

Insured by:



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# 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

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

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

## OUTPATIENT TREATMENT

<p><b>10 Outpatient charges</b> including: a) <b>Medical practitioner</b> fees including consultations. b) <b>Specialist</b> fees. c) Diagnostic procedures. d) Physiotherapy on referral by a <b>medical practitioner/ specialist</b>. e) Prescribed <b>drugs and dressings</b> for acute conditions.</p>	Up to \$3,000 per medical condition for <b>outpatient</b> consultative & diagnostic costs for <b>treatment</b> 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><b>11 Alternative medicine</b> 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><b>12 Outpatient surgery</b></p>	Covered in full	Covered in full	Covered in full	Covered in full
<p><b>13 Outpatient psychiatric treatment</b> Including <b>specialist</b> consultations. All <b>benefits</b> are conditional upon preauthorisation from <b>us</b> and all <b>treatment</b> 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><b>14 Home nursing</b> Immediately following <b>hospital</b> discharge on the recommendation of a <b>specialist</b> and must be provided by a <b>qualified nurse</b>. All <b>treatment</b> under this <b>benefit</b> must be preauthorised by <b>us</b>.</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><b>15 Emergency outpatient treatment inside area of coverage</b> <b>Emergency treatment</b> received as an <b>outpatient</b> received in the <b>accident and emergency</b> unit of a <b>hospital</b>.</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><b>16 Oncology</b> All <b>treatment</b> for, or related to, a diagnosed cancer. This includes palliative <b>treatment</b> and care during the end stages of a cancer.</p>	Covered in full	Covered in full	Covered in full	Covered in full
<p><b>17 Ancillary charges</b> 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><b>18 Durable medical equipment</b> Durable medical equipment including prosthetic and orthotic supplies. We will pay for:</p> <ul style="list-style-type: none"> <li>• Items prescribed by a medical practitioner or specialist, which are needed to deliver, or facilitate the delivery of, prescribed drugs and dressings.</li> <li>• 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</li> <li>• The initial purchase and fitting of external prostheses needed following surgery, including, but not limited to, artificial eyes and limbs</li> <li>• The purchase and fitting of medically necessary orthotic supplies, including, but not limited to, insoles and orthotic supports</li> <li>• 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.</li> </ul>	Up to \$1,000	Up to \$1,000	Up to \$1,000	Up to \$2,000
<p><b>19 Hospice care charges</b> <b>Treatment</b> provided by a hospice for the care of an <b>insured person</b> with a terminal illness.</p>	Covered in full (up to 30 days) where <b>treatment</b> is received as an <b>inpatient</b> only	Covered in full (up to 30 days) where <b>treatment</b> is received as an <b>inpatient</b> only	Covered in full	Covered in full
<p><b>20 Rehabilitation</b> <b>Rehabilitation</b> (including <b>outpatient treatment</b>) in a recognised <b>rehabilitation</b> unit of a hospital subsequent to <b>inpatient treatment</b> lasting 3 days or more. The <b>rehabilitation</b> must take place within 14 days of discharge from the <b>inpatient</b> admission and must be recommended and under the direct control of a <b>Medical Practitioner</b>. <b>Treatment</b> includes the use of special <b>treatment</b> rooms, physical and/or speech therapy fees, and other services usually given by a <b>rehabilitation</b> 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><b>21 Congenital anomalies</b> <b>Treatment</b> of <b>congenital anomalies</b> 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><b>22 CT, MRI and PET scans</b> Scans received as an <b>inpatient</b>, <b>day patient</b> or <b>outpatient</b> 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><b>23 Emergency transportation</b> Emergency transportation costs to and from <b>hospital</b>, for the purpose of admission as <b>inpatient</b> or <b>day patient</b>, by the most appropriate transport method when considered medically necessary by a <b>medical practitioner</b> or <b>specialist</b>.</p>	Covered in full	Covered in full	Covered in full	Covered in full
