

Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions

aetna®



# Healthy AEssentials Plan

A regional solution for local and expatriate employees

Effective date: Policies issued from 1 June 2013

[www.aetnainternational.com](http://www.aetnainternational.com)  
[www.rsagroup.ae](http://www.rsagroup.ae)



**We make it our business to understand your business, as well as the unique needs of your employee population. With many years of experience, covering members around the world, we are well-positioned to provide regional health benefits solutions to help meet your ever-changing business needs.**

<b>Our service philosophy .....</b>	<b>3</b>
<b>Product summary .....</b>	<b>5</b>
<b>Our plans .....</b>	<b>9</b>
<b>Common questions and answers .....</b>	<b>14</b>
<b>Appendix: benefits schedule detail .....</b>	<b>15</b>

## Regional business solutions — made easy.

That's our commitment to you. We're dedicated to providing you with consultative solutions, backed by first-class service from Aetna International.

## Aetna International presence across the globe



Your business and the health of your employees and their families lie at the centre of everything we do. Through our first-class approach to service, we are a valued partner, working to provide you with innovative products and services that make a positive impact on your business.

We take our collaboration to heart. That's why we've established a strong global presence, with a local footprint that touches key areas all over the world. With employees located in 10 countries, we are deeply embedded in the global marketplace. This enables us to best meet the needs of our valued customers with confidence and compassion.

*Contact us today, to find out how our regional solutions can help satisfy the health and wellness needs of your employee population.*



## Our service philosophy

We want our customers to be satisfied every time they interact with us. To achieve this goal, we have dedicated areas within the organisation focused on delivering a first-class service experience.

## The customer experience

Our customers have numerous resources they can rely on throughout their relationship with us. For example, our Plan Sponsor Services team centrally manages a number of key operational functions, including implementation, enrolment, eligibility, billing and renewals. Plan installation is handled with care from start to finish — this includes eligibility, ID cards and contractual questions.

In addition, a designated account representative is assigned to each customer to assist with daily benefits needs. The account representative interacts regularly with our customers to communicate service enhancements and other updates.

## The member experience

The 24/7 Member Service Centre is committed to making sure our members get the care they need, when they need it.

Members can receive assistance with:

- Questions on claims, benefit levels and cover
- Claims processing in many languages
- General benefit and plan inquiries

The International Member Service Centre is a member's one-stop resource, both day and night. Taking personalised service one step further, we can easily connect members to our **International Health Advisory Team (IHAT)**. IHAT is our dedicated, clinical team that interacts one-on-one with our members to provide:

- Pre-trip planning
- 24/7 support that's tailored to the individual's specific health needs
- Identification of providers and specialists
- Coordination of routine and urgent medical care
- Assistance with obtaining prescription medications and medical devices
- Coordinating second opinions for complex cases
- Benefit coordination
- Coordination of care for return to home country after assignment completion
- Discharge planning
- Clinical claim and international standards of care reviews
- Maternity management

## Innovative tools and resources

Our first-class service philosophy extends far beyond our organisational capabilities. We are committed to providing valuable information through technological innovation.

With their cover, members have access to tools and resources via the secure member website at [www.aetnainternational.com](http://www.aetnainternational.com) to help them navigate their health care experience more easily, including:

- **Doctor and medical facility search tool** that allows members to find screened and approved physicians and medical facilities
- **Online claims submission and claims lookup** to manage and keep track of claims status
- **Health and wellness information** to help members improve or maintain their health, given lifestyle, diet and/or conditions
- **Health and security news** with the latest risk ratings and security alerts
- **City profiles** inclusive of travel information such as vaccination requirements and emergency phone numbers
- **Drug and medical phrase translation services** with features that allow members to search for medication availability by country
- **Mobile doctor directory applications** helping members to find direct settlement facilities in their city

# Healthy AEssentials Plan overview

## **An innovative, flexible solution for locally-hired employees and expatriates**

No two companies are alike. That's why we offer pre-built plans that come with options to allow you to tailor plans to meet your needs and manage costs based on your varied employee population.

Employers taking advantage of this flexibility can provide different cover for different groups of employees within the same policy. For example, you may want to select a different annual limit, a different network and/or provide different wellness benefits.

### **STEP 1:**

*Choose one of our pre-built plan designs to best meet your needs.*

### **STEP 2:**

*Build upon our rich plan designs by selecting from a range of benefit upgrades.*

### **STEP 3:**

*Tailor the levels of cover and network choice to best fit your budget.*

## **A Collaborative Approach**

*Our skilled team is committed to working with you to identify the plan type and benefits that are best for your business and the employees you're looking to cover.*

**Area of coverage:**

• **Middle East, Indian Subcontinent & Southeast Asia**

Algeria, Bahrain, Bangladesh, Bhutan, Egypt, India, Indonesia, Iraq, Jordan, Kuwait, Lebanon, Libya, Malaysia, Morocco, Nepal, Oman, Palestine, Pakistan, Philippines, Qatar, Saudi Arabia, Sri Lanka, South Sudan, Thailand, Tunisia, Turkey, United Arab Emirates, Vietnam and Yemen.

