

Insured by:



Distribution partner:



Executive Healthcare Plan

Schedule of benefits

Effective 1 May 2021

In the table below, we have displayed the **benefits** applicable to **your** cover.

To help you understand **your** cover, the words and phrases that are in bold in **your policy** documentation have specific meanings, and are defined in the **policy** wording.

The following **benefits** are covered under this **policy** up to the maximum aggregate limit subject to the **benefit** limits in this schedule, the applicable medical underwriting, the member's certificate of insurance and **our** general conditions and exclusions.

All **benefits** shown are per **insured person**, per **period of cover** (unless specifically stated), and the selected **policy excess** applies to all **benefits** on a per year basis (unless specifically stated).

| BENEFITS | Major Medical | Major Medical Plus | Foundation | Lifestyle |
|--------------------------------|---------------|--------------------|-------------|-------------|
| Maximum annual aggregate limit | \$1,600,000 | \$1,600,000 | \$2,500,000 | \$5,000,000 |

INPATIENT TREATMENT

| | | | | |
|---|--|--|--|--|
| <p>1 General inpatient charges Hospital charges, room and board, drugs and dressings, surgeon and anaesthetist fees, theatre charges, intensive care unit and pathology.</p> | Covered in full | Covered in full | Covered in full | Covered in full |
| <p>2 Hospital cash benefit When treatment is received as an inpatient for an eligible medical condition for a maximum of 30 nights and no costs are incurred for accommodation and/or treatment. This benefit is not applicable to accident and emergency admissions.</p> | \$450 per night | \$450 per night | \$450 per night | \$450 per night |
| <p>3 Parent accommodation Hospital accommodation costs in respect of a parent or legal guardian staying with an insured person who is under 18 years of age and is admitted to a hospital as an inpatient.</p> | Covered in full | Covered in full | Covered in full | Covered in full |
| <p>4 Newborn cover Inpatient treatment of an acute medical condition and any associated costs which presents symptoms at birth or which manifests itself within 30 days following birth.</p> | \$100,000 and to a maximum of 90 days hospital stay | \$100,000 and to a maximum of 90 days hospital stay | \$100,000 and to a maximum of 90 days hospital stay | \$100,000 and to a maximum of 90 days hospital stay |

| INPATIENT TREATMENT | Major Medical | Major Medical Plus | Foundation | Lifestyle |
|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <p>5 Newborn accommodation Hospital accommodation costs relating to a newborn baby to accompany its mother (being an insured person) whilst she is receiving treatment as an inpatient in a hospital.</p> | Covered in full | Covered in full | Covered in full | Covered in full |
| <p>6 Inpatient psychiatric treatment In a registered psychiatric unit of a hospital. All benefits are conditional upon preauthorisation from us and all treatment being administered under the direct control of a registered psychiatrist.</p> | Covered in full (up to 30 days) | Covered in full (up to 30 days) | Covered in full (up to 30 days) | Covered in full (up to 30 days) |
| <p>7 Organ transplant The entire cost incurred to perform an organ transplant, including accommodation, intensive care unit, hospital charges, surgeon fees, anaesthetist fees, operating theatre fees, specialist fees whilst an inpatient in a hospital.</p> | Covered in full | Covered in full | Covered in full | Covered in full |
| <p>8 Reconstructive surgery Reconstructive surgery following an accident or following surgery for an eligible medical condition.</p> | Covered in full | Covered in full | Covered in full | Covered in full |
| <p>9 Inpatient and day patient treatment of chronic conditions Treatment of a chronic medical condition requiring inpatient or day patient treatment in a hospital</p> | Covered in full | Covered in full | Covered in full | Covered in full |

OUTPATIENT TREATMENT

| | | | | |
|--|---|---|---|--|
| <p>10 Outpatient charges including: a) Medical practitioner fees including consultations. b) Specialist fees. c) Diagnostic procedures. d) Physiotherapy on referral by a medical practitioner/ specialist. e) Prescribed drugs and dressings for acute conditions.</p> | Up to \$3,000 per medical condition for outpatient consultative & diagnostic costs for treatment 30 days prior to hospitalisation and for up to 90 days immediately following hospitalisation | Up to \$5,000 | Covered in full | Covered in full |
| <p>11 Alternative medicine Alternative medicine administered by a registered chiropractor, osteopath, homeopath, ayurvedic medicine practitioner, podiatrist and acupuncturists. Preauthorisation required for any costs exceeding \$250.</p> | No cover | No cover | Covered in full up to \$1,500 | Covered in full up to \$2,000 |
| <p>12 Outpatient surgery</p> | Covered in full | Covered in full | Covered in full | Covered in full |
| <p>13 Outpatient psychiatric treatment Including specialist consultations. All benefits are conditional upon preauthorisation from us and all treatment must be administered under the direct control of a registered psychiatrist.</p> | No cover | No cover | Covered in full up to \$4,500 per medical condition | Covered in full up to \$4,500 per medical condition |
| <p>14 Home nursing Immediately following hospital discharge on the recommendation of a specialist and must be provided by a qualified nurse. All treatment under this benefit must be preauthorised by us.</p> | Covered in full up to 60 days per medical condition | Covered in full up to 60 days per medical condition | Covered in full up to 90 days per medical condition | Covered in full up to 120 days per medical condition |
| <p>15 Emergency outpatient treatment inside area of coverage Emergency treatment received as an outpatient received in the accident and emergency unit of a hospital.</p> | Up to \$2,000 per period of cover | Up to \$2,000 per period of cover | Covered in full | Covered in full |

