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



Summit Dubai 5000+

Benefits Schedule

2019
USD

For plans starting on or after 1 January 2019



At a glance



Overall plan limit

Summit Dubai 5000+
Up to 5,000,000 USD

Overall DHA limit

Summit Dubai 5000+
Up to 41,000 USD



Outpatient coinsurance

This deductible is applied to outpatient claims.
0%, 10% up to a maximum of AED 50 or 20% up to a maximum of AED 100, for each outpatient consultation, as shown on your Certificate of Insurance.

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.

This Benefits Schedule details the **plan benefits** available under the core Summit Dubai plan. The **plan sponsor** may also be able to add and remove **benefits**, and increase or decrease **benefit** limits to enable them to custom-build a solution that's right for them and their business.

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 as shown in the Tier 4 section.

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**.

✓
Paid in full

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

✓
Paid in full

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.

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 Out-of-tier coinsurance may apply

3 Companion accommodation

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

✓
Paid in full

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

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.

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

i Out-of-tier coinsurance may apply

✓
Paid in full

0% or
10% up to a maximum of AED 50 per OP consultation or
20% up to a maximum of AED 100 per OP consultation

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

i Out-of-tier coinsurance may apply

✓
Paid in full
for up to 120 days after you're discharged or transferred

0% or
10% up to a maximum of AED 50 per OP consultation or
20% up to a maximum of AED 100 per OP consultation

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

7 Outpatient treatment

Surgical procedures.

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

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

MRI, PET and CT scans.

Kidney dialysis.

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

i *Out-of-tier coinsurance may apply*

✓
Paid in full

0% or
10% up to a maximum of AED 50 per OP consultation or
20% up to a maximum of AED 100 per OP consultation

8 Physiotherapy and complementary medicine

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

i ***Outpatient coinsurance** doesn't apply*

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

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.*

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

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

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

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 *Out-of-tier coinsurance may apply*

✓
Paid in full

✓
Paid in full

✓
Paid up to 4,000 USD

✓
Paid up to 1,500 USD

0% or
10% up to a maximum of AED 50 per OP consultation or
20% up to a maximum of AED 100 per OP consultation

9 Psychiatric treatment

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.

i Outpatient coinsurance doesn't apply

Outpatient psychiatric treatment and psychotherapy when your medical condition is not an emergency.

i Out-of-tier coinsurance may apply

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

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

✓
Paid in full

✓
Paid up to
10,000 USD

✓
Paid up to
41,000 USD

0% or
10% up to a
maximum of
AED 50 per OP
consultation
or
20% up to a
maximum of
AED 100 per OP
consultation

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.

This **benefit** does not extend to sight or hearing aids, furniture or any modifications to your personal or work environment.

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

✓
Paid up to
2,000 USD

0% or
10% up to a
maximum of
AED 50 per OP
consultation
or
20% up to a
maximum of
AED 100 per OP
consultation

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**.

All **treatment** for diagnosed **congenital abnormalities** and any **related medical conditions** that are diagnosed before an insured **member** is 31 days old:

- if the pregnancy is the result of natural conception,
- if they are added to the **plan** before they are 31 days old, and
- the **treatment** would normally be covered under the **lifetime limit** above.

Once the **member** reaches five years of age, cover will only be available under the **lifetime limit** above. Any costs paid under this section will not be deducted from the **lifetime limit** shown above.

If the pregnancy is the result of assisted conception, cover will only be available under the **lifetime limit** above.

✓
Up to a lifetime
limit of
100,000 USD

✓
Paid in full

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

0% or
10% up to a
maximum of
AED 50 per OP
consultation
or
20% up to a
maximum of
AED 100 per OP
consultation

i Out-of-tier coinsurance may apply

12 HIV or AIDS

All **treatment**, including **palliative treatment** and care, for diagnosed HIV or AIDS and all **related medical conditions**.

✓
Paid up to
15,000 USD

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

0% or
10% up to a
maximum of
AED 50 per OP
consultation
or
20% up to a
maximum of
AED 100 per OP
consultation

i Out-of-tier coinsurance may apply

13 Organ transplants

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

✓
Paid in full

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

0% or
10% up to a
maximum of
AED 50 per OP
consultation
or
20% up to a
maximum of
AED 100 per OP
consultation

i Out-of-tier coinsurance may apply

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

i Out-of-tier coinsurance may apply

✓
Paid in full

0% or
10% up to a maximum of AED 50 per OP consultation or
20% up to a maximum of AED 100 per OP consultation

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

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.

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**.

i You're not covered for air-sea rescue or any mountain rescue unless you suffer from a **medical condition** at a recognised ski or similar winter sports resort.