**Network options include:**

• **A choice of Gold, Pearl, Silver or Bronze provider networks**

This allows you to manage claim costs and save money on your annual premium, whilst giving members a wide choice of facilities tailored to their needs.

**Maximum annual aggregate limit**

**6 standard options ranging from:** up to USD\$100,000 per insured person per period of cover, to up to USD\$1,600,000 per insured person per period of cover

**Plan 1:** Provides comprehensive inpatient cover, along with outpatient care and limited care for chronic conditions.

**Plan 2:** Adds further cover such as alternative medicine, out-of-area cover, vaccinations and AIDS benefit.

**Plan 3:** Goes further with higher benefits limits, including chronic conditions covered in full.

**Each plan comes with options to upgrade cover or limit costs, such as maternity modules, dental treatment, wellness benefits and the options of copays and coinsurance.**

We are committed to ensuring compliant business practices around the globe. This includes compliance with sanctioned country information published by the United States Department of Treasury's Office of Foreign Asset Control (OFAC), EU Financial Sanction Regime and United Nations Common Foreign and Security Policy (UN CFSP). If you have a need for us to provide cover in a sanctioned country, please contact your Aetna-RSA representative for guidance on options that may be available.



## Network Options

To help tailor your plan to the specific needs of your employees, whilst at the same time managing costs, we offer a choice of provider networks available for members to use:

- **Gold Network:** Includes all hospitals and clinics within your area of coverage within Aetna's Direct Settlement Network.
- **Pearl Network:** Includes all but the most expensive hospitals and clinics within your area of coverage within Aetna's Direct Settlement Network.
- **Silver Network and Bronze Network:** A comprehensive choice of providers, but limited to exclude higher-cost providers in order to reduce claim costs and premiums.

The facilities included in each of our networks are updated regularly; please contact us for more details on which providers are included in each network.

Our Sales Team: **+9714 438 7500**  
or call your broker for more details





## Value-added wellness programmes

Wellness is a lifelong path, and the journey is different for each individual. It begins with getting members engaged in their own well-being and supporting them wherever they are on their journey — whether they are healthy, at risk for disease or injury, managing a chronic condition or experiencing a major health event.

With this in mind, we've developed **Aetna Global Health Connections** — a complimentary wellness offering for members, which includes the following programmes:

### Cancer Outreach and Support

Members with cancer can get assistance to help them understand their condition and locate helpful resources without a “one size fits all” approach. Instead, each interaction is customised to a member’s unique health situation. Members can even speak one-on-one with a registered nurse who is committed to helping them reach their best health.

### Health and Wellness Education

Whether employees are healthy individuals looking for additional healthy lifestyle tips — or have a chronic condition and want to learn how to reach their optimal state of health — we offer an array of health and wellness education materials to aid them in their efforts.

The Wellness Centre provides helpful information, including health topics such as:

- Asthma
- Cancer
- Coronary artery disease
- Maternity
- Stress management

# Healthy AEssentials sample plans

## Additional plan designs are available

The words and phrases that are in bold have specific meanings, and are defined in the member handbook.

This will be a 12 month policy starting from the date of entry or any subsequent renewal date, as applicable. It is the responsibility of the policyholder to continually review your policy in order to ensure that the plan selected continues to meet the needs and requirements of your employees.

This policy summary does not contain the full terms of the policy; these can be found in the benefits schedule, group contract, certificate of insurance and member handbook\*.

**All benefits shown are per insured person, per period of cover (unless specifically stated).**

Plan Design	Plan 1	Plan 2	Plan 3
Coverage Area	<b>Middle East, Indian Subcontinent &amp; Southeast Asia</b>	<b>Middle East, Indian Subcontinent &amp; Southeast Asia</b>	<b>Middle East, Indian Subcontinent &amp; Southeast Asia</b>
Network	Gold, Pearl, Silver, Bronze	Gold, Pearl, Silver, Bronze	Gold, Pearl, Silver, Bronze
Maximum Annual Aggregate Limit	Up to USD\$100,000	Up to USD\$250,000	Up to USD\$250,000
<b>Inpatient care</b> Charges incurred for the <b>treatment</b> of a <b>medical condition</b> , including stabilisation of an <b>acute chronic condition</b> , when <b>treatment</b> is received as an <b>inpatient</b> or <b>day patient</b> including: <ul style="list-style-type: none"> <li>• Accommodation and associated charges.</li> <li>• Drugs and dressings</li> </ul>	Covered in full		
<b>Inpatient Rehabilitation</b>	Covered in full up to 30 days per medical condition	Covered in full up to 30 days per medical condition	Covered in full up to 120 days per medical condition
<b>Inpatient Psychiatric Treatment</b>	No cover	Covered in full (up to 14 days)	Covered in full (up to 30 days)
<b>Evacuation and additional travel expenses</b> (within the area of cover) i) Travel ii) Non- <b>hospital</b> accommodation	i) Covered in full ii) Up to USD\$150 per person per day and USD\$5,000 per person per evacuation		
<b>CT, PET and MRI scans</b>	Covered in full		
<b>Oncology</b> All <b>medically necessary treatment</b> received for, or related to, the diagnosis of cancer when received as an <b>inpatient</b> , <b>day patient</b> or <b>outpatient</b> including <b>palliative treatment</b> .	Covered in full		
<b>Organ transplant</b> The organ transplants covered under this <b>policy</b> are as follows: heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogenic bone marrow and autologous bone marrow.	Covered in full		
<b>Outpatient Care, including:</b> <ul style="list-style-type: none"> <li>• Consultation Fees</li> <li>• Drugs and dressings and appliances</li> <li>• Physiotherapy</li> <li>• Surgical procedures including pathology and X-rays</li> </ul>	Covered in full		

Detailed explanations are available on page 15 -19.