| OTHER GENERAL BENEFITS | Major Medical | Major Medical Plus | Foundation | Lifestyle |
|--|--|--|---|---|
| <p>16 Oncology All treatment for, or related to, a diagnosed cancer. This includes palliative treatment and care during the end stages of a cancer.</p> | Covered in full | Covered in full | Covered in full | Covered in full |
| <p>17 Ancillary charges The purchase or rental of crutches or wheelchairs following treatment as an inpatient or day patient.</p> | Up to \$1,500 per medical condition | Up to \$1,500 per medical condition | Up to \$1,500 per medical condition | Up to \$1,500 per medical condition |
| <p>18 Durable medical equipment 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 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 • 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. | Up to \$1,000 | Up to \$1,000 | Up to \$1,000 | Up to \$2,000 |
| <p>19 Hospice care charges Treatment provided by a hospice for the care of an insured person with a terminal illness.</p> | Covered in full (up to 30 days) where treatment is received as an inpatient only | Covered in full (up to 30 days) where treatment is received as an inpatient only | Covered in full | Covered in full |
| <p>20 Rehabilitation Rehabilitation (including outpatient treatment) in a recognised rehabilitation unit of a hospital subsequent to inpatient treatment lasting 3 days or more. The rehabilitation must take place within 14 days of discharge from the inpatient admission and must be recommended and under the direct control of a Medical Practitioner. Treatment includes the use of special treatment rooms, physical and/or speech therapy fees, and other services usually given by a rehabilitation unit.</p> | Limited to 120 days per medical condition | Limited to 120 days per medical condition | Limited to 120 days per medical condition | Limited to 120 days per medical condition |
| <p>21 Congenital anomalies Treatment of congenital anomalies that manifest after the member's cover commences with us, or that manifest in a dependant child born in the year prior to cover commencing.</p> | Up to \$100,000 per medical condition | Up to \$100,000 per medical condition | Up to \$100,000 per medical condition | Up to \$100,000 per medical condition |
| <p>22 CT, MRI and PET scans Scans received as an inpatient, day patient or outpatient and preauthorised by us.</p> | Covered in full | Covered in full | Covered in full | Covered in full |

| EVACUATION/TRANSPORTATION BENEFITS | Major Medical | Major Medical Plus | Foundation | Lifestyle |
|---|---|---|---|---|
| <p>23 Emergency transportation Emergency transportation costs to and from hospital, for the purpose of admission as inpatient or day patient, by the most appropriate transport method when considered medically necessary by a medical practitioner or specialist.</p> | Covered in full | Covered in full | Covered in full | Covered in full |
| <p>24 Evacuation Evacuation of moving an insured person in the event of emergency treatment not being readily available at the place of the incident, to an appropriate medical facility in an alternative country of your choice, within the geographical area of coverage, for the purpose of admission to hospital as an inpatient or day patient. Extended to cover the costs for one other person to travel with the insured person as an escort.</p> | Covered in full | Covered in full | Covered in full | Covered in full |
| <p>25 Out of country transportation The costs of moving an insured person in the event of non-emergency treatment not being readily available at the place of the incident, to an appropriate facility, within the geographical area of coverage, for the purpose of admission to hospital as an inpatient or day patient. Extended to cover the costs for one other person to travel with the insured person as an escort. Cover under this benefit is restricted to economy class flight tickets only.</p> | Covered in full | Covered in full | Covered in full | Covered in full |
| <p>26 Additional travel expenses (following evacuation or out of country transportation) Reasonable travel costs: a) Incurred by the insured person to and from medical appointments when treatment is being received as a day patient.</p> | Covered in full | Covered in full | Covered in full | Covered in full |
| b) For an accompanying person to travel to and from the hospital to visit the insured person following admission as an inpatient . | Covered in full | Covered in full | Covered in full | Covered in full |
| c) For an accompanying person (where applicable) for non- hospital accommodation where the insured person has been admitted as an inpatient and for the duration of the insured person's stay as an inpatient . | Benefits c) – d) Up to a daily limit of \$120 per Insured Person and to an overall Benefit limit of \$5,000 per Insured Person , per Evacuation | Benefits c) – d) Up to a daily limit of \$120 per Insured Person and to an overall Benefit limit of \$5,000 per Insured Person , per Evacuation | Benefits c) – d) Up to a daily limit of \$120 per Insured Person and to an overall Benefit limit of \$5,000 per Insured Person , per Evacuation | Benefits c) – d) Up to a daily limit of \$120 per Insured Person and to an overall Benefit limit of \$5,000 per Insured Person , per Evacuation |
| d) For the insured person and one other accompanying person (where applicable) for non- hospital accommodation only for immediate pre- and post- hospital admission periods, provided that the insured person is under the care of a specialist . | | | | |
| e) Economy class airline ticket to return the insured person and accompanying person who has travelled as an escort to the country of residence or to the country from where evacuation occurred. | Covered in full | Covered in full | Covered in full | Covered in full |
| <p>27 Mortal remains In the event of death from an eligible medical condition: transportation of the body of a member or his/her ashes to the country of nationality or country of residence or burial or cremation costs at the place of death in accordance with reasonable and customary practice.</p> | Covered in full | Covered in full | Covered in full | Covered in full |
| <p>28 Compassionate Emergency Visit 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 direct 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 per policy year.</p> | No cover | No cover | Covered in full | Covered in full |