<p><b>24 Evacuation</b> Evacuation of moving an <b>insured person</b> in the event of <b>emergency treatment</b> 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 <b>area of coverage</b>, for the purpose of admission to <b>hospital</b> as an <b>inpatient</b> or <b>day patient</b>. Extended to cover the costs for one other person to travel with the <b>insured person</b> as an escort.</p>	Covered in full	Covered in full	Covered in full	Covered in full
<p><b>25 Out of country transportation</b> The costs of moving an <b>insured person</b> in the event of non-<b>emergency treatment</b> not being readily available at the place of the incident, to an appropriate facility, within the geographical <b>area of coverage</b>, for the purpose of admission to <b>hospital</b> as an <b>inpatient</b> or <b>day patient</b>. Extended to cover the costs for one other person to travel with the <b>insured person</b> as an escort. Cover under this <b>benefit</b> is restricted to economy class flight tickets only.</p>	Covered in full	Covered in full	Covered in full	Covered in full
<p><b>26 Additional travel expenses</b> (following evacuation or out of country transportation) Reasonable travel costs: a) Incurred by the <b>insured person</b> to and from medical appointments when <b>treatment</b> is being received as a <b>day patient</b>.</p>	Covered in full	Covered in full	Covered in full	Covered in full
<p>b) For an accompanying person to travel to and from the <b>hospital</b> to visit the <b>insured person</b> following admission as an <b>inpatient</b>.</p>	Covered in full	Covered in full	Covered in full	Covered in full
<p>c) For an accompanying person (where applicable) for non-<b>hospital</b> accommodation where the <b>insured person</b> has been admitted as an <b>inpatient</b> and for the duration of the <b>insured person's</b> stay as an <b>inpatient</b>.</p>	<b>Benefits c) – d)</b> Up to a daily limit of \$120 per <b>Insured Person</b> and to an overall <b>Benefit</b> limit of \$5,000 per <b>Insured Person</b> , per <b>Evacuation</b>	<b>Benefits c) – d)</b> Up to a daily limit of \$120 per <b>Insured Person</b> and to an overall <b>Benefit</b> limit of \$5,000 per <b>Insured Person</b> , per <b>Evacuation</b>	<b>Benefits c) – d)</b> Up to a daily limit of \$120 per <b>Insured Person</b> and to an overall <b>Benefit</b> limit of \$5,000 per <b>Insured Person</b> , per <b>Evacuation</b>	<b>Benefits c) – d)</b> Up to a daily limit of \$120 per <b>Insured Person</b> and to an overall <b>Benefit</b> limit of \$5,000 per <b>Insured Person</b> , per <b>Evacuation</b>
<p>d) For the <b>insured person</b> and one other accompanying person (where applicable) for non-<b>hospital</b> accommodation only for immediate pre- and post-<b>hospital</b> admission periods, provided that the <b>insured person</b> is under the care of a <b>specialist</b>.</p>	Covered in full	Covered in full	Covered in full	Covered in full
<p>e) Economy class airline ticket to return the <b>insured person</b> and accompanying person who has travelled as an escort to the <b>country of residence</b> or to the country from where <b>evacuation</b> occurred.</p>	Covered in full	Covered in full	Covered in full	Covered in full
<p><b>27 Mortal remains</b> In the event of death from an eligible <b>medical condition</b>: transportation of the body of a <b>member</b> or his/her ashes to the <b>country of nationality</b> or <b>country of residence</b> 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><b>28 Compassionate Emergency Visit</b> 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 <b>direct family member</b>:</p> <ul style="list-style-type: none"> <li>• If their medical condition is critical, or</li> <li>• To attend their burial or cremation following their death</li> </ul> <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><b>29 Routine management of chronic conditions</b> Routine checkups, <b>drugs and dressings</b> prescribed for management of the condition, nursing and <b>palliative treatment</b> for <b>chronic</b> 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><b>30 AIDS</b> 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><b>31 Hormone replacement