

		UltraCare Standard	UltraCare Select	UltraCare Comprehensive	UltraCare Elite
1 Overall plan limit					
1.1	<p>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.</p> <p>You must request pre-authorisation for some of the benefits, see your Claims procedures and benefit condition BC2 in the Plan guide for more information.</p>	\$1,500,000	\$2,500,000	\$4,000,000	\$5,000,000
2 Cancer care					
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
3 In-patient and daycare treatment of acute medical conditions and stabilisation of acute episodes of chronic medical conditions (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.				
4 Out-patient post-hospitalisation treatment of acute medical conditions (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
5 Out-patient treatment of acute medical conditions and stabilisation of acute episodes of chronic medical conditions (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	



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



		UltraCare Standard	UltraCare Select	UltraCare Comprehensive	UltraCare Elite
10 Terminal care					
10.1	Palliative treatment and care for a medical condition which is diagnosed as terminal .	Not covered	Paid in full	Paid in full	Paid in full
11 Medical evacuation and repatriation					
11.1	The costs to transport you to the nearest location within your area of cover where appropriate medical facilities are available. This benefit , including emergency treatment you receive during the journey, will only be paid if we agree appropriate treatment for your eligible medical condition is not available locally.	Paid in full when needed for in-patient treatment, daycare treatment or any cancer treatment	Paid in full	Paid in full	Paid in full
11.2	Economy class travel costs for you to go back to the country where you live , following your medical evacuation.				
11.3	Costs of your dependants , a close family member or business colleague having to accompany you for a medical evacuation. This benefit will only become available if your medical condition is critical . We will cover: <ul style="list-style-type: none"> • return economy class travel costs, including taxi transfers to and from the hotel on arrival and departure; • reasonable overnight accommodation costs, to include breakfast; and • a taxi from the hotel to the hospital, and back, once a day. 				
12 Local ambulance					
12.1	Costs of appropriate ambulance transport to the nearest available and appropriate local hospital because of an emergency or due to medical necessity .	Paid in full	Paid in full	Paid in full	Paid in full
13 Out-patient dental treatment (see section 22 for deductibles)					
13.1	Restoration of natural teeth including treatment of accidental damage to natural teeth . This benefit covers X-rays, fillings, extractions, root-canal treatment , gum treatment , permanent bridges and semi-precious crowns, and is available after you have had 182 days' continuous cover from the date that the benefit was first introduced on your plan .	Not covered	Not covered	Paid up to 75% of \$1,000	Paid up to \$1,500
14 Wellness					
14.1	Members aged 18 and over: routine health checks 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	Members aged 0-17: well-child tests and vaccinations.				
14.3	Preventative dental services : checkups to include scraping, cleaning and polishing only.			Paid up to \$100	Paid up to \$200
14.4	Preventative services for sight and hearing: one sight examination and one hearing examination in each plan year .			Not covered	Paid up to \$100
15 Organ transplants (see section 22 for deductibles)					
15.1	Transplants of kidney, liver, heart, lung or heart and lung and any related treatment that you need as a result of an eligible medical condition .	Paid up to \$500,000	Paid up to \$500,000	Paid up to \$500,000	Paid up to \$500,000
15.2	If the medical condition is a congenital abnormality , the cost of organ transplants and any related treatment will only be covered under section 9.				
16 HIV or AIDS (see section 22 for deductibles)					
16.1	All treatment , including palliative treatment and care, for HIV or AIDS and all related medical conditions , available after you have had four years' continuous cover from the date that the benefit was first introduced on your plan .	Not covered	Paid up to a lifetime limit of \$85,000	Paid up to a lifetime limit of \$85,000	Paid up to a lifetime limit of \$85,000



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17	Hormone replacement therapy				
17.1	Hormone replacement therapy for symptoms of the menopause.	Not covered	Not covered	Paid up to \$500	Paid up to \$500
18	Hospital cash				
18.1	Cash payment made to you , for up to 30 nights in each plan year , when you receive in-patient treatment and hospital accommodation free of charge.	\$450 paid to you for each night	\$450 paid to you for each night	\$450 paid to you for each night	\$450 paid to you for each night
19	Compassionate emergency visit				
19.1	Costs you have to pay for an economy class return travel ticket from a country within your area of cover to visit a close family member if their medical condition is critical , or for you to attend their burial or cremation following their death. You are limited to one return journey in each plan year .	Not covered	Not covered	Paid in full	Paid in full
20	Mortal remains				
20.1	Reasonable costs of preparing and transporting your body, mortal remains or ashes to your home country , or preparing your body or mortal remains for local burial or cremation. This benefit is only available if you die outside your home country .	Paid in full	Paid in full	Paid in full	Paid in full
21	Emergency treatment outside area of cover (see section 22 for deductibles)				
21.1	Emergency treatment outside your area of cover .	Not covered	Paid up to \$40,000	Paid up to \$70,000	Paid up to \$100,000
22	Deductibles				
22.1	Out-patient treatment excess on sections 4, 5, 6.2, 6.3, 6.4, 6.5, 7.2, 8.3, 9 and 16. This deductible is applied for each medical condition in each plan year .	\$45.00	\$45.00	\$45.00	Nil
22.2	In-patient, daycare and out-patient treatment excess on sections 3, 4, 5, 6, 7, 8, 9, 15, 16 and 21. This deductible is applied for each medical condition in each plan year .	Only applied if a voluntary excess has been chosen. This replaces the standard excess shown in section 22.1	Only applied if a voluntary excess has been chosen. This replaces the standard excess shown in section 22.1	Only applied if a voluntary excess has been chosen. This replaces the standard excess shown in section 22.1	Not applicable
22.3	Out-patient dental treatment co-insurance on section 13. This deductible is applied to each claim .	Not applicable	Not applicable	25%	Nil
23	red24 security services				
23.1	AdviceLine - 24/7 personal security information and advice for all your travel safety queries. Please contact red24 or visit www.red24.com/interglobal	Included with your plan	Included with your plan	Included with your plan	Included with your plan
23.2	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/interglobal	Not included with your plan	Not included with your plan		

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.

Whenever coverage provided by any insurance policy would be in violation of any US, UN or EU economic or trade sanctions, such coverage shall be null and void. For example, we cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control (OFAC) license. Learn more on the US Treasury's website at: www.treasury.gov/resource-center/sanctions.

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M054-24E-010115