

**aetna**<sup>®</sup>



# Build your own kind of healthy **Aetna Pioneer<sup>SM</sup> 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 Pioneer<sup>SM</sup> 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 Pioneer <sup>SM</sup> 1750	Aetna Pioneer <sup>SM</sup> 2500	Aetna Pioneer <sup>SM</sup> 4000	Aetna Pioneer <sup>SM</sup> 5000
<b>1</b>	<b>OVERALL PLAN LIMIT</b>				
<b>1.1</b>	Reasonable costs will be paid for <b>you</b> up to the overall <b>plan</b> limit in the <b>plan year</b> . We will not pay any more than the overall <b>plan</b> limit for any one or more claims on any one or more of the <b>benefits</b> below. Where a <b>benefit</b> limit is shown as 'Paid in full', this is still subject to the overall <b>plan</b> limit. Unless stated, all <b>benefit</b> limits shown apply for the <b>plan year</b> .	USD 1,750,000	USD 2,500,000	USD 4,000,000	USD 5,000,000
<b>2</b>	<b>INPATIENT AND DAYCARE TREATMENT (SEE SECTION 24 FOR DEDUCTIBLES)</b> For acute and chronic medical conditions				
<b>2.1</b>	Medical costs including intensive care costs, theatre costs, <b>hospital</b> accommodation, <b>medical practitioners'</b> and <b>specialists'</b> fees, anaesthetists' fees, nursing fees, kidney dialysis, <b>appliances</b> and prescribed drugs and dressings.	Paid in full	Paid in full	Paid in full	Paid in full
<b>2.2</b>	MRI, PET and CT scans, X-rays, pathology and other <b>diagnostic tests and procedures</b> .				
<b>2.3</b>	Reconstructive surgery to restore natural function or appearance within 12 months of an <b>accident</b> or surgery.				
<b>2.4</b>	Speech and language therapy and occupational therapy as part of <b>your inpatient treatment</b> . This <b>benefit</b> is only available if the <b>medical condition</b> is covered under section 2.1 or 2.3.				
<b>2.5</b>	Medical services of a <b>nurse</b> as part of <b>your inpatient</b> or <b>daycare treatment</b> when these are received in <b>your</b> home instead of in <b>hospital</b> . This <b>benefit</b> is only available if the <b>medical condition</b> is covered under section 2.1 or 2.3.				
<b>2.6</b>	<b>Inpatient treatment</b> needed for <b>acute medical conditions</b> that begin before an insured <b>member</b> is eight days old. This <b>benefit</b> applies to all <b>treatment</b> that would normally be covered under sections 2.1 to 2.3, 2.5 or 8.1.  Cover is only available if the pregnancy was the result of natural conception.	Paid up to a <b>lifetime limit</b> of USD 150,000	Paid up to a <b>lifetime limit</b> of USD 150,000	Paid up to a <b>lifetime limit</b> of USD 150,000	Paid up to a <b>lifetime limit</b> of USD 150,000

