



# International Healthcare Plan for Individuals and Families

## Benefits Schedule for the Foundation Plan

£, € and US\$

Effective 1 April 2015

In the table below, **we** have displayed the **benefits** applicable to **your cover**.

To help **you** understand **your cover**, the words and phrases that are in bold in **your policy documentation** have specific meanings, and are defined in your IHP member handbook.

The following **benefits** are covered under this **policy** up to the maximum aggregate limit, subject to the **benefit** limits in this schedule, the applicable medical underwriting, the **member's certificate of insurance** and **our** general conditions and exclusions.

General exclusions include: alcohol, drug or solvent abuse, **chronic medical conditions** that pre-date the **member's** original **date of entry**, cosmetic **treatment**, sexually transmitted diseases, sterilisation and **elective** medical checkups.

All **benefits** shown are per **insured person**, per **period of cover** (unless specifically stated otherwise), and the selected **policy excess** applies to all **benefits** on a per **medical condition** basis (unless specifically stated otherwise).

	Foundation
<p><b>Maximum Annual Aggregate Limit</b></p> <p>We will provide <b>cover</b> for the <b>treatment</b> of <b>medical conditions</b> that first occur during any <b>period of cover</b> and where <b>treatment</b> is actually given during the current <b>period of cover</b> or where such <b>medical conditions</b> have occurred prior to the <b>date of entry</b> but have been declared to and accepted by <b>us</b> in writing.</p> <p>All costs incurred must be <b>medically necessary</b> and are subject to <b>reasonable and customary charges</b>, based on the average <b>treatment</b> costs applicable to the region in which the <b>treatment</b> was received, as determined by <b>us</b>. <b>Inpatient</b> accommodation costs are for a standard <b>private room</b>.</p>	<p>A maximum of £1,000,000 or €/\$1,600,000 per <b>member</b> per <b>period of cover</b></p>
<p><b>Inpatient, Day Patient, Emergency Care and Diagnostics</b></p>	
<p><b>Inpatient Care</b></p> <p><b>Reconstructive Surgery and Rehabilitation</b></p> <p>Charges incurred for the <b>treatment</b> of a <b>medical condition</b>, including stabilisation of an <b>acute</b> exacerbation of a <b>chronic</b> condition, when <b>treatment</b> is received as an <b>inpatient</b> or <b>day patient</b> including:</p> <p>i) Accommodation and associated charges.  ii) Admittance to the intensive care unit.  iii) Nursing by a <b>qualified nurse</b>.  iv) Surgical procedure fees and operating theatre fees.  v) <b>Medical practitioner</b> fees including surgeon, consultations, <b>specialist</b> and anaesthetist fees.  vi) Diagnostic procedures including but not limited to pathology tests, Ultrasound scans and x-rays.  vii) <b>Drugs, dressings</b>, medicines and <b>appliances</b> prescribed by a <b>medical practitioner</b> or <b>specialist</b>, including Traditional Chinese Medicine.  viii) Reconstructive surgery (including <b>outpatient treatment</b>) to restore natural function or appearance required as a result of an <b>accident</b> or illness occurring during the <b>period of cover</b> and where <b>treatment</b> takes place within 12 months of the insured event occurring.  