

Aetna Latin America & Caribbean Plan for Individuals Platinum Plan

	In USA In Network	In USA Out of Network	Outside of USA
Maximum annual aggregate limit	\$2,000,000	\$2,000,000	\$2,000,000
Coinsurance maximum The maximum amount of coinsurance	N/A	\$4,000	N/A
Inpatient and daypatient treatments Preauthorized reimbursement percentage	100%	80%	100%
Outpatient surgery	100%	80%	100%
Convalescence Benefit limit inpatient/daypatient treatment	30 days	30 days	30 days
Home health care Maximum number of visits per medical condition per policy year	60 visits	60 visits	60 visits
Reconstructive surgery Reimbursement percentage	100%	80%	100%
Psychiatric treatment (inpatient) Maximum limit of treatment. Inpatient treatment in a recognized psychiatric unit of a hospital.	28 days	28 days	28 days
Outpatient psychiatric Maximum limit of treatment. Outpatient treatment, including psychiatric physician and specialist physician consultations. Reimbursement percentage	30 visits 100%	30 visits 80%	30 visits 100%
Newborn illness Benefit limit per lifetime	\$400,000	\$400,000	\$400,000
Congenital conditions When the condition manifests during the policy period; lifetime maximum	\$750,000	\$750,000	\$750,000
Oncology Reimbursement percentage	100%	80%	100%
Organ transplant Benefit limit per organ transplant operation, per lifetime. Includes donor expenses	\$750,000	\$750,000	\$750,000

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Accidental damage to teeth Treatment received in an emergency room in a hospital within seven days of incurring accidental damage caused to sound, natural teeth that were firmly attached to the jaw bone at the time of injury, when given by a physician or dental practitioner. Reimbursement percentage	100%	80%	100%
AIDS Benefit limit per lifetime	\$40,000	\$40,000	\$40,000
Dialysis (end stage renal disease) Benefit limit per lifetime Reimbursement percentage	No limit 100%	No limit 80%	No limit 100%
CT and MRI Scans Reimbursement percentage	100%	80%	100%
Prosthesis Benefit limit per lifetime	\$5,000	\$5,000	\$5,000
Room and board Level of room rate Room rate	Private No limit	Private No limit	Private No limit
ICU Room rate	\$5,000	\$5,000	\$5,000
Medical evacuation Evacuation costs of an enrolled person in the event of emergency treatment not being readily available at the place of the incident, to the nearest appropriate medical facility, for the purpose of admission to a medical facility as an inpatient or daypatient. This benefit is extended to cover the costs of one other person to travel with the member as an escort, if medically necessary. Reimbursement percentage per medical condition	100%	100%	100%
Air & ground ambulance Reimbursement percentage per medical condition	100%	100%	100%
Mortal remains Benefit limit	\$10,000	\$10,000	\$10,000
Outpatient treatment charges Reimbursement percentage	100%	80%	100%
Outpatient drugs and dressings Monetary benefit limit; Silver coverage only available for medication required for up to 60 days following outpatient surgery or inpatient discharge	\$6,000	\$6,000	\$6,000
Hormone replacement therapy	100%	80%	100%
Routine management of chronic conditions Reimbursement percentage	100%	80%	100%
Non pre-authorized treatment Inpatient/daypatient and emergency treatment	50%	50%	50%
Non-emergency care in emergency room Reimbursement percentage per medical condition	50%	50%	50%
Follow-up consultation after inpatient discharge or outpatient surgery benefit 2 visit maximum; follow-up visit must occur within six months of inpatient discharge or outpatient surgery	N/A	N/A	N/A

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<p>Maternity 12 month waiting period. Costs associated with routine pregnancy and childbirth and any related condition. Benefits are limited to childbirth, pre- and post-natal checkups and delivery costs, including caesarean section costs required on medical grounds. All costs relating to a pregnancy and/or childbirth following assisted conception will be limited to this benefit. All enrolled female members (including dependents under the age of 18) are eligible for this benefit. Limite do benefício monetário — parto normal Limite do benefício monetário — cesariana Porcentagem de reembolso</p>	<p>\$7,500 \$12,000 100%</p>	<p>\$7,500 \$12,000 80%</p>	<p>\$7,500 \$12,000 100%</p>
<p>Complications of pregnancy 12 month waiting period. All enrolled female members (including dependents under the age of 18) are eligible for this benefit. Treatment of a medical condition arising during the antenatal stages of pregnancy, or a medical condition arising during childbirth and which requires a recognized obstetric procedure</p>	<p>100%</p>	<p>80%</p>	<p>100%</p>
<p>Wellness No waiting period. The cost of one annual routine medical checkup and associated tests and the cost of medically necessary vaccinations or inoculations. Such routine checkups/tests to include: <ul style="list-style-type: none"> • Blood and cholesterol checks • Height/weight body mass index • Resting blood pressure • Urine analysis • Cardiac examination • Bilateral mammogram/breast examination • Testicular/prostate examination/PSA/DRE tests • Exercise electrocardiogram (ECG) • Well-baby checks including physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening at birth, immunizations, urine analysis, tuberculin tests and hematocrit, hemoglobin and other blood tests, including tests to screen for sickle hemoglobinopathy; all as recommended by a physician or specialist physician. Limited to a maximum of six (6) consultations per newborn per annum from birth until the dependent child reaches the age of two years. • Routine gynecological tests, including pap tests. • Vaccinations, including those medically necessary for travel. Benefit limit: \$250 per policy year Deductible is waived for wellness expenses</p>	<p>100%</p>	<p>80%</p>	<p>100%</p>
<p>Deductible options</p>	<p>\$500 \$1,000 \$2,500 \$5,000 \$10,000 \$20,000</p>	<p>\$500 \$1,000 \$2,500 \$5,000 \$10,000 \$20,000</p>	<p>\$500 \$1,000 \$2,500 \$5,000 \$10,000 \$20,000</p>

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