Aetna Summit℠ 5000+
Benefits Schedule

For plans starting on or after 1 August 2017

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Call +44-20-3788-3288
Email EuropeServices@aetna.com
At a glance

**Overall plan limit**

Aetna Summit  5000+
Up to 5,000,000 USD

**Outpatient coinsurance**

This is the percentage of coinsurance each member needs to pay towards claims in the plan year.

Aetna Summit  5000+
0%, 10% up to a maximum 2,000 USD, 20% up to a maximum 4,000 USD or 30% up to a maximum 5,000 USD, as shown on your Certificate of Insurance.

Good to know

**Using this Benefits Schedule**

Some words and phrases have specific meanings, we’ve highlighted them in bold print and you’ll find their definitions in your Handbook.

This Benefits Schedule details the plan benefits available under the core Aetna Summit plan. The plan sponsor may also be able to add and remove benefits, and increase or decrease benefit limits to enable them to custom-build a solution that’s right for them and their business.

**Before you’re treated**

It’s important you request our approval before you receive treatment for the following treatments and services:

- Medical evacuation
- Inpatient or daycare treatment admission
- Psychiatric treatment
- Prescription for more than three months’ supply of drugs for a chronic medical condition
- Single treatment or service that costs more than 500 USD or equivalent

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.

**Your deductibles**

**Outpatient coinsurance**

We’ll apply your level of outpatient coinsurance, as shown on your Certificate of Insurance, to outpatient claims.

Once the total amount of outpatient coinsurance you have paid in a plan year reaches the maximum amount, you won’t have to pay any more outpatient coinsurance.

**Dental coinsurance**

We’ll apply our dental coinsurances to dental claims under the dental benefits only. See Dental treatment.
What’s covered

The benefits noted below are subject to the terms, conditions and exclusions contained in your plan documents. We’ll only pay reasonable costs for claims for treatment and services that are benefits and are medically necessary. Reasonable costs are the average cost of treatment, expertise or services given by similar types of medical provider within the same country or geographical region, based on our knowledge, experience and reasonable opinion.

1 Overall plan limit

We’ll pay reasonable costs for benefits up to the overall plan limit for each member in each plan year. Benefit limits shown as ‘Paid in full’ are subject to the overall plan limit for each member in each plan year.

If you are a Hong Kong resident, costs for hospital accommodation, treatment and services in Hong Kong will only be paid up to the reasonable and customary rates associated with a semi-private dual occupancy room. This applies for all inpatient and daycare costs:

- 2 Inpatient and daycare treatment
- 3 Parent accommodation
- 4 Rehabilitation
- 5 Cancer care
- 6 Physiotherapy and complementary medicine
- 7 Psychiatric treatment
- 8 Congenital abnormalities
- 9 HIV or AIDS
- 10 Organ transplants
- 11 Terminal care
- 12 Dental treatment
- 13 Pregnancy and childbirth

For non-Hong Kong residents, and Hong Kong residents receiving treatment outside of Hong Kong, we’ll pay for hospital accommodation (including meals) up to the cost of a standard single room with a private bathroom.

2 Inpatient and daycare treatment

Medical costs including intensive care, theatre, hospital accommodation, medical practitioners, specialists, anaesthetists, nursing, appliances and prescribed drugs and dressings.

- Kidney dialysis.
- MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.
- Reconstructive surgery to restore natural function or appearance within 12 months of an accident or surgery.
- Speech and language therapy and occupational therapy as part of your inpatient treatment.
- Medical services of a nurse that would have been part of your inpatient or daycare treatment when these are received in your home instead of in hospital.

All inpatient treatment needed for acute medical conditions that begin before the member is eight days old, if the member was conceived by natural conception.

Where we agree that parent accommodation is needed in relation to this benefit and would normally be paid under section Parent accommodation, it will be paid under this section instead.

All inpatient treatment needed for acute medical conditions that begin before the member is eight days old, if the member was conceived by assisted conception.