ix) <b>Rehabilitation</b> (including <b>outpatient treatment</b>) in a recognised <b>rehabilitation</b> unit of a <b>hospital</b> subsequent to <b>inpatient treatment</b> lasting 3 days or more. The <b>rehabilitation</b> must take place within 14 days of discharge from the <b>inpatient</b> admission and must be recommended and under the direct control of a <b>Medical Practitioner</b>. <b>Treatment</b> includes the use of special <b>treatment</b> rooms, physical and/or speech therapy fees, and other services usually given by a <b>rehabilitation</b> unit.</p>	<p>Covered in full</p> <p>ix) <b>Rehabilitation</b> is covered in full up to 120 days per <b>medical condition</b></p>
<p><b>Ancillary Charges</b></p> <p>The purchase or rental of crutches or wheelchairs following treatment as an <b>inpatient</b> or <b>daypatient</b>.</p>	<p>Up to £625 or €/\$1,000 per <b>medical condition</b></p>
<p><b>Accident &amp; Emergency Treatment in the US</b></p> <p><b>Benefit</b> is payable for medical expenses that arise as a result of an <b>emergency</b>, which requires the <b>member</b> to seek <b>treatment</b> in the <b>accident</b> and <b>emergency</b> unit of a <b>hospital</b> whilst temporarily travelling inside the USA and where the <b>medical condition</b> did not exist prior to travel and the <b>member</b> was <b>treatment-</b>, symptom- and <b>advice-</b> free.</p> <p>This <b>benefit</b> extends to include <b>outpatient treatment</b> arising as a result of an <b>accident</b> or <b>emergency</b>, whilst the <b>member</b> is temporarily travelling in the USA and where the <b>medical condition</b> did not exist prior to travel and the <b>member</b> was <b>treatment-</b>, symptom- and <b>advice-</b> free. For <b>outpatient treatment</b>, a <b>benefit excess</b> applies.</p> <p>In the event of <b>accident</b> and <b>emergency treatment</b> being required inside the USA, the <b>member</b> should contact <b>us</b> either before or as soon as possible after admission to the <b>accident</b> and <b>emergency</b> unit of the <b>hospital</b>.</p> <p>Complications of pregnancy and/or childbirth are not covered under this <b>benefit</b>.</p>	<p>Covered in full for <b>inpatient treatment</b></p> <p><b>Outpatient treatment</b> is limited to £315 or €/\$500 per <b>medical condition</b> and subject to an <b>excess</b> of £50 or €/\$80 per <b>medical condition</b></p>
<p><b>CT PET and MRI Scans</b></p> <p>Scans received as an <b>inpatient, day patient</b> or <b>outpatient</b>. These must be pre-authorized by <b>us</b>.</p>	<p>Covered in full</p>
<p><b>Organ Transplant</b></p> <p>The <b>organ transplants</b> covered under this <b>policy</b> are: heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogenic bone marrow, and autologous bone marrow.</p>	<p>Covered in full</p>
<p><b>Inpatient Psychiatric Treatment</b></p> <p><b>Treatment</b> received in a registered psychiatric unit of a <b>hospital</b>. All <b>benefits</b> are conditional on pre-authorization from <b>us</b> and all <b>treatment</b> being administered under the control of a registered psychiatrist.</p> <p>Without <b>our</b> written confirmation prior to such <b>treatment</b>, <b>we</b> will not be liable to pay any <b>benefit</b>. However, the initial consultation with the <b>medical practitioner</b> (not a psychiatric <b>specialist</b>) that results in a psychiatric referral is covered without the requirement for pre-authorization.</p>	<p>Covered in full (up to 30 days) per <b>period of cover</b></p>

