



# International Healthcare Plan

## Benefits Schedule

\$ - Essential

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).

	Essential
Maximum Annual Aggregate Limit	A maximum of \$1,600,000 per member per period of cover
<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 \$125 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 \$5,000 per <b>insured person</b> per <b>period of cover</b>
Congenital Anomalies	Up to \$100,000 per <b>medical condition</b>
Durable Medical Equipment, Prosthetic and Orthotic Supplies (DMEPOS)	Up to \$1,000 per <b>medical condition</b>
AIDS	Up to \$10,000 per <b>insured person</b> per <b>period of cover</b>
Hospice Care	No cover
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 10 sessions in aggregate per <b>medical condition</b>
Vaccinations and Inoculations	Up to \$100 per <b>period of cover</b>
Home Nursing	Covered in full up to 30 days per <b>medical condition</b>
<b>Evacuation and Transportation</b>	
Emergency Transportation	Covered in full

	Essential
<b>Evacuation &amp; Additional Travel Expense</b> i) <b>Travel</b> ii) <b>Non-hospital accommodation</b>	i) Covered in full ii) Up to \$150 per person per day and \$5,000 per person, per <b>evacuation</b>
<b>Compassionate Emergency Travel</b>	No cover
<b>Mortal Remains</b>	Up to \$8,500 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 \$100,000 per <b>insured person</b> per <b>period of cover</b> and to a maximum of 90 days <b>hospital</b> stay
<b>New Born Accommodation</b>	Covered in full
<b>Options to Reduce Costs</b>	
<b>Outpatient Consultation Copay per Visit</b> This <b>benefit</b> is available where nil <b>excess</b> has been selected.	AED 50 (\$13.59) <b>Co-pay per Visit</b> or <b>deductible.</b> Or AED 75 (\$20.38) <b>Co-pay per Visit</b> or <b>deductible.</b> Or AED 100 (\$27.18) <b>Co-pay per Visit</b> or <b>deductible.</b>
<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>	No additional options available – see above standard chronic conditions <b>benefit</b>
<b>Complications of Pregnancy – no wait period</b>	Covered in full
<b>Compassionate Emergency Travel</b>	No <b>cover</b>
<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>

	Essential
	<p>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>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></p>
<p><b>Dental 2 - Major Restorative Dental Treatment</b></p>	<p>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></p>

	Essential
	<p><i>OR</i></p> <p>Up to \$2,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b></p> <p><i>OR</i></p> <p>Up to \$2,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b></p> <p><i>OR</i></p> <p>Up to \$1,500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i></p> <p>Up to \$2,000 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i></p> <p>Up to \$2,500 per <b>period of cover</b> and no <b>coinsurance</b></p>
<b>Dental 3 - Orthodontic Dental Treatment</b>	<p>Up to \$500 per <b>period of cover</b> and subject to 50% <b>coinsurance</b></p> <p><i>OR</i></p> <p>Up to \$1000 per <b>period of cover</b> and subject to 50% <b>coinsurance</b></p> <p><i>OR</i></p> <p>Up to \$1,500 per <b>period of cover</b> and subject to 50% <b>coinsurance</b></p> <p><i>OR</i></p> <p>Up to \$1,500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i></p> <p>Up to \$500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i></p> <p>Up to \$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 \$1,500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i></p> <p>Up to \$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 \$2,500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i></p> <p>Up to \$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 \$3,000 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i></p> <p>Up to \$3,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b></p>
<p><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.</p>	<p><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.</p>
<b>Extended Evacuation</b>	Covered in full

	Essential
(to the country of choice)	
<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> <ul style="list-style-type: none"> <li>i) Travel</li> <li>ii) Non-<b>hospital</b> accommodation</li> </ul>	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)	No <b>cover</b>
<b>Routine Pregnancy</b>	Up to \$5,000 or 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>
<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> £30 or €35 or \$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> <ul style="list-style-type: none"> <li>i) <b>Inpatient</b> or <b>day patient treatment</b> received inside the <b>direct settlement network</b></li> <li>ii) <b>Inpatient</b> or <b>day patient treatment</b> received outside the <b>direct settlement network</b></li> <li>iii) <b>Outpatient treatment</b></li> </ul>	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

	Essential
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.	
<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 £160 or €200 or \$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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