# Maternity Insurance Add-on



### Product: UltraCare Maternity Area 3 Add-on plan

Company: Aetna Insurance Company Limited

**Insurance Product Information Document** 

Registered in England, and authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference No. 458505).

This is a summary of key information about the UltraCare Maternity Area 3 Add-on plan which is only available as an add-on plan where you are also purchasing an UltraCare plan. Full terms and conditions are set out in the plan documents.

### What is this type of insurance?

Maternity add-on insurance covering specified treatments/ services for uncomplicated pregnancy and childbirth and medical complications of maternity for females aged 18 to 46.



### What is insured?

Pregnancy and Childbirth for natural and assisted conception pregnancies

#### Normal Uncomplicated pregnancy and childbirth – up to \$12,750/ £7,500/ €12,250

- Antenatal checkups and treatment for a normal uncomplicated pregnancy (no more than 12 routine antenatal visits during each pregnancy and one routine 2D ultrasound scan in each trimester); delivery costs, nursing fees, hospital accommodation costs and postnatal checkups, for a normal uncomplicated pregnancy and normal uncomplicated childbirth
- For a newborn in the first 30 days after their birth:

 one physical examination; vitamin K, hepatitis B and BCG vaccinations; routine blood tests for PKU, congenital hypothyroidism and G6PD; one hearing examination; and

 hospital accommodation costs for the newborn to stay with you for up to four nights immediately after childbirth.

(b) Complicated pregnancy where assisted conception – in full

- Treatment of a medical complication that happens due to a medical condition during the antenatal period of a pregnancy or childbirth
- If the pregnancy is resulting from assisted conception, any medical complication arising during the antenatal period or childbirth will be limited to the amounts shown in 'Normal Uncomplicated pregnancy and childbirth'

### ✓ Birth defects

- Treatment of birth defects, including birth trauma, for 12 months from the date of diagnosis. This benefit is available if the birth defects are diagnosed in the first 6 months after birth. – up to \$51,000/ £30,000/ €45,000
- Terminating a pregnancy when medically necessary in full
- Hospital accommodation costs for a newborn child to stay with its mother when she is receiving inpatient treatment – in full
- Ambulance to the nearest local hospital in a pregnancy/childbirth emergency within area of cover – in full

# What is not insured?

The following is a summary of key areas not covered by the plan – this is in addition to the general exclusions contained in the UltraCare plan you have chosen (see Benefit exclusions of the Plan guide, Table of Benefits, and the summary contained in the Insurance Product Information Document for your UltraCare plan):

- X 3D or 4D ultrasound scan
- Cover for benefits prior to the completion of the period of 12 months' continuous cover from the date the Maternity Add-on plan was introduced to your UltraCare plan.
- × Foetal treatment
- X Terminating a pregnancy

## Are there any restrictions on cover?

- There are limits and conditions applicable to the plan benefits, the full details of which are in your plan documents. All limits apply to each pregnancy.
- All cover is limited to an overall plan limit per member per plan year (\$1,700,000/ £1,000,000/ €1,500,000).
- Whether the plan covers pre-existing conditions depends on the underwriting terms you choose. Further details of the underwriting terms can be found in your plan documents.
- The plan is not available to citizens of the United States (US) who reside in the US. There are time limits on the amount of time you can spend in the US - further details are in the plan documents. If these are exceeded we may cancel the plan.
- We are unable to provide coverage or pay or reimburse for health care, claims or services if it violates or will violate any US, United Nations, European Union, United Kingdom (UK) or other applicable jurisdiction's economic, trade or financial sanctions.
- These benefits are only available after you have had 12 months' continuous cover from the date that the benefit was first introduced on your plan.
- If your pregnancy spans more than one plan year, any benefit we paid for treatment or services received by you in the plan year when the pregnancy began will be taken from the benefit limit in the following plan year.
- Cover under the plan is only available if your UltraCare plan is in force.
- If you're transported outside your area of cover as part of your medical evacuation benefit, you'll need to pay any costs you incur in the country you're evacuated to under the sections of the Table of Benefits for your plan that normally apply when you're within your area of cover.



### Are there any restrictions on cover? Continued...

You're only covered under the emergency treatment outside area of cover benefit if the emergency: (a) would normally be covered when you're within your area of cover and you've completed any waiting periods shown in the Table of Benefits for the plan; and (b) the emergency is due to pregnancy/ childbirth and you're 26 weeks or more into your pregnancy and you've been outside your area of cover for less than 14 days before your inpatient admission or outpatient treatment date.



### Where am I covered?

You're covered within your chosen area of cover as shown on your Certificate of Insurance. This is the geographic area of the world in which you must receive treatment or services for the plan to apply.



### What are my obligations?

- Take reasonable care to answer honestly and to the best of your knowledge any questions we ask you when applying for, making changes to, making a claim under or renewing the plan.
- Pay your chosen maternity co-insurance (a percentage of costs towards claims made in the plan year) as shown in your Certificate of Insurance, this will apply for the first 24 months continuous cover under the plan (assuming you renew). You will be able to change your coinsurance at any renewal after such 24 month of continuous cover has passed.
- Tell us if there are any changes to the name, gender, occupation or address of a member or any other information you have given us. Depending on the nature of the change, we may be entitled to cancel your plan.
- Contact us if you wish to add or remove any dependants (where applicable) from the plan.
- Request our approval before you receive the following treatments or services: inpatient or daycare treatment, medical evacuation, compassionate emergency visit, or preparation or transportation of your body or mortal remains before it takes place. If you're unable to ask for approval because it's an emergency, you or someone on your behalf must let us know about the emergency within 24 hours.
- Pay your premium on time. We can cancel your plan if we don't receive payment within 30 days of the premium due date.
- You must follow the claims section of your Plan guide for your plan when making a claim.
- · You must not travel against the advice of a medical practitioner, specialist or nurse at any time during your pregnancy.



## When and how do I pay?

You can pay the premium in a single annual payment by debit or credit card, direct debit, bank transfer, cheque or bankers draft. If you pay by direct debit, you can also pay the premium in quarterly or monthly installments (an administration fee will apply). Your UltraCare Maternity Add-on plan must follow the same payment frequency that you have chosen for you UltraCare plan.



## When does the cover start and end?

The plan starts on the start date you request shown in your Certificate of Insurance. The plan will cover you for 12 months until your plan renewal date. If you pay your premium by card/direct debit, we'll automatically renew the plan unless you tell us in writing before the plan renewal date that you want to make changes to the plan or do not want to renew. If you decide to cancel your UltraCare plan your Maternity Add-on plan will be cancelled at the same time.



### How do I cancel the contract?

You can cancel the plan for any reason by (a) writing to us at Aetna Insurance Company Limited, 25 Templer Avenue, IQ Farnborough, Farnborough Hampshire, GU14 6FE, UK; or (b) email us at IGUKCS.UK@aetna.com. If you cancel within 30 days of receiving your plan documents or the plan start date, whichever is later, we'll refund your full premium if you haven't made a claim. If you cancel after 30 days and have not made any claims we'll issue you a pro-rata refund of premium. For any cancellation after 30 days, we will charge you a cancellation fee of \$170/ £100/ €150 and for any further/ unexpected costs.