

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna[®]

Experience the Aetna difference **International Healthcare Plan for individuals and families**

Effective date: Policies issued from 1 April 2015
www.aetnainternational.com



Policy Summary

46.02.913.1-EU A (4/15)

keyfacts[®]

With more than 160 years of experience covering over 500,000 members around the world, we are well-positioned to provide comprehensive health benefits solutions to help meet your ever-changing needs.

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Global solutions — made easy.

That's our commitment to you. We're dedicated to providing you with a first-class service throughout all of our interactions.



At Aetna, your health and the health of your family lies at the centre of everything we do. Through our first-class approach to service, we work to provide you with innovative and comprehensive products and services that make a positive impact on your well-being.

We take your health benefits needs to heart. That's why we've established a strong global presence, with a local footprint that touches

key areas all over the world. With employees located in 10 countries, know first hand the unique health care experiences faced by globally-mobile individuals. This enables us to best meet the needs of our valued members with confidence and compassion.

Contact Aetna today, to find out how our solutions can help fulfil your health and wellness needs.



Our service philosophy

At Aetna, we want our members to be satisfied every time they interact with us. To achieve this goal, we have dedicated areas within the organisation focused on delivering a first-class service experience.

The member experience

Member Service Centre

The 24/7 Aetna International Member Service Centre is committed to making sure our members get the care they need, when they need it.

Members can receive assistance with:

- Questions on claims, benefit levels and cover
- Claims processing in many languages
- General benefit and plan inquiries

International Health Advisory Team

The International Member Service Centre is a member's one-stop resource, both day and night. Taking personalised service one step further, we can easily connect members to our International Health Advisory Team (IHAT). IHAT is our dedicated, clinical team that interacts one-on-one with our members to provide:

- Pre-trip planning
- 24/7 support that's tailored to the individual's specific health needs
- Identification of providers and specialists
- Worldwide coordination of routine and urgent medical care
- Assistance with obtaining prescription medications and medical devices
- Coordinating second opinions for complex cases
- Benefit coordination
- Coordination of care for return to home country after assignment completion

- Discharge planning
- Clinical claim and international standards of care reviews
- Maternity management

Innovative tools and resources

Our first-class service philosophy extends far beyond our organisational capabilities. Aetna is committed to providing valuable information through technological innovation.

With their cover, members have access to tools and resources via the Aetna International secure member website at www.aetnainternational.com to help them navigate their health care experience more easily, including:

- Doctor and medical facility search tool that allows members to find screened and approved physicians and medical facilities
- Online claims submission and claims lookup to manage and keep track of claims status
- Health and wellness information to help members improve or maintain their health, given lifestyle, diet and/or conditions
- Health and security news with the latest risk ratings and security alerts
- City profiles inclusive of travel information such as vaccination requirements and emergency phone numbers
- Drug and medical phrase translation services with features that allow members to search for medication availability by country
- Mobile doctor directory applications helping members to find direct-settlement facilities in their city
- More mobile applications coming soon

Value-added wellness programmes

Wellness is a lifelong path, and the journey is different for each individual — whether they are healthy, at risk of disease or injury, managing a chronic condition or experiencing a major health event.

With this in mind, we've developed **Aetna Global Health Connections** — a complimentary wellness offering which includes the following programmes:

Cancer Outreach and Support

Members with cancer can get assistance to help them understand their condition and locate helpful resources without a “one size fits all” approach. Instead, each interaction is customised to a member's unique health situation. Members can even speak one-on-one with a registered nurse who is committed to helping them reach their best health.

Health and Wellness Education

Whether members are healthy individuals looking for additional healthy lifestyle tips — or have a chronic condition and want to learn how to reach their optimal state of health — we offer an array of health and wellness education materials to aid them in their efforts.

The Aetna International Wellness Centre provides helpful information, including health topics such as:

- asthma
- cancer
- coronary artery disease
- maternity
- stress management

*Members have access to these tools and resources via the Aetna International secure member website at **www.aetnainternational.com**.*

International Healthcare Plan overview

An innovative, flexible solutions offering

We offer a range of plans and optional benefits so you can maximise your health care budget and manage costs. Just select from one of four base plans, then choose from a selection of additional benefits.

Demands and needs statement

At Aetna, we strive to ensure that all our policies are of real benefit to our individual customers. Therefore, we ask each customer to carefully consider which Aetna policy best meets their own specific needs.