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3 PARENT ACCOMMODATION (SEE SECTION 24 FOR DEDUCTIBLES)					
3.1	Hospital accommodation costs for a parent or legal guardian to stay with an insured child aged 17 or under. This <b>benefit</b> is only available when the child is receiving <b>inpatient treatment</b> covered under sections 2.1 to 2.4.	Paid in full	Paid in full	Paid in full	Paid in full
3.2	If the costs of the insured child's <b>inpatient</b> admission are related to a <b>medical condition</b> covered under sections 2.6, 5, 6, 9.1, 11 to 14, 19.4 or 23.1, the <b>hospital</b> accommodation costs for a parent or legal guardian to stay with the insured child will be covered within the <b>benefit</b> limits of the same section.				
4 OUTPATIENT POST-HOSPITALISATION TREATMENT (SEE SECTION 24 FOR DEDUCTIBLES) For acute medical conditions					
4.1	<b>Outpatient treatment</b> for a period of 90 days from the date of discharge following each admission for <b>inpatient</b> or <b>daycare treatment</b> related to the same <b>acute medical condition</b> . This <b>benefit</b> covers <b>medical practitioners' and specialists' fees</b> , surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other <b>diagnostic tests and procedures</b> .	Paid in full	Paid in full	Paid in full	Paid in full
5 REHABILITATION (SEE SECTION 24 FOR DEDUCTIBLES) For acute medical conditions and stabilisation of acute episodes of chronic medical conditions					
5.1	<p>Rehabilitation for a <b>medical condition</b> covered under section 2.1 or 2.3. This <b>benefit</b> is only available if:</p> <ul style="list-style-type: none"> <li>• <b>you</b> have received <b>inpatient treatment</b> for three or more consecutive days for the same <b>medical condition</b>, and</li> <li>• <b>you</b> have stayed in <b>hospital</b> for three or more consecutive nights.</li> </ul> <p>Rehabilitation must be referred by a <b>medical practitioner</b> or <b>specialist</b> and start:</p> <ul style="list-style-type: none"> <li>• after <b>you</b> are discharged from <b>hospital</b> following <b>your inpatient treatment</b>, or</li> <li>• when <b>you</b> are transferred to a rehabilitation unit following <b>your inpatient treatment</b>.</li> </ul> <p><b>Your</b> first session must be no more than 14 days after <b>you</b> are discharged or transferred.</p> <p>This <b>benefit</b> covers <b>inpatient, daycare and outpatient</b> physiotherapy, speech and language therapy and occupational therapy. <b>We</b> will also pay for accommodation costs at the rehabilitation unit when <b>medically necessary</b>.</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 <b>benefit</b> limit shown in sections 8.1, 8.2 and 8.3. If post-hospitalisation <b>outpatient</b> physiotherapy is needed following rehabilitation, the <b>benefit</b> 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 <b>you</b> , the number of days of <b>treatment</b> available under section 8.2 will be 90 days minus the number of days shown in section 5.1.				
6 CANCER CARE (SEE SECTION 24 FOR DEDUCTIBLES)					
6.1	All <b>treatment</b> for, or related to, a diagnosed cancer. This includes <b>palliative treatment</b> and care during the end stages of a cancer.	Paid in full	Paid in full	Paid in full	Paid in full

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<b>7</b>	<b>OUTPATIENT TREATMENT (SEE SECTION 24 FOR DEDUCTIBLES)</b> For acute and chronic medical conditions				
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<b>7.1</b>	Surgical procedures.	Paid in full	Paid in full	Paid in full	Paid in full
<b>7.2</b>	<b>Outpatient</b> pre-operative tests up to 72 hours before <b>inpatient</b> or <b>daycare treatment</b> 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	
<b>7.3</b>	<b>Medical practitioners' and specialists' fees</b> , prescribed drugs and dressings, MRI scans, X-rays, pathology and <b>diagnostic tests and procedures</b> .	Not covered			
<b>7.4</b>	Kidney dialysis.				
<b>7.5</b>	PET and CT scans.		Paid in full	Paid in full	

<b>8</b>	<b>PHYSIOTHERAPY AND COMPLEMENTARY MEDICINE (SEE SECTION 24 FOR DEDUCTIBLES)</b> For acute and chronic medical conditions				
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<b>8.1</b>	Physiotherapy as part of <b>inpatient</b> or <b>daycare treatment</b> .	Paid in full	Paid in full	Paid in full	Paid in full
<b>8.2</b>	Post-hospitalisation <b>outpatient</b> physiotherapy following admissions for <b>inpatient</b> or <b>daycare treatment</b> covered under sections 2.1 to 2.3 or 2.6. This <b>benefit</b> 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	
<b>8.3</b>	<b>Outpatient</b> physiotherapy when referred by a <b>medical practitioner</b> or <b>specialist</b> . Further medical information may be needed if <b>you</b> receive further <b>treatment</b> after <b>you</b> have completed the number of sessions that were referred by the <b>medical practitioner</b> or <b>specialist</b> .	Not covered			
<b>8.4</b>	<b>Outpatient</b> podiatry, osteopathic and chiropractic <b>treatment</b> , when referred by a <b>medical practitioner</b> or <b>specialist</b> . Further medical information may be needed if <b>you</b> receive further <b>treatment</b> after <b>you</b> have completed the number of sessions that were referred by the <b>medical practitioner</b> or <b>specialist</b> .				
<b>8.5</b>	<b>Outpatient</b> traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic <b>treatment</b> . Further medical information may be needed after any four sessions for any one <b>medical condition</b> .		Paid up to USD 300	Paid up to USD 750	