Plan Design	Plan 1	Plan 2	Plan 3
<b>Alternative Treatment</b> <b>Treatment</b> administered by registered chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists	No cover	Up to USD\$250	Up to USD\$500
<b>Traditional Chinese and Ayurvedic Medicine</b>	No cover	Up to USD\$250	Up to USD\$500
<b>Vaccinations and Innoculations</b>	No cover	Up to USD\$100	Up to USD\$250
<b>Home Nursing</b>	No cover	Covered in full up to 14 days per medical condition	Covered in full up to 30 days per medical condition
<b>Routine Management of Chronic conditions including:</b> <ul style="list-style-type: none"> <li>• Routine checkups,</li> <li>• <b>Drugs and dressings</b> prescribed for management of the condition</li> <li>• <b>Hospital</b> accommodation nursing</li> <li>• Renal dialysis</li> <li>• Surgery and <b>palliative treatment</b> of chronic conditions</li> </ul>	Up to USD\$5,000	Up to USD\$10,000	Covered in full
<b>Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) including:</b> <ul style="list-style-type: none"> <li>• <b>Medically necessary</b> durable medical equipment (Ex: diabetic monitoring equipment)</li> <li>• The purchase or rental of crutches and wheelchair</li> <li>• Braces and callipers, artificial eyes and the initial purchase and fitment of an artificial limb</li> <li>• Orthotic supplies including insoles and orthotic supports</li> </ul> This <b>benefit</b> excludes provision, modifications and fitment of furniture or adaptations to the home.	No cover	Up to USD\$500 per medical condition	Up to USD\$1,500 per medical condition
<b>AIDS</b>	No cover	Up to USD\$10,000	Up to USD\$10,000
<b>Out of Area Cover — Accident &amp; Emergency Treatment (excluding the U.S.)</b>	No cover	Inpatient treatment Up to USD\$50,000. Outpatient treatment is limited to USD\$500 per medical condition and subject to an excess of USD\$80 per medical condition	Inpatient treatment covered in full, Outpatient treatment is limited to USD\$500 per medical condition and subject to an excess of USD\$80 or per medical condition
<b>Mortal Remains</b>	Up to USD\$5,000	Up to USD\$5,000	Up to USD\$5,000
<b>Standard Out-Patient Copay per Visit</b>	AED50/\$15	AED50/\$15	AED50/\$15
<b>Hospital Cash</b>	USD\$60 per night for a maximum of 20 nights per medical condition	USD\$100 per night for a maximum of 20 nights per medical condition	USD\$125 per night for a maximum of 20 nights per medical condition
<b>Accidental Damage to Teeth</b>	Covered in full	Covered in full	Covered in full
<b>Complications of Pregnancy</b>	Covered in full	Covered in full	Covered in full
<b>New born care</b>	Up to USD\$15,000 and to a maximum of 30 days hospital stay	Up to USD\$50,000 and to a maximum of 30 days hospital stay	Up to USD\$50,000 and to a maximum of 30 days hospital stay

## Additional options to upgrade cover

### Mother and baby module 1

- i) Routine pregnancy
- ii) New born accommodation
- iii) Well-baby care

- i) Up to USD\$5,000 per pregnancy — with or without 20% coinsurance
- ii) Covered in full
- iii) Up to USD\$500

### Mother and baby module 2

- i) Routine pregnancy
- ii) New born accommodation
- iii) Well-baby care

- i) Up to USD\$10,000 per pregnancy — with or without 20% coinsurance
- ii) Covered in full
- iii) Up to USD\$500

### Dental — routine dental treatment

Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** is defined as:

- Examinations
- Tooth cleaning
- Normal compound fillings
- Simple non-surgical extractions

This **benefit** excludes orthodontic **treatment**, restorative **treatment** and dental implants.

\$250

\$650

with/without co-insurance

### Dental – combined routine and restorative dental

Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** (as per the above)

Restorative dental covers the fees of a **dental practitioner** and associated costs for the **treatment** of the following specified procedures:

- Removal of impacted, buried or unerupted teeth
- Removal of roots
- Removal of solid odontomes
- Apicectomy
- New or repair of bridge work
- New or repair of crowns
- Root canal **treatment**
- New or repair of upper or lower dentures
- Removal of wisdom teeth (whether performed in **hospital** or in dental surgery, whether performed by a **dental practitioner, specialist**, or an oral or maxillofacial surgeon)

This **benefit** excludes orthodontic **treatment** and dental implants.