therapy</b> <b>Medical practitioner</b> or <b>specialist</b> consultation and the cost of prescribed tablets, implants or patches, when <b>treatment</b> 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><b>32 Renal dialysis</b> Covers the cost of renal dialysis needed as a result of <b>chronic</b> 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 <b>acute</b> secondary failure when dialysis is part of intensive care <b>Treatment</b> must be received as an <b>inpatient, day patient</b> or <b>outpatient</b> in a <b>hospital</b>, 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><b>33 Routine pregnancy and childbirth</b> 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 <b>date of entry</b>, 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><b>34 Complications of Pregnancy</b> <b>Treatment</b> of a defined <b>medical condition</b> 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 <b>date of entry</b>, 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><b>35 Accidental damage to teeth</b> Treatment received in a dental surgery or in an <b>accident</b> and <b>emergency</b> room in a <b>hospital</b> within seven days of incurring <b>accidental</b> damage caused to sound, natural teeth.</p>	Up to \$3,750 when <b>treatment</b> received as <b>inpatient</b> only per event	Up to \$3,750 when <b>treatment</b> received as <b>inpatient</b> only per event	Up to \$3,750 per event	Up to \$3,750 per event
<p><b>36 Routine and Major Restorative Dental Treatment</b> 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 <b>treatment</b>, new or repair of upper or lower dentures.</p> <p>This <b>benefit</b> is subject to a six months waiting period from purchase date of this <b>benefit</b> or <b>your date of entry</b>, whichever is the later.</p>	No cover	No cover	No cover	Up to \$1,000 and subject to 25% <b>coinsurance</b> (nil excess)
<b>PREVENTATIVE CARE</b>				
<p><b>37 Vaccinations/Inoculations</b> Medically necessary vaccinations and inoculations</p>	No cover	No cover	No cover	Covered in full
<b>OPTIONAL BENEFITS</b>				
<p><b>38 Exclude pregnancy cover</b> Cover for routine pregnancy and childbirth <b>benefits</b> are excluded.</p>	Not applicable	Not applicable	Optional	Optional
<p><b>39 Routine pregnancy and childbirth</b> Cover for routine pregnancy and childbirth <b>benefits</b>.</p>	Optional For Groups	Optional For Groups	Covered as standard	Covered as standard
<p><b>40 Elective treatment</b> excluding USA Cover is extended to provide <b>elective treatment</b> worldwide excluding USA (<b>area of coverage</b> - Area 2)</p>	Optional	Optional	Optional	Optional
<p><b>41 USA elective treatment</b> Costs will be reimbursed on a covered in full basis, where <b>inpatient</b> or <b>day patient treatment</b> is received within our <b>provider network</b> or for any <b>outpatient treatment</b>. <b>Inpatient</b> or <b>day patient treatment</b> received outside our <b>provider network</b> will be subject to a 50% <b>coinsurance</b> and an annual maximum of \$750,000. (<b>area of coverage</b> – Area 3)</p>	Not applicable	Not applicable	Optional	Optional
<p><b>42 Medical history disregarded</b> Cover for <b>treatment</b> for any <b>medical condition</b> or <b>related condition</b> where symptoms have existed or <b>advice</b> has been sought prior to <b>your date of entry</b> under this <b>policy</b>. (Only available to compulsory <b>group</b> schemes of 10 or more employees).</p>	Optional	Optional	Optional	Optional
<p><b>43 Wellness</b> Routine medical checkups, associated tests, <b>medically necessary</b> vaccinations and inoculations.</p>	Not applicable	Not applicable	Optional Up to \$400	Optional Up to \$400
<p><b>44 Routine dental treatment</b> Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions and root canal <b>treatment</b> incurred after six months from the purchase date of this <b>benefit</b> or <b>your date of entry</b>, whichever is the later.</p>	Not applicable	Not applicable	Optional Up to \$400 subject to 25% <b>coinsurance</b> (nil excess)	Covered as standard

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

### AETNA SECURITY ASSISTANCE

<p><b>48</b> 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
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## To learn more, contact us today

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