Aetna Global Benefits (Europe) Ltd is an execution-only business. We do not provide advice regarding which plan best suits your individual requirements. Therefore, it is your responsibility to determine which policy type is most suitable for you.

We also recommend that policyholders should frequently review their health insurance requirements to ensure their current policy continues to meet those requirements.

STEP 1:
***Choose a
base plan.***

STEP 2:
***Choose your
optional benefits.***

STEP 3:
***Choose your
excess.***

STEP 1: Choose a base plan.

Major Medical

Foundation

Lifestyle

Lifestyle Plus

Major Medical

A comprehensive range of benefits, including, but not limited to:

- Inpatient and day patient treatment
- Evacuation and transportation
- Accident and emergency treatment outside area of cover
- Outpatient care (capped)
- Alternative treatment

Foundation

Major Medical benefits, plus:

- Outpatient psychiatric treatment
- Hormone replacement therapy
- Traditional Chinese or Ayurvedic medicine
- Increased outpatient care (fully covered)

Lifestyle

Foundation benefits, plus:

- Chronic conditions
- Extended emergency evacuation
- Increased home nursing

Lifestyle Plus

Lifestyle benefits, plus:

- Routine pregnancy
- Routine dental treatment
- Major restorative dental treatment

STEP 2: Choose your optional benefits.

Optional benefits help you upgrade cover.

- Extended emergency evacuation (optional for Major Medical and Foundation)
- USA elective treatment (available on Foundation, Lifestyle and Lifestyle Plus)
- Outpatient direct settlement network - nil excess (available on Foundation, Lifestyle and Lifestyle Plus)
- Hong Kong semi-private room restriction (subject to Hong Kong residency)
- China private room restriction (subject to China residency)

STEP 3: Choose your excess.

Each product option carries a standard excess applicable to each new medical condition. You can amend this by selecting alternative options.

Major Medical

- Standard: Nil
- Euro/USD options: €/\$1,000 or €/\$5,000
- GBP options: £625 or £3,000

Foundation

- Standard: £65 or €/\$100
- Euro/USD options: Nil, €/\$50, €/\$250, €/\$500, €/\$1,000, €/\$2,000 or €/\$5,000
- GBP options: Nil, £30, £155, £300, £625, £1,250 or £3,000

Lifestyle

- Standard: £65 or €/\$100
- Euro/USD options: Nil, €/\$50 or €/\$250
- GBP options: Nil, £30 or £155

Lifestyle Plus

- Standard: £65 or €/\$100
- Euro/USD options: Nil, €/\$50 or €/\$250
- GBP options: Nil, £30 or £155

International Healthcare Plan Policy Summary

To find out about the key features of the International Healthcare Plan, please see the following Policy Summary.

The words and phrases that are in bold have specific meanings, and are defined in the member handbook.

This will be a 12 month **policy** starting from the **date of entry** or any subsequent **renewal date**, as applicable.

This policy summary does not contain the full terms of the **policy**; these can be found in the **certificate of insurance** and member handbook.

This product covers **you** for eligible **elective medical treatment** worldwide excluding the U.S. **Members** are covered for **accident and emergency treatment** in the U.S. for new **medical conditions**. **Members** who wish to benefit from U.S. **Elective Treatment** should select an appropriate plan and this **benefit** option.

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
Maximum annual aggregate limit	A maximum of €1,000,000 or €/\$1,600,000 per member per period of cover			
Inpatient, day patient, emergency care and diagnostics				
Inpatient care	Covered in full Rehabilitation is covered in full up to 120 days per medical condition			
Ancillary charges The purchase or rental of crutches or wheelchairs following treatment as an inpatient or day patient .	Up to €625 or €/\$1,000 per medical condition			
Accident & emergency treatment in the U.S. Complications of pregnancy and/or childbirth are not covered under this benefit .	Covered in full for inpatient treatment Outpatient treatment is limited to €315 or €/\$500 per medical condition and subject to an excess of €50 or €/\$80 per medical condition			
CT PET and MRI scans	Covered in full			
Organ transplant	Covered in full			
Inpatient psychiatric treatment	Covered in full (up to 30 days) per period of cover			
Accidental damage to teeth	Covered in full			
Hospital cash Where the member receives treatment for an eligible medical condition as an inpatient and no costs are incurred for accommodation and treatment , we will pay a cash benefit . The policy excess does not apply.	Up to €75 or €/\$125 per night for a maximum of 20 nights per medical condition			
Parental accommodation Hospital accommodation costs of a parent or legal guardian staying with a member who is under 18 years of age and is admitted to hospital as an inpatient .	Covered in full			
Disease and chronic condition management				
Oncology All medically necessary treatment received for, or related to, the diagnosis of cancer when received as an inpatient , day patient or outpatient including palliative treatment .	Covered in full			
Chronic conditions The policy excess does not apply.	Not available		Up to €9,375 or €/\$15,000 per insured person per period of cover	

