

## UltraCare International Schools Table of benefits 2017

		UltraCare International Schools Bronze	UltraCare International Schools Silver	UltraCare International Schools Gold
<b>1 Overall plan limit</b>				
1.1	<p><b>Reasonable</b> costs will be paid for <b>you</b> up to the overall <b>plan</b> limit in each <b>plan year</b>, subject to the terms and conditions of the <b>plan</b>. We will not pay any more than the overall <b>plan</b> limit for any one or more <b>claims</b> on any one or more of the <b>benefits</b> below. Where a <b>benefit</b> limit is shown as 'Paid in full', this is subject to the overall <b>plan</b> limit.</p> <p><b>You</b> must request <b>pre-authorisation</b> for some of the <b>benefits</b>, see <b>your Claims</b> procedures and <b>benefit</b> condition BC2 in the <b>Plan</b> guide for more information.</p>	£600,000	£1,200,000	£1,800,000
<b>2 Cancer care</b>				
2.1	All <b>treatment</b> for cancer, including bone marrow transplants. This <b>benefit</b> covers <b>treatment</b> aimed to cure cancer, <b>treatment</b> of a cancer which is diagnosed as a <b>chronic medical condition</b> , <b>palliative treatment</b> and care during the end stages of a cancer.	Paid in full	Paid in full	Paid in full
<b>3 In-patient and daycare treatment of acute medical conditions and stabilisation of acute episodes of chronic medical conditions (see section 23 for deductibles)</b>				
3.1	Medical costs including intensive care costs, theatre costs, <b>hospital</b> accommodation, <b>specialists'</b> and <b>medical practitioners'</b> fees, anaesthetists' fees, nursing fees and prescribed drugs and dressings.	Paid in full	Paid in full	Paid in full
3.2	MRI, PET and CT scans, X-rays, pathology and other <b>diagnostic tests and procedures</b> .			
3.3	Reconstructive surgery following an <b>accident</b> or following surgery for an eligible <b>medical condition</b> that first occurred after <b>your date of joining</b> .			
3.4	Prostheses surgically implanted to form permanent parts of <b>your</b> body.			
3.5	Medical services of a <b>nurse</b> as part of <b>your in-patient</b> or <b>daycare treatment</b> when these are received in <b>your home</b> instead of in <b>hospital</b> .			
3.6	<b>Hospital</b> accommodation costs for a parent or legal guardian to stay with an insured child, under the age of 18, when the child is receiving <b>in-patient treatment</b> .			
<b>4 Out-patient post-hospitalisation treatment of acute medical conditions (see section 23 for deductibles)</b>				
4.1	<b>Out-patient treatment</b> for a period of 90 days following <b>in-patient</b> or <b>daycare treatment</b> related to the same <b>acute medical condition</b> . This <b>benefit</b> covers <b>medical practitioners'</b> and <b>specialists'</b> fees, surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other <b>diagnostic tests and procedures</b> .	Paid in full	Paid in full	Paid in full
<b>5 Out-patient treatment of acute medical conditions and stabilisation of acute episodes of chronic medical conditions (see section 23 for deductibles)</b>				
5.1	Surgical procedures.	Paid in full	Paid in full	Paid in full
5.2	Out-patient pre-operative tests up to 72 hours before <b>in-patient</b> or <b>daycare treatment</b> of <b>acute medical conditions</b> and stabilisation of <b>acute</b> episodes of <b>chronic medical conditions</b> .	Paid up to £600	Paid up to £4,000	
5.3	<b>Medical practitioners'</b> and <b>specialists'</b> fees, prescribed drugs and dressings, X-rays, pathology and <b>diagnostic tests and procedures</b> .	Not covered		
5.4	MRI, PET and CT scans.		Paid in full	
<b>6 Physiotherapy and complementary medicine for acute and chronic medical conditions (see section 23 for deductibles)</b>				
6.1	Physiotherapy by a <b>physiotherapist</b> , as part of <b>in-patient</b> or <b>daycare treatment</b> .	Paid in full	Paid in full	Paid in full
6.2	Post-hospitalisation out-patient physiotherapy by a <b>physiotherapist</b> for any one or more <b>medical conditions</b> in each <b>plan year</b> . This <b>benefit</b> is available for a period of 90 days following any <b>in-patient</b> or <b>daycare treatment</b> related to the same <b>medical condition</b> .	Paid up to £180	Paid up to £270	Paid up to £500
6.3	Out-patient physiotherapy by a <b>physiotherapist</b> , when referred by a <b>medical practitioner</b> or <b>specialist</b> .	Not covered		
6.4	<b>Out-patient</b> complementary medicine and <b>treatment</b> , when referred by a <b>medical practitioner</b> or <b>specialist</b> . This <b>benefit</b> covers podiatry, osteopathic and chiropractic <b>treatment</b> only.		Paid up to £270	Paid up to £500
6.5	<b>Out-patient</b> traditional Chinese medicine, acupuncture and homeopathic <b>treatment</b> .			