| CONDITION MANAGEMENT | Major Medical | Major Medical Plus | Foundation | Lifestyle |
|---|-----------------|--|--|--|
| <p>29 Routine management of chronic conditions Routine checkups, drugs and dressings prescribed for management of the condition, nursing and palliative treatment for chronic conditions.</p> | No cover | Covered up to \$2,000 within the Outpatient limit (nil excess) | Up to \$5,000 per Period of Cover (nil excess) | Up to \$5,000 per Period of Cover (nil excess) |
| <p>30 AIDS Medical expenses which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and/or any mutant derivative or variation thereof.</p> | Up to \$10,000 | Up to \$10,000 | Up to \$10,000 | Up to \$10,000 |
| <p>31 Hormone replacement therapy Medical practitioner or specialist consultation and the cost of prescribed tablets, implants or patches, when treatment is prescribed for the female menopause which has been induced artificially and/or through early onset (by early onset we mean prior to age 40 years).</p> | No cover | No cover | No cover | Covered in full up to 18 months per condition |
| <p>32 Renal dialysis Covers the cost of renal dialysis needed as a result of chronic and irreversible End Stage Renal Disease or renal failure in both kidneys caused by illness or injury unrelated to alcohol or drug abuse. Also covers the cost of renal dialysis incurred: a) Immediately pre- and post-operatively b) In connection with acute secondary failure when dialysis is part of intensive care Treatment must be received as an inpatient, day patient or outpatient in a hospital, or in a legally registered and licensed dialysis centre.</p> | Covered in full | Covered in full | Covered in full | Covered in full |

MATERNITY BENEFITS

| | | | | |
|--|--|--|----------------------------|----------------------------|
| <p>33 Routine pregnancy and childbirth Costs associated with normal pregnancy and childbirth, pre and postnatal checkups and delivery costs. This benefit is payable after the first 12 months from the commencement date or date of entry, whichever is the later.</p> | Optional for groups 20+ employees with a limit of \$2,500 (nil excess) | Optional for groups 20+ employees with a limit of \$2,500 (nil excess) | Up to \$4,500 (nil excess) | Up to \$8,000 (nil excess) |
| <p>34 Complications of Pregnancy Treatment of a defined medical condition arising during the antenatal stages of pregnancy or during childbirth. The conditions covered are ectopic pregnancy, gestational diabetes, hydatidiform mole, miscarriage (actual or threatened), pre-eclampsia, failure to progress in labour or stillbirth. Post-partum hemorrhage and retained placental membrane that occur during childbirth are also covered by this benefit. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this benefit. Post natal checkups needed as a result of one the above complications of pregnancy are covered for a period of 6 weeks. This benefit is payable after the first 12 months from the commencement date or date of entry, whichever is the later.</p> | Covered in full | Covered in full | Covered in full | Covered in full |

| DENTAL BENEFITS | Major Medical | Major Medical Plus | Foundation | Lifestyle |
|--|---|---|-------------------------|--|
| <p>35 Accidental damage to teeth Treatment received in a dental surgery or in an accident and emergency room in a hospital within seven days of incurring accidental damage caused to sound, natural teeth.</p> | Up to \$3,750 when treatment received as inpatient only per event | Up to \$3,750 when treatment received as inpatient only per event | Up to \$3,750 per event | Up to \$3,750 per event |
| <p>36 Routine and Major Restorative Dental Treatment Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions. Removal of impacted, buried or unerrupted teeth, removal of roots, removal of solid odontomes, apicetomy, new or repair of bridge work, new or repair of crowns, root canal treatment, new or repair of upper or lower dentures.</p> <p>This benefit is subject to a six months waiting period from purchase date of this benefit or your date of entry, whichever is the later.</p> | No cover | No cover | No cover | Up to \$1,000 and subject to 25% coinsurance (nil excess) |

