

aetna[®]



Archipelago[™]
Insurance Limited

Build your own kind of healthy **Aetna Summit**SM **1750 – 5000** **Benefits schedule**

USD

For plans with a start date on or after 1 January 2016



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Whether you're choosing your plan or choosing how to use it, **this Benefits schedule will provide the details you need.**



Aetna SummitSM 1750 – 5000

Benefits schedule 2016

You or your personal representative must request preauthorisation for any:

- Medical evacuation
- Inpatient or daycare treatment admission
- Psychiatric treatment
- Prescription for more than three months' supply of drugs for the management of a chronic medical condition
- Single treatment or service that costs more than USD 500 or equivalent

All preauthorisation must be requested before treatment or services are received or costs are incurred. If it is not possible to request preauthorisation for an emergency we expect to be notified of the event within 24 hours. See your Claims procedures for full details. Please also see condition C3 in your Handbook.

| | | Aetna Summit SM 1750 | Aetna Summit SM 2500 | Aetna Summit SM 4000 | Aetna Summit SM 5000 |
|------------|--|---|---|---|---|
| 1 | OVERALL PLAN LIMIT | | | | |
| 1.1 | Reasonable costs will be paid for you up to the overall plan limit in the plan year . We will not pay any more than the overall plan limit for any one or more claims on any one or more of the benefits below. Where a benefit limit is shown as 'Paid in full', this is still subject to the overall plan limit. Unless stated, all benefit limits shown apply for the plan year . | USD 1,750,000 | USD 2,500,000 | USD 4,000,000 | USD 5,000,000 |
| 1.2 | Hospital accommodation for Hong Kong residents will be paid up to the cost of a semi-private dual occupancy room when inpatient and daycare treatment is received in Hong Kong. Costs will include your hospital meals. This applies to all hospital accommodation cover provided under sections 2, 3, 5, 6, 8.1, 9.1, 11 to 14, 19.4 and 22. Plan term P7 will continue to apply to non-Hong Kong residents, and to Hong Kong residents when treatment is received outside Hong Kong. | Not applicable or Paid in full for semi-private room only | Not applicable or Paid in full for semi-private room only | Not applicable or Paid in full for semi-private room only | Not applicable or Paid in full for semi-private room only |
| 2 | INPATIENT AND DAYCARE TREATMENT (SEE SECTION 26 FOR DEDUCTIBLES) For acute and chronic medical conditions | | | | |
| 2.1 | Medical costs including intensive care costs, theatre costs, hospital accommodation, medical practitioners' and specialists' fees, anaesthetists' fees, nursing fees, kidney dialysis, appliances and prescribed drugs and dressings. | Paid in full | Paid in full | Paid in full | Paid in full |
| 2.2 | MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures . | | | | |
| 2.3 | Reconstructive surgery to restore natural function or appearance within 12 months of an accident or surgery. | | | | |
| 2.4 | Speech and language therapy and occupational therapy as part of your inpatient treatment . This benefit is only available if the medical condition is covered under section 2.1 or 2.3. | | | | |
| 2.5 | Medical services of a nurse as part of your inpatient or daycare treatment when these are received in your home instead of in hospital . This benefit is only available if the medical condition is covered under section 2.1 or 2.3. | | | | |

