Insurance authority and its regulations, and administered by Aetna Global Benefits (Middle East) LLC (Registration No. 5). Registered address: 28th Floor, Media One Tower Building, Dubai Media City, TECOM, PO Box 6380, Dubai, UAE.

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.

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