



# International Healthcare Plan

## Benefits Schedule

\$/£/€ - Essential

Effective 1 April, 2012

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 IHP member handbook.

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.

General exclusions include: alcohol, drug or solvent abuse, **chronic medical conditions** that pre-date the **member's** original **date of entry**, cosmetic **treatment**, sexually transmitted diseases, sterilisation and **elective** medical checkups.

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 **medical condition** basis (unless specifically stated).

	Essential
Maximum Annual Aggregate Limit	A maximum of £1,000,000 or €1,200,000 or \$1,600,000 per <b>member</b> per <b>period of cover</b>
<b>Inpatient, Day Patient, Emergency Care and Diagnostics</b>	
Inpatient Care Reconstructive Surgery and Rehabilitation	Covered in full i) Accommodation is subject to any selected inpatient bed limit ii) <b>Rehabilitation</b> is covered in full up to 120 days per <b>medical condition</b>
Accident & Emergency Treatment Outside Area of Cover	Covered in full for <b>inpatient treatment</b> <b>Outpatient treatment</b> is limited to £315 or €400 or \$500 per <b>medical condition</b> and subject to an <b>excess</b> of £50 or €60 or \$80 per <b>medical condition</b>
CT PET and MRI Scans	Covered in full
Organ Transplant	Covered in full
Inpatient Psychiatric Treatment	Covered in full (up to 30 days) per <b>period of cover</b>
Accidental Damage to Teeth	Covered in full
Hospital Cash	Up to £75 or €90 or \$125 per night for a maximum of 20 nights per <b>medical condition</b>
Parental Accommodation	Covered in full
<b>Disease and Chronic Conditions Management</b>	
Oncology	Covered in full
Chronic Conditions	Up to £3,000 or €3,600 or \$5,000 per <b>insured person</b> per <b>period of cover</b>
Congenital Anomalies	Up to £62,500 or €75,000 or \$100,000 per <b>medical condition</b>
Durable Medical Equipment, Prosthetic and Orthotic Supplies (DMEPOS)	Up to £625 or €750 or \$1,000 per <b>medical condition</b>
AIDS	Up to £6,250 or €7,500 or \$10,000 per <b>insured person</b> per <b>period of cover</b>
Hospice Care	No cover
Hormone Replacement Therapy	Covered in full up to 18 months per lifetime
<b>Outpatient and Alternative Treatments</b>	
Outpatient Care	Covered in full
Outpatient Surgery	Covered in full
Outpatient Psychiatric Treatment	Up to £3,125 or €3,750 or \$5,000 per <b>period of cover</b>
Alternative Treatment	Covered in full up to 10 sessions in aggregate per <b>medical condition</b>
Vaccinations and Inoculations	Up to £60 or €75 or \$100 per <b>period of cover</b>
Home Nursing	Covered in full up to 30 days per <b>medical condition</b>
<b>Evacuation and Transportation</b>	
Emergency Transportation	Covered in full

	Essential
<b>Evacuation &amp; Additional Travel Expense</b> i) <b>Travel</b> ii) <b>Non-hospital accommodation</b>	i) Covered in full ii) Up to £95 or €115 or \$150 per person per day and £3,000 or €3,600 or \$5,000 per person, per <b>evacuation</b>
<b>Compassionate Emergency Travel</b>	No cover
<b>Mortal Remains</b>	Up to £5,300 or €6,250 or \$8,500 per <b>insured person</b>
<b>Mother and Child</b>	
<b>Complications of Pregnancy</b>	Covered in full
<b>New Born Care</b>	Up to £62,500 or €75,000 or \$100,000 per <b>insured person</b> per <b>period of cover</b> and to a maximum of 90 days <b>hospital</b> stay
<b>New Born Accommodation</b>	Covered in full
<b>Options to Reduce Costs</b>	
<b>China Private Room Restriction</b>	Covered in full
<b>Hong Kong Semi-Private Room Restriction</b>	Covered in full
<b>Outpatient Consultation Copay per Visit</b> This <b>benefit</b> is available where nil <b>excess</b> has been selected.	£15, or €15, or USD\$15 <b>copay per visit</b> or <b>deductible</b> . <i>OR</i> £20, or €20, or USD\$20 <b>copay per visit</b> or <b>deductible</b> . <i>OR</i> £30, or €30, or USD\$30 or <b>copay per visit</b> or <b>deductible</b> .
<b>Inpatient Bed Limit</b>	<b>Inpatient</b> bed limit £50, €60, \$75 per day <i>OR</i> <b>Inpatient</b> bed limit £90, €120, \$150 per day <i>OR</i> <b>Inpatient</b> bed limit £125, €150, \$200 per day <i>OR</i> <b>Inpatient</b> bed limit £160, €200 or \$250 per day <i>OR</i> <b>Inpatient</b> bed limit £240, €280 or \$375 per day <i>OR</i> <b>Inpatient</b> bed limit £325 or €400 or \$500 per day
<b>Options to Upgrade Cover</b>	
<b>Alternative Treatment without Medical Referral</b>	Up to £650 or €800 or \$1,000 per <b>insured person</b> per <b>period of cover</b> <i>OR</i> Up to £1,250 or €1,500 or \$2,000 per <b>insured person</b> per <b>period of cover</b>
<b>Chronic Conditions</b>	No additional options available – see above standard chronic conditions <b>benefit</b>

