



# International Healthcare Plan

## Benefits Schedule

\$ - Plus

Effective 1 April, 2012

In the table below, **we** have displayed the **benefits** applicable to **your cover**.

To help **you** understand **your cover**, the words and phrases that are in bold in **your policy documentation** have specific meanings, and are defined in the IHP member handbook.

The following **benefits** are covered under this **policy** up to the maximum aggregate limit subject to the **benefit** limits in this schedule, the applicable medical underwriting, the **member's certificate of insurance** and **our** general conditions and exclusions.

General exclusions include: alcohol, drug or solvent abuse, **chronic medical conditions** that pre-date the **member's** original **date of entry**, cosmetic **treatment**, sexually transmitted diseases, sterilisation and **elective** medical checkups.

All **benefits** shown are per **insured person**, per **period of cover** (unless specifically stated), and the selected **policy excess** applies to all **benefits** on a per **medical condition** basis (unless specifically stated).

|  | Plus  |
|--|---|
| Maximum Annual Aggregate Limit                                       | A maximum of \$1,600,000 per <b>member</b> per <b>period of cover</b>   |
| <b>Inpatient, Day Patient, Emergency Care and Diagnostics</b>        |   |
| Inpatient Care<br>Reconstructive Surgery and Rehabilitation          | Covered in full<br>i) Accommodation is subject to any selected inpatient bed limit<br>ii) <b>Rehabilitation</b> is covered in full up to 120 days per <b>medical condition</b>                      |
| Accident & Emergency Treatment Outside Area of Cover                 | Covered in full for <b>inpatient treatment</b><br><b>Outpatient treatment</b> is limited to \$500 per <b>medical condition</b> and subject to an <b>excess</b> of \$80 per <b>medical condition</b> |
| CT PET and MRI Scans   | Covered in full   |
| Organ Transplant   | Covered in full   |
| Inpatient Psychiatric Treatment                                      | Covered in full (up to 30 days) per <b>period of cover</b>  |
| Accidental Damage to Teeth   | Covered in full   |
| Hospital Cash  | Up to \$175 per night for a maximum of 20 nights per <b>medical condition</b>   |
| Parental Accommodation   | Covered in full   |
| <b>Disease and Chronic Conditions Management</b>                     |   |
| Oncology   | Covered in full   |
| Chronic Conditions   | Up to \$15,000 per <b>insured person</b> per <b>period of cover</b>   |
| Congenital Anomalies   | Up to \$100,000 per <b>medical condition</b>  |
| Durable Medical Equipment, Prosthetic and Orthotic Supplies (DMEPOS) | Up to \$1,000 per <b>medical condition</b>  |
| AIDS   | Up to \$10,000 per <b>insured person</b> per <b>period of cover</b>   |
| Hospice Care   | Up to \$25,000 per lifetime   |
| Hormone Replacement Therapy  | Covered in full up to 18 months per lifetime  |
| <b>Outpatient and Alternative Treatments</b>                         |   |
| Outpatient Care  | Covered in full   |
| Outpatient Surgery   | Covered in full   |
| Outpatient Psychiatric Treatment                                     | Up to \$5,000 per <b>period of cover</b>  |
| Alternative Treatment  | Covered in full up to 20 sessions in aggregate per <b>medical condition</b>   |
| Vaccinations and Inoculations  | Up to \$500 per <b>period of cover</b>  |
| Home Nursing   | Covered in full up to 28 weeks per <b>medical condition</b>   |
| <b>Evacuation and Transportation</b>                                 |   |
| Emergency Transportation   | Covered in full   |