USD\$250

USD\$500

USD\$1,000

USD\$1,500

with/without co-insurance

### Wellness

- Bilateral mammogram/breast examination and routine gynaecological tests including PAP tests
- Testicular/prostate examination/PSA/DRE tests
- Routine medical checkups and associated tests, such as: blood and cholesterol checks, height/weight body mass index, resting blood pressure, urine analysis, cardiac examination, exercise electrocardiogram (ECG), other vital organ function tests and chest X-ray

USD\$250

USD\$500

USD\$750

USD\$1,000

## Additional options to upgrade cover

<b>Hearing benefit</b>	USD\$250
The cost of one annual hearing test and hearing aids.	USD\$500
<b>Vision Care</b>	USD\$250
The cost of one routine eye exam per <b>period of cover</b> and the purchase of vision hardware, when the member's prescription has changed. Vision hardware covers prescribed glasses or contact lenses.	USD\$500
<b>Combined Wellness, Hearing and Vision</b>	USD\$500
	USD\$1,000
<b>Out of Country Transportation (within Area of Cover)</b>	
i) Travel	i) Covered in full
ii) Non-hospital accommodation	ii) Up to USD\$150 per person per day and USD\$5,000 per person per evacuation
<b>Congenital Anomalies</b>	USD\$10,000
	USD\$50,000
	USD\$100,000
<b>Optional Out-Patient Copay per Visit</b>	Nil
	AED75/USD\$20
	AED100/USD\$30
<b>Optional Out-Patient Care Coinsurance</b>	Full refund subject to 10% or 20% coinsurance

## Medical underwriting

For **groups** of less than 10 **employees**, we require a completed member application form for each **employee**.

Our standard approach to medical underwriting is moratorium; however, **plan sponsors** may elect to purchase enhanced underwriting terms for the **group**.

### Moratorium underwriting

Our standard approach to medical underwriting.

At the **member** level, **cover** is not provided for any **medical condition** in existence on the date that individual is accepted into the **group (date of entry)** until it has been treated such that the individual is symptom and **advice**-free for two consecutive years following the **date of entry** with regard to that **medical condition**. This **policy** does not cover the **treatment** of pre-existing **chronic** conditions.

### Full medical underwriting

**Plan sponsors** may also elect to have **members** fully underwritten.

Should we accept **cover**, we may apply additional terms and exclusions, which will be shown on the **member's certificate of insurance**.

### Continuous transfer terms

For **members** wishing to transfer from other **policies**. This feature may incur additional premium.

The acceptance by us of the **member's** original **date of entry** as shown by the **member's** current insurer will be applied to the **member's** **policy** with us. We will maintain the **member's** existing underwriting or special acceptance terms, as offered by the **member's** existing insurer, such as any moratoria or specific exclusions, and the **member's** **policy** with us will be governed by the terms and conditions of our **policy**. Any transfer will be subject to no enhanced **benefits** being provided. We reserve the right at all times to decline a **continuous transfer terms** request without giving any reason or impose/include additional exclusions.

### Medical history disregarded

Available to compulsory **group** schemes of 10 **employees** or more.

**Cover** is extended to include **treatment** for any **medical condition** or **related condition** where symptoms have existed or **advice** has been sought prior to the **member's** **date of entry**.

All **members** must be enrolled within 30 days of eligibility. Any **employee** or **dependant** not covered within 30 days of eligibility will be subject to individual medical underwriting.

Cover is not extended to include treatment for Congenital Conditions unless the member has been enrolled within the first year following birth.

## Plan currency

The plan currency is US Dollar (\$).

## Payment frequency

Bank transfers are available on an annual, semi-annual or quarterly basis. These are accepted in US Dollars.

A surcharge will apply for payments made on a quarterly or semi-annual basis.

## Communicating with your employees

To assist **you** in communicating your **benefits** to **your employees** and their **dependants**, we provide the following options:

- Electronic **member** packs and mailed membership cards
- Printed copies of **member** packs and membership cards

## Membership adjustments

There are three options for **plan sponsors** to adjust membership when **members** leave or join the plan:

- **Pay as you go** — Adjustments are credited or debited as adjustments are made.
- **Periodic adjustments** — We will adjust **your** instalment plan to incorporate membership adjustments.
- **End of year adjustments** — We will reconcile **your** account at year end.

## Policyholder's right of termination

After the **commencement date**, this **policy**, or any **cover** included, may only be terminated by the **policyholder**, as to all or any class of its **members**, with effect from the **renewal date**. We must be given written notice of intent to non-renew within 15 days of **your** renewal date. If the **policy** is terminated by the **policyholder** at any other time, whatsoever the reason, there will be no return of premium.

# Common questions and answers

## **Q. Are all employees, at home or abroad, eligible for cover?**

**A.** New applicants will be eligible for cover up until the age of 65. The plan will cover employees who live or work in or outside of their home country (the country that issued their passport). Any employee or dependant (subject to the agreement of the plan sponsor) not enrolled within 30 days of eligibility will be subject to individual underwriting.