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
Congenital anomalies Treatment of congenital anomalies that manifest after the member's cover commences with us, or that manifest in a dependant child born in the year prior to cover commencing.	Up to €62,500 or €/\$100,000 per medical condition			
AIDS Medical expenses that arise from, or are in any way related to, Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. For this benefit, the general exclusion for sexually transmitted diseases does not apply.	Up to €6,250 or €/\$10,000 per insured person per period of cover			
Hormone Replacement Therapy Medical practitioner or specialist consultations and the cost of prescribed tablets, implants or patches when treatment is for the female menopause which has been induced artificially and/or through early onset (by early onset we mean prior to age 40).	No cover	Covered in full up to 18 months per lifetime		
Outpatient and alternative treatments				
Outpatient care	Up to €1,000 or €/\$1,700 per medical condition prior to hospitalisation and up to 60 days immediately following hospitalisation. Alternative treatment up to 10 sessions in aggregate per medical condition, and subject to the benefit limit above.	Covered in full		
Alternative treatment When given under the direct control of and following referral by a medical practitioner or specialist.	See Outpatient care	Covered in full up to 10 sessions in aggregate per medical condition		
Outpatient surgery	Covered in full			
Outpatient psychiatric treatment	No cover	Up to €3,125 or €/\$5,000 per period of cover		
Home nursing This must be provided by a qualified nurse and not provided for domestic reasons or convenience. This must be pre-authorised by us.	Covered in full up to 30 days per medical condition	Covered in full up to 28 weeks per medical condition		
Traditional Chinese or Ayurvedic medicine Treatment administered by a recognised medical practitioner.	No cover	€20 or €/\$30 per session to a maximum of 10 sessions		

Evacuation and transportation

Emergency transportation

This **benefit** does not include the cost of car hire.

Covered in full

Evacuation & additional travel expense

Evacuation is subject to written agreement from us, prior to travel and certified instructions to us from the attending **medical practitioner** or **specialist** including confirmation that the required **treatment** is unavailable at the place of incident.

This **benefit** excludes all maternity and childbirth costs except where these are covered under the **benefit** for Complications of Pregnancy, and any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts. Cover is provided for:

- i) **Evacuation** costs including the costs of one other person to travel with the **member** as an escort, if **medically necessary**.
- ii) Travel to and from medical appointments when **treatment** is being received as a **day patient**.
- iii) For an accompanying person to travel to and from the **hospital** to visit the member following admission as an **inpatient**.
- iv) Economy class airline tickets to return the **member** and the escort to the **country of residence** or to the country where **evacuation** occurred.
- v) Non-**hospital** accommodation for the **member** and escort for immediate pre- and post-**hospital** admission periods provided that the **member** is under the care of a **specialist**.

i) Covered in full

ii) Covered in full

iii) Covered in full

iv) Covered in full

v) Up to £95 or €/ \$150 per person per day and £3,000 or €/ \$5,000 per person, per **evacuation**

Extended evacuation

This **benefit** covers the **evacuation** costs of a **member** in the event **emergency treatment** is not readily available at the place of incident, to the nearest appropriate medical facility, **country of residence**, **country of nationality** or country of the **member's** choice for the purpose of admission to **hospital** as an **inpatient** or **day patient**, including the cost of one other person to travel with the **member** as an escort if **medically necessary**.

Optional

Covered in full

Mortal remains

In the event of death from an eligible **medical condition**: transportation of the body of a **member** or his/her ashes to the **country of nationality** or **country of residence** or burial or cremation costs at the place of death in accordance with reasonable and customary practice.