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<b>7 Psychiatric treatment for acute and chronic medical conditions</b> (see section 23 for deductibles)				
7.1	<b>In-patient psychiatric treatment</b> and psychotherapy for up to 30 days.	Not covered	Not covered	Not covered
7.2	<b>Out-patient psychiatric treatment</b> and psychotherapy, available after <b>you</b> have had 12 months' continuous cover from the date that the <b>benefit</b> was first introduced on <b>your plan</b> .		Paid up to £1,000	Paid up to £1,560
<b>8 Maintenance of chronic medical conditions</b> (see section 23 for deductibles)				
8.1	<b>In-patient</b> and <b>daycare treatment</b> to maintain the symptoms of <b>chronic medical conditions</b> .	Not covered	Paid up to a <b>lifetime limit</b> of £45,000	Paid up to a <b>lifetime limit</b> of £90,000
8.2	Kidney dialysis for the maintenance of <b>chronic medical conditions</b> .			
8.3	<b>Out-patient treatment</b> to maintain the symptoms of <b>chronic medical conditions</b> . This <b>benefit</b> covers <b>medical practitioners'</b> and <b>specialists'</b> fees, surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other <b>diagnostic tests and procedures</b> .			
8.4	If a <b>medical condition</b> becomes <b>terminal</b> , it will only be covered under section 10.			
<b>9 Congenital abnormalities</b> (see section 23 for deductibles)				
9.1	All <b>treatment</b> aimed to cure a <b>congenital abnormality</b> , <b>treatment of a congenital abnormality</b> which is diagnosed as a <b>chronic medical condition</b> , <b>palliative treatment</b> and care for a <b>congenital abnormality</b> which is diagnosed as <b>terminal</b> , and <b>treatment</b> for any <b>related medical condition</b> : <ul style="list-style-type: none"> <li>• if the <b>congenital abnormality</b> is not <b>inherited</b>;</li> <li>• if <b>you</b> did not have signs or symptoms of the <b>congenital abnormality</b> before <b>your date of joining</b>; and</li> <li>• the <b>congenital abnormality</b> is diagnosed after <b>your date of joining</b>.</li> </ul> This <b>benefit</b> covers <b>medical practitioners'</b> and <b>specialists'</b> fees, surgical procedures including prostheses surgically implanted to form permanent parts of <b>your</b> body, physiotherapy, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other <b>diagnostic tests and procedures</b> . This <b>benefit</b> does not extend to <b>psychiatric treatment</b> or psychotherapy, complementary medicine, traditional Chinese medicine, acupuncture or homeopathic <b>treatment</b> .	Not covered	Not covered	Paid up to a <b>lifetime limit</b> of £21,000
<b>10 Terminal care</b>				
10.1	<b>Palliative treatment</b> and care for a <b>medical condition</b> which is diagnosed as <b>terminal</b> .	Not covered	Paid in full	Paid in full
<b>11 Medical evacuation and repatriation</b>				
11.1	The costs to transport <b>you</b> to the nearest location within <b>your area of cover</b> where appropriate medical facilities are available. This <b>benefit</b> , including <b>emergency treatment</b> <b>you</b> receive during the journey, will only be paid if <b>we</b> agree appropriate <b>treatment</b> for <b>your</b> eligible <b>medical condition</b> is not available locally.	Paid in full when needed for <b>in-patient treatment, daycare treatment</b> or any cancer <b>treatment</b>	Paid in full	Paid in full
11.2	Economy class travel costs for <b>you</b> to go back to the <b>country where you live</b> , following <b>your</b> medical evacuation.			
11.3	Costs of <b>your dependants</b> , a <b>close family member</b> or <b>business colleague</b> having to accompany <b>you</b> for a medical evacuation. This <b>benefit</b> will only become available if <b>your medical condition</b> is <b>critical</b> . <b>We</b> will cover: <ul style="list-style-type: none"> <li>• return economy class travel costs, including taxi transfers to and from the hotel on arrival and departure;</li> <li>• <b>reasonable</b> overnight accommodation costs, to include breakfast; and</li> <li>• a taxi from the hotel to the <b>hospital</b>, and back, once a day.</li> </ul>			
<b>12 Local ambulance</b>				
12.1	Costs of appropriate ambulance transport to the nearest available and appropriate local <b>hospital</b> because of an <b>emergency</b> or due to <b>medical necessity</b> .	Paid in full	Paid in full	Paid in full
<b>13 Out-patient dental treatment</b> (see section 23 for deductibles)				
13.1	Restoration of <b>natural teeth</b> including <b>treatment</b> of accidental damage to <b>natural teeth</b> . This <b>benefit</b> covers X-rays, fillings, extractions, root-canal <b>treatment</b> , gum <b>treatment</b> , permanent bridges and semi-precious crowns, and is available after <b>you</b> have had 182 days' continuous cover from the date that the <b>benefit</b> was first introduced on <b>your plan</b> .	Not covered	Paid up to 75% of £500	Paid up to 75% of £780