Where we agree that parent accommodation is needed in relation to this benefit and would normally be paid under section Parent accommodation, it will be paid under this section instead.

- Up to a lifetime limit of 150,000 USD

5,000,000 USD
3 Parent accommodation

Hospital accommodation costs for a parent or legal guardian to stay with the member if they aged 17 or under and receiving inpatient treatment that we cover under Inpatient and daycare treatment.

4 Outpatient post-hospitalisation treatment

Outpatient treatment for 90 days after you’re discharged following inpatient or daycare treatment for the same acute medical condition. This benefit covers medical practitioners’ and specialists’ fees, surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.

1 Your outpatient coinsurance applies, as shown on your Certificate of Insurance.

5 Rehabilitation

This benefit is only available if:
• you’ve received inpatient treatment for three or more consecutive days for the same medical condition,
• you’ve stayed in hospital for three or more consecutive nights for the same medical condition,
• your inpatient treatment was covered under Inpatient and daycare treatment,
• a medical practitioner or specialist has referred you for rehabilitation, and
• your rehabilitation starts:
  – after you’re discharged from hospital following your inpatient treatment, or
  – when you’re transferred to a rehabilitation unit following your inpatient treatment.

Your first session must be no more than 14 days after you’re discharged or transferred.

This benefit covers inpatient, daycare and outpatient physiotherapy, speech and language therapy and occupational therapy. We’ll also pay for accommodation costs at the rehabilitation unit when medically necessary.

1 This section applies before any available benefit limit shown in Physiotherapy and complementary medicine.

1 Your outpatient coinsurance applies, as shown on your Certificate of Insurance.
## 6 Cancer care

All treatment for, or related to, a diagnosed cancer. This includes palliative treatment and care.

### Outpatient treatment

Surgical procedures.

- Paid in full

Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered under Inpatient and daycare treatment.

- Paid in full

Medical practitioners’ and specialists’ fees, prescribed drugs and dressings, MRI scans, X-rays, pathology and diagnostic tests and procedures.

- Paid in full

Outpatient treatment for medical conditions that are an emergency when the treatment is received in a hospital.

- Paid in full

Kidney dialysis.

- Paid in full

PET and CT scans.

- Paid in full

Your outpatient coinsurance applies, as shown on your Certificate of Insurance.

## 8 Physiotherapy and complementary medicine

Physiotherapy as part of inpatient or daycare treatment.

### Outpatient coinsurance doesn’t apply

Post-hospitalisation outpatient physiotherapy. This benefit is available for 90 days after each inpatient or daycare admission.

Outpatient physiotherapy when a medical practitioner or specialist refers you.

We reserve the right to seek further information from your medical practitioner or therapist if you received further treatment after you’ve completed six sessions.

Outpatient podiatry, osteopathic and chiropractic treatment when a medical practitioner or specialist refers you.

We reserve the right to seek further information from your therapist if you received further treatment after you’ve completed four sessions for any one medical condition.

Your outpatient coinsurance applies, as shown on your Certificate of Insurance.

- Paid in full

Paid up to 4,000 USD

Paid up to 1,500 USD

0% or 10% to max 2,000 USD or 20% to max 4,000 USD or 30% to max 5,000 USD
9 Psychiatric treatment

Up to 30 days inpatient psychiatric treatment and psychotherapy in the plan year.

- **Outpatient coinsurance doesn’t apply**

Outpatient psychiatric treatment and psychotherapy.

- Your outpatient coinsurance applies, as shown on your Certificate of Insurance.

10 Durable medical equipment

including prosthetic and orthotic supplies

We’ll cover costs for:

- Items a medical practitioner or specialist prescribes which are needed to deliver prescribed drugs and apply dressings
- Buying and fitting of devices or items medically necessary for treatment including spinal supports, orthopaedic braces and air cast boots
- The rental or initial purchase of crutches or a wheelchair if medically necessary
- The initial buying and fitting of external prostheses needed after surgery, including artificial eyes and limbs
- The buying and fitting of medically necessary orthotic supplies, including insoles and orthotic supports

This benefit does not extend to sight or hearing aids, furniture or any modifications to your personal or work environment.

If the costs are related to a medical condition we cover under the following sections, we’ll cover these within the benefit limits of that section:

- Cancer care
- Congenital abnormalities
- HIV or AIDS
- Organ transplants
- Terminal care
- Pregnancy and childbirth
- Emergency treatment outside your area of cover

- Your outpatient coinsurance applies, as shown on your Certificate of Insurance.
### 11 Congenital abnormalities

All treatment for diagnosed congenital abnormalities and any related medical conditions. This includes palliative treatment and care for a congenital abnormality or any related medical condition.

All treatment for diagnosed congenital abnormalities and any related medical conditions that are diagnosed before an insured member is 31 days old:

- if the pregnancy is the result of natural conception,
- if they are added to the plan before they are 31 days old, and
- the treatment would normally be covered under the lifetime limit above.

Once the member reaches five years of age, cover will only be available under the lifetime limit above. Any costs paid under this section will not be deducted from the lifetime limit shown above. If the pregnancy is the result of assisted conception, cover will only be available under the lifetime limit above.

We’ll cover costs for an organ transplant for congenital abnormalities and any related medical conditions under section 13 Organ transplants.

Your outpatient coinsurance applies, as shown on your Certificate of Insurance.

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### 12 HIV or AIDS

All treatment, including palliative treatment and care, for diagnosed HIV or AIDS and all related medical conditions.

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Your outpatient coinsurance applies, as shown on your Certificate of Insurance.

### 13 Organ transplants

Kidney, pancreas, liver, heart or lung transplants and any related treatment.

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Your outpatient coinsurance applies, as shown on your Certificate of Insurance.
## Terminal care

Palliative treatment and care for a medical condition which is diagnosed as terminal.

- **If the costs are related to a medical condition we cover under the following sections, we’ll cover these within the benefit limits of that section:**
  - Cancer care
  - Congenital abnormalities
  - HIV or AIDS

Your outpatient coinsurance applies, as shown on your Certificate of Insurance.

Costs of one dependant or companion having to accompany you or to travel at the same time if they are not able to accompany you during the actual emergency medical evacuation. This benefit will only become available if your medical condition is critical or you’re expected to stay in hospital for seven or more nights.

For the duration of your evacuation and period of admission we’ll cover:

- Costs for return economy class travel, including taxi transfers to and from the hotel on arrival and departure
- A taxi from the hotel to the hospital, and back, once a day
- Reasonable overnight accommodation costs including breakfast

The costs to transport you to appropriate medical facilities to receive treatment when your medical condition is not an emergency.

We’ll cover costs for return economy class travel to a location of your choice within your area of cover if:

- we agree appropriate treatment is not available locally, and
- we agree appropriate treatment is available in your chosen location.

Cover is only available under this benefit if the treatment is covered under Inpatient or daycare treatment, or Outpatient post-hospitalisation treatment.

### Medical evacuation

The costs to transport you to the nearest appropriate medical facility when your medical condition is an emergency and we agree appropriate treatment is not available locally.

This benefit extends to the costs for emergency treatment you receive during the journey.

If we have transported you outside your area of cover, we’ll pay any related costs you incur in the country you’re evacuated to under the sections of your Benefits Schedule that would normally apply when you’re within your area of cover.

Economy class travel costs for you to go back to your choice of your country of residence, or your home country, after your emergency medical evacuation that was covered under this plan.

Cover is only available under this benefit if the treatment is covered under section Pregnancy and childbirth and you have completed any waiting periods shown in section.
16 Local ambulance

Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital because of an emergency or if treatment is medically necessary.