Necessary burial or cremation fees including:

- The cost of reopening a grave and burial costs, or
- The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or
- In the case of cremation:
 1. The cremation fee
 2. The cost of any doctor's certificates
 3. The cost of removing a pacemaker or other medical device which must be removed before the cremation

But not including costs related to other funeral expenses, such as:

- Funeral director's fees
- Flowers
- The cost of any documents needed for the release of the money, savings and property of the deceased
- The necessary cost of a return journey for you to either:
 1. Arrange the funeral, or
 2. Attend the funeral

Up to £5,300 or €/ \$8,500 per insured person

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
Mother and child				
<p>Routine pregnancy Costs associated with normal pregnancy and childbirth, including normal deliveries as a result of infertility treatment (assisted conception), voluntary caesarean section costs and medically necessary caesarean costs due to any non-medical previous caesarean sections. The policy excess does not apply to this benefit. A 12 month wait period applies from the purchase date of this benefit or the member's date of entry, whichever is the later.</p>	No cover			Up to €6,250 or €/\$10,000 per pregnancy and subject to 20% coinsurance (10% coinsurance when selecting Hong Kong semi-private room or when utilizing a pre-approved provider facility)
<p>Complications of pregnancy Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this benefit. This benefit is payable after the first 12 months from the commencement date or date of entry, whichever is the later.</p>	Covered in full			
<p>New born care Inpatient treatment of an acute medical condition being suffered by a new born baby, and which manifests itself within 30 days following birth. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births, are excluded from this benefit. In circumstances where a congenital anomaly occurs in a new born baby, cover will be excluded under this benefit and payable under the benefit for congenital anomalies. Subject to written notification within 30 days of birth and all premiums being paid in full within 30 days of the premium due date, the member's dependent will be eligible for cover under the full benefits of the policy. Inpatient treatment of an acute medical condition being suffered by a new born baby, and which manifests itself within 30 days following birth, is covered under the New Born Benefit and not under the Inpatient Care benefits of the policy. A declaration of health is required with respect to all dependants who are born following infertility treatment (assisted conception).</p>	Up to €62,500 or €/\$100,000 per insured person per period of cover and to a maximum of 90 days hospital stay			
<p>New born accommodation Hospital accommodation costs relating to a new born baby (up to 16 weeks old) to accompany its mother (being a member) whilst she is receiving treatment as an inpatient in hospital, following discharge from the original delivery.</p>	Covered in full			
Dental benefits				
<p>Routine dental treatment Fees of a dental practitioner carrying out routine dental treatment in a dental surgery. This benefit excludes orthodontic treatment, restorative treatment and dental implants. The policy excess does not apply.</p>	No cover			Up to €435 or €/\$700 per period of cover and subject to 25% coinsurance
<p>Major restorative dental treatment Removal of roots, removal of solid odontomes, apicectomy, new or repair of bridge work, new or repair of crowns, root canal treatment, new or repair of upper or lower dentures, and removal of wisdom teeth. This benefit excludes orthodontic treatment, routine treatment and dental implants. The policy excess does not apply. A 9 month wait period applies from the purchase date of this benefit or the member's date of entry, whichever is the later.</p>	No cover			Up to €945 or €/\$1,500 per period of cover and subject to 25% coinsurance . In aggregate to routine dental limit.

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
Options to upgrade cover				
Outpatient direct settlement network - nil excess This benefit is available where a Nil, £65 or €/\$100 policy excess has been selected.	Not available		Outpatient consultations are available on a nil excess basis where treatment is received in network.	
USA elective treatment i) Inpatient or day patient treatment received inside the direct settlement network ii) Inpatient or day patient treatment received outside the direct settlement network iii) Outpatient treatment The International Healthcare Plan (IHP) does not comply with the Patient Protection and Affordable Care Act (U.S. healthcare reform), and cannot be used to satisfy any requirements for health insurance cover mandated therein.	Not available		i) Covered in full ii) Up to €625,000 or €/\$1,000,000 per member per period of cover and subject to 50% coinsurance iii) Covered in full	

Medical underwriting

Moratorium underwriting

Our standard approach to medical underwriting.

At the member level, cover is not provided for any medical condition in existence on the date that individual is accepted into the policy (date of entry) until it has been treated such that the individual is symptom and advice-free for two consecutive years following the date of entry with regard to that medical condition. This policy does not cover the treatment of pre-existing chronic conditions.

Full medical underwriting

Should we accept cover, we may apply additional terms and exclusions, which will be shown on your certificate of insurance.

Continuous transfer terms

For members wishing to transfer from other policies. This feature may incur additional premium.

