

# Benefits Schedule

## INTERNATIONAL HEALTHCARE PLAN LIFESTYLE

**AETNA  
GLOBAL  
BENEFITS®**

### Effective 1<sup>st</sup> 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\$.

| Benefits   | Lifestyle 003  |
|--|--|
| <b>Maximum Annual Aggregate Limit</b>  | \$1,600,000  |
| <b>In-Patient Charges</b><br>Hospital accommodation, <b>Drugs and Dressings</b> , surgeon and anaesthetist fees, theatre charges, intensive care unit and pathology.   | Full refund  |
| <b>Hospital Cash Benefit</b><br>When <b>Treatment</b> is received as an <b>In-Patient</b> for an eligible <b>Medical Condition</b> for a maximum of 20 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.  | \$125 per night  |
| <b>Parent Accommodation</b><br>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>In-Patient</b> .   | Full refund  |
| <b>New Born Cover</b><br><b>In-Patient 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.  | Up to \$100,000 and to a maximum of 90 days <b>Hospital</b> stay |
| <b>New Born Accommodation</b><br>Hospital accommodation costs relating to a <b>New Born</b> baby (up to 16 weeks old) to accompany its mother (being an <b>Insured Person</b> ) whilst she is receiving <b>Treatment</b> as an <b>In-Patient</b> in a <b>Hospital</b> .  | Full refund  |
| <b>In-Patient Psychiatric Treatment</b><br>In a registered psychiatric unit of a <b>Hospital</b> . All <b>Benefits</b> are conditional upon pre-authorisation from <b>Us</b> and all <b>Treatment</b> being administered under the direct control of a registered psychiatrist.  | Full refund (up to 30 days)                                      |
| <b>Complications of Pregnancy</b><br><b>Treatment</b> of a <b>Medical Condition</b> which arises during the antenatal stages of pregnancy, or a <b>Medical Condition</b> which arises during childbirth and requires a recognised obstetric procedure.   | Full refund (subject to a waiting period)*                       |
| <b>Accidental Damage to Teeth</b><br><b>Treatment</b> received in an <b>Emergency</b> room in a <b>Hospital</b> within seven days of incurring accidental damage caused to sound, natural teeth.   | Full refund  |
| <b>Congenital Anomalies</b><br><b>Treatment</b> of <b>Congenital Anomalies</b> which manifest themselves after <b>Your Date of Entry</b> . In circumstances where a <b>Congenital Anomaly</b> manifests itself in a <b>New Born</b> baby within 30 days of birth, cover for such <b>Medical Conditions</b> will be provided under <b>New Born Cover Benefit</b> of the <b>Policy</b> and will be excluded from cover under this <b>Benefit</b> . | Up to \$100,000 per <b>Medical Condition</b>                     |
| <b>Oncology</b><br><b>Treatment</b> given for cancer received as an <b>In-Patient</b> , <b>Day-Patient</b> , or <b>Out-Patient</b> .   | Full refund  |
| <b>CT and MRI</b><br>Scans received as an <b>In-Patient</b> , <b>Day-Patient</b> , or <b>Out-Patient</b> and pre-authorised by <b>Us</b> .   | Full refund  |
| <b>Emergency Transportation</b><br><b>Emergency</b> Transportation costs to and from <b>Hospitals</b> by the most appropriate form of transport.   | Full refund  |
| <b>Evacuation</b><br><b>Evacuation</b> of an <b>Insured Person</b> in the event of an <b>Emergency</b> , where <b>Treatment</b> is not readily available at the place of the incident, to the nearest appropriate facility, for the purpose of admission to <b>Hospital</b> as an <b>In-Patient</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.              | Full refund  |