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<b>14</b>	<b>Wellness</b>			
14.1	<b>Members</b> aged 18 and over: <b>routine health checks</b> including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations.	Not covered	Not covered	Not covered
14.2	<b>Members</b> aged 0-17: well-child tests and vaccinations.			
14.3	<b>Preventative dental services:</b> checkups to include scraping, cleaning and polishing only.			
14.4	<b>Preventative services</b> for sight and hearing: one sight examination and one hearing examination in each <b>plan year</b> .			
<b>15</b>	<b>Organ transplants</b> (see section 23 for deductibles)			
15.1	Transplants of kidney, liver, heart, lung or heart and lung and any related <b>treatment</b> that <b>you</b> need as a result of an eligible <b>medical condition</b> .	Paid up to £300,000	Paid up to £300,000	Paid up to £300,000
15.2	If the <b>medical condition</b> is a <b>congenital abnormality</b> , the cost of organ transplants and any related <b>treatment</b> will only be covered under section 9.			
<b>16</b>	<b>HIV or AIDS</b> (see section 23 for deductibles)			
16.1	All <b>treatment</b> , including <b>palliative treatment</b> and care, for HIV or AIDS and all <b>related medical conditions</b> , available after <b>you</b> have had four years' continuous cover from the date that the <b>benefit</b> was first introduced on <b>your plan</b> .	Not covered	Paid up to a <b>lifetime limit</b> of £50,000	Paid up to a <b>lifetime limit</b> of £50,000
<b>17</b>	<b>Maternity care - available after you have had 12 months' continuous cover from the date that the benefit was first introduced on your plan</b>			
17.1	Antenatal checkups and <b>treatment</b> , delivery costs, nursing fees, <b>hospital</b> accommodation costs and postnatal checkups, for a normal uncomplicated pregnancy and normal uncomplicated childbirth.  This <b>benefit</b> covers no more than one 2D ultrasound scan in each trimester of a normal uncomplicated pregnancy. This <b>benefit</b> also covers 12 routine antenatal visits during a normal uncomplicated pregnancy.  This <b>benefit</b> covers the following for the newborn child: <ul style="list-style-type: none"> <li>• one physical examination;</li> <li>• vitamin K, hepatitis B and BCG vaccinations;</li> <li>• routine blood tests for PKU, congenital hypothyroidism and G6PD;</li> <li>• one hearing examination; and</li> <li>• <b>reasonable</b> accommodation costs for no more than four nights, if the mother is admitted and not suffering any complications.</li> </ul> (see section 23 for deductibles)	Not covered	Not covered	Paid up to 80% of £5,000
17.2	<b>Treatment</b> of a medical complication that happens due to a <b>medical condition</b> during the antenatal period of a pregnancy or childbirth. If the pregnancy is resulting from assisted conception, any medical complication arising during the antenatal period or childbirth will be limited to the amounts shown in section 17.1.	Paid up to £2,500	Paid up to £5,000	Paid in full
17.3	<b>Hospital</b> accommodation costs for a newborn child to stay with its mother when she is receiving <b>in-patient treatment</b> for a <b>medical condition</b> covered under section 17.2.	Paid in full	Paid in full	
17.4	Terminating a pregnancy when <b>medically necessary</b> .			
17.5	<b>Treatment</b> of <b>birth defects</b> , including birth trauma, for 12 months from the date of diagnosis. This <b>benefit</b> is available for each pregnancy covered under sections 17.1 or 17.2 if the newborn child is added to the <b>plan</b> before they are 30 days old and the <b>birth defects</b> are diagnosed in the first six months after birth.			Paid up to £21,000
17.6	<b>Treatment</b> of <b>congenital abnormalities</b> for 12 months from the date of diagnosis. This <b>benefit</b> is available for each pregnancy covered under sections 17.1 or 17.2: <ul style="list-style-type: none"> <li>• if the newborn child is added to the <b>plan</b> before they are 30 days old;</li> <li>• the <b>congenital abnormalities</b> are diagnosed in the first six months after birth; and</li> <li>• the <b>congenital abnormalities</b> are not <b>inherited</b>.</li> </ul> (see section 23 for deductibles)	Paid up to £21,000	Paid up to £21,000	Covered in the <b>benefit</b> limit shown in section 9
<b>18</b>	<b>Hormone replacement therapy</b>			
18.1	Hormone replacement therapy for symptoms of the menopause.	Not covered	Paid up to £155	Paid up to £300

