

## Table of benefits 2021

|          |   | UltraCare Standard | UltraCare Select   | UltraCare Comprehensive | UltraCare Elite |
|----------|---|--------------------|--------------------|-------------------------|-----------------|
| <b>1</b> | <b>Overall plan limit</b>   |                    |                    |                         |                 |
| 1.1      | Reasonable costs will be paid for you up to the overall plan limit in each plan year, subject to the terms and conditions of the plan. 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 subject to the overall plan limit. You must request pre-authorization for some of the benefits, see your Claims procedures and benefit condition BC2 in the Plan guide for more information. | \$1,500,000        | \$2,500,000        | \$4,000,000             | \$5,000,000     |
| <b>2</b> | <b>Cancer care</b>  |                    |                    |                         |                 |
| 2.1      | All treatment for cancer, including bone marrow transplants. This benefit covers treatment aimed to cure cancer, treatment of a cancer which is diagnosed as a chronic medical condition, palliative treatment and care during the end stages of a cancer.  | Paid in full       | Paid in full       | Paid in full            | Paid in full    |
| <b>3</b> | <b>In-patient and daycare treatment of acute medical conditions and stabilisation of acute episodes of chronic medical conditions</b> (see section 22 for deductibles)  |                    |                    |                         |                 |
| 3.1      | Medical costs including intensive care costs, theatre costs, hospital accommodation, specialists' and medical practitioners' fees, anaesthetists' fees, nursing fees and prescribed drugs and dressings.  | Paid in full       | Paid in full       | Paid in full            | Paid in full    |
| 3.2      | MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.   |                    |                    |                         |                 |
| 3.3      | Reconstructive surgery following an accident or following surgery for an eligible medical condition that first occurred after your date of joining.   |                    |                    |                         |                 |
| 3.4      | Prostheses surgically implanted to form permanent parts of your body.   |                    |                    |                         |                 |
| 3.5      | Medical services of a nurse as part of your in-patient or daycare treatment when these are received in your home instead of in hospital.  |                    |                    |                         |                 |
| 3.6      | Hospital accommodation costs for a parent or legal guardian to stay with an insured child, under the age of 18, when the child is receiving in-patient treatment.   |                    |                    |                         |                 |
| <b>4</b> | <b>Out-patient post-hospitalisation treatment of acute medical conditions</b> (see section 22 for deductibles)  |                    |                    |                         |                 |
| 4.1      | Out-patient treatment for a period of 90 days following in-patient 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.   | Paid in full       | Paid in full       | Paid in full            | Paid in full    |
| <b>5</b> | <b>Out-patient treatment of acute medical conditions and stabilisation of acute episodes of chronic medical conditions</b> (see section 22 for deductibles)   |                    |                    |                         |                 |
| 5.1      | Surgical procedures.  | Paid in full       | Paid in full       | Paid in full            | Paid in full    |
| 5.2      | Out-patient pre-operative tests up to 72 hours before in-patient or daycare treatment of acute medical conditions and stabilisation of acute episodes of chronic medical conditions.  | Paid up to \$1,000 | Paid up to \$5,000 | Paid up to \$10,000     |                 |
| 5.3      | Medical practitioners' and specialists' fees, prescribed drugs and dressings, X-rays, pathology and diagnostic tests and procedures.  | Not covered        |                    |                         |                 |
| 5.4      | MRI, PET and CT scans.  |                    | Paid in full       | Paid in full            |                 |