|  |  |
|--|--|
| <b>Additional Travel Expenses (following Evacuation)</b><br>Reasonable travel costs:   |  |
| i. to and from medical appointments when <b>Treatment</b> is being received as a <b>Day-Patient</b> .  | Full refund  |
| ii. 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>In-Patient</b> .  | Full refund  |
| iii. non- <b>Hospital</b> accommodation 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> .   | Up to \$150 per person per day and \$5,000 per person, per <b>Evacuation</b> |
| iv. economy class airline ticket to return the <b>Insured Person</b> and one other person who has travelled as an escort to the <b>Country of Residence</b> , or to the country from where <b>Evacuation</b> occurred.   | Full refund  |
| <b>Mortal Remains</b><br>i. Transportation of a body or ashes to the <b>Country of Nationality</b> or <b>Country of Residence</b> , or<br>ii. Burial or cremation costs at the place of death.   | Up to \$8,500  |
| <b>AIDS</b><br>Medical expenses which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and/or any mutant derivative or variation thereof.   | Up to \$10,000   |
| <b>Reconstructive Surgery</b><br>Reconstructive surgery following an <b>Accident</b> or following surgery for an eligible <b>Medical Condition</b> .   | Full refund  |
| <b>Home Nursing</b><br>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 pre-authorised by <b>Us</b> .  | Full refund up to 28 weeks per condition                                     |
| <b>Out-Patient Charges Including:</b><br>i. <b>Medical Practitioner</b> fees including consultations.<br>ii. <b>Specialist</b> fees.<br>iii. Diagnostic procedures.<br>iv. Physiotherapy on referral by a <b>Medical Practitioner</b> .<br>v. Prescribed <b>Drugs and Dressings</b> .<br>vi. <b>Treatment</b> administered by registered chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists on referral by a <b>Medical Practitioner</b> or <b>Specialist</b> . | Full refund<br><br><br><br><br>Full refund up to 10 sessions in aggregate    |
| <b>Organ Transplant</b>  | Full refund  |
| <b>Out-Patient Surgery</b>   | Full refund  |
| <b>Ancillary Charges</b><br>The purchase or rental of crutches or wheelchairs following <b>Treatment</b> as <b>In-Patient</b> or <b>Day-Patient</b> .  | Up to \$1,000 per <b>Medical Condition</b>                                   |
| <b>Rehabilitation</b>  | Up to 120 days per <b>Medical Condition</b>                                  |
| <b>Out-Patient Psychiatric Treatment</b><br>Including <b>Specialist</b> consultations. All <b>Benefits</b> are conditional upon pre-authorisation from <b>Us</b> and all <b>Treatment</b> must be administered under the direct control of a registered psychiatrist.  | Up to \$5,000  |
| <b>Traditional Chinese Medicine</b><br>Administered by a recognised traditional Chinese practitioner.  | Up to a maximum of \$30 per session and to a maximum of 10 sessions          |
| <b>Hormone Replacement Therapy</b><br><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 <b>We</b> mean prior to age 40 years).  | Full refund up to 18 months per condition                                    |
| <b>Chronic Conditions</b><br>Routine check-ups, <b>Drugs and Dressings</b> prescribed for management of the condition, <b>Hospital</b> accommodation, nursing, renal dialysis, surgery and <b>Palliative Treatment</b> for <b>Chronic</b> conditions.  | Up to \$15,000 (Nil <b>Excess</b> )  |
| <b>Evacuation Extension</b><br><b>Evacuation</b> to the country of <b>Your</b> choice.   | Full refund  |
| <b>Routine Dental Treatment (1)</b><br>Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions incurred after 6 months from the purchase date of this <b>Benefit</b> or <b>Your Date of Entry</b> , whichever is the later.   | No cover   |
| <b>Major Restorative Dental Treatment (2)</b><br>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 <b>Treatment</b> , new or repair of upper or lower dentures incurred after nine months from purchase date of this <b>Benefit</b> or <b>Your Date of Entry</b> , whichever is the later.   | No cover   |
| <b>Pregnancy and Childbirth</b><br>Costs associated with normal pregnancy and childbirth, pre- and post-natal check-ups and delivery costs.  | No cover   |

\*Please refer to the **Policy** wording.

## Excess Options

Product option carries a standard **Excess** applicable to each new **Medical Condition**. You can amend this by selecting alternative options.

Lifestyle 003

Standard (\$)

100

Options (\$)

Nil; 50 or 250

## Additional Options

Lifestyle 003

### 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 \$1,000,000.

Optional

### Semi-Private Room Restriction [Option 006]<sup>1</sup>

**Benefits** restricted to **Semi-Private Room** and corresponding rates when receiving **Treatment** as an **In-Patient** or **Day-Patient**.

Optional

### China Private Room Restriction [Option 007]<sup>2</sup>

**Benefits** restricted to **Semi-Private Room** and corresponding rates when receiving **Treatment** as an **In-Patient** or **Day-Patient** outside of mainland China.

Optional

### Direct Settlement Network [Option 008]<sup>3</sup>

Cover under this **Policy** provides nil **Excess Benefits** for **Out-Patient Treatment** received within the **Direct Settlement Network**. **Out-Patient Treatment** received outside of the **Direct Settlement Network** and other **In-Patient** and **Day-Patient Treatment** will be subject to \$100 **Excess** applicable each new **Medical Condition**.

Optional

### Extended Evacuation [Option 009]

**Evacuation** costs of an **Insured Person** on the event of **Treatment** not being readily available at the place of incident to the nearest appropriate medical facility, **Country of Residence**, **Country of Nationality** or country of **Your** choice, for the purpose of admission to **Hospital** as an **In-Patient** or **Day-Patient**.

Included

### Medical History Disregarded [Option 010]

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 employees or more).

Optional

### Extension to Lifestyle Plus [Option 011]

Provision for removal of the dental waiting periods applicable to Dental (1) and (2) of the Lifestyle Plus Product, subject to full declaration of dental health. Provision for removal of the **Co-Insurance** applicable to pregnancy and childbirth of the Lifestyle Plus product. (Only available to compulsory **Group** schemes of 5 employees or more).

Not applicable

<sup>1</sup>Available to residents of Hong Kong only.

<sup>2</sup>Available to residents of mainland China only.

<sup>3</sup>Available in certain countries. Please check with **Your** local sales centre.

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