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| 2.6 | <p>Inpatient treatment needed for acute medical conditions that begin before an insured member is eight days old. This benefit applies to all treatment that would normally be covered under sections 2.1 to 2.3, 2.5 or 8.1.</p> <p>Cover is only available if the pregnancy was the result of natural conception.</p> | Paid up to a lifetime limit of USD 150,000 | Paid up to a lifetime limit of USD 150,000 | Paid up to a lifetime limit of USD 150,000 | Paid up to a lifetime limit of USD 150,000 |
| 3 PARENT ACCOMMODATION (SEE SECTION 26 FOR DEDUCTIBLES) | | | | | |
| 3.1 | <p>Hospital accommodation costs for a parent or legal guardian to stay with an insured child aged 17 or under. This benefit is only available when the child is receiving inpatient treatment covered under sections 2.1 to 2.4.</p> | Paid in full | Paid in full | Paid in full | Paid in full |
| 3.2 | If the costs of the insured child's inpatient admission are related to a medical condition covered under sections 2.6, 5, 6, 9.1, 11 to 14, 19.4 or 25.1, the hospital accommodation costs for a parent or legal guardian to stay with the insured child will be covered within the benefit limits of the same section. | | | | |
| 4 OUTPATIENT POST-HOSPITALISATION TREATMENT (SEE SECTION 26 FOR DEDUCTIBLES) For acute medical conditions | | | | | |
| 4.1 | <p>Outpatient treatment for a period of 90 days from the date of discharge following each admission for inpatient or daycare treatment related to the same acute medical condition. This benefit covers medical practitioners' and specialists' fees, surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.</p> | Paid in full | Paid in full | Paid in full | Paid in full |
| 5 REHABILITATION (SEE SECTION 26 FOR DEDUCTIBLES) For acute medical conditions and stabilisation of acute episodes of chronic medical conditions | | | | | |
| 5.1 | <p>Rehabilitation for a medical condition covered under section 2.1 or 2.3. This benefit is only available if:</p> <ul style="list-style-type: none"> • you have received inpatient treatment for three or more consecutive days for the same medical condition, and • you have stayed in hospital for three or more consecutive nights. <p>Rehabilitation must be referred by a medical practitioner or specialist and start:</p> <ul style="list-style-type: none"> • after you are discharged from hospital following your inpatient treatment, or • when you are transferred to a rehabilitation unit following your inpatient treatment. <p>Your first session must be no more than 14 days after you are discharged or transferred.</p> <p>This benefit covers inpatient, daycare and outpatient physiotherapy, speech and language therapy and occupational therapy. We will also pay for accommodation costs at the rehabilitation unit when medically necessary.</p> | Paid in full for up to 30 days following each admission | Paid in full for up to 60 days following each admission | Paid in full for up to 90 days following each admission | Paid in full for up to 120 days following each admission |
| 5.2 | Section 5.1 applies before any available benefit limit shown in sections 8.1, 8.2 and 8.3. If post-hospitalisation outpatient physiotherapy is needed following rehabilitation, the benefit limit shown in section 8.2 will only be available if the number of days shown in section 5.1 is less than 90 days. If this applies to you , the number of days of treatment available under section 8.2 will be 90 days minus the number of days shown in section 5.1. | | | | |

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| 6 CANCER CARE (SEE SECTION 26 FOR DEDUCTIBLES) | | | | | |
|--|--|--------------|--------------|--------------|--------------|
| 6.1 | All treatment for, or related to, a diagnosed cancer. This includes palliative treatment and care during the end stages of a cancer. | Paid in full | Paid in full | Paid in full | Paid in full |

| 7 OUTPATIENT TREATMENT (SEE SECTION 26 FOR DEDUCTIBLES) For acute and chronic medical conditions | | | | | |
|---|---|----------------------|----------------------|-----------------------|--------------|
| 7.1 | Surgical procedures. | Paid in full | Paid in full | Paid in full | Paid in full |
| 7.2 | Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered under sections 2.1 to 2.3. | Paid up to USD 1,000 | Paid up to USD 5,000 | Paid up to USD 15,000 | |
| 7.3 | Medical practitioners' and specialists' fees, prescribed drugs and dressings, MRI scans, X-rays, pathology and diagnostic tests and procedures . | Not covered | | | |
| 7.4 | Outpatient treatment for any one or more medical conditions that are an emergency when the treatment is received in a hospital . | Not covered | | | |
| 7.5 | Kidney dialysis. | Not covered | Paid in full | Paid in full | |
| 7.6 | PET and CT scans. | | | | |

