

Benefits Schedule

EXECUTIVE HEALTHCARE PLAN

Effective 1st November 2009

In the tables below, **We** have summarised the **Benefits** applicable for each product option. Please refer to the **Policy** wording for full **Benefit** details and definitions. All **Benefits** shown are per **Insured Person**, per **Period of Cover** (unless specifically stated).

ALL limits and **Excesses** expressed in \$ shall in all instances mean US\$.

**AETNA
GLOBAL
BENEFITS®**

PRODUCT OPTIONS

| Benefits | Major Medical | Foundation |
|---|---|--|
| Maximum Annual Aggregate Limit | \$1,000,000 | \$1,500,000 |
| In-Patient Charges Hospital accommodation, Drugs and Dressings , surgeon and anaesthetist fees, theatre charges, intensive care unit and pathology. | Full Refund | Full Refund |
| 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 In-Patient . | Full Refund | Full Refund |
| New Born Cover In-Patient Treatment of an Acute Medical Condition and any associated costs which presents symptoms at birth or which manifests itself within 30 days following birth. | \$10,000 and to a maximum of 30 days Hospital stay | \$10,000 and to a maximum of 30 days Hospital stay |
| New Born Accommodation Hospital accommodation costs relating to a New Born baby to accompany its mother (being an Insured Person) whilst she is receiving Treatment as an In-Patient in a Hospital . | Full Refund | Full Refund |
| In-Patient Psychiatric Treatment In a registered psychiatric unit of a Hospital . All Benefits are conditional upon pre-authorisation from Us and all Treatment being administered under the direct control of a registered psychiatrist (after 24 months membership). | Full Refund (up to 30 days) | Full Refund (up to 30 days) |
| Pregnancy and Childbirth Costs associated with normal pregnancy and childbirth, pre- and post-natal check-ups and delivery costs (conception must be after 12 months membership). | No Cover | Up to \$4,500 (subject to a waiting period) Nil Excess |
| Complications of Pregnancy Treatment of a Medical Condition which arises during the antenatal stages of pregnancy, or a Medical Condition which arises during childbirth and requires a recognised obstetric procedure (conception must be after 12 months membership). | Full Refund (subject to a waiting period) | Full Refund (subject to a waiting period) |
| Hospice Care Charges Treatment provided by a hospice for the care of an Insured Person with a terminal illness. | Full Refund (up to 30 days) where Treatment is received as an In-Patient only | Full Refund (up to 30 days) where Treatment is received as an In-Patient only. Full Refund up to \$5,000 where Treatment received as an Out-Patient . |
| 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 In-Patient in a Hospital . | Full Refund | Full Refund |
| Rehabilitation Admission to a recognised Rehabilitation unit of a hospital following Treatment for a Medical Condition where the Insured Person was confined to a Hospital as an In-Patient for at least three consecutive days and where a Specialist confirms in writing that Rehabilitation is required. Admission to a Rehabilitation unit must be made within 14 days of discharge from a Hospital . | Limited to 120 days per Medical Condition | Limited to 120 days per Medical Condition |



