

Welcome

We are delighted to be looking after you. To start, we want to ensure that your transition to your new Orient policy is as smooth as possible. That's why we're offering you an Orient plan that is the closest match to the Aetna/BNL plan you are on, so your cover remains as consistent as possible. Depending on your plan, you may also find new benefits, so we encourage you to review your Table of Benefits in detail.

In this document, we help you compare your current Aetna/BNL plan to your new Orient plan. The complete overview of your new cover is in your Table of Benefits. All the applicable terms and conditions are detailed in the Individual Benefit Guide.

If you have any questions about the information in this document, please do not hesitate to contact us. We're here to help.

Your new Orient plan

Please note that in the tables below, the ✓ symbol means 'Covered in full up to the maximum plan limit'.

If you're currently on an Aetna/BNL Pioneer 1750 plan...

...you will be moving to our Bahrain **Care Plus** Core Plan and Bahrain **Active Base** Out-patient Plan.

How your current and new plan compare:

	Your current Aetna/BNL plan	Your new Orient plan
Maximum Plan Limit	\$1,750,000	\$4,000,000
In-patient room type	Private room	Private room
In-patient and day-care treatment	✓	✓
In-patient psychiatry and psychotherapy	Max. 30 days, up to \$5,000	✓
Cancer treatment	✓	✓
Congenital conditions	Not covered	Treatment and procedures for these are covered under several plan benefits*
Out-patient day-to-day costs	Not covered	Not covered
Out-patient scans	Not covered	✓
Routine health checks	Not covered	Not covered
Vaccinations	\$150	\$150
Out-patient psychiatry and psychotherapy	Not covered	Not covered
Medical evacuation	Covered in full for emergencies only (unless you tailored your plan by selecting a non-emergency medical	Covered in full for emergency and non-emergency

	evacuation benefit covered up to \$2,000)	
<i>Optional dental cover</i>	Not included	Not included

*See your Table of Benefits for details of all benefits included.

And if you currently have an excess, note that Orient calls it a 'deductible':

If you are on this Aetna/BNL excess...	...then you are moving to this Orient deductible
\$1,000	\$1,015
\$2,000	\$2,025
\$4,000	\$4,050
\$8,000	\$8,100

If you're currently on an Aetna/BNL Pioneer 2500 plan...

...you will be moving to our Bahrain **Care Plus** Core Plan and Bahrain **Active** Out-patient Plan.

How your current and new plan compare:

	Your current Aetna/BNL plan	Your new Orient plan
<i>Maximum Plan Limit</i>	\$2,500,000	\$4,000,000
<i>In-patient room type</i>	Private room	Private room
<i>In-patient and day-care treatment</i>	✓	✓
<i>In-patient psychiatry and psychotherapy</i>	Max. 30 days, up to \$5,000	✓
<i>Cancer treatment</i>	✓	✓
<i>Congenital conditions</i>	\$25,000 per lifetime	Treatment and procedures for these are covered under several plan benefits*
<i>Out-patient day-to-day costs</i>	\$5,000 (limit shared with other benefits)	\$6,750 (limit shared with other benefits, of which: \$675 for 'Medical practitioner fees' and \$270 for 'Prescription drugs')
<i>Out-patient scans</i>	\$5,000 for 'MRI scans' (limit shared with other benefits) CT and PET scans: covered in full	✓
<i>Routine health checks</i>	Not covered	Not covered
<i>Vaccinations</i>	\$150	\$150
<i>Out-patient psychiatry and psychotherapy</i>	\$1,000	Not covered
<i>Medical evacuation</i>	Covered in full for emergencies only (unless you tailored your plan by selecting a non-emergency medical evacuation benefit covered up to \$2,000)	Covered in full for emergency and non-emergency
<i>Optional dental cover</i>	Not included	Not included

*See your Table of Benefits for details of all benefits included.

And if you currently have an out-patient co-insurance, note that Orient calls it a 'co-payment':

If you are on this Aetna/BNL out-patient co-insurance...	...then you are moving to this Orient out-patient co-payment
10% up to max. \$2,000	10% up to max. \$14 per visit
20% up to max. \$4,000	20% up to max. \$28 per visit
30% up to max. \$5,000	20% up to max. \$28 per visit

If you're currently on an Aetna/BNL Pioneer 4000 plan...

...you will be moving to our Bahrain **Care Pro** Core Plan and Bahrain **Active Plus** Out-patient Plan.