| 8 PHYSIOTHERAPY AND COMPLEMENTARY MEDICINE (SEE SECTION 26 FOR DEDUCTIBLES) For acute and chronic medical conditions | | | | | |
|---|--|----------------------|----------------------|----------------------|----------------------|
| 8.1 | Physiotherapy as part of inpatient or daycare treatment . | Paid in full | Paid in full | Paid in full | Paid in full |
| 8.2 | Post-hospitalisation outpatient physiotherapy following admissions for inpatient or daycare treatment covered under sections 2.1 to 2.3 or 2.6. This benefit is available for a period of 90 days following each admission. | Paid up to USD 750 | Paid up to USD 1,500 | Paid up to USD 2,000 | |
| 8.3 | Outpatient physiotherapy when referred by a medical practitioner or specialist . Further medical information may be needed if you receive further treatment after you have completed the number of sessions that were referred by the medical practitioner or specialist . | Not covered | | | |
| 8.4 | Outpatient podiatry, osteopathic and chiropractic treatment , when referred by a medical practitioner or specialist . Further medical information may be needed if you receive further treatment after you have completed the number of sessions that were referred by the medical practitioner or specialist . | | Paid up to USD 300 | Paid up to USD 750 | Paid up to USD 4,000 |
| 8.5 | Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic treatment . Further medical information may be needed after any four sessions for any one medical condition . | Paid up to USD 1,500 | | | |

| 9 PSYCHIATRIC TREATMENT (SEE SECTION 26 FOR DEDUCTIBLES) For acute and chronic medical conditions | | | | | |
|--|---|-------------|----------------------|-----------------------|-----------------------|
| 9.1 | Inpatient psychiatric treatment and psychotherapy. This benefit is available for up to 30 days in the plan year . | Not covered | Paid up to USD 5,000 | Paid up to USD 10,000 | Paid in full |
| 9.2 | Outpatient psychiatric treatment and psychotherapy. | | Paid up to USD 1,000 | Paid up to USD 2,000 | Paid up to USD 10,000 |

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| 10 | DURABLE MEDICAL EQUIPMENT (SEE SECTION 26 FOR DEDUCTIBLES) | | | | |
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| 10.1 | <p>Durable medical equipment including prosthetic and orthotic supplies. We will pay for:</p> <ul style="list-style-type: none"> Items prescribed by a medical practitioner or specialist, which are needed to deliver, or facilitate the delivery of, prescribed drugs and dressings The purchase and fitting of devices or items medically necessary for treatment, including, but not limited to, spinal supports, orthopaedic braces and air cast boots The rental or initial purchase of crutches or a wheelchair if medically necessary The initial purchase and fitting of external prostheses needed following surgery, including, but not limited to, artificial eyes and limbs The purchase and fitting of medically necessary orthotic supplies, including, but not limited to, insoles and orthotic supports <p>This benefit does not extend to sight or hearing aids, the supply, modification or fitting of furniture, or any modifications to your personal or work environment.</p> <p>Cover is only available under this benefit if the treatment is covered under sections 2, 4, 5, 7 to 9 or 23.</p> | Paid up to USD 1,000 | Paid up to USD 1,000 | Paid up to USD 1,000 | Paid up to USD 2,000 |
| 10.2 | If the costs are related to a medical condition covered under sections 6, 11 to 14, 22.2, 22.3 or 25 these will be covered within the benefit limits of the same section. Cover under these sections does not extend to sight or hearing aids, the supply, modification or fitting of furniture, or any modifications to your personal or work environment. | | | | |

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| 11 | CONGENITAL ABNORMALITIES (SEE SECTION 26 FOR DEDUCTIBLES) | | | | |
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| 11.1 | All treatment for diagnosed congenital abnormalities and any related medical conditions . This includes palliative treatment and care during the end stages of a congenital abnormality or any related medical condition . | Not covered | Paid up to a lifetime limit of USD 25,000 | Paid up to a lifetime limit of USD 50,000 | Paid up to a lifetime limit of USD 100,000 |
| 11.2 | For organ transplants for congenital abnormalities and any related medical conditions , see section 13. | | | | |