## **Q. Are family members eligible for cover as well?**

**A.** Children who are not more than 18 years old residing with the employee, or 26 years old if in full-time education, at the date of entry or at any subsequent renewal date, will be accepted for cover as dependants. Children will not be accepted for cover, unless on a policy with a legal parent or guardian and subject to the identical benefits applying to all parties. A declaration of health is required with respect to all dependants who are born following assisted conception.

New born children will be accepted for cover (subject to the limitations of the new born benefit) from birth. Acceptance of new born babies is subject to written notification within 30 days of birth and receipt of the full premium within a further 30 days following notification.

## **Q. Is a medical examination required to enrol in the plan?**

**A.** No. In the rare instance that we require additional information for fair and accurate underwriting purposes, we will ask the applicant to submit a medical report from his/her doctor.

## **Q. Will the plan cover any illnesses or injuries that members have prior to enrolling in the plan?**

**A.** If you select a moratorium underwriting basis, cover for all pre-existing medical conditions are excluded during the first two years of membership. Future costs will be covered providing members do not have any symptoms, treatment or advice for that condition during this two year period. You may also apply for Continuous Transfer Terms (CTT). For groups of 10 or more employees, you may purchase Medical History Disregarded cover.

## **Q. Does the plan include cover for treatment in the U.S.?**

**A.** Cover is not available in the U.S. for elective treatment or emergency treatment, including evacuations. If you are interested in providing U.S. coverage, speak to your Aetna representative about other available plans.

## **Q. How do members know if inpatient treatment is covered?**

**A.** All inpatient treatment is required to be pre-authorised prior to a planned admission into a hospital. Members should contact the Aetna International Member Service Centre to determine whether treatment is covered under the policy.\*\*

## **Q. Is emergency evacuation covered?**

**A.** Emergency evacuation is covered within your area of coverage, provided that we pre-authorise it and treatment is not available at the location of the incident.

Emergency evacuation is included out of area, provided that you purchase the out of area coverage benefit (full refund option only). This does not extend to include treatment in the United States (see the above question for more detail).

## **Q. How can members submit a claim?**

**A.** Upon inception, each member will receive a membership card. This provides them with the contact information for the Aetna International Member Service Centre and information they need to register for the Aetna International secure member website. Members can use either resource to submit a claim.

We reserve the right to deny any claim that is not submitted within 180 days of the treatment date. Claims may only be made for treatment given during a period of cover. The benefit will only be payable for expenditure incurred prior to expiry or termination.

## **Q. Is inpatient direct settlement available?**

**A.** Yes, we have negotiated simplified prepayment procedures with thousands of medical facilities so our members have access to quality care when and where they may need it in their area of cover. For added convenience, we can also coordinate one-time arrangements if a health care professional is not in our direct-settlement database. We have a 95 percent success rate in negotiating these one-time arrangements.

## **Q. Is outpatient direct settlement available?**

**A.** Yes, we have a direct settlement network enabling members to obtain outpatient treatment at a number of selected medical centres where all eligible treatment charges will be paid directly by us.

\*\*Settlement can be made directly to the hospital. Full details of the claims procedure are available in the member handbook.

# Appendix: benefits schedule detail

Your policy may include some of the following benefits. To confirm the benefits included in your policy, please refer to your benefits schedule.

All benefits are subject to the maximum annual aggregate limit and the sums insured indicated in your benefits schedule, the applicable medical underwriting, the member's certificate of insurance and our general conditions and exclusions.

All costs incurred must be medically necessary and subject to reasonable and customary charges, based on the average treatment costs applicable to the region in which the treatment was received, as determined by us. Inpatient accommodation costs are for a standard private room.

## INPATIENT PLAN: INPATIENT, DAY PATIENT, EMERGENCY CARE AND DIAGNOSTICS

**Inpatient Care:** Charges incurred for the treatment of a medical condition, including stabilisation of an acute chronic condition, when treatment is received as an inpatient or day patient including:

- i) Accommodation and associated charges.
- ii) Admittance to the intensive care unit.
- iii) Charges for nursing by a qualified nurse, and theatre fees.
- iv) Medical practitioner fees including consultations, specialist fees and Anaesthetist fees.
- v) Diagnostic and surgical procedures including pathology and X-rays.
- vi) Reconstructive surgery (including outpatient treatment) to restore natural function or appearance required as a result of an accident or illness occurring during the period of cover and where treatment takes place within 12 months of the insured event occurring.
- vii) Drugs and dressings, medicines and appliances prescribed by a medical practitioner or specialist, including Traditional Chinese Medicine.
- viii) Rehabilitation (including outpatient treatment) in a recognised rehabilitation unit of a hospital subsequent to inpatient treatment lasting 3 days or more, which takes place within 14 days of discharge. Treatment must be recommended and under the direct control of a specialist. Treatment includes the use of special treatment rooms, physical and/or speech therapy fees, and other services usually given by a rehabilitation unit.
- ix) Outpatient treatment connected with inpatient treatment will be covered for 60 days pre- and post-hospital admission.

