

Policy Summary

PREMIÈRE HEALTHCARE PLAN
EFFECTIVE 1st NOVEMBER 2009

**AETNA
GLOBAL
BENEFITS®**

keyfacts®

This document provides a summary of the cover provided. Full details can be found in the **Policy Wording**. Where **You** have purchased cover **You** should refer to **Your** own **Benefit Schedule**, **Policy Wording** and **Policy** schedule including any endorsements which apply for full details of **Your** cover.
Your insurer is Aetna Health Insurance Company of Europe Limited.

Type of Insurance	Private Medical Insurance
Period of Insurance	The Policy will last for one year and will be renewable on an annual basis.

POLICY SUMMARY

Significant features and Benefits	Significant exclusions or limitations	Section of the Policy that contains further details
<p>This Policy is designed to meet the difference in costs between the actual amount paid by You for Treatment undertaken in France and the amount that is reimbursed for these costs by the CPAM (Caisse Primaire d'Assurance Maladie). This is termed as the "Full Difference". Unless otherwise stated, the Benefits applicable to the Policy will be deemed to be on a "Full Difference" basis.</p>	<p>Section A shows the Benefits applicable to the Première Cover option. Section B and C only apply to Première Plus Cover option.</p>	

Cover under this **Policy** is up to a maximum of €155,000 per **Insured Person** per **Period of Cover**.

GENERAL EXCLUSIONS

Expenditure not approved and accepted by CPAM, or the obligatory French Social Security administration (included in the Convention Tariff drawn up each year by the French Social Security) relating to various items.

The expenses of practitioners, medical personnel and hospitals who are conventionné. (i.e. not subject to Rules by Convention).

In respect of [Première Cover](#) and [Première Plus Cover](#) only – any known or planned **Hospital Treatment** in progress, or pending at the **Date of Entry**.

The **Policy** provides payment for **Treatment** of a **Medical Condition** including:

Other general exclusions include:

- birth defects/congenital anomalies
- cosmetic **Treatment**
- alcohol, drug or solvent abuse
- sexually transmitted diseases
- war risks
- routine physical examinations, vaccinations.

GENERAL LIMITATIONS

Costs are subject to a reasonable and customary level based on the average **Treatment** costs applicable to the region in which the **Treatment** was received, as determined by **Us**. Below are noted the exclusions and limitations applied to each section.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

Full details of the specific exclusions noted, and the other **Policy** exclusions are shown on pages 8 to 9 of the **Policy** wording under section 3 entitled "Exclusions".

POLICY SUMMARY

Significant features and Benefits

Significant exclusions or limitations

Section of the Policy that contains further details

Section A - In-Patient Benefits

GENERAL HOSPITAL COSTS

- **General Practitioner** and **Specialist** fees
- surgical procedures
- diagnostic and other tests including pathology, x-rays, MRI & CT Scans.
- anaesthetist fees.
- **Drugs and Dressings**
- **Hospital** accommodation in a **Private Room**(*)
- daily food charges and bottled water(*).

(*)these **Benefits** are paid on a full refund basis

Applicable to Premiere Cover and Premiere Plus Cover Product Options

Special Limitations

Private room Hospital accommodation limited to 30 days per **Medical Condition**.

Except in the case of surgical procedures, all **Treatment** must be undertaken as **In-Patient** or **Day-Patient** where the use of a **Hospital** bed is required.

Any surgical procedures must be prescribed by a **General Practitioner** or **Specialist**.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

PREGNANCY AND CHILDBIRTH

Whether routine or with complications.

Exclusions

Voluntary caesarean section costs.

No **Benefit** is payable for the first 12 months from **Your Date of Entry** to the date of childbirth.

Special Limitations

Benefit is limited to €610 for each pregnancy.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

Full details of the specific exclusions noted, and the other **Policy** exclusions are shown on pages 8 to 9 of the **Policy** wording under section 3 entitled "Exclusions".

LOCAL ROAD AMBULANCE COSTS

Special Limitations

For travel to and from **Hospital** only.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

HOME NURSING

Special Limitations

Limited to services immediately following eligible **Treatment** as an **In-Patient** or **Day-Patient** and upon the recommendation of a **Specialist**.

Must be provided by a **Qualified Nurse**.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

PHYSIOTHERAPY

Special Limitations

Limited to **Treatment** immediately received following eligible **Treatment** as an **In-Patient** or **Day-Patient** and under the direct supervision of a **Specialist**.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

CONVALESCENCE HOME

Exclusions

Admission arranged wholly or partly for domestic reasons and/or not for the sole purpose of rehabilitation.

Special Limitations

Limited to convalescence home care immediately following **Hospital** discharge as an **In-Patient** or **Day-Patient**.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

Full details of the specific exclusions noted, and the other **Policy** exclusions are shown on pages 8 to 9 of the **Policy** wording under section 3 entitled "Exclusions".

