

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)	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Plan Coinsurance	100%	100%	80%	80%	80%	60%
Coinsurance Limit Maximum amount of Coinsurance payable per Period of Coverage. Once met, benefits will be payable 100%.	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Hospitalization						
Inpatient 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.	100%	100%	80%	80%	80%	60%
Room Rate	Private	Semi-Private	Semi-Private	Private	Semi-Private	Semi-Private
Parent Accommodation Hospital accommodation costs for a parent or guardian to stay with an insured person who is under the age of 18 and is admitted to a hospital as an inpatient.	100%	100%	80%	80%	80%	60%
Reconstructive Surgery Reconstructive surgery following an accident or following surgery for an eligible medical condition.	100%	100%	80%	80%	80%	60%



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Colorectal Screening Colorectal cancer screening deemed medically necessary.	Not subject to deductible	Not subject to deductible	Not subject to deductible	Not subject to deductible	Not subject to deductible	Not subject to deductible
Routine Pregnancy and Childbirth Costs associated with prenatal and postnatal checkups and delivery costs. (10 month wait period)	100%	100%	80%	80% (up to \$5,000 for normal birth and up to \$9,500 for c-section)	80% (up to \$5,000 for normal birth and up to \$9,500 for c-section)	60% (up to \$5,000 for normal birth and up to \$9,500 for c-section)
Complications of Pregnancy Treatment of a medical condition which arises during the antenatal stages of pregnancy or a medical condition arising during childbirth which requires a recognized obstetric procedure. (10 month wait period)	100%	100%	80%	80%	80%	60%
Dental Coverage						
Accidental Damage to Teeth Treatment received initially in an emergency room of a hospital within 7 days of incurring accidental damage to sound, natural teeth.	100%	100%	80%	80%	80%	60%
Dental Treatment i) Routine dental treatment including tooth cleaning, normal compound fillings and non-surgical extractions (6 months wait period) ii) Major Restorative Dental including removal of buried unerupted teeth, removal of roots, new or repair of bridgework, crowns and dentures and root canal treatment. (9 Months wait period)	75% (up to \$1,500)	75% (up to \$1,500)	75% (up to \$1,500)	No Coverage	No Coverage	No Coverage
Emergency/Evacuation Services						
Ground Ambulance	100%	100%	80%	80%	80%	60%
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%	80%	80%	80%	60%

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<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 inpatient</p> <p>Non- hospital accommodation for the immediate post hospital admission period provided that the insured person is within their convalescence period and under the care of a 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>	100% (accommodation limited to \$50 per person and subject to overall Benefit maximum of \$5,000)	100% (accommodation limited to \$50 per person and subject to overall Benefit maximum of \$5,000)	80% (accommodation limited to \$50 per person and subject to overall Benefit maximum of \$5,000)	80% (accommodation limited to \$50 per person and subject to overall Benefit maximum of \$5,000)	80% (accommodation limited to \$50 per person and subject to overall Benefit maximum of \$5,000)	60% (accommodation limited to \$50 per person and subject to overall Benefit maximum of \$5,000)
Mortal Remains	100% (Up to \$10,000)	100% (Up to \$10,000)	80% (Up to \$10,000)	80% (Up to \$10,000)	80% (Up to \$10,000)	60% (Up to \$10,000)
Other Covered Services						
Convalescent Care	100% (up to 120 days)	100% (up to 120 days)	80% (up to 120 days)	80% (up to 120 days)	80% (up to 120 days)	60% (up to 120 days)
Home Health Care	100% (up to 120 days)	100% (up to 120 days)	80% (up to 120 days)	80% (up to 120 days)	80% (up to 120 days)	60% (up to 120 days)
Hospice Care	100% (up to 30 days)	100% (up to 30 days)	80% (up to 30 days)	80% (up to 30 days)	80% (up to 30 days)	60% (up to 30 days)
Inpatient	100% (up to \$5,000)	100% (up to \$5,000)	80% (up to \$5,000)	80% (up to \$5,000)	80% (up to \$5,000)	60% (up to \$5,000)
Outpatient	100% (up to \$5,000)	100% (up to \$5,000)	80% (up to \$5,000)	80% (up to \$5,000)	80% (up to \$5,000)	60% (up to \$5,000)
Ancillary Expenses (Durable Medical Equipment)	100%	100%	80%	80%	80%	60%

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.