|   | Plus   |
|---|--|
| <b>Evacuation &amp; Additional Travel Expense</b><br>i) <b>Travel</b><br>ii) <b>Non-hospital accommodation</b>                | i) Covered in full<br>ii) Up to \$150 per person per day and \$5,000 per person, per <b>evacuation</b>   |
| <b>Compassionate Emergency Travel</b>   | No cover   |
| <b>Mortal Remains</b>   | Up to \$8,500 per <b>insured person</b>  |
| <b>Mother and Child</b>   |  |
| <b>Complications of Pregnancy</b>   | Covered in full  |
| <b>New Born Care</b>  | Up to \$100,000 per <b>insured person</b> per <b>period of cover</b> and to a maximum of 90 days <b>hospital</b> stay  |
| <b>New Born Accommodation</b>   | Covered in full  |
| <b>Options to Reduce Costs</b>  |  |
| <b>Outpatient Consultation Copay per Visit</b><br>This <b>benefit</b> is available where nil <b>excess</b> has been selected. | AED 50 (\$13.59) <b>Co-pay per Visit</b> or <b>deductible.</b><br>Or<br>AED 75 (\$20.38) <b>Co-pay per Visit</b> or <b>deductible.</b><br>Or<br>AED 100 (\$27.18) <b>Co-pay per Visit</b> or <b>deductible.</b>  |
| <b>Options to Upgrade Cover</b>   |  |
| <b>Alternative Treatment without Medical Referral</b>   | Up to \$1,000 per <b>insured person</b> per <b>period of cover</b><br><i>OR</i><br>Up to \$2,000 per <b>insured person</b> per <b>period of cover</b>  |
| <b>Chronic Conditions</b>   | Covered in full  |
| <b>Compassionate Emergency Travel</b>   | Up to \$3,000 per <b>period of cover</b>   |
| <b>Complications of Pregnancy – no wait period</b>  | Covered in full  |
| <b>Congenital Anomalies - Including Pre-existing Congenital Anomalies</b>   | Covered in full<br><i>OR</i><br>Up to \$100,000 per <b>medical condition</b><br><i>OR</i><br>Up to \$250,000 per <b>medical condition</b>  |
| <b>Dental 1 - Routine Dental Treatment</b>  | Up to \$250 per <b>period of cover</b> and subject to 25% <b>coinsurance</b><br><i>OR</i><br>Up to \$250 per <b>period of cover</b> and no <b>coinsurance</b><br><i>OR</i><br>Up to \$500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b><br><i>OR</i><br>Up to \$500 per <b>period of cover</b> and no <b>coinsurance</b><br><i>OR</i> |

|  | Plus   |
|--|--|
|  | <p>Up to \$750 per <b>period of cover</b> and subject to 25% <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$750 per <b>period of cover</b> and no <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$1,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$1,000 per <b>period of cover</b> and no <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$1,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$2,000 per <b>period of</b> \$2,000 or SGD\$2,500 or <b>cover</b> and subject to 25% <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$2,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$1,500 per <b>period of cover</b> and no <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$2,000 per <b>period of cover</b> and no <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$2,500 per <b>period of cover</b> and no <b>coinsurance</b></p> |
| <b>Dental 2 - Major Restorative Dental Treatment</b> | <p>Up to \$500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$500 per <b>period of cover</b> and no <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$750 per <b>period of cover</b> and subject to 25% <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$750 per <b>period of cover</b> and no <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$1,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$1,000 per <b>period of cover</b> and no <b>coinsurance</b><br/> <i>OR</i><br/>           Up to \$1,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b></p>  |

|   | Plus  |
|---|---|
|   | <p><i>OR</i><br/>Up to \$2,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b></p> <p><i>OR</i><br/>Up to \$2,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b></p> <p><i>OR</i><br/>Up to \$1,500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i><br/>Up to \$2,000 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i><br/>Up to \$2,500 per <b>period of cover</b> and no <b>coinsurance</b></p>   |
| <b>Dental 3 - Orthodontic Dental Treatment</b>  | <p>Up to \$500 per <b>period of cover</b> and subject to 50% <b>coinsurance</b></p> <p><i>OR</i><br/>Up to \$1000 per <b>period of cover</b> and subject to 50% <b>coinsurance</b></p> <p><i>OR</i><br/>Up to \$1,500 per <b>period of cover</b> and subject to 50% <b>coinsurance</b></p> <p><i>OR</i><br/>Up to \$1,500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i><br/>Up to \$500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i><br/>Up to \$1000 per <b>period of cover</b> and no <b>coinsurance</b></p> |
| <b>Dental 5 - Combined Routine &amp; Restorative Dental</b>   | <p>Up to \$1,500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i><br/>Up to \$1,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b></p>   |
| <b>Dental 6 - Combined Routine &amp; Restorative Dental with Orthodontics</b>   | <p>Up to \$2,500 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i><br/>Up to \$2,500 per <b>period of cover</b> and subject to 25% <b>coinsurance</b></p>   |
| <b>Dental 7 - Combined Routine &amp; Restorative Dental with Orthodontics and Dental Implants</b>   | <p>Up to \$3,000 per <b>period of cover</b> and no <b>coinsurance</b></p> <p><i>OR</i><br/>Up to \$3,000 per <b>period of cover</b> and subject to 25% <b>coinsurance</b></p>   |
| <p><b>Outpatient Direct Settlement Network - nil excess</b><br/>This benefit is available where a Nil, \$50 <i>OR</i> \$100 <b>policy excess</b> has been selected.</p> | <p><b>Outpatient</b> consultations are available on a nil <b>excess</b> basis where <b>treatment</b> is received in network. Where <b>outpatient</b> consultations take place outside the <b>direct settlement network</b> the <b>policy excess</b> applies.</p>  |
| <p><b>Extended Evacuation</b><br/>(to the country of choice)</p>  | Covered in full   |
| <p><b>Out of Country Transportation</b><br/>For <b>medically necessary</b> non-emergency <b>treatment</b> as an <b>inpatient</b> or <b>day patient</b></p>              | <p>i) Covered in full</p> <p>ii) Up to \$150 per person per day and \$5,000 per person, per <b>evacuation</b></p>   |