**Emergency Transportation:** Emergency transportation costs to and from hospital to receive treatment as an inpatient or day patient, by the most appropriate transport method when considered medically necessary by a medical practitioner or specialist.

This benefit does not include the cost of car hire.

**Evacuation & Additional Travel Expense:** Evacuation of a member in the event of an emergency, where treatment is not readily available at the place of the incident, to the nearest appropriate medical facility as determined by us, by the most appropriate method of transportation as determined by us, for the purpose of admission to hospital as an inpatient or day patient.

Evacuation is subject to written agreement from us, prior to travel and certified instructions to us from the attending medical practitioner or specialist, including confirmation that the required treatment is unavailable at the place of incident.

This benefit excludes all maternity and childbirth costs except where these are covered under the benefit for complications of pregnancy, and any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts. Cover is provided for:

- i) Evacuation costs including the costs of one other person to travel with the member as an escort, if medically necessary.
- ii) Travel to and from medical appointments when treatment is being received as a day patient.
- iii) For an accompanying person to travel to and from the hospital to visit the member following admission as an inpatient.
- iv) Economy class airline tickets to return the member and the escort to the country of residence or to the country where evacuation occurred.
- v) Non-hospital accommodation for the member and escort for immediate pre- and post-hospital admission periods provided that the member is under the care of a specialist.

**Outpatient Surgery:** This benefit extends to cover the cost of endoscopy investigations carried out under an outpatient basis. This includes gastroscopy, bronchoscopy, colonoscopy and colposcopy, but excludes laparoscopy and arthroscopy, which are covered under the inpatient care benefit.

**CT PET and MRI Scans:** Scans received as an inpatient, day patient or outpatient.

This must be pre-authorised by us.

**Oncology:** Covers all medically necessary treatment received for, or related to, the diagnosis of cancer when received as an inpatient, day patient or outpatient including palliative treatment.

**Organ Transplant:** The organ transplants covered under this policy are as follows: heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogenic bone marrow and autologous bone marrow.



**Inpatient Psychiatric Treatment:** Treatment received in a registered psychiatric unit of a **hospital**. All **benefits** are conditional on pre-authorization from **us** and all **treatment** being administered under the control of a registered psychiatrist. Without **our** written confirmation prior to such **treatment**, **we** will not be liable to pay any **benefit**. However, the initial consultation with the **medical practitioner** (not a psychiatric **specialist**) that results in a psychiatric referral is covered without the requirement for pre-authorization.

**Accidental Damage to Teeth:** Treatment received in an **accident** and **emergency** ward of a **hospital** or dental clinic, within 10 days of incurring accidental damage to sound, natural teeth, except when the accidental damage has been caused through eating. Follow-up **treatment** is limited to one visit within 30 days following **your** initial **treatment** and must be pre-authorized by **us**.

**Complications of Pregnancy:** Treatment of a **medical condition** arising during the antenatal stages of pregnancy, a **medical condition** arising during childbirth and that requires a recognised obstetric procedure, and post natal checkups required as a result of the complication of pregnancy for up to six weeks. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this **benefit**.

This **benefit** is payable after the first 12 months from the **commencement date** or **date of entry**, whichever is the later.

**Parental Accommodation:** Hospital accommodation costs of a parent or legal guardian staying with a **member** who is under 18 years of age and is admitted to **hospital** as an **inpatient**.

**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.

Necessary burial or cremation fees including:

- The cost of reopening a grave and burial costs, or
- The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or
- In the case of cremation:
  1. The cremation fee
  2. The cost of any doctor's certificates
  3. The cost of removing a pacemaker or other medical device which must be removed before the cremation

But not including costs related to other funeral expenses, such as:

- Funeral director's fees
- Flowers
- The cost of any documents needed for the release of the money, savings and property of the deceased
- The necessary cost of a return journey for you to either
  1. Arrange the funeral, or
  2. Attend the funeral

**New Born Care:** Inpatient treatment of an acute **medical condition** being suffered by a **new born** baby that manifests itself within 30 days following birth. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this **benefit**. In circumstances where a **congenital anomaly** manifests itself in a **new born** baby, **cover** will be excluded under this **benefit** and payable under the **benefit** for **congenital anomalies**. The new born baby must be added to the **policy** to avail of this **benefit**.

Following the 30 day **new born benefit** period, excepting any **medical conditions** occurring or manifesting themselves during the 30 day period immediately following birth, the **member's dependant** will be eligible for **cover** subject to written notification within 30 days of birth and all premiums being paid in full within 30 days of the due date. A declaration of health is required with respect to all **dependants** who are born following infertility **treatment** (assisted conception).

## OUTPATIENT CARE

**Outpatient Care:** Medical practitioner, **specialist**, consultant and nursing fees and **outpatient** charges including diagnostic and surgical procedures including pathology, x-rays, **drugs and dressings** and **appliances** prescribed by a **medical practitioner** or **specialist**. Physiotherapy on referral by a **medical practitioner** is restricted to 10 sessions per **medical condition**, after which it must be further reviewed by a **specialist**. A medical report will be required for **outpatient** physiotherapy after 10 sessions. A referral letter/report must be submitted with the first claim for such **treatment**.