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| 12 | HIV OR AIDS (SEE SECTION 26 FOR DEDUCTIBLES) | | | | |
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| 12.1 | All treatment , including palliative treatment and care, for diagnosed HIV or AIDS and all related medical conditions . | Not covered | Paid up to USD 5,000 | Paid up to USD 10,000 | Paid up to USD 15,000 |
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| 13 | ORGAN TRANSPLANTS (SEE SECTION 26 FOR DEDUCTIBLES) For acute and chronic medical conditions and congenital abnormalities | | | | |
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| 13.1 | Kidney, pancreas, liver, heart or lung transplants and any related treatment . | Paid in full | Paid in full | Paid in full | Paid in full |
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| 14 | TERMINAL CARE (SEE SECTION 26 FOR DEDUCTIBLES) | | | | |
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| 14.1 | Palliative treatment and care for a medical condition which is diagnosed as terminal . | Not covered | Paid in full | Paid in full | Paid in full |
| 14.2 | For terminal care related to cancer care, congenital abnormalities and HIV or AIDS, see sections 6, 11 and 12. | | | | |

| 15 MEDICAL EVACUATION (SEE SECTION 26 FOR DEDUCTIBLES) | | | | | |
|--|---|--------------|--------------|--------------|--------------|
| 15.1 | <p>The costs to transport you to the nearest location where appropriate medical facilities are available, as agreed by us and by your attending medical practitioner.</p> <p>This benefit will only be paid if your medical condition is an emergency and we agree appropriate treatment is not available locally.</p> <p>This benefit extends to the costs for emergency treatment you receive during the journey.</p> <p>Where it is necessary to transport you outside your area of cover, any related costs that are incurred in the country you are evacuated to will be payable under the sections of your Benefits schedule that would normally apply when you are within your area of cover.</p> <p>Cover is only available under this benefit if the treatment is covered under sections 2, 4, 6, 7, 9, 11 to 14 or 22 and you have completed any waiting periods shown in the relevant section.</p> | Paid in full | Paid in full | Paid in full | Paid in full |
| 15.2 | Economy class travel costs for you to go back to your country of residence , or your home country , after your emergency medical evacuation under section 15.1. | | | | |
| 15.3 | <p>Costs of one dependant or companion having to accompany you for an emergency medical evacuation under section 15.1. This benefit will only become available if your medical condition is critical or you are expected to stay in hospital for seven or more nights. We will cover:</p> <ul style="list-style-type: none"> • Costs for return economy class travel, including taxi transfers to and from the hotel on arrival and departure • A taxi from the hotel to the hospital, and back, once a day • Reasonable overnight accommodation costs, to include breakfast | | | | |
| 15.4 | <p>The costs to transport you to appropriate medical facilities to receive treatment when your medical condition is not an emergency.</p> <p>We will cover costs for return economy class travel to a location of your choice within your area of cover if:</p> <ul style="list-style-type: none"> • we agree appropriate treatment is not available locally, and • we agree appropriate treatment is available in your chosen location. <p>We will also pay for airport taxi transfers.</p> <p>Cover is only available under this benefit if the treatment is covered under sections 2 or 4 to 14.</p> | Not covered | Not covered | Not covered | Not covered |

