



# International Healthcare Plan

## Benefits Schedule

\$ - Elite

Effective April 1, 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 \$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 \$500 per <b>medical condition</b> and subject to an <b>excess</b> of \$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 \$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 \$30,000 per <b>insured person</b> per <b>period of cover</b>
Congenital Anomalies	Up to \$250,000 per <b>medical condition</b>
Durable Medical Equipment, Prosthetic and Orthotic Supplies (DMEPOS)	Up to \$10,000 per <b>period of cover</b>
AIDS	Up to \$20,000 per <b>insured person</b> per <b>period of cover</b>
Hospice Care	Up to \$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 \$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 \$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) <b>Travel</b> ii) <b>Non-hospital accommodation</b>	i) Covered in full ii) Up to \$250 per person per day and \$10,000 per person, per <b>evacuation</b>
<b>Compassionate Emergency Travel</b>	See above listed <b>benefit</b> offered as standard up to \$3,000 per <b>period of cover</b>
<b>Mortal Remains</b>	Up to \$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 \$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.	USD\$15 <b>copay per visit</b> or <b>deductible.</b> <i>OR</i> USD\$20 <b>copay per visit</b> or <b>deductible.</b> <i>OR</i> USD\$30 or <b>copay per visit</b> or <b>deductible.</b>
<b>Inpatient Bed Limit</b>	<b>Inpatient</b> bed limit \$75 per day <i>OR</i> <b>Inpatient</b> bed limit \$150 per day <i>OR</i> <b>Inpatient</b> bed limit \$200 per day <i>OR</i> <b>Inpatient</b> bed limit \$250 per day <i>OR</i> <b>Inpatient</b> bed limit \$375 per day <i>OR</i> <b>Inpatient</b> bed limit \$500 per day
<b>Options to Upgrade Cover</b>	
<b>Alternative Treatment without Medical Referral</b>	Up to \$1,000 per <b>insured person</b> per <b>period of cover</b> <i>OR</i> Up to \$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 \$3,000 per <b>period of cover</b>
<b>Complications of Pregnancy – no wait period</b>	Covered in full

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<b>Congenital Anomalies - Including Pre-existing Congenital Anomalies</b>	Covered in full <i>OR</i> Up to \$100,000 per <b>medical condition</b> <i>OR</i> Up to \$250,000 per <b>medical condition</b>
<b>Dental 1 - Routine Dental Treatment</b>	Up to \$250 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to \$250 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to \$500 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$750 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to \$750 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$1,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to \$1,000 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$1,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to \$2,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to \$2,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to \$1,500 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$2,000 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$2,500 per <b>period of cover</b> and no <b>coinsurance</b>

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<b>Dental 2 - Major Restorative Dental Treatment</b>	Up to \$500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to \$500 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$750 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to \$750 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$1,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to \$1,000 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$1,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to \$2,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to \$2,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b> <i>OR</i> Up to \$1,500 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$2,000 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$2,500 per <b>period of cover</b> and no <b>coinsurance</b>
<b>Dental 3 - Orthodontic Dental Treatment</b>	Up to \$500 per <b>period of cover</b> and subject to 50% <b>coinsurance</b> <i>OR</i> Up to \$1000 per <b>period of cover</b> and subject to 50% <b>coinsurance</b> <i>OR</i> Up to \$1,500 per <b>period of cover</b> and subject to 50% <b>coinsurance</b> <i>OR</i> Up to \$1,500 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$500 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$1000 per <b>period of cover</b> and no <b>coinsurance</b>
<b>Dental 5 - Combined Routine &amp; Restorative Dental</b>	Up to \$1,500 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$1,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b>

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<b>Dental 6 - Combined Routine &amp; Restorative Dental with Orthodontics</b>	Up to \$2,500 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$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 \$3,000 per <b>period of cover</b> and no <b>coinsurance</b> <i>OR</i> Up to \$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, \$50 <i>OR</i> \$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 \$150 per person per day and \$5,000 per person, per <b>evacuation</b> <i>OR</i> Up to \$250 per person per day and \$10,000 per person, per <b>evacuation</b>
<b>Infertility Treatment</b> (minimum of 10 Employees required)	Up to \$25,000 per <b>member</b> per lifetime
<b>Routine Pregnancy</b>	Up to \$5,000 per pregnancy and subject to 20% <b>coinsurance</b> <i>OR</i> Up to \$5,000 per pregnancy and no <b>coinsurance</b> <i>OR</i> Up to \$10,000 per pregnancy and subject to 20% <b>coinsurance</b> <i>OR</i> Up to \$10,000 per pregnancy and no <b>coinsurance</b> <i>OR</i> Up to \$20,000 per pregnancy and subject to 20% <b>coinsurance</b> per pregnancy <i>OR</i> Up to \$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>

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<b>Traditional Chinese or Ayurvedic Medicine</b>	\$30 per session to a maximum of 10 sessions <i>OR</i> \$30 per session to a maximum of 20 sessions <i>OR</i> \$50 per session to a maximum of 30 sessions <i>OR</i> Up to \$500 per <b>period of cover</b> <i>OR</i> Up to \$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 \$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 \$250 per <b>period of cover</b> <i>OR</i> One eye exam and a maximum <b>benefit</b> of \$500 per <b>period of cover</b> <i>OR</i> One eye exam and a maximum <b>benefit</b> of \$750 per <b>period of cover</b>
<b>Wellness Option 1</b> Routine medical checkups & well-baby checks	Up to \$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 \$500 per <b>insured person</b> per <b>period of cover</b> <i>OR</i> Up to \$750 per <b>insured person</b> per <b>period of cover</b> <i>OR</i> Up to \$1,000 per <b>insured person</b> per <b>period of cover</b> <i>OR</i> Up to \$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 \$1,000 per <b>insured person</b> per <b>period of cover</b> <i>OR</i> Up to \$1,500 per <b>insured person</b> per <b>period of cover</b>



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