The acceptance by us of the member's original date of entry as shown by the member's current insurer will be applied to the member's policy with us. We will maintain the member's existing underwriting or special acceptance terms, as offered by the member's existing insurer, such as any moratoria or specific exclusions, and the member's policy with us will be governed by the terms and conditions of our policy. Any transfer will be subject to no enhanced benefits being provided. We reserve the right at all times to decline a continuous transfer terms request without giving any reason or impose/include additional exclusions.

Applicable Law

The law applicable to this policy shall be specified in the certificate of insurance. If no law is specified, then the policy shall be construed according to the laws of England, and shall be subject to the non-exclusive jurisdiction of the courts of England and Wales.

Plan currency

The Sterling (£) currency is available to policyholders registered in the United Kingdom.

The Euro (€) currency is available to policyholders registered in Europe.

The US Dollar (\$) currency is available to policyholders outside of the United Kingdom and Europe.

Payment frequency

Bank transfers or cheques are available on an annual basis. These are accepted in the US Dollar, Euro and Sterling currencies, but must be payable in the same currency as the plan currency selected.

Direct debits are available for members paying in Sterling on a monthly or annual basis (and paid from a UK bank account).

Credit card payments may be paid on an annual or monthly basis.

A surcharge will apply for payments made on a monthly basis.

Policyholder's right of termination

After the commencement date, this policy, or any cover included, may only be terminated by the policyholder, as to all or any class of its members, with effect from the renewal date. We must be given written notice of intent to non-renew within 15 days of your renewal date. If the policy is terminated by the policyholder at any other time, whatsoever the reason, there will be no return of premium.

Frequently asked questions

Q. Am I eligible for cover?

A. International Healthcare Plan (IHP) will cover globally-mobile individuals who live or work outside of the country that issued their passport, providing the individual is of pre-retirement age at the time of joining.

Note: In some countries we are unable to provide cover. For specific details, contact your Aetna representative.

Q. Are my family members eligible for cover as well?

A. Yes. Your spouse or adult partner can be added as a dependant. Your unmarried children, under the age of 18, are eligible dependants as well. Your children enrolled as full-time education students are eligible until the age of 26.

Q. Is a medical examination required to enroll in the plan?

A. No. In the rare instance that we require additional information for fair and accurate underwriting purposes, we will ask you to submit a medical report from your doctor.

Q. Will the plan cover any illnesses or injuries that I had prior to enrolling in the plan?

A. Cover for all pre-existing medical conditions are excluded during the first two years of membership. Future costs will be covered providing you do not have any symptoms, treatment or advice for that condition during this two year period.

Q. Am I covered when travelling worldwide?

A. All members are covered for elective medical treatment in your area of cover, the standard area of cover is Worldwide excluding the U.S. members who wish to benefit from U.S. Elective Treatment should select an appropriate plan and this benefit option.

Additionally, for members with Worldwide excluding U.S. cover who are temporarily travelling in the U.S., we will pay for treatment arising as a result of an accident or emergency for new medical conditions for which you have not previously experienced symptoms, sought advice or received treatment.

Q. How is the policy excess applied?

A. You are responsible for the policy excess. It is applied to each new medical condition and is deducted by the Aetna claims department upon settlement of the claim.

Q. How do I know if I am covered before treatment?

A. You should dial the Aetna International Member Service Centre to determine whether treatment is covered under your policy prior to a planned admission into the hospital.

Q. Can the level of cover be adjusted during the policy term?

A. No. The level of cover can only be changed at the renewal date. At that time, we will work with you to ensure any benefit level changes are appropriately adjusted.

Q. Am I able to obtain forms and information online?

A. Yes, you have access to claim forms as well as global health and security information at www.aetnainternational.com.

Q. Does the plan include cover for elective treatment in the U.S.?

A. Cover for elective treatment in the U.S. is only available if the USA Elective Treatment option is selected. This can be purchased with the Foundation, Lifestyle and Lifestyle Plus plans.

Where the member has not elected to provide USA Elective Treatment, they are covered for accidents and emergencies only. Travelling expenses will be covered under the Evacuation benefit in the event of an emergency, if the visiting location does not offer the appropriate treatment or care needed.

Q. How can members submit a claim?

A. Upon inception, each member will receive a membership card. This provides them with the contact information for the Aetna International Member Service Centre and information they need to register for the Aetna International secure member website. Members can use either resource to submit a claim.

We reserve the right to deny any claim that is not submitted within 180 days of the treatment date. Claims may only be made for treatment given during a period of cover. The benefit will only be payable for expenditure incurred prior to expiry or termination.