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| 15.5 | <p>The costs to transport you to appropriate medical facilities for treatment related to your pregnancy if the medical condition is not an emergency.</p> <p>We will cover costs for return economy class travel to a location of your choice within your area of cover if:</p> <ul style="list-style-type: none"> • we agree appropriate treatment is not available locally, and • we agree appropriate treatment is available in your chosen location. <p>We will also pay for airport taxi transfers.</p> <p>You are limited to three return journeys for each pregnancy.</p> <p>Cover is only available under this benefit if the treatment is covered under section 22 and you have completed any waiting periods shown in section 22.</p> | Not covered | Not covered | Not covered | Not covered |
| 15.6 | Costs for medical evacuations do not extend to air-sea rescue, or any mountain rescue unless related to a medical condition you suffer at a recognised ski resort or similar winter sports resort. | | | | |
| 16 LOCAL AMBULANCE (SEE SECTION 26 FOR DEDUCTIBLES) | | | | | |
| 16.1 | <p>Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital because of an emergency or due to medical necessity.</p> <p>Cover is only available under this benefit if the treatment is covered under sections 2, 4, 6, 7, 9, 11 to 14, 22.2 or 22.3 and you have completed any waiting periods shown in the relevant section.</p> | Paid in full | Paid in full | Paid in full | Paid in full |
| 16.2 | Costs for local ambulances do not extend to air-sea rescue, or any mountain rescue unless related to a medical condition you suffer at a recognised ski resort or similar winter sports resort. | | | | |
| 17 MORTAL REMAINS (SEE SECTION 26 FOR DEDUCTIBLES) | | | | | |
| 17.1 | <p>In the event of your death we will pay reasonable costs for:</p> <ul style="list-style-type: none"> • the transportation of your body or mortal remains to your home country or your country of residence, or • your burial or cremation at the place of your death. <p>This benefit is only available if you die outside your home country.</p> <p>In the event of burial this benefit will cover:</p> <ul style="list-style-type: none"> • The cost of opening or reopening a grave • Any exclusive right of burial fee • Burial costs <p>In the event of cremation this benefit will cover:</p> <ul style="list-style-type: none"> • The cost of any doctor's certificates • Cremation costs, including the removal of any medical device before the cremation <p>This benefit does not extend to the purchase of a burial plot, or funeral costs, including, but not limited to, flowers and the funeral director's fees.</p> | Paid in full | Paid in full | Paid in full | Paid in full |

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| 18 | COMPASSIONATE EMERGENCY VISIT (SEE SECTION 26 FOR DEDUCTIBLES) | | | | |
| 18.1 | <p>Costs you have to pay for an economy class return travel ticket from a country within your area of cover for you to visit a close family member:</p> <ul style="list-style-type: none"> • if their medical condition is critical, or • to attend their burial or cremation following their death. <p>You are limited to one return journey in the plan year.</p> | Not covered | Not covered | Paid in full | Paid in full |
| 19 | DENTAL TREATMENT (SEE SECTION 26 FOR DEDUCTIBLES) | | | | |
| 19.1 | <p>Outpatient dental treatment for accidental damage to sound, natural teeth when:</p> <ul style="list-style-type: none"> • the treatment can only be provided after you have received inpatient treatment related to the accident, and • the treatment is received no more than 90 days after you are discharged from hospital following your related inpatient treatment. <p>This benefit includes the cost to supply and fit dental implants.</p> | Paid in full | Paid in full | Paid in full | Paid in full |
| 19.2 | <p>Outpatient dental treatment for accidental damage to sound, natural teeth, except when the damage is caused through eating. Cover is only available when treatment for the accidental damage is received within ten days of the accident. This benefit also includes one follow-up consultation within 30 days of the accident.</p> | Not covered | Paid up to USD 500 | Paid up to USD 750 | Paid up to USD 1,500 |
| 19.3 | <p>Routine outpatient dental treatment, including treatment for accidental damage to sound, natural teeth when the damage is caused through eating. This benefit covers dental examinations, scraping, cleaning and polishing, gum treatment, X-rays, composite fillings and simple non-surgical extractions only.</p> <p>Cover is available after you have had 182 days' continuous cover from the date that the benefit was first introduced on your plan.</p> | | | | |
| 19.4 | <p>Major restorative dental treatment, including treatment for accidental damage to sound, natural teeth when the damage is caused through eating. This benefit covers:</p> <ul style="list-style-type: none"> • Surgical extractions, including wisdom teeth • Root canal treatment • The cost to supply, fit and repair crowns, bridges and dentures • X-rays needed to support major restorative dental treatment <p>Cover is available after you have had 182 days' continuous cover from the date that the benefit was first introduced on your plan.</p> | Not covered | Not covered | Not covered | Not covered |