<b>9</b>	<b>PSYCHIATRIC TREATMENT (SEE SECTION 24 FOR DEDUCTIBLES)</b> For acute and chronic medical conditions				
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<b>9.1</b>	<b>Inpatient</b> psychiatric <b>treatment</b> and psychotherapy. This <b>benefit</b> is available for up to 30 days in the <b>plan year</b> .	Not covered	Paid up to USD 5,000	Paid up to USD 10,000	Paid in full
<b>9.2</b>	<b>Outpatient</b> psychiatric <b>treatment</b> 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 24 FOR DEDUCTIBLES)					
10.1	<p>Durable medical equipment including prosthetic and orthotic supplies. <b>We</b> will pay for:</p> <ul style="list-style-type: none"> <li>Items prescribed by a <b>medical practitioner</b> or <b>specialist</b>, which are needed to deliver, or facilitate the delivery of, prescribed drugs and dressings</li> <li>The purchase and fitting of devices or items <b>medically necessary</b> for <b>treatment</b>, including, but not limited to, spinal supports, orthopaedic braces and air cast boots</li> <li>The rental or initial purchase of crutches or a wheelchair if <b>medically necessary</b></li> <li>The initial purchase and fitting of external prostheses needed following surgery, including, but not limited to, artificial eyes and limbs</li> <li>The purchase and fitting of <b>medically necessary</b> orthotic supplies, including, but not limited to, insoles and orthotic supports</li> </ul> <p>This <b>benefit</b> does not extend to sight or hearing aids, the supply, modification or fitting of furniture, or any modifications to <b>your</b> personal or work environment.</p> <p>Cover is only available under this <b>benefit</b> if the <b>treatment</b> is covered under sections 2, 4, 5, 7 to 9 or 21.</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 <b>medical condition</b> covered under sections 6, 11 to 14 or 23 these will be covered within the <b>benefit</b> 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 <b>your</b> personal or work environment.				
11 CONGENITAL ABNORMALITIES (SEE SECTION 24 FOR DEDUCTIBLES)					
11.1	All <b>treatment</b> for diagnosed <b>congenital abnormalities</b> and any <b>related medical conditions</b> . This includes <b>palliative treatment</b> and care during the end stages of a <b>congenital abnormality</b> or any <b>related medical condition</b> .	Not covered	Paid up to a <b>lifetime limit</b> of USD 25,000	Paid up to a <b>lifetime limit</b> of USD 50,000	Paid up to a <b>lifetime limit</b> of USD 100,000
11.2	For organ transplants for <b>congenital abnormalities</b> and any <b>related medical conditions</b> , see section 13.				
12 HIV OR AIDS (SEE SECTION 24 FOR DEDUCTIBLES)					
12.1	All <b>treatment</b> , including <b>palliative treatment</b> and care, for diagnosed HIV or AIDS and all <b>related medical conditions</b> .	Not covered	Paid up to USD 5,000	Paid up to USD 10,000	Paid up to USD 15,000
13 ORGAN TRANSPLANTS (SEE SECTION 24 FOR DEDUCTIBLES) For acute and chronic medical conditions and congenital abnormalities					
13.1	Kidney, pancreas, liver, heart or lung transplants and any related <b>treatment</b> .	Paid in full	Paid in full	Paid in full	Paid in full
14 TERMINAL CARE (SEE SECTION 24 FOR DEDUCTIBLES)					
14.1	<b>Palliative treatment</b> and care for a <b>medical condition</b> which is diagnosed as <b>terminal</b> .	Not covered	Paid in full	Paid in full	Paid in full
14.2	For <b>terminal</b> care related to cancer care, <b>congenital abnormalities</b> and HIV or AIDS, see sections 6, 11 and 12.				