	Foundation
<p><b>Accidental Damage to Teeth</b>  <b>Treatment</b> received in an <b>accident</b> and <b>emergency</b> ward of a <b>hospital</b> or dental clinic, within 10 days of incurring accidental damage to sound natural teeth, except when the accidental damage has been caused through eating. Follow-up <b>treatment</b> is limited to one visit within 30 days following <b>your</b> initial <b>treatment</b> and must be pre-authorised by <b>us</b>.</p>	Covered in full
<p><b>Hospital Cash</b>  Where the <b>member</b> receives <b>treatment</b> for an eligible <b>medical condition</b> as an <b>inpatient</b> and no costs are incurred for accommodation and <b>treatment</b>, <b>we</b> will pay a cash <b>benefit</b>. To claim this <b>benefit</b>, the member should ask the <b>hospital</b> to sign and stamp his/her claim form. This <b>benefit</b> is not applicable to admissions into the <b>accident</b> and <b>emergency</b> facility of the <b>hospital</b>. The <b>policy excess</b> does not apply.</p>	Up to £75 or €/\$125 per night for a maximum of 20 nights per <b>medical condition</b>
<p><b>Parental Accommodation</b>  <b>Hospital</b> accommodation costs of a parent or legal guardian staying with a <b>member</b> who is under 18 years of age and is admitted to <b>hospital</b> as an <b>inpatient</b></p>	Covered in full
<b>Disease and Chronic Condition Management</b>	
<p><b>Oncology</b>  All <b>medically necessary treatment</b> received for, or related to, the diagnosis of cancer when received as an <b>inpatient</b>, <b>day patient</b> or <b>outpatient</b> including <b>palliative treatment</b>.</p>	Covered in full
<p><b>Chronic Conditions</b>  Routine checkups, <b>drugs and dressings</b> prescribed for management of the condition, <b>hospital</b> accommodation nursing, renal dialysis, surgery and <b>palliative treatment</b> of <b>chronic</b> conditions (excluding cancer). Costs for the <b>treatment</b> of cancer are covered under the oncology <b>benefit</b>. The <b>policy excess</b> does not apply.</p>	Not available
<p><b>Congenital Anomalies</b>  <b>Treatment</b> of <b>congenital anomalies</b> that manifest after the <b>member's cover</b> commences with <b>us</b>, or that manifest in a <b>dependant</b> child born in the year prior to <b>cover</b> commencing.</p>	Up to £62,500 or €/\$100,000 per <b>medical condition</b>
<p><b>AIDS</b>  Medical expenses that arise from, or are in any way related to, Human Immunodeficiency Virus (HIV) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. Expenses are limited to pre- and post-diagnosis consultations, routine checkups for this condition, <b>drugs and dressings</b> (except experimental or those unproven), <b>hospital</b> accommodation and nursing fees. For this <b>benefit</b>, the general exclusion for sexually transmitted diseases does not apply.</p>	Up to £6,250 or €/\$10,000 per <b>insured person</b> per <b>period of cover</b>
<p><b>Hormone Replacement Therapy</b>  <b>Medical practitioner</b> or <b>specialist</b> consultations and the cost of prescribed tablets, implants or patches when <b>treatment</b> is for the female menopause which has been induced artificially and/or through early onset (by early onset <b>we</b> mean prior to age 40).</p>	Covered in full up to 18 months per lifetime
<b>Outpatient and Alternative Treatments</b>	
<p><b>Outpatient Care</b>  <b>Medical practitioner</b>, <b>specialist</b>, consultant and nursing fees, <b>outpatient</b> charges including diagnostic and surgical procedures including pathology, x-rays, <b>drugs and dressings</b> and <b>appliances</b> prescribed by a <b>medical practitioner</b> or <b>specialist</b>. Physiotherapy on referral by a <b>medical practitioner</b> is restricted to 10 sessions per <b>medical condition</b>, after which it must be further reviewed by a <b>specialist</b>. A medical report will be required for <b>outpatient</b> physiotherapy after 10 sessions. A referral letter/report must be submitted with the first claim for such <b>treatment</b>.</p>	Covered in full
<p><b>Alternative Treatment</b>  <b>Treatment</b> administered by registered chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists when given under the direct control of and following referral by a <b>medical practitioner</b> or <b>specialist</b>.</p>	Covered in full up to 10 sessions in aggregate per <b>medical condition</b>