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| 19.5 | <p>Orthodontic treatment. This benefit covers:</p> <ul style="list-style-type: none"> • Orthodontic examinations • Costs to supply, fit and repair orthodontic devices or items • X-rays needed to support orthodontic treatment • Surgical and non-surgical extractions needed as part of your orthodontic treatment | Not covered | Not covered | Not covered | Not covered |
| 19.6 | <p>Dental implants. This benefit covers:</p> <ul style="list-style-type: none"> • Dental examinations needed for dental implants • Costs to supply, fit and repair dental implants • X-rays needed to support the fitting or repair of dental implants | Not covered | Not covered | Not covered | Not covered |
| 20 | OPTICAL CARE (SEE SECTION 26 FOR DEDUCTIBLES) | | | | |
| 20.1 | <p>Costs of prescription:</p> <ul style="list-style-type: none"> • Contact lenses • Spectacles • Spectacle lenses • Spectacle frames <p>This benefit also covers the costs of one consultation and sight examination for the signs or symptoms, or management of, natural or non-medical degenerative sight disorders. This includes, but is not limited to, myopia, hypermetropia and astigmatism.</p> | Not covered | Not covered | Not covered | Not covered |
| 21 | WELLNESS | | | | |
| 21.1 | Members aged 18 or over: routine health checks including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations. | Not covered | Not covered | Paid up to USD 500 | Paid up to USD 1,000 |
| 21.2 | Members aged 17 or under: routine health checks and vaccinations. | | | Not covered | |
| 21.3 | Preventative services for sight and hearing: one sight examination and one hearing examination in the plan year . | | | Not covered | Paid up to USD 250 |

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| 22 PREGNANCY AND CHILDBIRTH (SEE SECTION 26 FOR DEDUCTIBLES) | | | | | |
|--|--|-------------|----------------------|----------------------|----------------------|
| 22.1 | <p>Costs for:</p> <ul style="list-style-type: none"> • Antenatal checkups for an uncomplicated pregnancy • Antenatal vitamins • Delivery costs, nursing fees and hospital accommodation costs for uncomplicated childbirth • Postnatal checkups <p>This benefit includes cover for pregnancies resulting from natural or assisted conception.</p> <p>Cover for antenatal checkups includes no more than 12 routine antenatal visits during each pregnancy and one routine 2D ultrasound scan in each trimester. If any additional antenatal visits or ultrasound scans are medically necessary, we will ask for further medical information so we can consider cover under section 22.2 or 22.3.</p> <p>We will pay reasonable hospital accommodation costs for the newborn to stay with you for no more than four nights immediately after childbirth. We will also pay the following routine costs for the newborn:</p> <ul style="list-style-type: none"> • One physical examination • Vitamin K, hepatitis B and BCG vaccinations • Screening tests for PKU, congenital hypothyroidism and G6PD • One hearing examination <p>This benefit is only available after you have had 12 months' continuous cover from the date that the benefit was first introduced on your plan.</p> | Not covered | Not covered | Not covered | Not covered |
| 22.2 | <p>Treatment for medical complications of maternity that happen due to a medical condition during pregnancy or childbirth, if the pregnancy is the result of assisted conception.</p> <p>We will pay reasonable accommodation costs for the newborn to stay with you immediately after a complicated childbirth. We will also pay the following routine costs for the newborn:</p> <ul style="list-style-type: none"> • One physical examination • Vitamin K, hepatitis B and BCG vaccinations • Screening tests for PKU, congenital hypothyroidism and G6PD • One hearing examination <p>This benefit is only available after you have had 12 months' continuous cover from the date that the benefit was first introduced on your plan.</p> | Not covered | Paid up to USD 5,000 | Paid up to USD 5,000 | Paid up to USD 5,000 |

