

# Plan summary

## Maternity add-on plan

This Plan summary is designed to provide you with the key information about the Maternity add-on plan. It does not contain the full terms and conditions of the plan. You can find these in the Table of benefits and the Plan guide. Please spend some time reading carefully through this Plan summary, the Table of benefits and the Plan guide to make sure that you are satisfied with the cover and that it meets your needs.

### Name of the insurance company

The insurer of this plan is Aetna Insurance Company Limited. Address: 25 Templer Avenue, IQ Farnborough, Farnborough, Hampshire, GU14 6FE, United Kingdom.

InterGlobal Insurance Company Limited has changed its name to Aetna Insurance Company Limited. The company will continue to trade under the 'InterGlobal' brand until further notice. InterGlobal Limited, which administers the Plan, has changed its name to Aetna Global Benefits (UK) Limited.

Aetna Insurance Company Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Firm Reference No. is 458505. You can check the FCA Register by visiting [www.FCA.gov.uk](http://www.FCA.gov.uk)

### Type of insurance and cover

The Maternity add-on plan provides cover for normal uncomplicated pregnancy and childbirth and complications during pregnancy and childbirth for females aged 18 to 46. Cover under this plan is only valid if your UltraCare plan is in force. Cover becomes available after you have had 12 months' continuous cover from your date of joining this plan.

Our plans are not available to people who are governed by exchange controls or local licensing regulations. Cover may also be illegal under local laws.

### Significant features and benefits

This plan includes the following:

- normal uncomplicated pregnancy and childbirth;
- treatment of medical complications during the antenatal period of pregnancy or childbirth;
- birth defects which are diagnosed in the first six months from birth; and
- hospital accommodation costs for a newborn child to stay with its mother when she is receiving treatment as an in-patient for a medical condition covered under this plan.

### Significant and unusual exclusions or limits

We will not cover the following:

- pre-existing conditions unless you have had no treatment or symptoms for a continuous 24-month period (see benefit exclusion BE1 in the Plan guide);
- claims for treatment received within 12 months of your date of joining this plan (see benefit exclusion BE6 in the Plan guide and the Table of benefits);
- treatment of birthmarks (see benefit exclusion BE56 in the Plan guide);
- claims arising from any journey, activity, action or pursuit carried out against the advice of a medical practitioner, specialist, nurse or therapist (see benefit exclusion BE11 in the Plan guide);
- experimental or unproven treatment (see benefit exclusion BE17 in the Plan guide);
- foetal treatment (see benefit exclusion BE20 in the Plan guide);
- claims relating to fertility and infertility tests and treatment, contraception, sterilisation, treatment for sexual problems, assisted reproduction (for example, IVF treatment) or surrogacy (see benefit exclusion BE50 in the Plan guide); or

- claims for any treatment needed for a newborn child if the pregnancy was the result of assisted conception (see benefit exclusion BE51 in the Plan guide).

The following limits and restrictions apply to your plan:

- A co-insurance applies for each claim under section 2 of this plan. You can choose to have no co-insurance, 10% co-insurance or 20% co-insurance. (see section 2 of the Table of benefits.) The co-insurance chosen will apply for the first 24 months' continuous cover under this plan (see benefit condition BCM1 in the Plan guide).
- the overall maximum we will pay for each pregnancy in each plan year is \$1,700,000, £1,000,000, or €1,500,000 (see the Table of benefits); and
- the minimum age at entry for this plan is 18. The maximum age at entry is 44. Once you have reached the age of 46 during your plan year, your cover will not be renewed (see the 'Individual eligibility' section in the Plan guide).

### Plan term

Each plan is a yearly contract. With our agreement the planholder may renew the plan each year. Premiums are based on the member's age and may increase at renewal. You should review your plan periodically to ensure that it remains continues to meet your needs.

### Cooling off period

The planholder may cancel your plan and obtain a full refund of your premium within 30 days of the date of joining or receipt of your plan documents, as long as no claims have been made by any member on the plan.

### Making a claim

Please call +44(0)1252 896 396 or email [igukclaims@aetna.com](mailto:igukclaims@aetna.com) for more information. You can also write to the claims team at the address at the end of this Plan summary. You can find the detailed Claims procedures in your membership pack and also on our website.

### Applicable law

This insurance is governed by the laws of England and Wales.

### Complaints

We always aim to give you a first-class service. However, there may be times when you may feel that we have not achieved this aim. If this is the case, please contact:

The Complaints Team  
Aetna Global Benefits (UK) Limited  
25 Templer Avenue  
IQ Farnborough  
Farnborough  
Hampshire  
GU14 6FE  
United Kingdom.

Telephone: +44 (0)1252 745 910  
Email: [complaints@interglobalpmi.com](mailto:complaints@interglobalpmi.com)

We will deal with your complaint in a fair and timely manner and in accordance with relevant regulation.

Our aim is to resolve your complaint by the end of the next business day after the day we receive it. Sometimes this may not be possible, in which case we will acknowledge your complaint within five working days of receipt of your complaint, and give you regular updates until your complaint is resolved. We will give you a final response within eight weeks of receipt of your complaint.

If you remain dissatisfied with the outcome of your complaint, you may be able to refer it to The Financial Ombudsman Service within six months of receiving our final response. Their details are provided below:

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

Telephone from a UK landline: 0800 023 4567  
Telephone from a UK mobile: 0300 123 9 123  
Telephone from outside the UK: +44 20 7964 0500  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

To help us, please give your plan number and claim number (if this applies) with as much information as you can about your complaint, as well as your full contact details.

Full details of our complaints procedures are available on our website and other product documentation.

## Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our financial responsibilities. This depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 90% of the claim, with no upper limit. You can find more information about the Financial Services Compensation Scheme from the FSCS website at [www.fscs.org.uk](http://www.fscs.org.uk) or write to:

Financial Services Compensation Scheme  
10th floor, Beaufort House  
15 St Botolph Street  
London  
EC3A 7QU  
United Kingdom.

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 Aetna Insurance Company Limited, registered in England (Company Registration No. 5956141), which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference No. 458505). Plans are administered on behalf of the insurer by Aetna Global Benefits (UK) Limited, registered in England (Company Registration No. 3554885), which is authorised and regulated by the Financial Conduct Authority (Firm Reference No. 312279). Both companies are registered at 50 Cannon Street, London, EC4N 6JJ, United Kingdom.