	Foundation
<p><b>Outpatient Surgery</b> This <b>benefit</b> extends to cover the cost of endoscopy investigations carried out under an <b>outpatient</b> basis. This includes gastroscopy, bronchoscopy, colonoscopy, colposcopy, but excludes laparoscopy and arthroscopy which are covered under the <b>inpatient care benefit</b>.</p>	Covered in full
<p><b>Outpatient Psychiatric Treatment</b> For <b>outpatient</b> psychiatric <b>treatment</b>, including <b>specialist</b> consultations, all <b>treatment</b> must be pre-authorised by <b>us</b> and must at all times be administered under the direct control of a registered psychiatrist. Without <b>our</b> written confirmation prior to such <b>treatment</b>, <b>we</b> will not be liable to pay any <b>benefit</b>. However, the initial consultation with a <b>medical practitioner</b> (not a psychiatric <b>specialist</b>), which results in a psychiatric referral, is covered without the requirement for pre-authorisation.</p>	Up to £3,125 or €/\$5,000 per <b>period of cover</b>
<p><b>Home Nursing</b> Nursing care given outside a <b>hospital</b> that is immediately received subsequent to <b>treatment</b> as an <b>inpatient</b> or <b>day patient</b> on the recommendation of a <b>specialist</b>. This must be provided by a <b>qualified nurse</b> and not provided for domestic reasons or convenience. This must be pre-authorised by <b>us</b>.</p>	Covered in full up to 30 days per <b>medical condition</b>
<p><b>Traditional Chinese or Ayurvedic Medicine Treatment</b> administered by a recognised <b>medical practitioner</b>.</p>	£20 or €/\$30 per session to a maximum of 10 sessions
<b>Evacuation and Transportation</b>	
<p><b>Emergency Transportation</b> <b>Emergency</b> transportation costs to and from <b>hospital</b> to receive <b>treatment</b> as an <b>inpatient</b> or <b>day patient</b>, by the most appropriate transport method when considered <b>medically necessary</b> by a <b>medical practitioner</b> or <b>specialist</b>. This <b>benefit</b> does not include the cost of car hire.</p>	Covered in full
<p><b>Evacuation &amp; Additional Travel Expense</b> <b>Evacuation</b> of a <b>member</b> in the event of an <b>emergency</b>, where <b>treatment</b> is not readily available at the place of the incident, to the nearest appropriate medical facility as determined by <b>us</b>, by the most appropriate method of transportation as determined by <b>us</b>, for the purpose of admission to <b>hospital</b> as an <b>inpatient</b> or <b>day patient</b>. <b>Evacuation</b> is subject to written agreement from <b>us</b>, prior to travel and certified instructions to <b>us</b> from the attending <b>medical practitioner</b> or <b>specialist</b> including confirmation that the required <b>treatment</b> is unavailable at the place of incident. This <b>benefit</b> excludes all maternity and childbirth costs except where these are covered under the <b>benefit</b> for Complications of Pregnancy, and any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts. <b>Cover</b> is provided for: i) <b>Evacuation</b> costs including the costs of one other person to travel with the <b>member</b> as an escort, if <b>medically necessary</b>. ii) Travel to and from medical appointments when <b>treatment</b> is being received as a <b>day patient</b>. iii) For an accompanying person to travel to and from the <b>hospital</b> to visit the <b>member</b> following admission as an <b>inpatient</b>. iv) Economy class airline tickets to return the <b>member</b> and the escort to the <b>country of residence</b> or to the country where <b>evacuation</b> occurred. v) Non-<b>hospital</b> accommodation for the <b>member</b> and escort for immediate pre- and post-<b>hospital</b> admission periods provided that the <b>member</b> is under the care of a <b>specialist</b>.</p>	<ul style="list-style-type: none"> <li>i) Covered in full</li> <li>ii) Covered in full</li> <li>iii) Covered in full</li> <li>iv) Covered in full</li> <li>v) Up to £95 or €/\$150 per person per day and £3,000 or €/\$5,000 per person, per <b>evacuation</b></li> </ul>
<p><b>Extended Evacuation</b> This <b>benefit</b> covers the <b>evacuation</b> costs of a <b>member</b> in the event <b>emergency treatment</b> is not readily available at the place of incident, to the nearest appropriate medical facility, <b>country of residence</b>, <b>country of nationality</b> or country of the <b>member's</b> choice for the purpose of admission to <b>hospital</b> as an <b>inpatient</b> or <b>day patient</b>, including the cost of one other person to travel with the <b>member</b> as an escort if <b>medically necessary</b>.</p>	Optional