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| 22.3 | <p>Treatment for medical complications of maternity that happen due to a medical condition during pregnancy or childbirth, if the pregnancy is the result of natural conception.</p> <p>We will pay reasonable accommodation costs for the newborn to stay with you immediately after a complicated childbirth. We will also pay the following routine costs for the newborn:</p> <ul style="list-style-type: none"> • One physical examination • Vitamin K, hepatitis B and BCG vaccinations • Screening tests for PKU, congenital hypothyroidism and G6PD • One hearing examination | Not covered | Paid up to USD 15,000 | Paid up to USD 15,000 | Paid up to USD 50,000 |
| 22.4 | <p>The benefit limits shown for section 22 apply for each pregnancy. Where a pregnancy spans more than one plan year, any benefit paid for treatment or services received in the plan year when the pregnancy began will be deducted from the benefit limit shown in the following plan year.</p> <p>This benefit does not extend to 3D or 4D ultrasound scans.</p> <p>Routine costs for newborns, as shown in section 22, are only covered for the first 30 days from birth. Where the newborn is an insured member, cover for routine costs within the first 30 days will still be provided under section 22 of the insured mother's plan.</p> | | | | |

| 23 | HORMONE REPLACEMENT THERAPY (SEE SECTION 26 FOR DEDUCTIBLES) | | | | |
|------|---|-------------|-------------|--------------------|--------------------|
| 23.1 | Hormone replacement therapy for symptoms of the menopause. | Not covered | Not covered | Paid up to USD 500 | Paid up to USD 500 |

| 24 | HOSPITAL CASH | | | | |
|------|--|---|---|---|---|
| 24.1 | <p>Payment made to you for each night you stay in a hospital when receiving inpatient treatment:</p> <ul style="list-style-type: none"> • if your inpatient treatment and hospital accommodation are provided free of charge, and • the treatment or services received would normally be covered under sections 2, 6, 9, 11 to 14, 19.4 or 22 and you have completed any waiting periods shown in the relevant section. <p>This benefit is payable for up to 20 nights in the plan year.</p> | USD 125 paid to you for each night | USD 125 paid to you for each night | USD 125 paid to you for each night | USD 125 paid to you for each night |

| 25 | EMERGENCY TREATMENT OUTSIDE AREA OF COVER (SEE SECTION 26 FOR DEDUCTIBLES) | | | | |
|------|---|----------------------|-----------------------|-----------------------|-----------------------|
| 25.1 | Inpatient and daycare treatment when your medical condition is an emergency and you are outside your area of cover . | Paid up to USD 5,000 | Paid up to USD 15,000 | Paid up to USD 30,000 | Paid up to USD 50,000 |
| 25.2 | Outpatient treatment when your medical condition is an emergency and you are outside your area of cover . | Not covered | Paid up to USD 500 | Paid up to USD 500 | Paid up to USD 500 |
| 25.3 | Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital . This benefit is only available when your medical condition is an emergency and you are outside your area of cover . | Paid up to USD 500 | Paid up to USD 500 | Paid up to USD 500 | Paid up to USD 500 |
| 25.4 | <p>Cover is only available under this benefit if the emergency would normally be covered under sections 2, 4, 6, 7, 9, 11 to 14 or 22 when you are within your area of cover and you have completed any waiting periods shown in the relevant section.</p> <p>If the emergency is due to pregnancy or childbirth and you are 26 weeks or more into your pregnancy, this benefit is only available if you have been outside your area of cover for no more than 14 days at your date of admission for emergency inpatient or daycare treatment or the date you receive emergency outpatient treatment. Travel must not be against the advice of a medical practitioner, specialist or nurse at any time during your pregnancy.</p> | | | | |