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15 MEDICAL EVACUATION (SEE SECTION 24 FOR DEDUCTIBLES)					
15.1	<p>The costs to transport <b>you</b> to the nearest location where appropriate medical facilities are available, as agreed by <b>us</b> and by <b>your</b> attending <b>medical practitioner</b>.</p> <p>This <b>benefit</b> will only be paid if <b>your medical condition</b> is an <b>emergency</b> and <b>we</b> agree appropriate <b>treatment</b> is not available locally.</p> <p>This <b>benefit</b> extends to the costs for emergency <b>treatment you</b> receive during the journey.</p> <p>Where it is necessary to transport <b>you</b> outside <b>your area of cover</b>, any related costs that are incurred in the country <b>you</b> are evacuated to will be payable under the sections of <b>your Benefits schedule</b> that would normally apply when <b>you</b> are within <b>your area of cover</b>.</p> <p>Cover is only available under this <b>benefit</b> if the <b>treatment</b> is covered under sections 2, 4, 6, 7, 9 or 11 to 14.</p>	Paid in full	Paid in full	Paid in full	Paid in full
15.2	Economy class travel costs for <b>you</b> to go back to <b>your country of residence</b> , or <b>your home country</b> , after <b>your</b> emergency medical evacuation under section 15.1.				
15.3	<p>Costs of one <b>dependant</b> or companion having to accompany <b>you</b> for an emergency medical evacuation under section 15.1. This <b>benefit</b> will only become available if <b>your medical condition</b> is <b>critical</b> or <b>you</b> are expected to stay in <b>hospital</b> for seven or more nights. <b>We</b> will cover:</p> <ul style="list-style-type: none"> <li>• Costs for return economy class travel, including taxi transfers to and from the hotel on arrival and departure</li> <li>• A taxi from the hotel to the <b>hospital</b>, and back, once a day</li> <li>• Reasonable overnight accommodation costs, to include breakfast</li> </ul>				
15.4	<p>The costs to transport <b>you</b> to appropriate medical facilities to receive <b>treatment</b> when <b>your medical condition</b> is not an <b>emergency</b>.</p> <p><b>We</b> will cover costs for return economy class travel to a location of <b>your</b> choice within <b>your area of cover</b> if:</p> <ul style="list-style-type: none"> <li>• <b>we</b> agree appropriate <b>treatment</b> is not available locally, and</li> <li>• <b>we</b> agree appropriate <b>treatment</b> is available in <b>your</b> chosen location.</li> </ul> <p><b>We</b> will also pay for airport taxi transfers.</p> <p>Cover is only available under this <b>benefit</b> if the <b>treatment</b> is covered under sections 2 or 4 to 14.</p>	<p>Not covered</p> <p>Paid up to a maximum of USD 2,000 in the <b>plan year</b>, if this optional <b>benefit</b> has been chosen.</p>	<p>Not covered</p> <p>Paid up to a maximum of USD 2,000 in the <b>plan year</b>, if this optional <b>benefit</b> has been chosen.</p>	<p>Not covered</p> <p>Paid up to a maximum of USD 2,000 in the <b>plan year</b>, if this optional <b>benefit</b> has been chosen.</p>	<p>Not covered</p> <p>Paid up to a maximum of USD 2,000 in the <b>plan year</b>, if this optional <b>benefit</b> has been chosen.</p>
15.5	Costs for medical evacuations do not extend to air-sea rescue, or any mountain rescue unless related to a <b>medical condition you</b> suffer at a recognised ski resort or similar winter sports resort.				