| | | |
|---|---|--|
| 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. | Full Refund limited to \$3,750 when Treatment received as In-Patient only | Full Refund limited to \$3,750 |
| Oncology Treatment given for cancer received as an In-Patient , Day-Patient or Out-Patient . | Full Refund | Full Refund |
| CT and MRI Scans received as an In-Patient , Day-Patient or Out-Patient and pre-authorized by Us . | Full Refund | Full Refund |
| Emergency Transportation Emergency transportation costs to and from Hospitals by the most appropriate form of transport. | Full Refund | Full Refund |
| 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 facility, within the geographical Area of Coverage , for the purpose of admission to Hospital as an In-Patient or Day-Patient . Extended to cover the costs for one other person to travel with the Insured Person as an escort. | Full Refund | Full Refund |
| 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 In-Patient 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. | Full Refund | Full Refund |
| Additional Travel Expenses (following evacuation or out of country transportation) Reasonable travel costs: | | |
| i. Incurred by the Insured Person to and from medical appointments when Treatment is being received as a Day-Patient . | Full Refund | Full Refund |
| ii. For an accompanying person to travel to and from the Hospital to visit the Insured Person following admission as an In-Patient . | Full Refund | Full Refund |
| iii. For an accompanying person (where applicable) for non- Hospital accommodation where the Insured Person has been admitted as an In-Patient and for the duration of the Insured Person's stay as an In-Patient . | Up to a daily limit of \$120 per Insured Person | Up to a daily limit of \$120 per Insured Person |
| iv. 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 . | Up to a daily limit of \$120 per Insured Person and \$2,500 per Insured Person , per Evacuation | Up to a daily limit of \$120 per Insured Person and \$2,500 per Insured Person , per Evacuation |
| v. 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. | Full Refund | Full Refund |
| Mortal Remains i. Transportation of a body or ashes to the Country of Nationality or Country of Residence , or ii. Burial or cremation costs at the place of death. | Up to \$2,250 | Up to \$2,250 |
| Reconstructive Surgery Reconstructive surgery following an Accident or following surgery for an eligible Medical Condition . | Full Refund | Full Refund |
| 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 pre-authorized by Us . | Full Refund up to 30 days per condition | Full Refund up to 30 days per condition |
| Out-Patient Charges including: i. Medical Practitioner fees including consultations. ii. Specialist fees. iii. Diagnostic procedures. iv. Physiotherapy on referral by a Specialist . v. Treatment administered by registered chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists on referral by a Medical Practitioner or Specialist (maximum 10 sessions in aggregate). | Up to \$1,700 per Medical Condition . For Treatment prior to hospitalisation and for up to 60 days immediately following hospitalisation. | Full Refund |
| Alternative Medicine Alternative medicine administered by a Specialist . | No Cover | Full Refund up to \$1,000 |
| Primary Care Benefits Initial Medical Practitioner consultation plus prescribed Drugs and Dressings . | No Cover | Full Refund up to \$1,500 |
| Out-Patient Surgery | Full Refund | Full Refund |
| Ancillary Charges The purchase or rental of crutches or wheelchairs following Treatment as an In-Patient or Day-Patient . | Limited to \$1,000 per Medical Condition | Limited to \$1,000 per Medical Condition |
| Out-Patient Psychiatric Treatment Including Specialist consultations. All Benefits are conditional upon pre-authorization from Us and all Treatment must be administered under the direct control of a registered psychiatrist (after 24 months membership). | No Cover | Full Refund up to \$4,500 per Medical Condition |

| Excess Options | Major Medical | Foundation |
|---|--------------------------------------|---|
| Each product option carries a standard Excess applicable to each new Medical Condition . Standard | Nil | Nil |
| You can amend this by selecting alternative options. Options | \$250, \$750, \$1,500 and \$4,000 | \$40, \$80, \$150, \$250, \$400, \$750, \$1,500 and \$4,000 |
| Additional Options | Major Medical | Foundation |
| Exclude Pregnancy Cover [Option 001] Cover for routine pregnancy and childbirth Benefits are excluded. | No Cover | Optional |
| Elective Treatment excluding USA [Option 004] Cover is extended to provide Elective Treatment worldwide excluding USA. | Optional | Optional |
| USA Elective Treatment [Option 005] Costs will be reimbursed on a full refund basis, where In-Patient or Day-Patient Treatment is received within Our Provider Network or for any Out-Patient Treatment . In-Patient or Day-Patient Treatment received outside Our Provider Network will be subject to a 50% Co-Insurance and an annual maximum of \$750,000. | No Cover | Optional |
| Medical History Disregarded [Option 006] 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). | Optional | Optional |
| Chronic Conditions [Option 007*] Routine check-ups, Drugs and Dressings prescribed for management of the condition, renal dialysis (where applicable), nursing, surgery and Palliative Treatment for Chronic conditions. | No Cover | Up to \$5,000 per Period of Cover (Nil Excess) |
| Routine Dental Treatment [Option 008*] 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. | No Cover | Up to \$400 subject to 25% Co-Insurance (Nil Excess) |

*Available for compulsory **Groups** of three employees or more.

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