



International Healthcare Plan

Benefits Schedule

\$ - Core

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).

	Core
Maximum Annual Aggregate Limit	A maximum of \$1,600,000 per member per period of cover
Inpatient, Day Patient, Emergency Care and Diagnostics	
Inpatient Care Reconstructive Surgery and Rehabilitation	Covered in full i) Accommodation is subject to any selected inpatient bed limit ii) Rehabilitation is covered in full up to 120 days per medical condition
Accident & Emergency Treatment Outside Area of Cover	Covered in full for inpatient treatment Outpatient treatment is limited to \$500 per medical condition and subject to an excess \$80 per medical condition
CT PET and MRI Scans	Covered in full
Organ Transplant	Covered in full
Inpatient Psychiatric Treatment	Covered in full (up to 30 days) per period of cover
Accidental Damage to Teeth	Covered in full
Hospital Cash	Up to \$125 per night for a maximum of 20 nights per medical condition
Parental Accommodation	Covered in full
Disease and Chronic Conditions Management	
Oncology	Covered in full
Chronic Conditions	No cover
Congenital Anomalies	Up to \$100,000 per medical condition
Durable Medical Equipment, Prosthetic and Orthotic Supplies (DMEPOS)	Up to \$1,000 per medical condition
AIDS	Up to \$10,000 per insured person per period of cover
Hospice Care	No cover
Hormone Replacement Therapy	Covered in full up to 18 months per lifetime
Outpatient and Alternative Treatments	
Outpatient Care	Up to \$1,700 Per medical condition prior to hospitalisation and up to 60 days immediately following hospitalisation. Alternative treatment up to 10 sessions in aggregate per medical condition , and subject to the benefit limit above.
Outpatient Surgery	Covered in full
Outpatient Psychiatric Treatment	No cover
Alternative Treatment	See outpatient care
Vaccinations and Inoculations	Up to \$100 per period of cover
Home Nursing	Covered in full up to 30 days per medical condition

Core

Evacuation and Transportation	
Emergency Transportation	Covered in full
Evacuation & Additional Travel Expense i) Travel ii) Non-hospital accommodation	i) Covered in full ii) Up to \$150 per person per day and \$5,000 per person, per evacuation
Compassionate Emergency Travel	No cover
Mortal Remains	Up to \$8,500 per insured person
Mother and Child	
Complications of Pregnancy	Covered in full
New Born Care	Up to \$100,000 per insured person per period of cover and to a maximum of 90 days hospital stay
New Born Accommodation	Covered in full
Options to Reduce Costs	
China Private Room Restriction	Covered in full
Hong Kong Semi-Private Room Restriction	Covered in full
Outpatient Consultation Copay per Visit This benefit is available where nil excess has been selected.	No cover
Inpatient Bed Limit	Inpatient bed limit \$75 per day <i>OR</i> Inpatient bed limit \$150 per day <i>OR</i> Inpatient bed limit \$200 per day <i>OR</i> Inpatient bed limit \$250 per day <i>OR</i> Inpatient bed limit \$375 per day <i>OR</i> Inpatient bed limit \$500 per day
Options to Upgrade Cover	
Alternative Treatment without Medical Referral	No cover
Chronic Conditions	No cover
Compassionate Emergency Travel	No cover
Complications of Pregnancy – no wait period	Covered in full

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Congenital Anomalies - Including Pre-existing Congenital Anomalies	Covered in full <i>OR</i> Up to \$100,000 per medical condition <i>OR</i> Up to \$250,000 per medical condition
Dental 1 - Routine Dental Treatment	No cover
Dental 2 - Major Restorative Dental Treatment	No cover
Dental 3 - Orthodontic Dental Treatment	No cover
Dental 5 - Combined Routine & Restorative Dental	No cover
Dental 6 - Combined Routine & Restorative Dental with Orthodontics	No cover
Dental 7 - Combined Routine & Restorative Dental with Orthodontics and Dental Implants	No cover
Outpatient Direct Settlement Network - nil excess This benefit is available where a Nil, \$50 <i>OR</i> \$100 policy excess has been selected.	No cover
Extended Evacuation (to the country of choice)	Covered in full
Out of Country Transportation For medically necessary non-emergency treatment as an inpatient or day patient i) Travel ii) Non- hospital accommodation	i) Covered in full ii) Up to \$150 per person per day and \$5,000 per person, per evacuation <i>OR</i> Up to \$250 per person per day and \$10,000 per person, per evacuation
Infertility Treatment (minimum of 10 Employees required)	No cover
Routine Pregnancy	No cover
Traditional Chinese or Ayurvedic Medicine	No cover
USA Elective Treatment i) Inpatient or day patient treatment received inside the direct settlement network ii) Inpatient or day patient treatment received outside the direct settlement network iii) Outpatient treatment 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 cover mandated therein.	No cover
Vision Care	No cover
Wellness Option 1 Routine medical checkups & well-baby checks	Up to \$250 per insured person per period of cover

	Core
Wellness Option 2 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 \$500 per insured person per period of cover <i>OR</i> Up to \$750 per insured person per period of cover <i>OR</i> Up to \$1,000 per insured person per period of cover <i>OR</i> Up to \$1,500 per insured person per period of cover
Wellness Option 3 Preventive Screening Preventive screening for members who are deemed at high risk	No cover



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