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16 LOCAL AMBULANCE (SEE SECTION 24 FOR DEDUCTIBLES)		Aetna Pioneer™ 1750	Aetna Pioneer™ 2500	Aetna Pioneer™ 4000	Aetna Pioneer™ 5000
16.1	Costs of the appropriate type of ambulance needed to transport <b>you</b> to the nearest available and appropriate local <b>hospital</b> because of an <b>emergency</b> or due to <b>medical necessity</b> .  Cover is only available under this <b>benefit</b> if the <b>treatment</b> is covered under sections 2, 4, 6, 7, 9 or 11 to 14.	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 <b>medical condition you</b> suffer at a recognised ski resort or similar winter sports resort.				

17 MORTAL REMAINS (SEE SECTION 24 FOR DEDUCTIBLES)		Aetna Pioneer™ 1750	Aetna Pioneer™ 2500	Aetna Pioneer™ 4000	Aetna Pioneer™ 5000
17.1	In the event of <b>your</b> death <b>we</b> will pay reasonable costs for: <ul style="list-style-type: none"> <li>the transportation of <b>your</b> body or mortal remains to <b>your home country</b> or <b>your country of residence</b>, or</li> <li><b>your</b> burial or cremation at the place of <b>your</b> death.</li> </ul> This <b>benefit</b> is only available if <b>you</b> die outside <b>your home country</b> . In the event of burial this <b>benefit</b> will cover: <ul style="list-style-type: none"> <li>The cost of opening or reopening a grave</li> <li>Any exclusive right of burial fee</li> <li>Burial costs</li> </ul> In the event of cremation this <b>benefit</b> will cover: <ul style="list-style-type: none"> <li>The cost of any doctor's certificates</li> <li>Cremation costs, including the removal of any medical device before the cremation</li> </ul> This <b>benefit</b> 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.	Paid in full	Paid in full	Paid in full	Paid in full

18 COMPASSIONATE EMERGENCY VISIT (SEE SECTION 24 FOR DEDUCTIBLES)		Aetna Pioneer™ 1750	Aetna Pioneer™ 2500	Aetna Pioneer™ 4000	Aetna Pioneer™ 5000
18.1	Costs <b>you</b> have to pay for an economy class return travel ticket from a country within <b>your area of cover</b> for <b>you</b> to visit a <b>close family member</b> : <ul style="list-style-type: none"> <li>if their <b>medical condition</b> is <b>critical</b>, or</li> <li>to attend their burial or cremation following their death.</li> </ul> <b>You</b> are limited to one return journey in the <b>plan year</b> .	Not covered	Not covered	Paid in full	Paid in full

19 DENTAL TREATMENT (SEE SECTION 24 FOR DEDUCTIBLES)		Aetna Pioneer™ 1750	Aetna Pioneer™ 2500	Aetna Pioneer™ 4000	Aetna Pioneer™ 5000
19.1	<b>Outpatient dental treatment</b> for accidental damage to sound, <b>natural teeth</b> when: <ul style="list-style-type: none"> <li>the <b>treatment</b> can only be provided after <b>you</b> have received <b>inpatient treatment</b> related to the <b>accident</b>, and</li> <li>the <b>treatment</b> is received no more than 90 days after <b>you</b> are discharged from <b>hospital</b> following <b>your</b> related <b>inpatient treatment</b>.</li> </ul> This <b>benefit</b> includes the cost to supply and fit dental implants.	Paid in full	Paid in full	Paid in full	Paid in full