	Essential
Compassionate Emergency Travel	No cover
Complications of Pregnancy – no wait period	Covered in full
Congenital Anomalies - Including Pre-existing Congenital Anomalies	Covered in full <i>OR</i> Up to £62,500 or €75,000 or \$100,000 per <b>medical condition</b> <i>OR</i> Up to £160,000 or €200,000 or \$250,000 per <b>medical condition</b>
Dental 1 - Routine Dental Treatment	Up to £160 or €200 or \$250 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to £160 or €200 or \$250 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to £320 or €400 or \$500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to £320 or €400 or \$500 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to £500 or €600 or \$750 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to £500 or €600 or \$750 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to £650 or €800 or \$1,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to £650 or €800 or \$1,000 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to £1,000 or €1,200 or \$1,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to £1,250 or €1,500 or \$2,000 per <b>period of cover</b> and subject to 25% <b>cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to £1,500 or €1,875 or \$2,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to £1,000 or €1,200 or \$1,500 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to £1,250 or €1,500 or \$2,000 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to £1,500 or €1,875 or \$2,500 per <b>period of cover</b> and no <b>coinsurance</b>

	Essential
<b>Dental 2 - Major Restorative Dental Treatment</b>	<p>Up to £320 or €400 or \$500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b>  OR  Up to £320 or €400 or \$500 per <b>period of cover</b> and no <b>coinsurance</b>  OR  Up to £500 or €600 or \$750 per <b>period of cover</b> and subject to 25% <b>coinsurance</b>  OR  Up to £500 or €600 or \$750 per <b>period of cover</b> and no <b>coinsurance</b>  OR  Up to £650 or €800 or \$1,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b>  OR  Up to £650 or €800 or \$1,000 per <b>period of cover</b> and no <b>coinsurance</b>  OR  Up to £1,000 or €1,200 or \$1,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b>  OR  Up to £1,250 or €1,500 or \$2,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b>  OR  Up to £1,500 or €1,875 or \$2,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b>  OR  Up to £1,000 or €1,200 or \$1,500 per <b>period of cover</b> and no <b>coinsurance</b>  OR  Up to £1,250 or €1,500 or \$2,000 per <b>period of cover</b> and no <b>coinsurance</b>  OR  Up to £1,500 or €1,875 or \$2,500 per <b>period of cover</b> and no <b>coinsurance</b></p>
<b>Dental 3 - Orthodontic Dental Treatment</b>	<p>Up to £320 or €400 or \$500 per <b>period of cover</b> and subject to 50% <b>coinsurance</b>  OR  Up to £650 or €750 or \$1000 per <b>period of cover</b> and subject to 50% <b>coinsurance</b>  OR  Up to £1,000 or €1,250 or \$1,500 per <b>period of cover</b> and subject to 50% <b>coinsurance</b>  OR  Up to £1,000 or €1,250 or \$1,500 per <b>period of cover</b> and no <b>coinsurance</b>  OR  Up to £320 or €400 or \$500 per <b>period of cover</b> and no <b>coinsurance</b>  OR  Up to £650 or €750 or \$1000 per <b>period of cover</b> and no <b>coinsurance</b></p>

