

Benefits Schedule

INTERNATIONAL HEALTHCARE PLAN

Effective 1st November 2010

In the tables below **We** have summarised the **Benefits** applicable for each product option. Please refer to the **Policy** Wording for full **Benefit** details and definitions. All **Benefits** shown are per **Insured Person**, per **Period of Cover** (unless specifically stated).

ALL limits and **Excesses** expressed in \$ shall in all instances mean US\$.

**AETNA
GLOBAL
BENEFITS**®

PRODUCT OPTIONS

Benefits	Major Medical 001	Foundation 002	Lifestyle 003	Lifestyle Plus 004
Maximum Annual Aggregate Limit	\$1,600,000	\$1,600,000	\$1,600,000	\$1,600,000
In-Patient Charges Hospital accommodation, Drugs and Dressings , surgeon and anaesthetist fees, theatre charges, intensive care unit and pathology.	Full Refund	Full Refund	Full Refund	Full Refund
Hospital Cash Benefit When Treatment is received as an In-Patient for an eligible Medical Condition for a maximum of 20 nights and no costs are incurred for accommodation and/or Treatment . This Benefit is not applicable to Accident and Emergency admissions.	\$125 per night	\$125 per night	\$125 per night	\$125 per night
Parent Accommodation Hospital accommodation costs in respect of a parent or legal guardian staying with an Insured Person who is under 18 years of age and is admitted to a Hospital as an In-Patient .	Full Refund	Full Refund	Full Refund	Full Refund
New Born Cover In-Patient Treatment of an Acute Medical Condition and any associated costs which presents symptoms at birth or which manifests itself within 30 days following birth.	Up to \$100,000 and to a maximum of 90 days Hospital stay	Up to \$100,000 and to a maximum of 90 days Hospital stay	Up to \$100,000 and to a maximum of 90 days Hospital stay	Up to \$100,000 and to a maximum of 90 days Hospital stay
New Born Accommodation Hospital accommodation costs relating to a New Born baby (up to 16 weeks old) to accompany its mother (being an Insured Person) whilst she is receiving Treatment as an In-Patient in a Hospital .	Full Refund	Full Refund	Full Refund	Full Refund
In-Patient Psychiatric Treatment In a registered psychiatric unit of a Hospital . All Benefits are conditional upon pre-authorisation from Us and all Treatment being administered under the direct control of a registered psychiatrist.	Full Refund (up to 30 days)	Full Refund (up to 30 days)	Full Refund (up to 30 days)	Full Refund (up to 30 days)
Complications of Pregnancy Treatment of a Medical Condition which arises during the antenatal stages of pregnancy, or a Medical Condition which arises during childbirth and requires a recognised obstetric procedure.	Full Refund (subject to a waiting period)*	Full Refund (subject to a waiting period)*	Full Refund (subject to a waiting period)*	Full Refund (subject to a waiting period)*
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.	Full Refund; when Treatment received as an In-Patient only	Full Refund	Full Refund	Full Refund

