

## Aetna Latin America & Caribbean Plan for Individuals Silver Plan

	In USA In Network	In USA Out of Network	Outside of USA
<b>Maximum annual aggregate limit</b>	\$1,000,000	\$1,000,000	\$1,000,000
<b>Coinsurance maximum</b> The maximum amount of coinsurance	N/A	\$4,000	N/A
<b>Inpatient and daypatient treatments</b> Preauthorized reimbursement percentage	100%	80%	100%
<b>Outpatient surgery</b>	100%	80%	100%
<b>Convalescence</b> Benefit limit inpatient/daypatient treatment	30 days	30 days	30 days
<b>Home health care</b> Maximum number of visits per medical condition per policy year	30 visits	30 visits	30 visits
<b>Reconstructive surgery</b> Reimbursement percentage	100%	80%	100%
<b>Psychiatric treatment (inpatient)</b> Maximum limit of treatment. Inpatient treatment in a recognized psychiatric unit of a hospital.	28 days	28 days	28 days
<b>Outpatient psychiatric</b> Maximum limit of treatment. Outpatient treatment, including psychiatric physician and specialist physician consultations. Reimbursement percentage	No coverage No coverage	No coverage No coverage	No coverage No coverage
<b>Newborn illness</b> Benefit limit per lifetime	\$150,000	\$150,000	\$150,000
<b>Congenital conditions</b> When the condition manifests during the policy period; lifetime maximum	\$250,000	\$250,000	\$250,000
<b>Oncology</b> Reimbursement percentage	100%	80%	100%
<b>Organ transplant</b> Benefit limit per organ transplant operation, per lifetime. Includes donor expenses	\$250,000	\$250,000	\$250,000

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<b>Accidental damage to teeth</b> 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%
<b>AIDS</b> Benefit limit per lifetime	\$40,000	\$40,000	\$40,000
<b>Dialysis (end stage renal disease)</b> Benefit limit per lifetime Reimbursement percentage	No coverage No coverage	No coverage No coverage	No coverage No coverage
<b>CT and MRI Scans</b> Reimbursement percentage	100%	80%	100%
<b>Prosthesis</b> Benefit limit per lifetime	\$5,000	\$5,000	\$5,000
<b>Room and board</b> Level of room rate Room rate	Private No limit	Private No limit	Private No limit
<b>ICU</b> Room rate	\$2,000	\$2,000	\$2,000
<b>Medical evacuation</b> 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%
<b>Air &amp; ground ambulance</b> Reimbursement percentage per medical condition	100%	100%	100%
<b>Mortal remains</b> Benefit limit	\$10,000	\$10,000	\$10,000
<b>Outpatient treatment charges</b> Reimbursement percentage	No coverage	No coverage	No coverage
<b>Outpatient drugs and dressings</b> Monetary benefit limit; Silver coverage only available for medication required for up to 60 days following outpatient surgery or inpatient discharge	\$500	\$500	\$500
<b>Hormone replacement therapy</b>	No coverage	No coverage	No coverage
<b>Routine management of chronic conditions</b> Reimbursement percentage	No coverage	No coverage	No coverage
<b>Non pre-authorized treatment</b> Inpatient/daypatient and emergency treatment	50%	50%	50%
<b>Non-emergency care in emergency room</b> Reimbursement percentage per medical condition	50%	50%	50%
<b>Follow-up consultation after inpatient discharge or outpatient surgery benefit</b> 2 visit maximum; follow-up visit must occur within six months of inpatient discharge or outpatient surgery	100%	80%	100%

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<p><b>Maternity</b>            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>	No coverage	No coverage	No coverage
<p><b>Complications of pregnancy</b>            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>	100%	80%	100%
<p><b>Wellness</b>            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:</p> <ul style="list-style-type: none"> <li>• Blood and cholesterol checks</li> <li>• Height/weight body mass index</li> <li>• Resting blood pressure</li> <li>• Urine analysis</li> <li>• Cardiac examination</li> <li>• Bilateral mammogram/breast examination</li> <li>• Testicular/prostate examination/PSA/DRE tests</li> <li>• Exercise electrocardiogram (ECG)</li> <li>• 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.</li> <li>• Routine gynecological tests, including pap tests.</li> <li>• Vaccinations, including those medically necessary for travel.</li> </ul> <p>Benefit limit: \$250 per policy year            Deductible is waived for wellness expenses</p>	No coverage	No coverage	No coverage
<b>Deductible options</b>	\$500 \$1,000 \$2,500 \$5,000 \$10,000 \$20,000	\$500 \$1,000 \$2,500 \$5,000 \$10,000 \$20,000	\$500 \$1,000 \$2,500 \$5,000 \$10,000 \$20,000

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