|          |  | UltraCare Standard | UltraCare Select                               | UltraCare Comprehensive                         | UltraCare Elite                                 |
|----------|--|--------------------|--|---|---|
| <b>6</b> | <b>Physiotherapy and complementary medicine for acute and chronic medical conditions</b> (see section 22 for deductibles)  |                    |  |   |   |
| 6.1      | Physiotherapy by a <b>physiotherapist</b> , as part of <b>in-patient</b> or <b>daycare treatment</b> .   | Paid in full       | Paid in full                                   | Paid in full                                    |   |
| 6.2      | Post-hospitalisation out-patient physiotherapy by a <b>physiotherapist</b> for any one or more <b>medical conditions</b> in each <b>plan year</b> . This <b>benefit</b> is available for a period of 90 days following any <b>in-patient</b> or <b>daycare treatment</b> related to the same <b>medical condition</b> .  | Paid up to \$750   |  |   | Paid in full                                    |
| 6.3      | Out-patient physiotherapy by a <b>physiotherapist</b> , when referred by a <b>medical practitioner</b> or <b>specialist</b> .  |                    | Paid up to \$1,500                             | Paid up to \$2,000                              |   |
| 6.4      | <b>Out-patient</b> complementary medicine and <b>treatment</b> , when referred by a <b>medical practitioner</b> or <b>specialist</b> . This <b>benefit</b> covers podiatry, osteopathic and chiropractic <b>treatment</b> only.  | Not covered        |  |   | Paid up to \$5,500                              |
| 6.5      | <b>Out-patient</b> traditional Chinese medicine, acupuncture and homeopathic <b>treatment</b> .  |                    |  |   |   |
| <b>7</b> | <b>Psychiatric treatment for acute and chronic medical conditions</b> (see section 22 for deductibles)   |                    |  |   |   |
| 7.1      | <b>In-patient psychiatric treatment</b> and psychotherapy for up to 30 days, available after <b>you</b> have had 12 months' 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 \$10,000                             | Paid in full                                    |
| 7.2      | <b>Out-patient psychiatric treatment</b> and psychotherapy, available after <b>you</b> have had 12 months' continuous cover from the date that the <b>benefit</b> was first introduced on <b>your plan</b> .   | Not covered        | Paid up to \$1,000                             | Paid up to \$2,000                              | Paid up to \$10,000                             |
| <b>8</b> | <b>Maintenance of chronic medical conditions</b> (see section 22 for deductibles)  |                    |  |   |   |
| 8.1      | <b>In-patient</b> and <b>daycare treatment</b> to maintain the symptoms of <b>chronic medical conditions</b> .   |                    |  |   |   |
| 8.2      | Kidney dialysis for the maintenance of <b>chronic medical conditions</b> .   |                    |  |   |   |
| 8.3      | <b>Out-patient treatment</b> to maintain the symptoms of <b>chronic medical conditions</b> . This <b>benefit</b> covers <b>medical practitioners'</b> and <b>specialists'</b> fees, surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other <b>diagnostic tests and procedures</b> .   | Not covered        | Paid up to a <b>lifetime limit</b> of \$75,000 | Paid up to a <b>lifetime limit</b> of \$150,000 | Paid up to a <b>lifetime limit</b> of \$300,000 |
| 8.4      | If a <b>medical condition</b> becomes <b>terminal</b> , it will only be covered under section 10.  |                    |  |   |   |
| <b>9</b> | <b>Congenital abnormalities</b> (see section 22 for deductibles)   |                    |  |   |   |
| 9.1      | All <b>treatment</b> aimed to cure a <b>congenital abnormality</b> , <b>treatment</b> of a <b>congenital abnormality</b> which is diagnosed as a <b>chronic medical condition</b> , <b>palliative treatment</b> and care for a <b>congenital abnormality</b> which is diagnosed as <b>terminal</b> , and <b>treatment</b> for any <b>related medical condition</b> :<br><ul style="list-style-type: none"> <li>• if the <b>congenital abnormality</b> is not <b>inherited</b>;</li> <li>• if <b>you</b> did not have signs or symptoms of the <b>congenital abnormality</b> before <b>your date of joining</b>; and</li> <li>• the <b>congenital abnormality</b> is diagnosed after <b>your date of joining</b>.</li> </ul> This <b>benefit</b> covers <b>medical practitioners'</b> and <b>specialists'</b> fees, surgical procedures including prostheses surgically implanted to form permanent parts of <b>your</b> body, physiotherapy, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other <b>diagnostic tests and procedures</b> . This <b>benefit</b> does not extend to <b>psychiatric treatment</b> or psychotherapy, complementary medicine, traditional Chinese medicine, acupuncture or homeopathic <b>treatment</b> . | Not covered        | Not covered                                    | Paid up to a <b>lifetime limit</b> of \$35,000  | Paid up to a <b>lifetime limit</b> of \$50,000  |