	Essential
<b>Dental 5 - Combined Routine &amp; Restorative Dental</b>	Up to £1,000 or €1,200 or \$1,500 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to £1,000 or €1,200 or \$1,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b>
<b>Dental 6 - Combined Routine &amp; Restorative Dental with Orthodontics</b>	Up to £1,500 or €1,875 or \$2,500 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to £1,500 or €1,875 or \$2,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b>
<b>Dental 7 - Combined Routine &amp; Restorative Dental with Orthodontics and Dental Implants</b>	Up to £1,850 or €2,000 or \$3,000 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to £1,850 or €2,000 or \$3,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b>
<b>Outpatient Direct Settlement Network - nil excess</b> This benefit is available where a Nil, £30, €40, \$50 <i>OR</i> £65, €80, \$100 <b>policy excess</b> has been selected.	<b>Outpatient</b> consultations are available on a nil <b>excess</b> basis where <b>treatment</b> is received in network. Where <b>outpatient</b> consultations take place outside the <b>direct settlement network</b> the <b>policy excess</b> applies.
<b>Extended Evacuation</b> (to the country of choice)	Covered in full
<b>Out of Country Transportation</b> For <b>medically necessary</b> non-emergency <b>treatment</b> as an <b>inpatient</b> or <b>day patient</b> i) Travel ii) Non- <b>hospital</b> accommodation	i) Covered in full ii) Up to £95 or €115 or \$150 per person per day and £3,000 or €3,600 or \$5,000 per person, per <b>evacuation</b>  <i>OR</i> Up to £160, €200 or \$250 per person per day and £6,250, €7,500 or \$10,000 per person, per <b>evacuation</b>
<b>Infertility Treatment</b> (minimum of 10 employees required)	No <b>cover</b>
<b>Routine Pregnancy</b>	Up to £3,000 or €3,600 or \$5,000 or per pregnancy and subject to 20% <b>coinsurance</b> <i>OR</i> Up to £3,000 or €3,600 or \$5,000 per pregnancy and no <b>coinsurance</b> <i>OR</i> Up to £6,250 or €7,500 or \$10,000 per pregnancy and subject to 20% <b>coinsurance</b> <i>OR</i> Up to £6,250 or €7,500 or \$10,000 per pregnancy and no <b>coinsurance</b> <i>OR</i> Up to £12,500 or €15,000 or \$20,000 per pregnancy and subject to 20% <b>coinsurance</b> per pregnancy <i>OR</i> Up to £12,500 or €15,000 or \$20,000 per pregnancy and no <b>coinsurance</b> <i>OR</i> Covered in full per pregnancy but subject to 20% <b>coinsurance</b> <i>OR</i>

	Essential
	Covered in full per pregnancy with no <b>coinsurance</b>
<b>Traditional Chinese or Ayurvedic Medicine</b>	£20 or €25 or \$30 per session to a maximum of 10 sessions <i>OR</i> £20 or €25 or \$30 per session to a maximum of 20 sessions <i>OR</i> £30 or €35 or \$50 per session to a maximum of 30 sessions <i>OR</i> Up to £325 or €400 or \$500 per <b>period of cover</b> <i>OR</i> Up to £500 or €600 or \$750 per <b>period of cover</b>
<b>USA Elective Treatment</b> i) <b>Inpatient or day patient treatment</b> received inside the <b>direct settlement network</b> ii) <b>Inpatient or day patient treatment</b> received outside the <b>direct settlement network</b> iii) <b>Outpatient treatment</b> The International Healthcare Plan (IHP) does not comply with the Patient Protection and Affordable Care Act (U.S. healthcare reform), and cannot be used to satisfy any requirements for health insurance <b>cover</b> mandated therein.	i) Covered in full ii) Up to €625,000 or €750,000 or \$1,000,000 per <b>member</b> per <b>period of cover</b> and subject to 50% <b>coinsurance</b> iii) Covered in full
<b>Vision Care</b>	One eye exam and a maximum <b>benefit</b> of up to £160 or €200 or \$250 per <b>period of cover</b> <i>OR</i> One eye exam and a maximum <b>benefit</b> of £325 or €400 or \$500 per <b>period of cover</b> <i>OR</i> One eye exam and a maximum <b>benefit</b> of £500 or €600 or \$750 per <b>period of cover</b>
<b>Wellness Option 1</b> Routine medical checkups & well-baby checks	Up to £160 or €200 or \$250 per <b>insured person</b> per <b>period of cover</b>
<b>Wellness Option 2</b> Bilateral mammogram/breast examination and routine gynaecological tests including PAP tests Testicular/prostate examination/PSA/DRE tests Routine medical checkups Well-baby checks	Up to £325 or €400 or \$500 per <b>insured person</b> per <b>period of cover</b> <i>OR</i> Up to £500 or €600 or \$750 per <b>insured person</b> per <b>period of cover</b> <i>OR</i> Up to £650 or €800 or \$1,000 per <b>insured person</b> per <b>period of cover</b> <i>OR</i> Up to £1,000 or €1,250 or \$1,500 per <b>insured person</b> per <b>period of cover</b>
<b>Wellness Option 3 Preventive Screening</b> Preventive screening for <b>members</b> who are deemed at high risk	Up to £650 or €800 or \$1,000 per <b>insured person</b> per <b>period of cover</b> <i>OR</i> Up to £1,000 or €1,200 or \$1,500 per <b>insured person</b> per <b>period of cover</b>



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