

Benefits Schedule

INTERNATIONAL HEALTHCARE PLAN — ESSENTIAL

In the table below, **We** have summarised the **Benefits** applicable for this product option. All **Benefits** shown are per **Insured Person**, per **Period of Cover** (unless specifically stated).

Please refer to our **International Healthcare Plan (IHP) Policy Summary** for full **Benefit** details prior to purchasing **Cover**. This **Policy Summary** will be available via the following website: www.aetnainternational.com.

To help you understand your **Cover**, the words and phrases that are capitalised and in bold in the **Policy Documentation** have specific meanings, and are defined in the IHP Brochure.

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IHP Essential Benefits Schedule	USD (\$)
Maximum Annual Aggregate Limit	A maximum of \$1,600,000 per Member per Period of Cover
Accidental Damage to Teeth	Full refund
Accident & Emergency Treatment Outside Area of Cover	Full refund for In-Patient Treatment Out-Patient Treatment is limited to \$500 per Medical Condition and subject to an Excess of \$80
AIDS	Up to \$10,000 per Insured Person per Period of Cover
Ancillary Charges	Up to \$1,000 per Medical Condition
Chronic Conditions	Up to \$5,000 per Member per Period of Cover
Complications of Pregnancy	Full refund
Congenital Anomalies	Up to \$100,000 per Medical Condition
CT and MRI Scans	Full refund
Emergency Transportation	Full refund
Evacuation	Full refund
Evacuation - Additional Travel Expense Costs following an Evacuation to include: i) Travel to and from medical appointments. ii) For an accompanying person to travel to and from the Hospital to visit the Member . iii) Non- Hospital accommodation for immediate pre- and post- Hospital admission periods iv) Economy class airline ticket to return the Member and accompanying person to the Country of Residence or the country where Evacuation occurred.	i) Full refund ii) Full refund iii) Up to \$150 per person per day and up to \$5,000 per person, per Evacuation iv) Full refund
Home Nursing	Full refund up to 30 days per Medical Condition



Hormone Replacement Therapy	Full refund up to 18 months
Hospital Cash	\$125 per night for a maximum of 20 nights per Medical Condition
Innocent Bystander	Up to \$50,000 per Member per incident
In-Patient Care i) Accommodation in a standard Private Room ii) Medical Practitioner, Specialist , Consultant and Nursing fees iii) Diagnostic and surgical procedures including pathology, x-rays iv) Drugs, Dressings and Medicines v) Appliances (devices and equipment used as an integral part of a surgical procedure)	Full refund
In-Patient Psychiatric Treatment	Full refund (up to 30 days) per Period of Cover
Mortal Remains	\$8,500 per Insured Person
New Born Accommodation	Full refund
New Born Care	Up to \$100,000 per Insured Person per Period of Cover and to a maximum of 90 days Hospital stay
Oncology	Full refund
Organ Transplant	Full refund
Out-Patient Care i) Medical Practitioner, Specialist , Consultant and Nursing fees ii) Diagnostic and surgical procedures including pathology, x-rays iii) Drugs and Dressings and Appliances iv) Physiotherapy v) Alternative Treatment	i-iv) Full refund v) Full refund up to 10 sessions in aggregate per Medical Condition
Out-Patient Psychiatric Treatment	Up to \$5,000 per Period of Cover
Out-Patient Surgery	Full refund
Parental Accommodation	Full refund
Reconstructive Surgery	Full refund
Rehabilitation	Full refund up to 120 days per Medical Condition

Additional Options	USD (\$)
China Private Room Restriction	Available
Dental 1 - Routine Dental Treatment	Available
Dental 2 - Major Restorative Dental Treatment	Available
Dental 3 - Orthodontic Dental Treatment	Available when purchasing Dental 1 or 2
Direct Settlement Network Out-Patient consultations for the following Benefits at Nil Excess <ul style="list-style-type: none"> i) Out-Patient Care ii) Complications of Pregnancy iii) CT and MRI scans iv) Oncology v) Out-Patient surgery vi) Out-Patient Psychiatric Treatment vii) Congenital Anomalies 	Available when Nil, \$50, or \$100 Excess options are selected
Extended Evacuation	Available
Hong Kong Semi-Private Room Restriction	Available
Routine Pregnancy	Available
Traditional Chinese Medicine	Available
Vision Care	Available when purchasing Wellness
Wellness	Available
USA Elective Treatment	Available
Excess Options	USD (\$)
Standard	\$100
Optional	\$0, \$50, \$250, \$500, \$1,000, \$2,000 or \$5,000



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Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programmes provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of cover. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna Global Benefits plans, refer to www.aetnainternational.com.

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