Benefits	Major Medical 001	Foundation 002	Lifestyle 003	Lifestyle Plus 004
Congenital Anomalies Treatment of Congenital Anomalies which manifest themselves after Your Date of Entry . In circumstances where a Congenital Anomaly manifests itself in a New Born baby within 30 days of birth, cover for such Medical Conditions will be provided under New Born Cover Benefit of the Policy and will be excluded from cover under this Benefit .	Up to \$100,000 per Medical Condition	Up to \$100,000 per Medical Condition	Up to \$100,000 per Medical Condition	Up to \$100,000 per Medical Condition
Oncology Treatment given for cancer received as an In-Patient, Day-Patient, or Out-Patient .	Full Refund	Full Refund	Full Refund	Full Refund
CT and MRI Scans received as an In-Patient, Day-Patient or Out-Patient and pre-authorised by Us .	Full Refund	Full Refund	Full Refund	Full Refund
Emergency Transportation Evacuation of an Insured Person in the event of an Emergency transportation costs to and from Hospitals by the most appropriate form of transport.	Full Refund	Full Refund	Full Refund	Full Refund
Evacuation Evacuation of an Insured Person in the event of an Emergency , where Treatment is not readily available at the place of the incident, to the nearest appropriate facility, for the purpose of admission to Hospital as an In-Patient or Day-Patient . Extended to cover the costs for one other person to travel with the Insured Person as an escort.	Full Refund	Full Refund	Full Refund	Full Refund
Additional Travel Expenses (following Evacuation) Reasonable travel costs: <ol style="list-style-type: none"> to and from medical appointments when Treatment is being received as a Day-Patient. for an accompanying person to travel to and from the Hospital to visit the Insured Person following admission as an In-Patient. non-Hospital accommodation for immediate pre- and post-Hospital admission periods provided that the Insured Person is under the care of a Specialist. economy class airline ticket to return the Insured Person and one other person who has travelled as an escort to the Country of Residence, or to the country from where Evacuation occurred. 	Full Refund Full Refund Up to \$150 per person per day and \$5,000 per person, per Evacuation Full Refund	Full Refund Full Refund Up to \$150 per person per day and \$5,000 per person, per Evacuation Full Refund	Full Refund Full Refund Up to \$150 per person per day and \$5,000 per person, per Evacuation Full Refund	Full Refund Full Refund Up to \$150 per person per day and \$5,000 per person, per Evacuation Full Refund
Mortal Remains <ol style="list-style-type: none"> Transportation of a body or ashes to the Country of Nationality or Country of Residence, or Burial or cremation costs at the place of death. 	Up to \$8,500	Up to \$8,500	Up to \$8,500	Up to \$8,500
AIDS Medical expenses which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and/or any mutant derivative or variation thereof.	Up to \$10,000	Up to \$10,000	Up to \$10,000	Up to \$10,000
Reconstructive Surgery Reconstructive surgery following an Accident or following surgery for an eligible Medical Condition .	Full Refund	Full Refund	Full Refund	Full Refund
Home Nursing Immediately following Hospital discharge on the recommendation of a Specialist and must be provided by a Qualified Nurse . All Treatment under this Benefit must be pre-authorised by Us .	Full Refund; up to 30 days per condition	Full Refund; up to 30 days per condition	Full Refund; up to 28 weeks per condition	Full Refund; up to 28 weeks per condition
Out-Patient Charges Including: <ol style="list-style-type: none"> Medical Practitioner fees including consultations. Specialist fees. Diagnostic procedures. Physiotherapy on referral by a Medical Practitioner. Prescribed Drugs and Dressings Treatment administered by registered chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists on referral by a Medical Practitioner or Specialist. 	Up to \$1,700 per Medical Condition prior to hospitalization and up to 60 days immediately following hospitalization in aggregate Up to 10 sessions in aggregate and subject to the Benefit limit above	Full Refund Full Refund; up to 10 sessions in aggregate	Full Refund Full Refund; up to 10 sessions in aggregate	Full Refund Full Refund; up to 10 sessions in aggregate