PRE AND POST HOSPITALISATION

General practitioner and **Specialist** fees, diagnostic tests, scans, x-rays and other such associated costs prior to admission or immediately following discharge from **Hospital**, where **Treatment** was provided as an **In-Patient** or **Day-Patient**.

Special Limitations

Benefit is limited to 90 days following **Hospital** discharge.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

POLICY SUMMARY

Significant features and Benefits

Section B - Out-Patient Benefits

GENERAL OUT-PATIENT COSTS

- local **Out-Patient** surgery
- **General Practitioner** or **Specialist** consultations fees
- **Drugs and Dressings**
- **General Practitioner** home visits, diagnostic tests, x-rays and scans
- physiotherapy
- homeopathy and acupuncture.

Significant exclusions or limitations

Applicable to Premiere Plus Cover Product Option only

Special Limitations

Homeopathy and acupuncture limited to that given under the direct control of, and following referral by a **Specialist**.

Local **Out-Patient** surgery must be administered by a **General Practitioner** in their clinic or surgery.

Section of the Policy that contains further details

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

Section C - Dental Benefits

ACCIDENTAL DAMAGE TO TEETH

Benefits are paid on a full refund basis.

Applicable to Premiere Plus Cover Product Option only

Special Limitations

Limited to **Treatment** undertaken in an **Emergency** room in a **Hospital** within seven days of the **Accident**. Must be damage caused to sound, natural teeth.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

ROUTINE DENTAL

Exclusions

Orthodontic work, gingivitis and periodontitis.

Special Limitations

Limited to examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions.

Benefit is limited to €460.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

MAJOR RESTORATIVE DENTAL

Exclusions

Orthodontic work, gingivitis and periodontitis.

Special Limitations

Limited to provision and replacement of crowns (up to €230) and inlays and dentally required braces for teeth realignment for children.

Benefit is limited to €460.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

Full details of the specific exclusions noted, and the other **Policy** exclusions are shown on pages 8 to 9 of the **Policy** wording under section 3 entitled "Exclusions".

POLICY SUMMARY

Significant features and Benefits

Section D - International Extension (Supplementary Option)

The Premiere or Premiere Plus product options can be extended to provide cover for **Treatment** incurred outside of France.

Unless otherwise stated, cover is on a full refund basis after the application of an excess (the amount **You** have to pay before any **Benefit** is applicable under the **Policy** and which is applied per **Medical Condition**) of €155.

Significant exclusions or limitations

International Cover Supplements the Benefits provided by Premiere Cover or Premiere Plus Cover and may not be taken out separately

GENERAL LIMITATIONS

Elective **Treatment** is limited to the following European countries:

Albania, Andorra, Armenia, Austria, Azerbaijan, Belgium, Bosnia & Herzegovina, Bulgaria, Canary Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, Germany, Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, Italy, Jersey, Kazakhstan, Latvia, Lichtenstein, Lithuania, Luxembourg, Madeira, Malta, Monaco, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom, Uzbekistan & Yugoslavia.

Cover is limited outside of Europe to **Accident** and **Emergency Treatment** only.

Cover limited to 30 **Treatment** days per person per **Period of Cover**.

All **Treatment** must be pre-authorised by **Us** prior to being undertaken.

Section of the Policy that contains further details

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

Unless otherwise stated, the **Benefits**, limitations and exclusions applicable to the International Extension are the same as those applicable to Premiere and Premiere Plus.

GENERAL HOSPITAL COSTS

- **General Practitioner** or **Specialist** fees
- surgical procedures
- diagnostic and other tests including pathology, X-rays, MRI & CT Scans.
- anaesthetist fees.
- **Drugs and Dressings**
- **Hospital** accommodation in a **Private Room**.

Special Limitations

Except in the case of surgical procedures, all **Treatment** must be undertaken as **In-Patient** or **Day-Patient** where the use of a **Hospital** bed is required.

Any surgical procedures must be prescribed by a **General Practitioner** or **Specialist**.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

HOME NURSING

Special Limitations

Limited to that immediately received subsequent to **Treatment** as an **In-Patient** or **Day-Patient** on the recommendation of a **Specialist**.

Must be provided by a **Qualified Nurse**.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

PHYSIOTHERAPY

Special Limitations

Limited to **Treatment** immediately received following eligible **Treatment** as an **In-Patient** or **Day-Patient** and under the direct supervision of a **Specialist**.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

PRE AND POST HOSPITALISATION

Special Limitations

Benefit is limited to 90 days following **Hospital** discharge.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

GENERAL OUT PATIENT COSTS

- local **Out-Patient** surgery
- **General Practitioner** or **Specialist** consultations fees
- **Drugs and Dressings**
- **General Practitioner** home visits, diagnostic tests, x-rays and scans.

Special Limitations

Local **Out-Patient** surgery must be administered by a **General Practitioner** in their clinic or surgery.

Full details of the **Benefits** and any specific limitations are shown in the **Benefit** schedule and in the **Policy** wording on pages 5 to 7 in section 2 entitled "Cover".