		Aetna Pioneer™ 1750	Aetna Pioneer™ 2500	Aetna Pioneer™ 4000	Aetna Pioneer™ 5000
19.2	<b>Outpatient dental treatment</b> for accidental damage to sound, <b>natural teeth</b> , except when the damage is caused through eating. Cover is only available when <b>treatment</b> for the accidental damage is received within ten days of the <b>accident</b> . This <b>benefit</b> also includes one follow-up consultation within 30 days of the <b>accident</b> .	Not covered	Paid up to USD 500	Paid up to USD 750	Paid up to USD 1,500
19.3	Routine <b>outpatient dental treatment</b> , including <b>treatment</b> for accidental damage to sound, <b>natural teeth</b> when the damage is caused through eating. This <b>benefit</b> covers <b>dental</b> examinations, scraping, cleaning and polishing, gum <b>treatment</b> , X-rays, composite fillings and simple non-surgical extractions only.  Cover is available after <b>you</b> have had 182 days' continuous cover from the date that the <b>benefit</b> was first introduced on <b>your plan</b> .			Not covered	Not covered
19.4	Major restorative <b>dental treatment</b> , including <b>treatment</b> for accidental damage to sound, <b>natural teeth</b> when the damage is caused through eating. This <b>benefit</b> covers: <ul style="list-style-type: none"> <li>• Surgical extractions, including wisdom teeth</li> <li>• Root canal <b>treatment</b></li> <li>• The cost to supply, fit and repair crowns, bridges and dentures</li> <li>• X-rays needed to support major restorative <b>dental treatment</b></li> </ul> Cover is available after <b>you</b> have had 182 days' continuous cover from the date that the <b>benefit</b> was first introduced on <b>your plan</b> .	Not covered	Not covered	Paid up to USD 750 if this optional <b>benefit</b> has been chosen.	Paid up to USD 1,500 if this optional <b>benefit</b> has been chosen.
<b>20</b>	<b>WELLNESS</b>				
20.1	<b>Members</b> aged 18 or over: <b>routine health checks</b> including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations.			Paid up to USD 500	Paid up to USD 1,000
20.2	<b>Members</b> aged 17 or under: <b>routine health checks</b> and vaccinations.	Not covered	Not covered		
20.3	<b>Preventative services</b> for sight and hearing: one sight examination and one hearing examination in the <b>plan year</b> .			Not covered	Paid up to USD 250
<b>21</b>	<b>HORMONE REPLACEMENT THERAPY (SEE SECTION 24 FOR DEDUCTIBLES)</b>				
21.1	Hormone replacement therapy for symptoms of the menopause.	Not covered	Not covered	Paid up to USD 500	Paid up to USD 500
<b>22</b>	<b>HOSPITAL CASH</b>				
22.1	Payment made to <b>you</b> for each night <b>you</b> stay in a <b>hospital</b> when receiving <b>inpatient treatment</b> : <ul style="list-style-type: none"> <li>• if <b>your inpatient treatment</b> and <b>hospital</b> accommodation are provided free of charge, and</li> <li>• the <b>treatment</b> or services received would normally be covered under sections 2, 6, 9, 11 to 14 or 19.4 and <b>you</b> have completed any waiting periods shown in the relevant section.</li> </ul> This <b>benefit</b> is payable for up to 20 nights in the <b>plan year</b> .	USD 125 paid to <b>you</b> for each night	USD 125 paid to <b>you</b> for each night	USD 125 paid to <b>you</b> for each night	USD 125 paid to <b>you</b> for each night

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23	EMERGENCY TREATMENT OUTSIDE AREA OF COVER (SEE SECTION 24 FOR DEDUCTIBLES)				
23.1	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
23.2	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
23.3	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
23.4	Cover is only available under this benefit if the emergency would normally be covered under sections 2, 4, 6, 7, 9 or 11 to 14 when you are within your area of cover.				