|           |  | UltraCare Standard   | UltraCare Select                               | UltraCare Comprehensive                        | UltraCare Elite                                |
|-----------|--|--|--|--|--|
| <b>10</b> | <b>Terminal care</b>   |  |  |  |  |
| 10.1      | <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                                   |
| <b>11</b> | <b>Medical Evacuation &amp; Repatriation</b>   |  |  |  |  |
| 11.1      | The costs to transport <b>you</b> to the nearest location within <b>your area of cover</b> where appropriate medical facilities are available. This <b>benefit</b> , including <b>emergency treatment you</b> receive during the journey, will only be paid if <b>we</b> agree appropriate <b>treatment</b> for <b>your</b> eligible <b>medical condition</b> is not available locally.  | Paid in full when needed for <b>in-patient treatment, daycare treatment</b> or any cancer <b>treatment</b> | Paid in full                                   | Paid in full                                   | Paid in full                                   |
| 11.2      | Economy class travel costs for <b>you</b> to go back to the <b>country where you live</b> , following <b>your</b> medical evacuation.  |  |  |  |  |
| 11.3      | Costs of <b>your dependants, a close family member</b> or <b>business colleague</b> having to accompany <b>you</b> for a medical evacuation. This <b>benefit</b> will only become available if <b>your medical condition</b> is <b>critical</b> . <b>We</b> will cover: <ul style="list-style-type: none"> <li>• return economy class travel costs, including taxi transfers to and from the hotel on arrival and departure;</li> <li>• <b>reasonable</b> overnight accommodation costs, to include breakfast; and</li> <li>• a taxi from the hotel to the <b>hospital</b>, and back, once a day.</li> </ul> |  |  |  |  |
| <b>12</b> | <b>Local ambulance</b>   |  |  |  |  |
| 12.1      | Costs of appropriate ambulance transport to the nearest available and appropriate local <b>hospital</b> because of an <b>emergency</b> or due to <b>medical necessity</b> .  | Paid in full   | Paid in full                                   | Paid in full                                   | Paid in full                                   |
| <b>13</b> | <b>Out-patient dental treatment</b> (see section 22 for deductibles)   |  |  |  |  |
| 13.1      | Restoration of <b>natural teeth</b> including <b>treatment</b> of accidental damage to <b>natural teeth</b> . This <b>benefit</b> covers X-rays, fillings, extractions, root-canal <b>treatment</b> , gum <b>treatment</b> , permanent bridges and semi-precious crowns, and 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 75% of \$1,000                      | Paid up to \$1,500                             |
| <b>14</b> | <b>Wellness</b>  |  |  |  |  |
| 14.1      | <b>Members</b> aged 18 and over: <b>routine health checks</b> including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations.   | Not covered  | Not covered                                    | Paid up to \$700                               | Paid up to \$1,000                             |
| 14.2      | <b>Members</b> aged 0-17: well-child tests and vaccinations.   |  |  |  |  |
| 14.3      | <b>Preventative dental services:</b> checkups to include scraping, cleaning and polishing only.  |  |  | Paid up to \$100                               | Paid up to \$200                               |
| 14.4      | <b>Preventative services</b> for sight and hearing: one sight examination and one hearing examination in each <b>plan year</b> .   |  |  | Not covered                                    | Paid up to \$100                               |
| <b>15</b> | <b>Organ transplants</b> (see section 22 for deductibles)  |  |  |  |  |
| 15.1      | Transplants of kidney, liver, heart, lung or heart and lung and any related <b>treatment</b> that <b>you</b> need as a result of an eligible <b>medical condition</b> .  | Paid up to \$500,000   | Paid up to \$500,000                           | Paid up to \$500,000                           | Paid up to \$500,000                           |
| 15.2      | If the <b>medical condition</b> is a <b>congenital abnormality</b> , the cost of organ transplants and any related <b>treatment</b> will only be covered under section 9.  |  |  |  |  |
| <b>16</b> | <b>HIV or AIDS</b> (see section 22 for deductibles)  |  |  |  |  |
| 16.1      | All <b>treatment</b> , including <b>palliative treatment</b> and care, for HIV or AIDS and all <b>related medical conditions</b> , available after <b>you</b> have had four years' continuous cover from the date that the <b>benefit</b> was first introduced on <b>your plan</b> .   | Not covered  | Paid up to a <b>lifetime limit</b> of \$85,000 | Paid up to a <b>lifetime limit</b> of \$85,000 | Paid up to a <b>lifetime limit</b> of \$85,000 |
| <b>17</b> | <b>Hormone replacement therapy</b>   |  |  |  |  |
| 17.1      | Hormone replacement therapy for symptoms of the menopause.   | Not covered  | Not covered                                    | Paid up to \$500                               | Paid up to \$500                               |

