

UltraCare Group and Add-on Plans

Important information

What's inside?

This sets a summary of some key terms and conditions which you should be aware of for our UltraCare Group plans (Standard to Elite) and the Travel and Personal Accident plans available with them. Full terms and conditions are in the plan documents for the plans.

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1 What is this type of insurance?

The UltraCare Group plans are international private medical insurance for employer (the “plan sponsor”) sponsored groups providing cover to eligible employees and their dependants (referred to as “members”) for the treatment of eligible medical conditions.

The following optional Add-on plans are available with our UltraCare Group plans:

Travel

Worldwide travel insurance for trips of up to 180 days covering medical treatment, loss of deposits, cancellations or curtailments, travel delays, missed departures and hijack and baggage, personal effects and loss of money.

Personal Accident

Insurance providing a single payment in the event of your accidental death or permanent/ partial total disablement due to accidental bodily injury.

The eligibility criteria for members is set out in the Table of Benefits for the plans and under the Group eligibility section of the Plan guide.

2 Insurer and administrator of your plan

Insurer: Aetna Insurance Company Limited, registered in England (Company Registration No. 05956141), which is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the PRA (Firm Reference No. 458505).

Administrator: Aetna Global Benefits (UK) Limited, which is registered in England (Company Registration No. 03554885) and is authorised and regulated by the FCA (Firm Reference No. 312279).

The Insurer and Administrator (acting on behalf of the Insurer) are part of the same group of companies and have

the same ultimate parent company. Both are registered at 50 Cannon Street, London, EC4N 6JJ, UK and can be contacted at 25 Templer Avenue, IQ Farnborough, Farnborough, Hampshire GU14 6FE, UK.

You can check the FCA Register for their regulatory details by visiting www.FCA.org.uk

3 What is insured?

The UltraCare Group plans cover reasonable costs for claims by members for treatments/services that are benefits and are medically necessary. A high-level description of the benefits (including the limits applicable to these) can be found in your quotation document, or alternatively a more detailed description can be found in the Table of Benefits for the UltraCare Group plan that you choose.

Detail of the benefits (including any applicable limits) of our optional Add-on plans can be found in their respective Table of Benefits.

4 What is not insured?

The Benefit exclusions section of the Plan guide and the applicable Table of Benefits for the UltraCare Group plan contains details of what is not covered. In summary, unless we agree otherwise and as shown in your Table of Benefits, the following general exclusions will apply to your plan:

- Acting against medical advice
- Treatment for alcohol, drug, substance abuse and other addictive conditions or any associated injury or illness
- Developmental disorders of the brain, learning disorders, and speech and voice problems
- Cosmetic treatment
- Treatment associated with gender reassignment
- Bone marrow transplants, costs of locating, removing and transporting a replacement organ and any associated administration

- Harvesting or storage of umbilical cord, blood stem cells, sperm, mature oocytes or embryos
- Journeys for treatment (unless pre-authorised), non-emergency transportation, medical evacuation where it is impossible, dangerous or not practical
- Self-inflicted medical conditions
- Certain costs related to reproduction and newborns
- Sight and hearing conditions and orthodontic treatment
- Sleep related disorders
- Unproven experimental or investigational treatment
- Treatment in a quarantine, isolation ward or unit, nursing home, hydro spa, spa, health farm or similar facility
- Treatment for weight loss or weight problems
- Sight or hearing aids, furniture or modifications to your personal or work environment
- Air-sea and mountain rescue unless it's for a medical condition suffered at a recognised winter sports resort
- Purchase of a burial plot or funeral costs

There are additional exclusions applicable to our optional Add-on plans which can be found in the Benefit exclusion section of the Plan guide and in their respective Table of Benefits.

5 Are there any restrictions on cover?

- There are limits (including lifetime limits) and conditions applicable to the plan benefits, the full details of which are in the plan documents.
- All cover is limited to an overall plan limit per member per plan year and certain benefits may also have lifetime limits – the amount is detailed in the Table of Benefits for the plan and depends on the plan level that you choose and the currency.
- Whether the plan covers members' pre-existing conditions, and the extent to which it does, depends on

the underwriting terms you choose. Further details of the underwriting terms can be found in the Plan guide and in particular benefit exclusions BE1 and BE2.

- The plan is not available for members who are citizens of the United States (US) who reside in the US. There are time limits on the amount of time a member who is a US citizen can spend in the US - further details are in the plan documents, in particular general conditions GC13 of the Plan guide. If these are exceeded we may cancel cover for that member.
- 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.
- Cover under any Travel and Personal Accident Add-on plans chosen will only be available if and for as long as the UltraCare Group plan is in force.
- There are waiting periods applicable to certain benefits, the full details of which are in the plan documents. Where applicable, a member will not be covered for these benefits until they have completed the stated waiting period.

6 Where are members covered?

Under the UltraCare Group plans, members will be covered within the area of cover chosen by you as shown in your quotation document and the Certificate of Insurance issued to members. This is the geographic area of the world in which a member must receive treatment or services for the plan to apply.