	Foundation
<p><b>Mortal Remains</b></p> <p>In the event of death from an eligible <b>medical condition</b>: transportation of the body of a <b>member</b> or his/her ashes to the <b>country of nationality</b> or <b>country of residence</b> or burial or cremation costs at the place of death in accordance with reasonable and customary practice.</p> <p>Necessary burial or cremation fees including</p> <ul style="list-style-type: none"> <li>- The cost of reopening a grave and burial costs, or</li> <li>- The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or</li> <li>- In the case of cremation: <ol style="list-style-type: none"> <li>1. The cremation fee</li> <li>2. The cost of any doctor's certificates</li> <li>3. The cost of removing a pacemaker or other medical device which must be removed before the cremation</li> </ol> </li> </ul> <p>But not including costs related to other funeral expenses, such as:</p> <ul style="list-style-type: none"> <li>- Funeral director's fees</li> <li>- Flowers</li> <li>- The cost of any documents needed for the release of the money, savings and property of the deceased</li> <li>- The necessary cost of a return journey for you to either <ol style="list-style-type: none"> <li>1. Arrange the funeral, or</li> <li>2. Attend the funeral</li> </ol> </li> </ul>	<p>Up to £5,300 or €/\$8,500 per <b>insured person</b></p>
<p><b>Mother and Child</b></p>	
<p><b>Routine Pregnancy</b></p> <p>Costs associated with normal pregnancy and childbirth, including normal deliveries as a result of infertility <b>treatment</b> (assisted conception), voluntary caesarean section costs and <b>medically necessary</b> caesarean costs due to any non-medical previous caesarean sections. This <b>benefit</b> covers the cost of pre- and post-natal checkups for up to six weeks, prescribed pre natal vitamins and delivery costs, including costs associated with qualified midwives, when associated with delivery.</p> <p>All costs relating to complications of pregnancy or childbirth following infertility <b>treatment</b> (assisted conception) will be limited to this <b>benefit</b>. This <b>benefit</b> extends to include routine neo natal care and <b>new born</b> packages (including elective circumcision) for the first 24 hours following birth, when the baby is accompanying its mother whilst she is receiving <b>treatment</b> as an <b>inpatient</b> in a <b>hospital</b> (mother being an insured <b>member</b>).</p> <p>The <b>newborn</b> must be enrolled as a <b>member</b> within 30 days after birth in order to be eligible for any <b>benefits</b> (as per <b>Policy</b> terms) after the first 24 hours.</p> <p>The <b>policy excess</b> does not apply to this <b>benefit</b>.</p> <p>A 12 month wait period applies from the purchase date of this <b>benefit</b> or the <b>member's date of entry</b>, whichever is the later.</p>	<p>No cover</p>
<p><b>Complications of Pregnancy</b></p> <p>Treatment of a medical condition arising during the antenatal stages of pregnancy, a medical condition arising during childbirth and one that requires a recognised obstetric procedure, and post natal checkups required as a result of the complication of pregnancy for up to six weeks. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this benefit. This benefit is payable after the first 12 months from the commencement date or date of entry, whichever is the later.</p>	<p>Covered in full</p>
<p><b>New Born Care</b></p> <p><b>Inpatient treatment</b> of an <b>acute medical condition</b> being suffered by a new born baby, and which manifests itself within 30 days following birth. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births, are excluded from this benefit. In circumstances where a <b>congenital anomaly</b> occurs in a new born baby, cover will be excluded under this benefit and payable under the benefit for <b>congenital anomalies</b>.</p> <p>Subject to written notification within 30 days of birth and all premiums being paid in full within 30 days of the premium due date, the <b>member's dependent</b> will be eligible for <b>cover</b> under the full benefits of the <b>Policy</b>. <b>Inpatient treatment</b> of an <b>acute medical condition</b> being suffered by a new born baby, and which manifests itself within 30 days following birth, is covered under the New Born Benefit and not under the <b>Inpatient</b> Care benefits of the <b>Policy</b>. A declaration of health is required with respect to all <b>dependants</b> who are born following infertility treatment (assisted conception).</p>	<p>Up to £62,500 or €/\$100,000 per <b>insured person</b> per <b>period of cover</b> and to a maximum of 90 days <b>hospital</b> stay</p>