About our insurance services*

1. Who is the Financial Conduct Authority (FCA)?

The FCA is the independent organisation that regulates financial services. It requires us to give you this information. Use this information to decide if our services are right for you.

2. Whose products do we offer?

Aetna Global Benefits (Europe) Limited offers and recommends Aetna International products. Insurance plans and programmes are offered, underwritten or administered by Aetna Health Insurance Company of Europe, Limited, Aetna Life & Casualty (Bermuda) Ltd. or Aetna Life Insurance Company (Aetna) and its subsidiary companies.

3. What will you have to pay for our assessment services?

There is no fee for our assessment service. You will receive a quotation that will tell you about any other fees relating to the purchase of any particular insurance policy.

4. Who regulates us?

We are authorised and regulated by the Financial Conduct Authority. Our FCA registered number is 310030. Our permitted business is arranging general insurance contracts. You can check this on the FCA's Register by visiting the FCA's website at www.fsa.gov.uk/register or by contacting the FCA at (+44) 20 7066 1000.

5. Who are we owned by?

Aetna Global Benefits (Europe) Limited is a wholly owned subsidiary of Aetna Inc.

6. Applicable Law

The law applicable to this **policy** shall be specified in the **certificate of insurance**. If no law is specified, then the **policy** shall be construed according to the laws of England, and shall be subject to the non-exclusive jurisdiction of the courts of England and Wales

*Applies only to plans purchased through Aetna Global Benefits (Europe) Limited.

Complaints procedures

We intend to meet our members' expectations at all times. However, we understand that from time to time complaints may arise. Our complaints handling procedures are based on the rules prescribed by the UK's Financial Conduct Authority and our aim is to resolve any complaints that we receive both fairly and promptly.

Who to contact with a complaint

Europe:

1st Floor
69 Park Lane
London CR9 1BG
United Kingdom

TF: +1 866 320 4023**

Collect: +1 813 775 0244

England: +44 870 442 4386

TF fax: +1 866 320 4024**

England fax: +44 870 442 4387

aetnainternationalcomplaints&appeals@aetna.com

Summary of our complaints handling procedures

Complaints will:

- Be acknowledged promptly, confirming who will be responsible for investigating the complaint.
- Be investigated competently, efficiently and impartially, ensuring that we provide updates on progress.
- Be assessed fairly, consistently and promptly.

Financial Ombudsman Service (United Kingdom):

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR
United Kingdom

Open Monday through Friday from 8am until 6pm (GMT)

T: 0800 0 234 567

Free for people phoning from a UK "fixed line" (for example, a land line at home)

0300 123 9 123

Free for UK mobile-phone users who pay a monthly charge for calls to numbers starting with 01 or 02

+44 20 7964 1000

For calls from outside of the UK

www.financial-ombudsman.org.uk

complaint.info@financial-ombudsman.org.uk

Where a complaint relates to the services provided by another firm we shall advise the complainant of this and forward the complaint to the other firm for resolution. Where we and another firm are jointly responsible for the complaint, we shall ensure that the complainant is informed of this and each company will contact them directly in relation to the complaint for which it is responsible.

Financial Services Compensation Scheme***

Aetna Global Benefits (Europe) Limited is covered by the Financial Services Compensation Scheme (FSCS). This means that you may be entitled to compensation from the scheme if it cannot meet its obligations. This depends on the type of business and the circumstances of the claim and would provide cover for 90% of the claim without any upper limit. Further information about compensation is available from the FSCS at www.fscs.org.uk or telephone +44 (0) 020 7892 7300 or +44 (0) 0800 678 1100.

If a policyholder takes any of the action mentioned above, it will not affect any rights he/she may have to take legal action.

** International toll-free number requires an access code, which can be found by country at the website www.att.com/business_traveler.

***Applies only to plans purchased through Aetna Global Benefits (Europe) Limited.

Global presence, local footprint —
around the corner or around the globe,
we're there.

With Aetna, you and your family have
access to first-class benefits and services.

*Are you ready to experience the
Aetna difference?*

To learn more, contact us today

Europe:

+44 870 442 2676

EuropeSales@aetna.com

Stay connected to Aetna International

Visit www.aetnainternational.com

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Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programmes provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of cover. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna International plans, refer to www.aetnainternational.com.

Whenever coverage provided by any insurance policy is in violation of any U.S, U.N or EU economic or trade sanctions, such coverage shall be null and void. For example, Aetna companies 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.

www.aetnainternational.com

aetna®