If selected, the Travel and Personal Accident Add-on plans provide cover worldwide.

7 What are the plan sponsor's obligations?

- You must make a fair presentation of the risk to be insured by us under the plan (per the UK Insurance Act 2015) when applying for, renewing or requesting any changes to the plan (including adding members).
- You must 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 change the terms of the plan, cancel the plan or cancel a member's coverage under the plan.
- You are responsible for giving any information we provide you in relation to the plan to the members.
- You must pay your premium on time. We can cancel the plan if we don't receive payment within 30 days of the premium due date.
- We have the right to charge commercial interest on any overdue premium at Bank of England base rate plus 5%.

8 What are the members' obligations?

- An excess will apply to each new medical condition towards claims made in each plan year or a coinsurance (being a percentage of costs towards claims made in the plan year) may apply to the plan as shown in the Table of Benefits and member's Certificates of Insurance, and members must pay these in accordance with the terms of the plan.
- Members must take reasonable care to answer honestly and to the best of their knowledge any questions we ask them when applying to be covered by, making changes to, making a claim under or the renewal of the plan.
- Members must tell us if there are any changes to their or their dependents' 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 change the terms of the plan in relation to the member or cancel the member's coverage under the plan.

- Members or their representative must request our approval before they receive the following treatments or services: inpatient/daycare treatment, medical evacuation, compassionate emergency visit, or preparation/transportation of your body or mortal remains, before it takes place.
- Members must follow the procedures stated in the Claims Procedures document when making a claim and any other claims conditions in the plan documents.

9 When and how is premium paid?

You can pay the premium in a single annual payment, four quarterly or semi/bi-annually payments by direct debit (GBP from a UK Bank Account only), bank transfer, card, cheque or bankers draft.

10 When does the cover start and end?

The plan starts on the start date you request and as shown in your quotation document. The plan will provide cover for 12 months until your plan renewal date.

Members will be covered from the start date stated in their Certificate of Insurance until your plan renewal date.

11 How do I cancel the contract?

You must contact your Aetna International Sales & Account Manager if you want to cancel your plan. The last day of cover will be the date we receive written confirmation of your wish to cancel, or on a future date you request. You must pay all premium for the entire plan year and we won't refund any premium nor pay a claim after you have cancelled your plan.

12 Demands and needs

We provide information about the plan, but we do not provide personal recommendations. We don't guarantee that the plan meets personal tax requirements and/or the visa and/or social health care requirements of the country where members are residing in. You are responsible for ensuring that the plan meets the demands and needs of you and the members.

13 Remuneration disclosure

Employees and businesses (including the Administrator) who work for the Insurer are remunerated in various ways for selling insurance contracts. Employees involved in the sale of the UltraCare Group plan receive a basic salary and a bonus based on a number of factors and the achievement of sales, retention and quality targets (at a personal and regional business level). Businesses which work on behalf of the Insurer on an outsourced basis receive a fee from the Insurer (including the Administrator) based on costs incurred for the services provided.

14 Complaints

We strive to give you a first-class service. However, if there is an occasion when you feel we have not done this we want to know.

Where you have any complaint about the plan, please raise this with your Aetna International Sales & Account Manager in the first instance. Where they are unable to resolve your complaint in a satisfactory manner, you may ask for this to be escalated to the Chief Executive Officer of the Insurer for review.

Where any members have a complaint about us or the plan/ services we provide, they should raise these in accordance with the complaints procedures set out in the Complaints section in the Plan guide for the plan and on our website. If a member is not satisfied with our

response to their complaint, they may be able to refer it to The Financial Ombudsman Service within six months of receiving our final response.

15 Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). You and members may be entitled to compensation from the scheme if we cannot meet our financial liabilities to you. This depends on the type of business and the circumstances of the claim. You can find more information about the FSCS on its website at www.fscs.org.uk or by writing to: Financial Services Compensation Scheme, 10th floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU, UK.

16 Applicable law, jurisdiction and language

Unless agreed otherwise with you, your plan is governed by the laws of England & Wales and all communications and information about your plan will be provided to you in English. Your plan is subject to the exclusive jurisdiction of the Courts of England & Wales.

You are entitled to request a paper copy of any information about the plan from us free of charge at any time.

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Aetna does not provide care or guarantee access to health services. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. Health information programs 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 coverage. Information is believed to be accurate as of the production date; however, it is subject to change. For more information, refer to www.AetnaInternational.com.

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.

Plans are underwritten by Aetna Insurance Company Limited, registered in England (Company Registration No. 05956141), 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. 03554885), 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.

Following an acquisition by Aetna Inc., 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 has changed its name to Aetna Global Benefits (UK) Limited. The words 'Aetna' and 'other Aetna entities' when used in this document mean Aetna Insurance Company Limited and include any other Aetna International Inc. group company as the context requires.

Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

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