

Schedule of Benefits

MHP – Exclusive Coverage

MHP – Classic Coverage

Benefits	MHP – Exclusive Coverage			MHP – Classic Coverage		
	Outside USA	In US Network	Outside US Network	Outside USA	In US Network	Outside US Network
Benefits are subject to the policy deductible and Limits are per Period of Coverage, Unless otherwise stated.						
General Policy Limits						
Area of Coverage	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide	Worldwide
Policy Maximum (Per Period of Coverage)	\$500,000	\$500,000	\$500,000	\$250,000	\$250,000	\$250,000
Plan Coinsurance	80%	80%	50%	70%	70%	50%
Coinsurance Limit Maximum amount of Coinsurance payable per Period of Coverage. Once met, benefits will be payable 100%.	\$1,500	\$1,500	\$3,000	\$2,500	\$2,500	\$5,000
Hospitalization						
In-Patient Hospital Care Room & Board, ICU, operating room fees, surgical costs, Physician and Specialist Physician fees, Qualified Nurse care, Drugs and Dressings, diagnostic and laboratory tests and other related services.	80%	80%	50%	70%	70%	50%
Room Rate	Private	Semi-Private	Semi-Private	Private	Semi-Private	Semi-Private
Reconstructive Surgery Reconstructive surgery following an Accident or following surgery for an eligible Medical Condition	80%	80%	50%	70%	70%	50%
Organ Transplant	80% (Up to \$250,000)	80% (Up to \$250,000)	50% (Up to \$250,000)	70% (Up to \$250,000)	70% (Up to \$250,000)	50% (Up to \$250,000)
Rehabilitation Per Medical Condition	80% (Up to 120 days)	80% (Up to 120 days)	50% (Up to 120 days)	70% (Up to 120 days)	70% (Up to 120 days)	50% (Up to 120 days)
Accidental Damage to Teeth Treatment Received initially received in an emergency room of a Hospital within 7 days of incurring accidental damage to sound, natural teeth	80%	80%	50%	70%	70%	50%

MHP – Exclusive Coverage

MHP – Classic Coverage

Benefits	MHP – Exclusive Coverage			MHP – Classic Coverage		
	Outside USA	In US Network	Outside US Network	Outside USA	In US Network	Outside US Network
Outpatient Treatment						
Out-Patient Charges Including: Physician fees including Consultations Specialist Physician fees Diagnostic Procedures Physical and occupational therapies Drugs and Dressings	80%	80%	50%	70%	70%	50%
Out-Patient Surgery	80%	80%	50%	70%	70%	50%
Diagnostic Scans CT/MRI/MRA/MRS and PET scans	80%	80%	50%	70%	70%	50%
Oncology Treatment	80%	80%	50%	70%	70%	50%
Wellness/Preventive Care						
Routine Check ups including: Adult routine examinations Child routine examinations Vaccinations Gynecological examinations & pap smear Mammogram Prostate/PSA/DRE test	80% (up to \$200; not subject to deductible)	80% (up to \$200; not subject to deductible)	50% (up to \$200; not subject to deductible)	70% (up to \$200; not subject to deductible)	70% (up to \$200; not subject to deductible)	50% (up to \$200; not subject to deductible)
Colorectal Screening Colorectal cancer screening deemed Medically Necessary.	80% (up to \$1000 Per screening; not subject to deductible)	80% (up to \$1000 Per screening; not subject to deductible)	50% (up to \$1000 Per screening; not subject to deductible)	70% (up to \$1000 Per screening; not subject to deductible)	70% (up to \$1000 Per screening; not subject to deductible)	50% (up to \$1000 Per screening; not subject to deductible)
Emergency/Evacuation Services						
Ground Ambulance	80%	80%	50%	70%	70%	50%
Evacuation In the event of an Emergency where Treatment is not readily available at the place of incident, to the nearest appropriate facility for the purpose of admission to a Hospital as an In/Day-Patient.	100%			100%		

MHP – Exclusive Coverage

MHP – Classic Coverage

Benefits	MHP – Exclusive Coverage			MHP – Classic Coverage		
	Outside USA	In US Network	Outside US Network	Outside USA	In US Network	Outside US Network
Emergency/Evacuation Services						
<p>Additional Travel Expenses To and from medical appointments when Treatment is being received as a Day-Patient.</p> <p>For an accompanying person to travel to and from the Hospital to visit the Insured Person following admission as an In-Patient</p> <p>Non- Hospital accommodation for immediate pre and post Hospital admission periods provided that the Insured Person is within their convalescence period and under the care of a Specialist Physician.</p> <p>Economy class airline ticket to return the Insured Person and one other person who has traveled as an escort to Your Country of Residence or to the country where Evacuation occurred.</p>	<p>80% (accommodation limited to \$50 per person and subject to overall Benefit maximum of \$5,000)</p>			<p>70% (accommodation limited to \$50 per person and subject to overall Benefit maximum of \$5,000)</p>		
Mortal Remains	<p>100% (Up to \$10,000)</p>			<p>100% (Up to \$10,000)</p>		
Other Covered Services						
Convalescent Care	80% (up to 30 days)	80% (up to 30 days)	50% (up to 30 days)	70% (up to 30 days)	70% (up to 30 days)	50% (up to 30 days)
Home Health Care	80% (up to 80 days)	80% (up to 80 days)	50% (up to 80 days)	70% (up to 80 days)	70% (up to 80 days)	50% (up to 80 days)
Hospice Care	80% (up to 30 days)	80% (up to 30 days)	50% (up to 30 days)	70% (up to 30 days)	70% (up to 30 days)	50% (up to 30 days)
In-Patient	80% (up to \$5,000)	80% (up to \$5,000)	50% (up to \$5,000)	70% (up to \$5,000)	70% (up to \$5,000)	50% (up to \$5,000)
Out-Patient	80% (up to \$5,000)	80% (up to \$5,000)	50% (up to \$5,000)	70% (up to \$5,000)	70% (up to \$5,000)	50% (up to \$5,000)
<p>External Prosthesis The costs of any artificial eyes and limbs following Treatment for an eligible Medical Condition or as a result of an Accident.</p>	80%	80%	50%	70%	70%	50%
Ancillary Expenses (Durable Medical Equipment)	80% (up to \$2,000)	80% (up to \$2,000)	50% (up to \$2,000)	70% (up to \$2,000)	70% (up to \$2,000)	50% (up to \$2,000)

Plans and programs are underwritten or administered by Aetna Life & Casualty (Bermuda) Ltd. or Aetna Life Insurance Company and its subsidiaries (together "Aetna") and the Butterfield Trust (Bermuda) Limited which is an agent of the Aetna trust domiciled in Bermuda.

Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna Global Benefits Individual plans, please refer to www.aetnaglobalhealthinsurance.com.