PREVENTATIVE CARE

| | | | | |
|--|----------|----------|----------|-----------------|
| <p>37 Vaccinations/Inoculations Medically necessary vaccinations and inoculations</p> | No cover | No cover | No cover | Covered in full |
|--|----------|----------|----------|-----------------|

OPTIONAL BENEFITS

| | | | | |
|---|------------------------|------------------------|--|-------------------------|
| <p>38 Exclude pregnancy cover Cover for routine pregnancy and childbirth benefits are excluded.</p> | Not applicable | Not applicable | Optional | Optional |
| <p>39 Routine pregnancy and childbirth Cover for routine pregnancy and childbirth benefits.</p> | Optional For Groups | Optional For Groups | Covered as standard | Covered as standard |
| <p>40 Elective treatment excluding USA Cover is extended to provide elective treatment worldwide excluding USA (area of coverage - Area 2)</p> | Optional | Optional | Optional | Optional |
| <p>41 USA elective treatment Costs will be reimbursed on a covered in full basis, where inpatient or day patient treatment is received within our provider network or for any outpatient treatment. Inpatient or day patient treatment received outside our provider network will be subject to a 50% coinsurance and an annual maximum of \$750,000. (area of coverage – Area 3)</p> | Not applicable | Not applicable | Optional | Optional |
| <p>42 Medical history disregarded Cover for treatment for any medical condition or related condition where symptoms have existed or advice has been sought prior to your date of entry under this policy. (Only available to compulsory group schemes of 10 or more employees).</p> | Optional | Optional | Optional | Optional |
| <p>43 Wellness Routine medical checkups, associated tests, medically necessary vaccinations and inoculations.</p> | Not applicable | Not applicable | Optional Up to \$400 | Optional Up to \$400 |
| <p>44 Routine dental treatment Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions and root canal treatment incurred after six months from the purchase date of this benefit or your date of entry, whichever is the later.</p> | Not applicable | Not applicable | Optional Up to \$400 subject to 25% coinsurance (nil excess) | Covered as standard |

OPTIONAL BENEFITS

| | Major Medical | Major Medical Plus | Foundation | Lifestyle |
|---|----------------|--------------------|--|--|
| <p>45 Vision care Includes cover for one routine eye exam per period of cover and the purchase of Vision Hardware when the member's prescription has changed, up to the amount listed in the policy schedule. Vision Hardware covers prescribed spectacle lenses and frames or prescribed contact lenses.</p> | Not applicable | Not applicable | Optional for groups of 5 or more employees. Up to \$250 | Optional for groups of 5 or more employees. Up to \$250 |
| <p>46 Personal accident</p> | Optional | Optional | Optional | Optional |
| <p>47 Travel</p> | Optional | Optional | Optional | Optional |

AETNA SECURITY ASSISTANCE

| | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| <p>48 24/7 personal security information and telephone support for all your travel safety queries. Log in to the member portal to find out more and to register for this service.</p> | Included with your plan | Included with your plan | Included with your plan | Included with your plan |
|--|-------------------------|-------------------------|-------------------------|-------------------------|

To learn more, contact us today

EHS Limited
Suite 2004, Level 2, Alexander House,
35 Cybercity, Ebene,
Mauritius

T: + 230 464 5100
F: + 230 467 3100
info@ehs-limited.com
www.executive-healthcare.com

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

Aetna does not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. Your plan documents contain a description of benefits, exclusions, limitations and conditions of coverage. For more information, refer to www.AetnaInternational.com.

If coverage provided by this policy violates or will violate any United States (US), United Kingdom (UK), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, 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 by Aetna Life & Casualty (Bermuda) Limited, regulated by Bermuda Monetary Agency and are administered by Aetna Global Benefits Limited – a company regulated by the DFSA. Registered address: Emirates Financial Tower, 1701 - F, 17th Floor, North Tower, DIFC, P.O. Box 6380, Dubai, UAE and 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 (United States) 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.

www.aetnainternational.com

©2021 Aetna Inc.
46.06.566.1-MEA EHS B (05/21)

Insured by:



Distribution partner:

