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InterGlobal

1 March 2017

Plan summary

UltraCare International Schools Bronze plan – Full Medical Underwriting

This Plan summary is designed to provide you with the key information about the UltraCare International Schools Bronze 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

Type of insurance and cover

The UltraCare International Schools Bronze plan is an international private medical insurance plan providing cover for the treatment of eligible medical conditions. The plan is available to teachers and school staff.

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.

The underwriting terms will be Full Medical Underwriting (FMU) as shown on the Certificate of insurance. FMU is the process that we use to assess your medical history and decide the special terms we offer you. You will need to submit a full medical declaration for us to assess. We will agree to either accept all or some of your pre-existing medical conditions and may charge an increased premium, exclude all of your pre-existing medical conditions, or decline cover altogether. Any medical exclusions we have applied will be shown on your Certificate of insurance.

Significant features and benefits

This plan includes the following:

- all treatment for cancer paid in full;
- in-patient and daycare treatment – paid in full (except psychiatric treatment);
- out-patient post-hospitalisation treatment – paid in full for a period of 90 days;
- out-patient treatment – cover for pre-operative tests up to 72 hours before in-patient or daycare treatment;
- out-patient treatment – full cover for out-patient surgical procedures;
- cover for post-hospitalisation out-patient physiotherapy treatment;
- medical evacuation and repatriation within your area of cover – paid in full when needed for in-patient treatment, daycare treatment or any cancer treatment;
- local ambulance – paid in full;
- cover for organ transplants;
- cover for medical complications of a pregnancy or childbirth;
- full cover under maternity care for a newborn child to stay in hospital with its hospitalised mother;
- cover under maternity care for a newborn child to receive treatment for birth defects and congenital abnormalities;
- cash benefit when your in-patient treatment and hospital accommodation is received free of charge (up to 30 nights);
- preparation and transportation of your mortal remains – paid in full;
- no-claims discount – up to 25% for four or more consecutive claim free plan years; and
- red24 AdviceLine.

Significant and unusual exclusions or limits

We will not cover the following:

- medical conditions or symptoms that you were aware of before your start date unless we were given all the information we asked for in the application and we have not specifically excluded the medical condition or symptom, as shown on your Certificate of insurance;
- claims arising from alcohol or drug abuse (see benefit exclusion BE13 in the Plan guide);
- claims arising from engaging in war, riots, terrorism or any similar event (see benefit exclusion BE26 in the Plan guide);
- claims arising from contamination from biological, chemical or nuclear materials (see benefit exclusion BE27 in the Plan guide); or
- claims arising from engaging in professional sports (see benefit exclusion BE29 in the Plan guide).

The following limits and restrictions apply to your plan:

- you must pay a standard excess amount of $50 or £30 for each medical condition in each plan year for all out-patient medical treatment claims, including treatment of congenital abnormalities for newborns. If you choose a voluntary excess, this will apply for each medical condition in each plan year for all in-patient, daycare and out-patient medical treatment, including organ transplants and treatment of congenital abnormalities for newborns (see section 23 in the Table of benefits);
- a 12 month waiting period applies to maternity care (see section 17 in Table of benefits);
- the overall maximum we will pay each plan year is $1,000,000 or £600,000 (see section 1 in the Table of benefits);
- the minimum age of a planholder is 18. If none of the members to be included on the plan are 18 or above at the date of application, the application will be subject to our acceptance, and their parent or legal guardian must apply for them (see the 'Individual eligibility' section in the Plan guide); and
- you cannot be older than 74 at your start date (see the 'Individual eligibility' section in the Plan guide).

Plan term

The plan is a yearly contract. With our agreement the planholder may renew the plan each year. Premiums are based on the age of the planholder and each dependant and may increase at renewal. You should review your plan periodically to ensure that it 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 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.

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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

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
Website: 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 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.

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. 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.