Cover is only available under this benefit if the treatment is covered under the following sections:

1. Inpatient and daycare treatment
2. Outpatient post-hospitalisation treatment
3. Cancer care
4. Outpatient treatment
5. Psychiatric treatment
6. Congenital abnormalities
7. HIV or AIDS
8. Organ transplants
9. Terminal care
10. Pregnancy and childbirth

You’re not covered for air-sea rescue or any mountain rescue unless you suffer from a medical condition at a recognised ski or similar winter sports resort.

17 Mortal remains

If you die outside your home country, we’ll cover reasonable costs:

• to transport your body or mortal remains to your home country or your country of residence as directed by your next of kin or estate, or
• for your burial or cremation at the place of your death as directed by your next of kin or estate.

In the event of your burial, we’ll cover:

• The cost of opening or reopening a grave
• Any exclusive right of burial fee
• Burial costs

In the event of your cremation, we’ll cover:

• The cost of any doctor’s certificates
• Cremation costs, including the removal of any medical device before the cremation

This benefit does not extend to the purchase of a burial plot, or funeral costs, including, but not limited to, flowers and the funeral director’s fees.

18 Compassionate emergency visit

Costs you have to pay for one economy class return travel ticket from your area of cover for you to:

• visit a close family member if their medical condition is critical, or
• attend their burial or cremation following their death.

We’ll cover a maximum of one return journey in the plan year.

19 Dental treatment

Outpatient dental treatment for damage to natural teeth caused by an accident when:

• the treatment can only be provided after you’ve received inpatient treatment related to the accident, and
• you receive treatment within 90 days after you’re discharged from hospital for your related inpatient treatment.

This benefit includes the cost to supply and fit dental implants.

Outpatient dental treatment for accidental damage to natural teeth, except when the damage is caused by eating. Cover is only available when you receive treatment for the accidental damage within 10 days of the accident. This benefit also includes one follow-up consultation within 30 days of the accident.

Your outpatient coinsurance applies, as shown on your Certificate of Insurance.

Routine outpatient dental treatment, including treatment for accidental damage to natural teeth when the damage is caused by eating. This benefit covers dental examinations, scraping, cleaning and polishing, minor gum treatment, X-rays, composite fillings and simple non-surgical extractions only.

Cover is available after you’ve had 182 days’ continuous cover from the date that this optional benefit was first included in your plan.
## Dental treatment

**Major restorative** dental treatment, including treatment for accidental damage to **natural teeth** when the damage is caused by eating. This benefit covers:

- Surgical extractions, including wisdom teeth
- Root canal treatment
- The cost to supply, fit and repair crowns, bridges and dentures
- X-rays needed to support major restorative dental treatment
- Major gum treatment

Cover is available after you’ve had 182 days’ continuous cover from the date that this optional benefit was first included in your plan.

### Dental coinsurance

Not covered

### Outpatient dental treatment when your dental condition is an emergency

Not covered

### Orthodontic treatment including:

- Orthodontic examinations
- Costs to supply, fit and repair orthodontic devices or items
- X-rays needed to support orthodontic treatment
- Surgical and non-surgical extractions needed as part of your orthodontic treatment

Not covered

### Orthodontic coinsurance

50%

### Dental implants including:

- Dental examinations needed for dental implants
- Costs to supply, fit and repair dental implants
- X-rays needed to support the fitting or repair of dental implants

Not covered

### Dental implants coinsurance

50%

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## Optical care

Prescription costs for:

- Contact lenses
- Spectacles
- Spectacle lenses
- Spectacle frames

You’re also covered for one consultation and sight examination for the signs or symptoms, or management of, natural or non-medical degenerative sight disorders. This includes, but isn’t limited to, myopia, hypermetropia and astigmatism.

### Optical care coinsurance

Not applicable

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## Wellness

**Members** aged 18 or over: routine health checks including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations.

### Members aged 17 or under: routine health checks and vaccinations.

One sight examination and one hearing examination in the plan year.