|           |  | UltraCare Standard  | UltraCare Select  | UltraCare Comprehensive   | UltraCare Elite   |
|-----------|--|---|---|---|---|
| <b>18</b> | <b>Hospital cash</b>   |   |   |   |   |
| 18.1      | Cash payment made to <b>you</b> , for up to 30 nights in each <b>plan year</b> , when <b>you</b> receive <b>in-patient treatment</b> and <b>hospital</b> accommodation free of charge.   | \$450 paid to <b>you</b> for each night   | \$450 paid to <b>you</b> for each night   | \$450 paid to <b>you</b> for each night   | \$450 paid to <b>you</b> for each night   |
| <b>19</b> | <b>Compassionate emergency visit</b>   |   |   |   |   |
| 19.1      | Costs <b>you</b> have to pay for an economy class return travel ticket from a country within <b>your area of cover</b> to visit a <b>close family member</b> if their <b>medical condition</b> is <b>critical</b> , or for <b>you</b> to attend their burial or cremation following their death. <b>You</b> are limited to one return journey in each <b>plan year</b> . | Not covered   | Not covered   | Paid in full  | Paid in full  |
| <b>20</b> | <b>Mortal remains</b>  |   |   |   |   |
| 20.1      | <b>Reasonable</b> costs of preparing and transporting <b>your</b> body, mortal remains or ashes to <b>your home country</b> , or preparing <b>your</b> body or mortal remains for local burial or cremation. This <b>benefit</b> is only available if <b>you</b> die outside <b>your home country</b> .  | Paid in full  | Paid in full  | Paid in full  | Paid in full  |
| <b>21</b> | <b>Emergency treatment outside area of cover</b> (see section 22 for deductibles)  |   |   |   |   |
| 21.1      | <b>Emergency treatment</b> outside <b>your area of cover</b> .   | Not covered   | Paid up to \$40,000   | Paid up to \$70,000   | Paid up to \$100,000  |
| <b>22</b> | <b>Deductibles</b>   |   |   |   |   |
| 22.1      | <b>Out-patient treatment excess</b> on sections 4, 5, 6.2, 6.3, 6.4, 6.5, 7.2, 8.3, 9 and 16. This <b>deductible</b> is applied for each <b>medical condition</b> in each <b>plan year</b> .   | \$45.00   | \$45.00   | \$45.00   | Nil   |
| 22.2      | <b>In-patient, daycare</b> and <b>out-patient treatment excess</b> on sections 3, 4, 5, 6, 7, 8, 9, 15, 16 and 21. This <b>deductible</b> is applied for each <b>medical condition</b> in each <b>plan year</b> .  | Only applied if a voluntary <b>excess</b> has been chosen. This replaces the standard <b>excess</b> shown in section 22.1 | Only applied if a voluntary <b>excess</b> has been chosen. This replaces the standard <b>excess</b> shown in section 22.1 | Only applied if a voluntary <b>excess</b> has been chosen. This replaces the standard <b>excess</b> shown in section 22.1 | Only applied if a voluntary <b>excess</b> has been chosen. This replaces the standard <b>excess</b> shown in section 22.1 |
| 22.3      | <b>Out-patient dental treatment co-insurance</b> on section 13. This <b>deductible</b> is applied to each <b>claim</b> .   | Not applicable  | Not applicable  | 25%   | Nil   |
| <b>23</b> | <b>Aetna Security Assistance</b>   |   |   |   |   |
| 23.1      | 24/7 personal security information and telephone support for all your travel safety queries. Register at <a href="http://my.worldaware.com/aetna">my.worldaware.com/aetna</a> using the code AETNA2021.  | Included with <b>your plan</b>  |   |   |   |

Some words and phrases used in this Table of **benefits** 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 Plan** guide.

Please read **benefit** condition BC14 in **your Plan** guide if you receive **treatment** outside Vietnam.

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 Assets 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).

Plans are underwritten by BaoViet Insurance Corporation and administered by Aetna Global Benefits (UK) Limited on behalf of the insurer.

InterGlobal Limited has changed its name to Aetna Global Benefits (UK) Limited.