	Foundation
<p><b>New Born Accommodation</b>  <b>Hospital</b> accommodation costs relating to a <b>new born</b> baby (up to 16 weeks old) to accompany its mother (being a <b>member</b>) whilst she is receiving <b>treatment</b> as an <b>inpatient</b> in <b>hospital</b>, following discharge from the original delivery.</p>	Covered in full
<p><b>Dental Benefits</b></p>	
<p><b>Dental 1 - Routine Dental Treatment</b>  Fees of a <b>dental practitioner</b> carrying out routine dental <b>treatment</b> in a dental surgery. Routine dental <b>treatment</b> is defined as: examinations, tooth cleaning, normal compound fillings and simple non-surgical extractions.  This <b>benefit</b> excludes orthodontic treatment, restorative <b>treatment</b> and dental implants.  The <b>policy excess</b> does not apply.  A 6 month wait period applies from the purchase date of this <b>benefit</b> or the <b>member's date of entry</b>, whichever is the later.</p>	No cover
<p><b>Dental 2 - Major Restorative Dental Treatment</b>  This <b>benefit</b> covers the fees of a dental practitioner and associated costs for the <b>treatment</b> of the following specified procedures: removal of impacted, buried, or unerrupted teeth, removal of roots, removal of solid odontomes, apicectomy, new or repair of bridge work, new or repair of crowns, root canal <b>treatment</b>, new or repair of upper or lower dentures, and removal of wisdom teeth (whether performed in <b>hospital</b> or in dental surgery, whether performed by a <b>dental practitioner, specialist</b> or an oral or maxillofacial surgeon).  This <b>benefit</b> excludes orthodontic <b>treatment</b>, routine <b>treatment</b> and dental implants.  The <b>policy excess</b> does not apply.  A 9 month wait period applies from the purchase date of this <b>benefit</b> or the <b>member's date of entry</b>, whichever is the later.</p>	No cover
<p><b>Options to Upgrade Cover</b></p>	
<p><b>Outpatient Direct Settlement Network - nil excess</b>  This benefit is available where a Nil, <i>OR</i> £65, €//\$100 <b>policy excess</b> has been selected.</p>	<p><b>Outpatient</b> consultations are available on a nil <b>excess</b> basis where <b>treatment</b> is received in network.  Where <b>outpatient</b> consultations take place outside the <b>direct settlement network</b> the <b>policy excess</b> applies.</p>
<p><b>Extended Evacuation</b>  This <b>benefit</b> covers the <b>evacuation</b> costs of a <b>member</b> in the event <b>emergency treatment</b> is not readily available at the place of incident, to the nearest appropriate medical facility, <b>country of residence, country of nationality</b> or country of the <b>member's</b> choice for the purpose of admission to <b>hospital</b> as an <b>inpatient</b> or <b>day patient</b>, including the cost of one other person to travel with the <b>member</b> as an escort if <b>medically necessary</b>.  <b>Evacuation</b> is subject to written agreement from <b>us</b> prior to travel and certified instructions to <b>us</b> from the attending <b>medical practitioner</b> or <b>specialist</b> including confirmation that the required <b>treatment</b> is unavailable in the place of incident. The <b>member's</b> country of choice is limited to appropriate medical facilities being in place and where it is medically suitable at <b>our</b> discretion. This option is not operative where travel is undertaken against the <b>advice</b> of <b>our</b> medical advisors or where the nominated country does not have the appropriate facility to treat the <b>medical condition</b>. <b>Our</b> medical advisors will decide the most appropriate method of transportation for the <b>evacuation</b>.  This <b>benefit</b> excludes any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts, all maternity and childbirth costs except where these are covered under the <b>benefit</b> for complications of pregnancy, and <b>elective treatment</b> in the USA unless this <b>benefit</b> has been purchased and appears on the <b>member's</b> benefit schedule.</p>	Optional
<p><b>USA Elective Treatment</b></p> <ul style="list-style-type: none"> <li>i) <b>Inpatient</b> or <b>day patient treatment</b> received inside the <b>direct settlement network</b></li> <li>ii) <b>Inpatient</b> or <b>day patient treatment</b> received outside the <b>direct settlement network</b></li> <li>iii) <b>Outpatient treatment</b></li> </ul> <p>The International Healthcare Plan (IHP) does not comply with the Patient Protection and Affordable Care Act (U.S. healthcare reform), and cannot be used to satisfy any requirements for health insurance <b>cover</b> mandated therein.</p>	<ul style="list-style-type: none"> <li>i) Covered in full</li> <li>ii) Up to £625,000 or €//\$1,000,000 per <b>member</b> per <b>period of cover</b> and subject to 50% <b>coinsurance</b></li> <li>iii) Covered in full</li> </ul>

Excess Options	Foundation
Each product option carries a standard <b>Excess</b> applicable to each new <b>Medical Condition</b> . You can amend this by selecting alternative options.	
Standard	£65, €/ \$100
Options	Nil, £30 or €/ \$50, £155 or €/ \$250, £300 or €/ \$500, £625 or €/ \$1,000, £1250 or €/ \$2,000, or £3000 or €/ \$5000



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