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<b>19</b>	<b>Hospital cash</b>			
19.1	Cash payment made to <b>you</b> , for up to 30 nights in each <b>plan year</b> , when <b>you</b> receive <b>in-patient treatment</b> and <b>hospital</b> accommodation free of charge.	£270 paid to <b>you</b> for each night	£270 paid to <b>you</b> for each night	£270 paid to <b>you</b> for each night
<b>20</b>	<b>Compassionate emergency visit</b>			
20.1	Costs <b>you</b> have to pay for an economy class return travel ticket from a country within <b>your area of cover</b> to visit a <b>close family member</b> if their <b>medical condition</b> is <b>critical</b> , or for <b>you</b> to attend their burial or cremation following their death. <b>You</b> are limited to one return journey in each <b>plan year</b> .	Not covered	Paid in full	Paid in full
<b>21</b>	<b>Mortal remains</b>			
21.1	<b>Reasonable</b> costs of preparing and transporting <b>your</b> body, mortal remains or ashes to <b>your home country</b> , or preparing <b>your</b> body or mortal remains for local burial or cremation. This <b>benefit</b> is only available if <b>you</b> die outside <b>your home country</b> .	Paid in full	Paid in full	Paid in full
<b>22</b>	<b>Emergency treatment outside area of cover</b> (see section 23 for deductibles)			
22.1	<b>Emergency treatment</b> outside <b>your area of cover</b> .	Not covered	Paid up to £42,000	Paid up to £60,000
<b>23</b>	<b>Deductibles</b>			
23.1	<b>Out-patient treatment excess</b> on sections 4, 5, 6.2, 6.3, 6.4, 6.5, 7.2, 8.3, 9, 16 and 17.6. This <b>deductible</b> is applied for each <b>medical condition</b> in each <b>plan year</b> .	£30.00	£30.00	£30.00
23.2	<b>In-patient, daycare</b> and <b>out-patient treatment excess</b> on sections 3, 4, 5, 6, 7, 8, 9, 15, 16, 17.6 and 22. This <b>deductible</b> is applied for each <b>medical condition</b> in each <b>plan year</b> .	Only applied if a voluntary <b>excess</b> has been chosen. This replaces the standard <b>excess</b> shown in section 23.1	Only applied if a voluntary <b>excess</b> has been chosen. This replaces the standard <b>excess</b> shown in section 23.1	Only applied if a voluntary <b>excess</b> has been chosen. This replaces the standard <b>excess</b> shown in section 23.1
23.3	<b>Out-patient dental treatment co-insurance</b> on section 13. This <b>deductible</b> is applied to each <b>claim</b> .	Not applicable	25%	25%
23.4	Normal uncomplicated pregnancy and normal uncomplicated childbirth <b>co-insurance</b> on section 17.1. This <b>deductible</b> is applied to each <b>claim</b> .	Not applicable	Not applicable	20%
<b>24</b>	<b>red24 security services</b>			
24.1	Adviseline - 24/7 personal security information and advice for all <b>your</b> travel safety queries. Please contact red24 or visit <a href="http://www.red24.com/interglobal">www.red24.com/interglobal</a>	Included with <b>your plan</b>	Included with <b>your plan</b>	Included with <b>your plan</b>
24.2	ActionResponse - 24/7 international rescue and response service for <b>you</b> in a potentially life-threatening, non-medical event. Please contact red24 or visit <a href="http://www.red24.com/interglobal">www.red24.com/interglobal</a>	Not included with <b>your plan</b>	Not included with <b>your plan</b>	

Some words and phrases used in this Table of **benefits** have specific meanings that are relevant to **your plan**. We have highlighted them in bold print and defined them in the 'Definitions' section of **your Plan** guide.

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