How your current and new plan compare:

	Your current Aetna/BNL plan	Your new Orient plan
<i>Maximum Plan Limit</i>	\$4,000,000	\$5,000,000
<i>In-patient room type</i>	Private room	Private room
<i>In-patient and day-care treatment</i>	✓	✓
<i>In-patient psychiatry and psychotherapy</i>	Max. 30 days, up to \$10,000	✓
<i>Cancer treatment</i>	✓	✓
<i>Congenital conditions</i>	\$50,000 per lifetime	Treatment and procedures for these are covered under several plan benefits*
<i>Out-patient day-to-day costs</i>	\$15,000 (limit shared with other benefits)	\$11,780 (limit shared with other benefits, of which \$1,350 for 'Medical practitioner fees and prescription drugs')
<i>Out-patient scans</i>	\$15,000 for 'MRI scans' (limit shared with other benefits) CT and PET scans: covered in full	✓
<i>Routine health checks</i>	\$500	Covered in full for cancer screening only**
<i>Vaccinations</i>	\$250	\$400
<i>Out-patient psychiatry and psychotherapy</i>	\$2,000	Not covered
<i>Medical evacuation</i>	Covered in full for emergencies only (unless you tailored your plan by selecting a non-emergency medical evacuation benefit covered up to \$2,000)	Covered in full for emergency and non-emergency
<i>Optional dental cover (if currently selected)</i>	\$1,000 25% co-insurance	\$2,770 20% co-payment 50% co-payment for 'Dental prostheses' and 'Orthodontic treatment'

*See your Table of Benefits for details of all benefits included.

**Out-patient maximum plan limit applies.

And if you currently have an out-patient co-insurance, note that Orient calls it a 'co-payment':

If you are on this Aetna/BNL out-patient co-insurance...	...then you are moving to this Orient out-patient co-payment
10% up to max. \$2,000	10% up to max. \$14 per visit
20% up to max. \$4,000	20% up to max. \$28 per visit
30% up to max. \$5,000	20% up to max. \$28 per visit

If you're currently on an Aetna/BNL Pioneer 5000 or 5000+ plan...

...you will be moving to our Bahrain **Care Pro** Core Plan, and Bahrain **Active Pro** Out-patient Plan.

How your current and new plan compares:

	Your current Aetna/BNL plan	Your new Orient plan
<i>Maximum Plan Limit</i>	\$5,000,000	\$5,000,000
<i>In-patient room type</i>	Private room	Private room
<i>In-patient and day-care treatment</i>	✓	✓
<i>In-patient psychiatry and psychotherapy</i>	Max. 30 days	✓
<i>Cancer treatment</i>	✓	✓
<i>Congenital conditions</i>	\$100,000 per lifetime	Treatment and procedures for these are covered under several plan benefits*
<i>Out-patient day-to-day costs</i>	✓	✓**
<i>Out-patient scans</i>	✓	✓
<i>Routine health checks</i>	\$1,000	\$810, with 'Cancer screening' covered in full**
<i>Vaccinations</i>	\$250	\$1,000
<i>Out-patient psychiatry and psychotherapy</i>	\$10,000	20 visits
<i>Medical evacuation</i>	Covered in full for emergencies only (unless you tailored your plan by selecting a non-emergency medical evacuation benefit covered up to \$2,000)	Covered in full for emergency and non-emergency
<i>Optional dental cover (if currently selected)</i>	\$1,500 25% co-insurance	\$2,770 20% co-payment 50% co-payment for 'Dental prostheses' and 'Orthodontic treatment'

*See your Table of Benefits for details of all benefits included.

**Out-patient maximum plan limit applies.

And if you currently have an out-patient co-insurance, note that Orient calls it a 'co-payment':

If you are on this Aetna/BNL out-patient co-insurance...	...then you are moving to this Orient out-patient co-payment
10% up to max. \$2,000	10% up to max. \$14 per visit
20% up to max. \$4,000	20% up to max. \$28 per visit
30% up to max. \$5,000	20% up to max. \$28 per visit

If you currently have an Aetna/BNL Maternity Plan....

