

# Benefits Schedule

## INTERNATIONAL HEALTHCARE PLAN — ELITE

In the table below, **We** have summarised the **Benefits** applicable for this product option. All **Benefits** shown are per **Insured Person**, per **Period of Cover** (unless specifically stated).

Please refer to our **International Healthcare Plan (IHP) Policy Summary** for full **Benefit details** prior to purchasing **Cover**. This **Policy Summary** will be available via the following website: [www.aetnainternational.com](http://www.aetnainternational.com).

To help you understand your **Cover**, the words and phrases that are capitalised and in bold in the **Policy Documentation** have specific meanings, and are defined in the IHP Brochure.

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IHP Elite Benefits Schedule	USD (\$)
Maximum Annual Aggregate Limit	A maximum of \$2,500,000 per <b>Member</b> per <b>Period of Cover</b>
Accidental Damage to Teeth	Full refund
Accident & Emergency Treatment Outside Area of Cover	Full refund for <b>In-Patient Treatment</b> <b>Out-Patient Treatment</b> is limited to \$500 per <b>Medical Condition</b> and subject to an <b>Excess</b> of \$80
AIDS	Up to \$20,000 per <b>Insured Person</b> per <b>Period of Cover</b>
Ancillary Charges	Up to \$2,500 per <b>Medical Condition</b>
Chronic Conditions	Up to \$30,000 per <b>Insured Person</b> per <b>Period of Cover</b>
Compassionate Emergency Travel	Up to \$3,000 per <b>Period of Cover</b>
Complications of Pregnancy	Full refund
Congenital Anomalies.	Up to \$250,000 per <b>Medical Condition</b>
CT and MRI Scans	Full refund
Emergency Transportation	Full refund
Evacuation	Full refund
<b>Evacuation - Additional Travel Expense</b> Costs following an <b>Evacuation</b> to include: <ul style="list-style-type: none"> <li>i) Travel to and from medical appointments.</li> <li>ii) For an accompanying person to travel to and from the <b>Hospital</b> to visit the <b>Member</b>.</li> <li>iii) <b>Non-Hospital</b> accommodation for immediate pre- and post-<b>Hospital</b> admission periods</li> <li>iv) Economy class airline ticket to return the <b>Member</b> and accompanying person to the <b>Country of Residence</b> or the country where <b>Evacuation</b> occurred.</li> </ul>	i) Full refund ii) Full refund iii) Up to \$250 per person per day and up to \$10,000 per person, per <b>Evacuation</b> iv) Full refund
Home Nursing	Full refund up to 28 weeks per <b>Medical Condition</b>



<b>Hormone Replacement Therapy</b>	Full refund up to 18 months per <b>Medical Condition</b>
<b>Hospice Care</b>	Up to \$50,000 per lifetime
<b>Hospital Cash</b>	\$250 per night for a maximum of 20 nights per <b>Medical Condition</b>
<b>Innocent Bystander</b>	Up to \$50,000 per <b>Member</b> per incident
<b>In-Patient Care</b> <ul style="list-style-type: none"> <li>i) Accommodation in a standard <b>Private Room</b></li> <li>ii) <b>Medical Practitioner, Specialist</b>, Consultant and Nursing fees</li> <li>iii) Diagnostic and surgical procedures including pathology, x-rays</li> <li>iv) <b>Drugs, Dressings</b> and Medicines</li> <li>v) <b>Appliances</b> (devices and equipment used as an integral part of a surgical procedure)</li> </ul>	Full refund
<b>In-Patient Psychiatric Treatment</b>	Full refund (up to 30 days) per <b>Period of Cover</b>
<b>Mortal Remains</b>	\$15,000 per <b>Insured Person</b>
<b>New Born Accommodation</b>	Full refund
<b>New Born Care</b>	Up to \$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>Oncology</b>	Full refund
<b>Organ Transplant</b>	Full refund
<b>Out-Patient Care</b> <ul style="list-style-type: none"> <li>i) <b>Medical Practitioner, Specialist</b>, Consultant and Nursing fees</li> <li>ii) Diagnostic and surgical procedures including pathology, x-rays</li> <li>iii) <b>Drugs and Dressings</b> and <b>Appliances</b></li> <li>iv) Physiotherapy</li> <li>v) Alternative <b>Treatment</b></li> </ul>	i- iv) Full refund  v) Full refund up to 30 sessions in aggregate per <b>Medical Condition</b>
<b>Out-Patient Psychiatric Treatment</b>	Up to \$5,000 per <b>Period of Cover</b>
<b>Out-Patient Surgery</b>	Full refund
<b>Parental Accommodation</b>	Full refund
<b>Prosthesis</b> Artificial Eyes and Limbs	Up to \$10,000 per <b>Period of Cover</b>
<b>Reconstructive Surgery</b>	Full refund
<b>Rehabilitation</b>	Full refund up to 120 days per <b>Medical Condition</b>
<b>Vaccinations and Inoculations</b>	Up to \$500 per <b>Period of Cover</b>

Additional Options	USD (\$)
<b>China Private Room Restriction</b>	Available
<b>Dental 1 - Routine Dental Treatment</b>	Available
<b>Dental 2 - Major Restorative Dental Treatment</b>	Available
<b>Dental 3 - Orthodontic Dental Treatment</b>	Available when purchasing Dental 1 or 2
<b>Direct Settlement Network</b> <b>Out-Patient</b> consultations for the following <b>Benefits</b> at Nil <b>Excess</b> <ul style="list-style-type: none"> <li>i) <b>Out-Patient</b> Care</li> <li>ii) Complications of Pregnancy</li> <li>iii) CT and MRI scans</li> <li>iv) Oncology</li> <li>v) <b>Out-Patient</b> surgery</li> <li>vi) <b>Out-Patient</b> Psychiatric Treatment</li> <li>vii) <b>Congenital Anomalies</b></li> </ul>	Available when Nil, \$50, or \$100 <b>Excess</b> options are selected
<b>Extended Evacuation</b>	Available
<b>Hong Kong Semi-Private Room Restriction</b>	Available
<b>Infertility Treatment (minimum of 10 Employees required)</b>	Available
<b>Routine Pregnancy</b>	Available
<b>Traditional Chinese Medicine</b>	Available
<b>Vision Care</b>	Available when purchasing Wellness
<b>Wellness</b>	Available
<b>USA Elective Treatment</b>	Available
Excess Options	USD (\$)
<b>Standard</b>	\$100
<b>Optional</b>	\$0, \$50, or \$250



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