24	DEDUCTIBLES				
24.1	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, 21 and 23. 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 24.4.	USD 2,000 If a voluntary excess of Nil, USD 1,000 or USD 4,000 has been chosen, this will apply instead.	Not applicable	Not applicable	Not applicable
24.2	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, 21 and 23.2. 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 24.4.	Not applicable	10% up to a maximum of USD 2,000 If a voluntary coinsurance of 0%, 20% up to a maximum of USD 4,000, or 30% up to a maximum of USD 5,000 has been chosen, this will apply instead.	10% up to a maximum of USD 2,000 If a voluntary coinsurance of 0%, 20% up to a maximum of USD 4,000, or 30% up to a maximum of USD 5,000 has been chosen, this will apply instead.	10% up to a maximum of USD 2,000 If a voluntary coinsurance of 0%, 20% up to a maximum of USD 4,000, or 30% up to a maximum of USD 5,000 has been chosen, this will apply instead.
24.3	Dental coinsurance on sections 19.3 and 19.4. This coinsurance is applied to each claim.	Not applicable	Not applicable	25% This coinsurance applies if the optional routine and major restorative dental treatment benefit has been chosen.	25% This coinsurance applies if the optional routine and major restorative dental treatment benefit has been chosen.

		Aetna Pioneer™ 1750	Aetna Pioneer™ 2500	Aetna Pioneer™ 4000	Aetna Pioneer™ 5000
24.4	<p>Out-of-<b>network deductible</b> on sections 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14 and 21 if:</p> <ul style="list-style-type: none"> <li>an appropriate provider within the <b>network</b> is available in the location where <b>you</b> receive <b>treatment</b> or services, but <b>you</b> receive <b>treatment</b> or services at a provider outside of the <b>network</b>, and</li> <li>the cost of <b>treatment</b> or services is greater than the cost that would have been incurred if the <b>treatment</b> or services were received within the <b>network</b> in the same location.</li> </ul> <p>The value of the <b>deductible</b> will be the difference between the cost of the <b>treatment</b> or services received and the cost that would have been incurred if the <b>treatment</b> or services were received within the <b>network</b> in the same location.</p> <p>This <b>deductible</b> is applied to each claim before the deduction of any other applicable <b>deductible</b> shown in section 24.1 or 24.2.</p> <p>This <b>deductible</b> does not apply if the <b>treatment</b> or services received are needed due to an <b>emergency</b>.</p>	Deduction for reasonable and customary costs	Deduction for reasonable and customary costs	Deduction for reasonable and customary costs	Deduction for reasonable and customary costs
24.5	After any applicable <b>deductibles</b> , the maximum amount <b>we</b> will pay for any one or more claims will be the amount shown in the relevant section above.				

## 25 HEALTH MANAGEMENT SERVICES

25.1	Chronic condition and disease management to provide tailored information and access to a <b>nurse</b> to discuss <b>your</b> health.	Not included with <b>your plan</b>	Included with <b>your plan</b>	Included with <b>your plan</b>	Included with <b>your plan</b>
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## 26 RED24 SECURITY SERVICES

26.1	AdviceLine - 24/7 personal security information and advice for all <b>your</b> travel safety queries. Please contact red24 or visit <a href="http://www.red24.com/aetna">www.red24.com/aetna</a>	Included with <b>your plan</b>	Included with <b>your plan</b>	Included with <b>your plan</b>	Included with <b>your plan</b>
26.2	ActionResponse - 24/7 international rescue and response service for <b>you</b> in a potentially life-threatening, non-medical event. Please contact red24 or visit <a href="http://www.red24.com/aetna">www.red24.com/aetna</a>	Not included with <b>your plan</b>	Not included with <b>your plan</b>		

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.

If **you** are a US citizen residing outside of the US, **you** can choose any **area of cover** subject to **your country of residence**. If **your** chosen **area of cover** is Area 1, this will only be available on the Aetna Pioneer 5000+ **plan**.

If **you** are not a US citizen, Area 1 will only be available:

- On the Aetna Pioneer 5000 **plan** if the US is not **your country of residence**
- On the Aetna Pioneer 5000+ **plan** if the US is **your country of residence**

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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](http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx).

Notice to United Kingdom residents: In the UK, Aetna Insurance Company Limited (FRN 458505) has issued and approved this communication.

Notice to all: Please visit [www.aetnainternational.com/ai/en/about-us/legal/regional-entities](http://www.aetnainternational.com/ai/en/about-us/legal/regional-entities) for more information, including a list of relevant entities permitted to carry on or administer insurance business in their respective jurisdictions.

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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