| 26 DEDUCTIBLES | | | | | |
|----------------|---|--|--|--|--|
| 26.1 | Annual excess applies to sections 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19.1, 19.2, 23 and 25. This is the total excess that you will pay for any one or more claims in the plan year . An additional deductible may apply for treatment or services received outside of the network , see section 26.8. | USD 2,000 | Not applicable | Not applicable | Not applicable |
| 26.2 | Outpatient coinsurance on sections 4, 5, 7, 8.2, 8.3, 8.4, 8.5, 9.2, 10, 11, 12, 13, 14, 19.1, 19.2, 23 and 25.2. This coinsurance is applied to each claim. Where a maximum is shown, this applies to any one or more claims you make in the plan year . An additional deductible may apply for treatment or services received outside of the network , see section 26.8. | Not applicable | 10% up to a maximum of USD 2,000 | 10% up to a maximum of USD 2,000 | 10% up to a maximum of USD 2,000 |
| 26.3 | Dental coinsurance on sections 19.3 and 19.4. This coinsurance is applied to each claim. | Not applicable | Not applicable | Not applicable | Not applicable |
| 26.4 | Orthodontic coinsurance on section 19.5. This coinsurance is applied to each claim. | Not applicable | Not applicable | Not applicable | Not applicable |
| 26.5 | Dental implants coinsurance on section 19.6. This coinsurance is applied to each claim. | Not applicable | Not applicable | Not applicable | Not applicable |
| 26.6 | Optical care coinsurance on section 20. This coinsurance is applied to each claim. | Not applicable | Not applicable | Not applicable | Not applicable |
| 26.7 | Maternity coinsurance on sections 22.1 and 22.2. This coinsurance is applied to each claim. An additional deductible may apply for treatment or services received outside of the network , see section 26.8. | Not applicable | 10% | 10% | 10% |
| 26.8 | Out-of- network deductible on sections 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 22 and 23 if: <ul style="list-style-type: none"> an appropriate provider within the network is available in the location where you receive treatment or services, but you receive treatment or services at a provider outside of the network, and the cost of treatment or services is greater than the cost that would have been incurred if the treatment or services were received within the network in the same location. The value of the deductible will be the difference between the cost of the treatment or services received and the cost that would have been incurred if the treatment or services were received within the network in the same location. This deductible is applied to each claim before the deduction of any other applicable deductible shown in section 26.1, 26.2 or 26.7. This deductible does not apply if the treatment or services received are needed due to an emergency . | Deduction for reasonable and customary costs | Deduction for reasonable and customary costs | Deduction for reasonable and customary costs | Deduction for reasonable and customary costs |
| 26.9 | After any applicable deductibles , the maximum amount we will pay for any one or more claims will be the amount shown in the relevant section above. | | | | |

| | | Aetna Summit™ 1750 | Aetna Summit™ 2500 | Aetna Summit™ 4000 | Aetna Summit™ 5000 |
|-------------|---|------------------------------------|------------------------------------|--------------------------------|--------------------------------|
| 27 | HEALTH MANAGEMENT SERVICES | | | | |
| 27.1 | Chronic condition and disease management to provide tailored information and access to a nurse to discuss your health. | Not included with your plan | Included with your plan | Included with your plan | Included with your plan |
| 27.2 | Employee Assistance Programme – online and telephonic confidential support including counselling, information and guidance. Log on to the Secure Member Website or contact our Member Services Team for more information. | Not included with your plan | Included with your plan | Included with your plan | Included with your plan |
| 27.3 | Employee Assistance Programme – in-person confidential support including counselling, information and guidance. Log on to the Secure Member Website or contact our Member Services Team for more information. | | Not included with your plan | | |
| 27.4 | The cover provided under sections 27.2 and 27.3 includes a combined maximum of five sessions of counselling in each plan year . | | | | |
| 28 | RED24 SECURITY SERVICES | | | | |
| 28.1 | AdviceLine – 24/7 personal security information and advice for all your travel safety queries. Please contact red24 or visit www.red24.com/aetna | Included with your plan | Included with your plan | Included with your plan | Included with your plan |
| 28.2 | ActionResponse – 24/7 international rescue and response service for you in a potentially life-threatening, non-medical event. Please contact red24 or visit www.red24.com/aetna | Not included with your plan | Not included with your plan | | |

All cover provided under this **Benefits schedule** is subject to the terms and conditions of **your plan**.

Some words and phrases used in this **Benefits schedule** have specific meanings that are relevant to **your plan**. We have highlighted them in bold print and defined them in the 'Definitions' section of **your Handbook**.

Eligibility

Plans are available to people of most nationalities, depending on where they reside. Our **plans** are not available to citizens of the United States (US) who reside in the US. For full eligibility details, see **your Handbook**.

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If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license.

For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

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Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

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