Paid up to 1,000 USD

Paid up to 250 USD
**Pregnancy and childbirth**

- Antenatal checkups for an uncomplicated pregnancy (no more than 12 routine antenatal visits during each pregnancy and one routine 2D ultrasound scan in each trimester).
- Antenatal vitamins
- Delivery costs, nursing fees and hospital accommodation costs for uncomplicated childbirth
- Postnatal checkups
- Hospital accommodation costs for your newborn to stay with you for up to four nights immediately after his or her birth

We’ll also pay the following routine costs for the newborn for the first 30 days after his or her birth, even if you do not add the newborn to your plan:

- One physical examination
- Vitamin K, hepatitis B and BCG vaccinations
- Screening tests for PKU, congenital hypothyroidism and G6PD
- One hearing examination

This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to 500 USD within the benefit limit shown.

**Maternity coinsurance**

- Treatment for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of an assisted conception.

  We’ll also cover the following routine costs for the newborn for the first 30 days after his or her birth, even if you do not add the newborn to your plan:

  - Hospital accommodation costs for your newborn to stay with you immediately after a complicated childbirth
  - One physical examination
  - Vitamin K, hepatitis B and BCG vaccinations
  - Screening tests for PKU, congenital hypothyroidism and G6PD
  - One hearing examination

This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to 500 USD within the benefit limit shown.

**Hormone replacement therapy**

Hormone replacement therapy for symptoms of the menopause.

**23 Hormone replacement therapy**

- Treatment for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of natural conception.

We’ll also pay the following routine costs for the newborn for the first 30 days after his or her birth, even if you do not add the newborn to your plan:

- Hospital accommodation costs for the newborn to stay with you immediately after a complicated childbirth
- One physical examination
- Vitamin K, hepatitis B and BCG vaccinations
- Screening tests for PKU, congenital hypothyroidism and G6PD
- One hearing examination

This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to 500 USD within the benefit limit shown.

**Maternity coinsurance**

- Treatment for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of natural conception.

We’ll also pay the following routine costs for the newborn for the first 30 days after his or her birth, even if you do not add the newborn to your plan:

- Hospital accommodation costs for the newborn to stay with you immediately after a complicated childbirth
- One physical examination
- Vitamin K, hepatitis B and BCG vaccinations
- Screening tests for PKU, congenital hypothyroidism and G6PD
- One hearing examination

This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to 500 USD within the benefit limit shown.
### 24 Hospital cash

We’ll pay you for each night you stay in a hospital for inpatient treatment:
- if the inpatient treatment and hospital accommodation you receive during your stay are provided free of charge, and
- we would otherwise cover the treatment or services you receive during your stay under this plan.

We’ll pay for a maximum of 20 nights in the plan year.

- **125 USD paid to you for each night**

### 25 Emergency treatment outside your area of cover

Inpatient and daycare treatment when your medical condition is an emergency.

- **Outpatient coinsurance doesn't apply**

Outpatient treatment when your medical condition is an emergency.

- **Your outpatient coinsurance applies, as shown on your Certificate of Insurance.**

Costs of the appropriate type of ambulance needed to transport you to the nearest appropriate local hospital. This benefit is only available when your medical condition is an emergency.

- **We will only cover you if the emergency would be covered if you were within your area of cover**

### 26 Health management services

Access to our CARE team to receive tailored information and discuss any chronic condition and disease management.

- **Included**

Employee Assistance Programme – access to online and telephonic confidential support including counselling, information and guidance. Log on to the Health Hub or contact our Member Services Team for more information.

- **Included**

Employee Assistance Programme – access to in-person confidential support including counselling, information and guidance. Log on to the Health Hub or contact our Member Services Team for more information.

- **Included**

#### 27 red24 security services

**AdviceLine**: 24/7 personal security information and advice for all your travel safety queries. Visit www.red24.com/aetna to register for this service.

- **Included**

**ActionResponse**: 24/7 international rescue and response service for you in a potentially life-threatening, non-medical event. Visit www.red24.com/aetna to register for this service.

- **Included**
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