|   | Plus   |
|---|--|
| i) Travel<br>ii) Non- <b>hospital</b> accommodation   | <i>OR</i><br>Up to \$250 per person per day and \$10,000 per person, per <b>evacuation</b>   |
| <b>Infertility Treatment</b><br>(minimum of 10 Employees required)  | Up to \$25,000 per <b>member</b> per lifetime  |
| <b>Routine Pregnancy</b>  | Up to \$5,000 per pregnancy and subject to 20% <b>coinsurance</b><br><i>OR</i><br>Up to \$5,000 per pregnancy and no <b>coinsurance</b><br><i>OR</i><br>Up to \$10,000 per pregnancy and subject to 20% <b>coinsurance</b><br><i>OR</i><br>Up to \$10,000 per pregnancy and no <b>coinsurance</b><br><i>OR</i><br>Up to \$20,000 per pregnancy and subject to 20% <b>coinsurance</b> per pregnancy<br><i>OR</i><br>Up to \$20,000 per pregnancy and no <b>coinsurance</b><br><i>OR</i><br>Covered in full per pregnancy but subject to 20% <b>coinsurance</b><br><i>OR</i><br>Covered in full per pregnancy with no <b>coinsurance</b> |
| <b>Traditional Chinese or Ayurvedic Medicine</b>  | \$30 per session to a maximum of 10 sessions<br><i>OR</i><br>\$30 per session to a maximum of 20 sessions<br><i>OR</i><br>\$50 per session to a maximum of 30 sessions<br><i>OR</i><br>Up to \$500 per <b>period of cover</b><br><i>OR</i><br>Up to \$750 per <b>period of cover</b>   |
| <b>USA Elective Treatment</b><br>i) <b>Inpatient or day patient treatment</b> received inside the <b>direct settlement network</b><br>ii) <b>Inpatient or day patient treatment</b> received outside the <b>direct settlement network</b><br>iii) <b>Outpatient treatment</b> | i) Covered in full<br>ii) Up to \$1,000,000 per <b>member</b> per <b>period of cover</b> and subject to 50% <b>coinsurance</b><br>iii) Covered in full   |

|  | Plus  |
|--|---|
| The International Healthcare Plan (IHP) does not comply with the Patient Protection and Affordable Care Act (U.S. healthcare reform), and cannot be used to satisfy any requirements for health insurance <b>cover</b> mandated therein. |   |
| <b>Vision Care</b>   | One eye exam and a maximum <b>benefit</b> of up to \$250 per <b>period of cover</b><br><i>OR</i><br>One eye exam and a maximum <b>benefit</b> of \$500 per <b>period of cover</b><br><i>OR</i><br>One eye exam and a maximum <b>benefit</b> of \$750 per <b>period of cover</b>   |
| <b>Wellness Option 1</b><br>Routine medical checkups & well-baby checks  | Up to \$250 per <b>insured person</b> per <b>period of cover</b>  |
| <b>Wellness Option 2</b><br>Bilateral mammogram/breast examination and routine gynaecological tests including PAP tests<br>Testicular/prostate examination/PSA/DRE tests<br>Routine medical checkups<br>Well-baby checks                 | Up to \$500 per <b>insured person</b> per <b>period of cover</b><br><i>OR</i><br>Up to \$750 per <b>insured person</b> per <b>period of cover</b><br><i>OR</i><br>Up to \$1,000 per <b>insured person</b> per <b>period of cover</b><br><i>OR</i><br>Up to \$1,500 per <b>insured person</b> per <b>period of cover</b> |
| <b>Wellness Option 3 Preventive Screening</b><br>Preventive screening for <b>members</b> who are deemed at high risk   | Up to \$1,000 per <b>insured person</b> per <b>period of cover</b><br><i>OR</i><br>Up to \$1,500 per <b>insured person</b> per <b>period of cover</b>   |



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