



# International Healthcare Plan

## Benefits Schedule

\$/£/€ - Elite

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).

	Elite
Maximum Annual Aggregate Limit	A maximum of £1,600,000 or €2,000,000 or \$2,500,000 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 £160 or €200 or \$250 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 £18,750 or €22,500 or \$30,000 per <b>insured person</b> per <b>period of cover</b>
Congenital Anomalies	Up to £160,000 or €200,000 or \$250,000 per <b>medical condition</b>
Durable Medical Equipment, Prosthetic and Orthotic Supplies (DMEPOS)	Up to £6,250 or €7,500 or \$10,000 per <b>period of cover</b>
AIDS	Up to £12,500 or €15,000 or \$20,000 per <b>insured person</b> per <b>period of cover</b>
Hospice Care	Up to £30,000 or €36,000 or \$50,000 per lifetime
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 30 sessions in aggregate per <b>medical condition</b>
Vaccinations and Inoculations	Up to £325 or €400 or \$500 per <b>period of cover</b>
Home Nursing	Covered in full up to 28 weeks per <b>medical condition</b>
<b>Evacuation and Transportation</b>	
Emergency Transportation	Covered in full

	Elite
<b>Evacuation &amp; Additional Travel Expense</b>	i) Covered in full ii) 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>Compassionate Emergency Travel</b>	See above listed <b>benefit</b> – offered as standard up to £1,850 or €2,000 or \$3,000 per <b>period of cover</b>
<b>Mortal Remains</b>	Up to £9,375 or €11,250 or \$15,000 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 £160,000 or €200,000 or \$250,000 per <b>insured person</b> per <b>period of cover</b> and to a maximum of 180 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>	Covered in full
<b>Compassionate Emergency Travel</b>	Up to £1,850 or €2,000 or \$3,000 per <b>period of cover</b>

	Elite
<b>Complications of Pregnancy – no wait period</b>	Covered in full
<b>Congenital Anomalies - Including Pre-existing Congenital Anomalies</b>	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>
<b>Dental 1 - Routine Dental Treatment</b>	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>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>
<b>Dental 2 - Major Restorative Dental Treatment</b>	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>

	Elite
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<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></p> <p><i>OR</i> Up to £650 or €750 or \$1000 per <b>period of cover</b> and subject to 50% <b>coinsurance</b></p> <p><i>OR</i> Up to £1,000 or €1,250 or \$1,500 per <b>period of cover</b> and subject to 50% <b>coinsurance</b></p> <p><i>OR</i> Up to £1,000 or €1,250 or \$1,500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i> Up to £320 or €400 or \$500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i> Up to £650 or €750 or \$1000 per <b>period of cover</b> and no <b>coinsurance</b></p>
<b>Dental 5 - Combined Routine &amp; Restorative Dental</b>	<p>Up to £1,000 or €1,200 or \$1,500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><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></p>
<b>Dental 6 - Combined Routine &amp; Restorative Dental with Orthodontics</b>	<p>Up to £1,500 or €1,875 or \$2,500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><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></p>
<b>Dental 7 - Combined Routine &amp; Restorative Dental with Orthodontics and Dental Implants</b>	<p>Up to £1,850 or €2,000 or \$3,000 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i></p>

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	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)	Up to £15,625 or €18,750 or \$25,000 per <b>member</b> per lifetime
<b>Routine Pregnancy</b>	Up to £3,000 or €3,600 or \$5,000 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> 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>

	Elite
<p><b>USA Elective Treatment</b></p> <p>i) <b>Inpatient or day patient treatment</b> received inside the <b>direct settlement network</b></p> <p>ii) <b>Inpatient or day patient treatment</b> received outside the <b>direct settlement network</b></p> <p>iii) <b>Outpatient treatment</b></p> <p>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.</p>	<p>i) Covered in full</p> <p>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></p> <p>iii) Covered in full</p>
<p><b>Vision Care</b></p>	<p>One eye exam and a maximum <b>benefit</b> of up to £160 or €200 or \$250 per <b>period of cover</b></p> <p><i>OR</i></p> <p>One eye exam and a maximum <b>benefit</b> of £325 or €400 or \$500 per <b>period of cover</b></p> <p><i>OR</i></p> <p>One eye exam and a maximum <b>benefit</b> of £500 or €600 or \$750 per <b>period of cover</b></p>
<p><b>Wellness Option 1</b></p> <p>Routine medical checkups &amp; well-baby checks</p>	<p>Up to £160 or €200 or \$250 per <b>insured person</b> per <b>period of cover</b></p>
<p><b>Wellness Option 2</b></p> <p>Bilateral mammogram/breast examination and routine gynaecological tests including PAP tests</p> <p>Testicular/prostate examination/PSA/DRE tests</p> <p>Routine medical checkups</p> <p>Well-baby checks</p>	<p>Up to £325 or €400 or \$500 per <b>insured person</b> per <b>period of cover</b></p> <p><i>OR</i></p> <p>Up to £500 or €600 or \$750 per <b>insured person</b> per <b>period of cover</b></p> <p><i>OR</i></p> <p>Up to £650 or €800 or \$1,000 per <b>insured person</b> per <b>period of cover</b></p> <p><i>OR</i></p> <p>Up to £1,000 or €1,250 or \$1,500 per <b>insured person</b> per <b>period of cover</b></p>
<p><b>Wellness Option 3 Preventive Screening</b></p> <p>Preventive screening for <b>members</b> who are deemed at high risk</p>	<p>Up to £650 or €800 or \$1,000 per <b>insured person</b> per <b>period of cover</b></p> <p><i>OR</i></p> <p>Up to £1,000 or €1,200 or \$1,500 per <b>insured person</b> per <b>period of cover</b></p>



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