Benefits	Major Medical 001	Foundation 002	Lifestyle 003	Lifestyle Plus 004
Organ Transplant	Full Refund	Full Refund	Full Refund	Full Refund
Out-Patient Surgery	Full Refund	Full Refund	Full Refund	Full Refund
Ancillary Charges The purchase or rental of crutches or wheelchairs following Treatment as In-Patient or Day-Patient .	Up to \$1,000 per Medical Condition	Up to \$1,000 per Medical Condition	Up to \$1,000 per Medical Condition	Up to \$1,000 per Medical Condition
Rehabilitation	Up to 120 days per Medical Condition	Up to 120 days per Medical Condition	Up to 120 days per Medical Condition	Up to 120 days per Medical Condition
Out-Patient Psychiatric Treatment Including Specialist consultations. All Benefits are conditional upon pre-authorisation from Us and all Treatment must be administered under the direct control of a registered psychiatrist.	No Cover	Up to \$5,000	Up to \$5,000	Up to \$5,000
Traditional Chinese Medicine Administered by a recognised traditional Chinese practitioner.	No Cover	Up to a maximum of \$30 per session and to a maximum of 10 sessions	Up to a maximum of \$30 per session and to a maximum of 10 sessions	Up to a maximum of \$30 per session and to a maximum of 10 sessions
Hormone Replacement Therapy Medical Practitioner or Specialist consultation and the cost of prescribed tablets, implants or patches, when Treatment is prescribed for the female menopause which has been induced artificially and/or through early onset (by early onset We mean prior to age 40 years).	No Cover	Full Refund; up to 18 months per condition	Full Refund; up to 18 months per condition	Full Refund; up to 18 months per condition
Chronic Conditions Routine check-ups, Drugs and Dressings prescribed for management of the condition, Hospital accommodation, nursing, renal dialysis, surgery and Palliative Treatment for Chronic Conditions .	No Cover	No Cover	Up to \$15,000 (Nil Excess)	Up to \$15,000 (Nil Excess)
Evacuation Extension Evacuation to the country of Your choice.	Optional	Optional	Full Refund	Full Refund
Routine Dental Treatment (1) Examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions incurred after 6 months from the purchase date of this Benefit or Your Date of Entry , whichever is the later.	No Cover	No Cover	No Cover	Up to \$700 and subject to 25% Co-Insurance (Nil Excess)
Major Restorative Dental Treatment (2) Removal of impacted, buried or unerupted teeth, removal of roots, removal of solid odontomes, apicetomy, new or repair of bridge work, new or repair of crowns, root canal Treatment , new or repair of upper or lower dentures incurred after nine months from purchase date of this Benefit or Your Date of Entry , whichever is the later.	No Cover	No Cover	No Cover	Up to \$1,500** and subject to 25% Co-Insurance (Nil Excess)
Pregnancy and Childbirth - Costs associated with normal pregnancy and childbirth, pre- and post-natal check-ups and delivery costs.	No Cover	No Cover	No Cover	Up to \$10,000 and subject to 20% Co-Insurance . Subject to a waiting period*. (Nil Excess)

* Please refer to the **Policy** Wording

** In aggregate to routine dental limit

Excess Options	Major Medical 001	Foundation 002	Lifestyle 003	Lifestyle Plus 004
Each product option carries a standard Excess applicable to each new Medical Condition . You can amend this by selecting alternative options.				
Standard (\$)	Nil	100	100	100
Options (\$)	1,000 or 5,000	Nil; 50; 250; 500; 1,000; 2,000 or 5,000	Nil; 50 or 250	Nil; 50 or 250

Additional Options	Major Medical 001	Foundation 002	Lifestyle 003	Lifestyle Plus 004
USA Elective Treatment [Option 005] Costs will be reimbursed on a full refund basis, where In-Patient or Day-Patient Treatment is received within Our Provider Network or for any Out-Patient Treatment . In-Patient or Day-Patient Treatment received outside Our Provider Network will be subject to a 50% Co-Insurance and an annual maximum of \$1,000,000.	No Cover	Optional	Optional	Optional
Direct Settlement Network [Option 008]¹ Cover under this Policy provides nil Excess Benefits for Out-Patient Treatment received within the Direct Settlement Network . Out-Patient Treatment received outside of the Direct Settlement Network and other In-Patient and Day-Patient Treatment will be subject to \$100 Excess applicable to each new Medical Condition .	Not Applicable	Optional	Optional	Optional
Extended Evacuation [Option 009] Evacuation costs of an Insured Person on the event of Treatment not being readily available at the place of incident to the nearest appropriate medical facility, Country of Residence , Country of Nationality or country of Your choice, for the purpose of admission to Hospital as an In-Patient or Day-Patient .	Optional	Optional	Included	Included
Medical History Disregarded [Option 010] Cover for Treatment for any Medical Condition or Related Condition where symptoms have existed or Advice has been sought prior to Your Date of Entry under this Policy . (Only available to compulsory Group schemes of 10 employees or more).	Optional	Optional	Optional	Optional
Extension to Lifestyle Plus [Option 011] Provision for removal of the dental waiting periods applicable to Dental (1) and (2) of the Lifestyle Plus product, subject to full declaration of dental health. Provision for removal of the Co-Insurance applicable to pregnancy and childbirth of the Lifestyle Plus product. (Only available to compulsory Group schemes of 5 employees or more).	Not Applicable	Not Applicable	Not Applicable	Optional

¹ Available in certain countries. Please check with **Your** local sales centre.

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