**Alternative Treatment:** Treatment administered by registered chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists when given under the direct control of and following referral by a **medical practitioner** or **specialist**.

**Traditional Chinese or Ayurvedic Medicine:** This **benefit** covers the cost of **treatment** administered by a recognised traditional Chinese or Ayurvedic **medical practitioner**.

**Vaccinations and Inoculations:** Vaccinations and inoculations, including those that are **medically necessary** for travel.

**Home Nursing:** Nursing care given outside a hospital that is immediately received subsequent to treatment as an inpatient or day patient on the recommendation of a specialist. This must be provided by a qualified nurse and not provided for domestic reasons or convenience.

This must be pre-authorised by us.

## CHRONIC CONDITION MANAGEMENT

**Chronic Conditions:** Routine checkups, drugs and dressings prescribed for management of the condition, hospital accommodation nursing, renal dialysis, surgery and palliative treatment of chronic conditions (excluding cancer). Costs for the treatment of cancer are covered under the oncology benefit.

**Congenital Anomalies:** Treatment of congenital anomalies that manifest after the member's cover commences with us, or which manifest in a dependant child born in the year prior to cover commencing.

**Durable Medical Equipment, Prosthetic and Orthotic Supplies (DMEPOS):** The following benefits are covered:

- i) Medically necessary durable medical equipment prescribed by a treating specialist, which is necessary to deliver or facilitate the delivery of prescribed drugs and dressings. This includes, but is not limited to, diabetic monitoring equipment.
- ii) Ancillary charges following treatment as an inpatient or day patient including the purchase or rental of crutches, and costs associated with the initial purchase or rental of a wheelchair.
- iii) External prosthetics required following surgery; including braces and calipers, artificial eyes and the initial purchase and fitment of an artificial limb.
- iv) Orthotic supplies including insoles and orthotic supports.

This benefit excludes provision, modifications and fitment of furniture or adaptations to the home.

**AIDS:** Medical expenses that 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 variations thereof.

Expenses are limited to pre- and post-diagnosis consultations, routine checkups for this condition, drugs and dressings (except experimental or those unproven), hospital accommodation and nursing fees.

For this benefit, the general exclusion for sexually transmitted diseases does not apply.

## ADDITIONAL OPTIONS TO REDUCE COSTS

**Outpatient Consultation Copay per Visit:** Outpatient consultations are subject to a copay per visit. If a claim is submitted by the member for reimbursement, the copay per visit will be deducted before reimbursement.

Outpatient consultations for the following benefits can be covered subject to their inclusion in your plan, and up to the value of cover selected.

- i) Complications of pregnancy
- ii) Congenital anomalies
- iii) CT and MRI scans
- iv) Hormone replacement therapy (HRT)
- v) Oncology
- vi) Outpatient care
- vii) Outpatient surgery

**Outpatient Care Coinsurance:** If selected, a member pays either a 10% or 20% coinsurance on all outpatient care costs.

## ADDITIONAL OPTIONS TO UPGRADE COVER

**Accident & Emergency Treatment Outside Area of Cover:** Benefit is payable for medical expenses which arise as a result of an emergency, which requires the member to seek treatment in the accident and emergency unit of a hospital whilst temporarily travelling outside area of cover and where the medical condition did not exist prior to travel and the member was treatment-, symptom- and advice- free.

This benefit extends to include outpatient treatment arising as a result of an accident or emergency, whilst the member is temporarily travelling outside area of cover and where the medical condition did not exist prior to travel and the member was treatment-, symptom- and advice- free.

Complications of pregnancy and/or childbirth are not covered under this benefit.

**Out of Country Transportation:** The costs of moving an **insured person** in the event of **medically necessary non-emergency treatment** not being readily available at the place of the incident, to the nearest centre of medical excellence, within the **area of cover**, for the purpose of admission to **hospital** as an **inpatient** or **day patient** (excluding all maternity or childbirth costs, except for Complications of Pregnancy) and/or for the purpose of seeking any **medically necessary inpatient, day patient** or **outpatient treatment**. **Cover** under this **benefit** is subject to written agreement from **us** prior to travel and certified instructions from the attending **medical practitioner** or **specialist** including confirmation that the required **treatment** is unavailable at the place of incident. **Cover** is provided for:

- i) **Evacuation** costs (restricted to economy class flight tickets only) including the costs of one other person to travel with the **member** as an escort, if **medically necessary**.
- ii) Travel to and from medical appointments when **treatment** is being received as a **day patient**.
- iii) For an accompanying person to travel to and from the **hospital** to visit the **member** following admission as an **inpatient**.
- iv) Economy class airline ticket to return the **member** and any escort to the **country of residence** or to the country where **evacuation** occurred.
- v) Non-**hospital** accommodation for the **member** and escort for immediate pre- and post-**hospital** admission periods provided that the **member** is under the care of a **specialist**.