✓
Paid in full

Not covered

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
- 7 Outpatient treatment
- 9 Psychiatric treatment
- 11 Congenital abnormalities to 14 Terminal care
- 19 Dental treatment
- 22 Pregnancy and childbirth
- 23 Enhanced pregnancy and childbirth

*You're not covered for air-sea rescue or any mountain rescue unless **you** suffer from a **medical condition** at a recognised ski or similar winter sports resort.*

✓
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**.

✓
Paid in full

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

Outpatient dental treatment when your **dental** condition is an **emergency**.

Emergency dental coinsurance

✓
Paid in full

✓
Paid up to
1,500 USD

0% or
10% up to a
maximum of
AED 50 per OP
consultation
or
20% up to a
maximum of
AED 100 per OP
consultation

✓
Paid up to
41,000 USD

20%

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 included in your **plan**. (Not applicable for MHD policies).

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 included in your **plan**. (Not applicable for MHD policies).

Dental coinsurance

Orthodontic **treatment** including:

- **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**

Orthodontic coinsurance

Dental implants including:

- **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

Dental implants coinsurance

Not covered

25%

Not covered

50%

Not covered

50%

20 Optical care

Prescription costs for:

- Contact lenses
- Spectacles
- Spectacle lenses
- Spectacle frames

You're also covered for one consultation and sight examination for the signs or symptoms, or management of, natural or non-medical degenerative sight disorders. This includes, but isn't limited to, myopia, hypermetropia and astigmatism.

Optical care **coinsurance**

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

Vision and hearing **coinsurance**.

Not covered

50%

✓
Paid up to
41,000 USD

20%

21 Wellness

Members aged 18 or over: **routine health checks** including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations.

Members aged 17 or under: **routine health checks** and vaccinations.

One sight examination and one hearing examination in the **plan year**.

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 up to
1,000 USD

✓
Paid up to
250 USD

✓
Paid up to
41,000 USD

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

- Antenatal checkups for an uncomplicated pregnancy (no more than 12 routine antenatal visits during each pregnancy and one routine 2D ultrasound scan in each trimester)
- Antenatal vitamins
- Delivery costs, nursing fees and **hospital** accommodation costs for uncomplicated childbirth
- Postnatal checkups
- **Hospital** accommodation costs for your newborn to stay with **you** for up to four nights immediately after his or her birth

We'll also 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
- 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.

Not covered

23 Enhanced benefit for pregnancy and childbirth

Continued

For natural and assisted conception pregnancies

Treatment for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of assisted conception. We'll also cover 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**:

- **Hospital** accommodation costs for your newborn to stay with **you** immediately after a complicated childbirth
- One physical examination
- Vitamin K, hepatitis B and BCG vaccinations
- Screening tests for PKU, congenital hypothyroidism and G6PD
- 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.

Maternity coinsurance

Treatment for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of natural conception.

We'll also cover 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**:

- **Hospital** accommodation costs for your newborn to stay with **you** immediately after a complicated childbirth
- One physical examination
- Vitamin K, hepatitis B and BCG vaccinations
- Screening tests for PKU, congenital hypothyroidism and G6PD
- 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.

Not covered

10%

Not covered

If the Enhanced **benefit** for pregnancy and childbirth has been chosen, the **benefits** shown in section **D 22 Pregnancy and childbirth** will also be available in your chosen **tier** throughout the Emirate of Dubai. Any non-emergency **benefits** used under section **D 22** will be deducted from the available **benefits** under section **23**.

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**.

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**.

Not covered

i These **benefits** are only available after **you've** had 12 months' continuous cover from your **date of joining this plan**. (Not applicable for MHD policies).

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

i Out-of-tier coinsurance may apply

24 Hormone replacement therapy

Hormone replacement therapy for symptoms of the menopause.

✓
Paid up to
500 USD

0% or
10% up to a
maximum of
AED 50 per OP
consultation
or
20% up to a
maximum of
AED 100 per OP
consultation

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

i Out-of-tier coinsurance may apply

25 Hospital cash

We'll pay **you** for each night **you** stay in a **hospital** for **inpatient treatment**:

- if your **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

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.

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*

Outpatient treatment when your **medical condition** is an **emergency**.

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

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 normally be covered if **you** were within your **area of cover**.*

Not applicable
Area of cover is
worldwide

0% or
10% up to a
maximum of
AED 50 per OP
consultation
or
20% up to a
maximum of
AED 100 per OP
consultation

Not applicable
Area of cover is
worldwide

27 Health management services

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

Employee Assistance Programme – access to online and telephonic confidential support including counselling, information and guidance. Log on to the Health Hub or contact **our** Member Services Team for more information.

Employee Assistance Programme – access to in-person confidential support including counselling, information and guidance. Log on to the Health Hub or contact **our** Member Services Team for more information.

i *We'll cover a maximum of five counselling session in each **plan year**.*

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.

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.



Included



Included



Included



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 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.

✓
Paid in full

✓
Paid up to 2,750 USD

10%

✓
Paid in full

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, 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.

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.

✓
Paid in full

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

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