...you will be moving to our **Bloom** Maternity Plan if your Aetna/BNL plan is **Maternity 75**:

	Your current Aetna/BNL plan	Your new Orient plan
<i>Routine maternity</i>	\$7,500	\$6,750
<i>Complications of pregnancy and childbirth</i>	\$7,500 (from assisted conception) \$15,000 (from natural conception)	Covered in full for 'Complications of pregnancy'. (The Core Plan's maximum plan limit applies as shown on the Table of Benefits) \$13,500 for 'Complications of childbirth'

...you will be moving to our **Bloom Plus** Maternity Plan if your Aetna/BNL plan is **Maternity 150**:

	Your current Aetna/BNL plan	Your new Orient plan
<i>Routine maternity</i>	\$15,000	\$13,500
<i>Complications of pregnancy and childbirth</i>	\$15,000 (from assisted conception) \$50,000 (from natural conception)	Covered in full for 'Complications of pregnancy'. (The Core Plan's maximum plan limit applies as shown on the Table of Benefits) \$20,250 for 'Complications of childbirth'

...you will be moving to our **Bloom Plus** Maternity Plan if your Aetna/BNL plan is **Maternity 200**:

	Your current Aetna/BNL plan	Your new Orient plan
<i>Routine maternity</i>	\$20,000	\$13,500
<i>Complications of pregnancy and childbirth</i>	\$40,000 (from assisted conception) Covered in full (from natural conception)	Covered in full for 'Complications of pregnancy'. (The Core Plan's maximum plan limit applies as shown on the Table of Benefits) \$20,250 for 'Complications of childbirth'

Main differences in policy terms and conditions

- **Prescription drugs:** Currently on your Aetna/BNL policy, where out-patient cover is provided for drugs, it is possible to claim for drugs that are available both over-the-counter and on prescription, as long as your doctor prescribed the drug. If your new Orient policy includes an Out-patient Plan, you will be covered only for those drugs that need a prescription by a doctor in order to be dispensed by the pharmacy (unless you are moving to the Bahrain Active Pro Out-patient plan, which provides additional cover for prescribed over-the-counter drugs, up to \$70).
- **New-born care for babies born from assisted conception:** Your current Aetna/BNL policy excludes in-patient treatment for acute medical conditions that begin before the baby is eight days old, if the pregnancy was achieved by assisted conception. In your new Orient policy, you will not find this restriction, however there will be a limit for in-patient treatment that takes place in the first three months following birth, if the baby is born by surrogacy or is a multiple birth baby born as a result of medically assisted reproduction. This limit is \$40,500 per child* and applies before any other benefit in your plan. Out-patient treatment is paid under the terms of the out-patient plan (if included).

**Please note that this limit also applies to babies that are adopted or fostered.*

- The benefit '**Out-patient tests and diagnostic procedures for communicable diseases**' on Aetna/BNL's 2500, 4000,5000 and 5000+ Pioneer plans provides cover for diagnostic tests when you did not have signs or symptoms. This cover does not exist as a standalone benefit in your new Orient plan but cover for asymptomatic diagnostic tests is available under the 'Diagnostic tests' benefit, provided there is medical necessity, or where needed following country-specific health guidance. Diagnostic testing required for travel or recreational purposes is not covered.

Accessing treatment

The process regarding accessing treatment will be slightly different under your new Orient policy. You will find a complete description in the Benefit Guide – please find below a short summary for your convenience:

- Some benefits included in your new Orient policy will be indicated in the Table of Benefits as subject to **pre-approval**. These benefits are usually in-patient treatments or high cost treatments. For these benefits, you will need to send us a Pre-authorisation Form in advance: this will help us assess each case, organise everything with the hospital before your arrival and make direct payment of the hospital bill easier, where possible.

If pre-approval via Treatment Guarantee Form is not obtained, the following will apply:

- If the treatment received is subsequently proven to be medically unnecessary, we reserve the right to decline the claim.
- If the treatment is subsequently proven to be medically necessary, we will pay 80% of in-patient benefits and 50% of other benefits.

In case of **emergency treatments**, you can simply access the treatment you require and inform us within 48 hours of any hospital admission. We can take Treatment Guarantee Form details over the phone at that point.

- For any other benefit that is not indicated in the Table of Benefits as subject to pre-approval, you can simply pay the medical provider upfront and then claim the eligible costs via our MyHealth digital services (available as portal and mobile app).
- **Claiming deadline:** Your cover under Orient offers an extended claims submission timeline whereby we will accept claims for processing up to six months after the end of the Insurance Year they refer to, as opposed to six months after the treatment date as applicable under your Aetna/BNL policy.
- **Medical provider network.** The list of medical providers that facilitate direct settlement with us may differ from your experience with Aetna/BNL. We are expanding our provider network as we endeavour to make sure that access to key medical providers is available.

Contact us, we love to help!

If you need any assistance in understanding our cover with us, you'll find the contact details on your policy documents. Call us anytime, we will be happy to help.

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