**Hospital Cash:** Where the **member** receives **treatment** for an eligible **medical condition** as an **inpatient** and no costs are incurred for accommodation and **treatment**, we will pay a cash **benefit**. To claim this **benefit**, the **member** should ask the **hospital** to sign and stamp their claim form.

This **benefit** is not applicable to admissions into the **accident** and **emergency** facility of the **hospital**.

**Routine Dental Treatment:** Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** is defined as:

- Examinations
- Tooth cleaning
- Normal compound fillings
- Simple non-surgical extractions

This **benefit** excludes orthodontic **treatment**, restorative **treatment** and dental implants.

A 6 month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later.

**Combined Routine & Restorative Dental:** Fees of a **dental practitioner** carrying out routine dental **treatment** in a dental surgery. Routine dental **treatment** is defined as:

- Examinations
- Tooth cleaning
- Normal compound fillings
- Simple non-surgical extractions

Restorative dental covers the fees of a **dental practitioner** and associated costs for the **treatment** of the following specified procedures:

- Removal of impacted, buried or unerupted teeth
- Removal of roots
- Removal of solid odontomes
- Apicectomy
- New or repair of bridge work
- New or repair of crowns
- Root canal **treatment**
- New or repair of upper or lower dentures
- Removal of wisdom teeth (whether performed in **hospital** or in dental surgery, whether performed by a **dental practitioner, specialist**, or an oral or maxillofacial surgeon)

This **benefit** excludes orthodontic **treatment** and dental implants.

A 6 month wait period applies from the purchase date of this **benefit** or the **member's date of entry**, whichever is the later.

**Wellness:** This benefit covers the cost of:

- i) Bilateral mammogram/breast examination and routine gynaecological tests including PAP tests.
- ii) Testicular/prostate examination/PSA/DRE tests.
- iii) Routine medical checkups and associated tests. Such routine checkups/tests include: blood and cholesterol checks, height/weight body mass index, resting blood pressure, urine analysis, cardiac examination, exercise electrocardiogram (ECG), other vital organ function tests, and chest X-ray.

**Vision Care:** The cost of one routine eye exam per **period of cover** and the purchase of vision hardware, when the member's prescription has changed. Vision hardware covers prescribed glasses or contact lenses.

## MOTHER AND BABY MODULE

**Routine Pregnancy:** Costs associated with normal pregnancy and childbirth, including normal deliveries as a result of infertility **treatment** (assisted conception), voluntary caesarean section costs and **medically necessary** caesarean costs due to any non-**medical** previous caesarean sections.

This **benefit** covers the cost of pre- and post-natal checkups for up to six weeks, prescribed pre natal vitamins and delivery costs, including costs associated with qualified midwives, when associated with delivery.

All costs relating to complications of pregnancy or childbirth following infertility **treatment** (assisted conception) will be limited to this benefit. This benefit extends to include routine neo natal care, **new born** packages (including elective circumcision) for the first 24 hours following birth, when the baby is accompanying its mother whilst she is receiving **treatment** as an **inpatient** in a hospital (mother being an insured **member**). The policy excess does not apply to this **benefit**. A 12 month wait period applies from the purchase date of this **benefit** or the member's date of entry, whichever is the later.

The newborn must be enrolled as a member within 30 days after birth in order to be eligible for any **benefits** (as per **policy terms**) after the first 24 hours.

**New Born Accommodation:** Hospital accommodation costs relating to a **new born** baby (up to 16 weeks old) to accompany its mother (being a **member**) whilst she is receiving **treatment** as an **inpatient** in a **hospital**, following discharge from the original delivery.

**Well baby care:** Well-baby checks, effective from 24 hours after birth and up until the child's second birthday & as recommended by a **medical practitioner** or **specialist**. This includes physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as **hereditary** and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, haemoglobin and other blood tests, including tests to screen for sickle haemoglobinopathy.



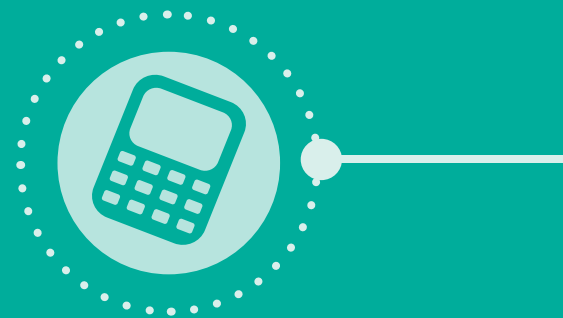
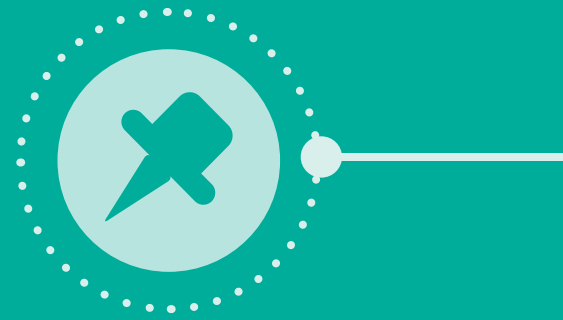
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