

International Private Medical Insurance



Insurance Product Information Document

Company: Aetna Insurance Company Limited

Product: UltraCare Select plan

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 Select plan. Full terms and conditions are in the plan documents.

What is this type of insurance?

International private medical insurance providing cover for the treatment of eligible medical conditions.



What is insured?

Reasonable costs for claims for medically necessary treatments/ services that are benefits as summarised below.

- ✓ **Cancer Care** – in full
- ✓ **Inpatient and daycare treatment** – medical costs, diagnostic tests and procedures, reconstructive surgery, surgically implanted prostheses and hospital accommodation costs for parents/ legal guardians – in full
- ✓ **Outpatient post-hospitalisation treatment** – in full for 90 days after discharge from inpatient/daycare treatment
- ✓ **Outpatient treatment**
 - Surgical procedures, MRI, PET and CT scans – in full
 - Outpatient pre-operative tests up to 72 hours before inpatient/ daycare treatment, medical practitioners' and specialists' fees, prescribed drugs and dressings, X-rays, pathology, diagnostic tests and procedures – up to \$5,000/ £3,000/ €4,500
- ✓ **Physiotherapy and complementary medicine**
 - As part of inpatient/daycare treatment – in full
 - Outpatient physiotherapy for 90 days after inpatient/ daycare treatment, outpatient physiotherapy, outpatient podiatry, osteopathic and chiropractic treatment, traditional Chinese medicine, acupuncture and homeopathic treatment – up to \$1,500/ £900 GBP/ €1,200
- ✓ **Psychiatric treatment and psychotherapy** – outpatient treatment – up to \$1,000/ £600/ €800
- ✓ **Maintenance of chronic medical conditions** – inpatient/ daycare treatment, kidney dialysis and outpatient treatment – up to a lifetime limit
- ✓ **Palliative treatment/ care for terminal medical conditions** – in full
- ✓ **Medical evacuation and repatriation** – within your area of cover – in full
- ✓ **Ambulance to the nearest local hospital** – in full
- ✓ **Organ transplants** – kidney, liver, heart or lung transplants – up to \$500,000/ £300,000/ €400,000
- ✓ **Treatment for diagnosed HIV/ AIDS and related medical conditions** – up to a lifetime limit
- ✓ **Mortal remains** – if you die outside your home country, transportation of your mortal remains or burial/ cremation at the place of your death – in full
- ✓ **Emergency treatment outside area of cover** – up to \$40,000/ £24,000/ €32,000



What is not insured?

The following is a summary of what is not covered by the plan:

- ✗ Treatment for alcohol, drug, substance abuse and other addictive conditions or any associated medical condition
- ✗ 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, pregnancy, childbirth and newborns
- ✗ Sight and hearing conditions, dental 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
- ✗ Supplying fitting or maintaining any external prostheses, appliance or device
- ✗ The cost of renting/ buying wheelchairs or other equipment



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 cover is limited to an overall plan limit per member per plan year (\$2,500,000/ £1,500,000/ €2,000,000).
- ! There are waiting periods applicable to certain benefits, the full details of which are in your plan documents. Where applicable, you will not be covered for these benefits until you have completed the stated waiting period.
- ! 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.



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 standard or voluntary excess (a set amount of costs towards claims made in the plan year) as shown in your Certificate of Insurance.
- 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.
- You or your personal representative must request pre-authorisation for any inpatient/daycare treatment, medical evacuation, compassionate emergency visit, or preparation/transportation of your body or mortal remains, before it takes place.
- 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 procedures for your plan when making a claim.



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).



When does the cover start and end?

The plan starts on the start date you request as 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 we tell you otherwise, or 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.



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.