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Significant features and Benefits	Significant exclusions or limitations	Section of the Policy that contains further details
<p>OUT PATIENT PHYSIOTHERAPY</p>	<p>Special Limitations Must be undertaken by a registered physiotherapist.</p> <p>Benefit is limited to 10 sessions.</p>	<p>Full details of the Benefits and any specific limitations are shown in the Benefit schedule and in the Policy wording on pages 5 to 7 in section 2 entitled "Cover".</p>
<p>ALTERNATIVE MEDICINE Limited to homeopathy and acupuncture only.</p>	<p>Special Limitations Homeopathy and acupuncture limited to that given under the direct control of and following referral by a Specialist.</p> <p>Benefit limited to 10 sessions in aggregate per person per annum.</p>	<p>Full details of the Benefits and any specific limitations are shown in the Benefit schedule and in the Policy wording on pages 5 to 7 in section 2 entitled "Cover".</p>
<p>ACCIDENTAL DAMAGE TO TEETH</p>	<p>Special Limitations Limited to Treatment undertaken in an Emergency room in a Hospital within 7 days of the Accident. Must be damage caused to sound, natural teeth.</p>	<p>Full details of the Benefits and any specific limitations are shown in the Benefit schedule and in the Policy wording on pages 5 to 7 in section 2 entitled "Cover".</p>
<p>ROUTINE DENTAL</p>	<p>Exclusions Orthodontic work, gingivitis and periodontitis.</p> <p>Special Limitations Limited to examinations, tooth cleaning, normal compound fillings, simple or non-surgical extractions.</p> <p>Benefit is limited to €460.</p>	<p>Full details of the Benefits and any specific limitations are shown in the Benefit schedule and in the Policy wording on pages 5 to 7 in section 2 entitled "Cover".</p> <p>Full details of the specific exclusions noted, and the other Policy exclusions are shown on pages 8 to 9 of the Policy wording under section 3 entitled "Exclusions".</p>
<p>MAJOR RESTORATIVE DENTAL</p>	<p>Exclusions Orthodontic work, gingivitis and periodontitis.</p> <p>Special Limitations Limited to provision and replacement of crowns (up to €230) and inlays and dentally required braces for teeth realignment for children.</p> <p>Benefit is limited to €460.</p>	<p>Full details of the Benefits and any specific limitations are shown in the Benefit schedule and in the Policy wording on pages 5 to 7 in section 2 entitled "Cover".</p> <p>Full details of the specific exclusions noted, and the other Policy exclusions are shown on pages 8 to 9 of the Policy wording under section 3 entitled "Exclusions".</p>
<p>HOME TRANSPORTATION Airfares, for Insured Person and one other person acting as an escort, to France and transportation to and from the airport to home following Accident or illness, occurring outside France as an In-Patient or Day-Patient.</p>	<p>Special Limitations Cover is limited to:</p> <ul style="list-style-type: none"> i) €380 per airline ticket ii) €155 for other transportation costs to and from the airport/home iii) €155 for any overnight accommodation required. 	<p>Full details of the Benefits and any specific limitations are shown in the Benefit schedule and in the Policy wording on pages 5 to 7 in section 2 entitled "Cover".</p>

We hope that **You** will be happy with **Your** cover. If, having examined the **Benefit** schedule, **Policy** wording and **Policy** schedule **You** decide not to proceed, **You** have 30 days from the **Commencement Date** of **Your** cover, or the receipt of these details and **Your Policy** schedule (whichever is the later) to cancel **Your** cover. To do this **You** should contact **Your** Insurance Advisor or Aetna Global Benefits (AGB), or if **You** participate in a group **Policy**, **Your** employer or scheme administrator.

If **You** intend to make an **In-Patient** or **Day-Patient** claim **You** must contact the Première Administration Services as soon as possible by telephoning +33 (0)1 77 68 01 64. Full details of the claims procedures are noted in the **Policy** wording on pages 14 and 15.

We make every effort to maintain the highest standards but recognise that there may be occasions when the particular requirements of **Our** customers are not met. In these circumstances please contact AGB directly by telephone on +44 (0) 870 442 7376; by e-mail at AGBSalesDirect@aetna.com or via www.goodhealthworldwide.com. If **You** are still not satisfied, **You** can write to the Managing Director of Aetna Global Benefits (Europe) Limited
2nd Floor, 8 Eastcheap, London, EC3M 1AE.

If **Your** concern or issue cannot be settled **You** may be entitled to refer it to the Financial Ombudsman Service. Further information on the Financial Ombudsman Service can be found on www.financial-ombudsman.org.uk or **You** can telephone them on +44 (0)20 7964 1400.

[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 100% of the first £2,000 and 90% of the remainder 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)20 7892 7300. If **You** take any of the action mentioned above, it will not affect any rights **You** may have to take legal action.

Aetna Global Benefits (Europe) Limited.

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