

# International Healthcare Plan Individual Policy Summary

Effective date: Policies issued from 1 July 2012

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This policy summary does not contain the terms and conditions of the noninvestment insurance contract and should be read in conjunction with the policy booklet, policy schedule and benefit schedule.

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# Major Medical

This document provides a summary of the **cover** provided. Full details can be found in the **policy** wording. Where **you** have purchased **cover** you should refer to your own **benefit** schedule, **policy** wording and **policy** schedule including any endorsements which apply for full details of your **cover**.

Your insurer is Aetna Health Insurance Company of Europe Limited.

**Type of Insurance:** International Private Medical Insurance

**Period of Insurance:** The **policy** will last for one year and will be renewable on an annual basis.

POLICY SUMMARY		
Significant features and <b>benefits</b>	Significant exclusions and limitations	Section of the <b>policy</b> that contains details
<p>Cover under this <b>policy</b> is up to a maximum of £1,000,000, €/\$1,600,000 per <b>insured</b> person per <b>period</b> of <b>cover</b>.</p>	<p><b>General exclusions</b>  <b>Cover</b> is not provided for any <b>medical condition</b> in existence at the <b>date of entry</b> to the <b>policy</b> until it has been <b>treatment</b>, symptom and <b>advice</b> free for two consecutive years following the <b>date of entry</b>.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> <li>• <b>chronic medical conditions</b></li> <li>• normal pregnancy</li> <li>• infertility/sterilisation</li> <li>• dental <b>treatment</b></li> <li>• cosmetic <b>treatment</b></li> <li>• alcohol, drug or solvent abuse</li> <li>• sexually transmitted diseases</li> <li>• non-<b>emergency treatment</b> in the USA</li> <li>• <b>elective</b> medical check-ups, vaccinations</li> </ul> <p><b>General limitations</b>            Costs are subject to a reasonable and customary level based on the average <b>treatment</b> costs applicable to the region in which the <b>treatment</b> was received, as determined by us.</p>	<p>Full details of the general exclusions noted, and the other <b>policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled "Exclusions".</p>
<p><b>The policy provides payment for treatment of an eligible medical condition including:</b></p> <p><b>Inpatient and day patient treatment</b></p> <ul style="list-style-type: none"> <li>• accommodation charges</li> <li>• <b>drugs and dressings</b></li> <li>• theatre charges</li> <li>• <b>specialist</b> fees</li> <li>• diagnostic tests</li> <li>• oncology, radiotherapy and chemotherapy</li> <li>• scans and x-rays</li> <li>• anaesthetist fees</li> <li>• nursing</li> <li>• intensive care unit costs</li> <li>• psychiatric <b>treatment</b></li> <li>• reconstructive surgery</li> <li>• <b>organ transplant</b></li> <li>• <b>rehabilitation</b></li> </ul> <p><b>Outpatient treatment</b></p> <ul style="list-style-type: none"> <li>• CT/MRI scans</li> <li>• <b>outpatient</b> surgery</li> <li>• oncology <b>treatment</b></li> <li>• <b>outpatient</b> follow-up <b>treatment</b> following <b>treatment</b> as an <b>inpatient</b></li> <li>• ancillary charges</li> </ul>	<p><b>Below are noted the exclusions and limitations applied to each section.</b></p> <p><b>Special limitations</b>  <b>Inpatient</b> (including <b>day patient</b>) psychiatric <b>treatment</b> is restricted to a maximum of 30 days per person, per <b>period</b> of <b>cover</b> and must be pre-authorized.</p> <p>Reconstructive surgery must be undertaken within 12 months of an <b>accident</b> or injury which has caused disfigurement.</p> <p><b>Rehabilitation</b> cover is limited 120 days per <b>medical condition</b>.</p> <p><b>Special limitations</b>  <b>Outpatient treatment</b> immediately prior to and up to 60 days following <b>hospitalisation</b>, limited to £1,000, US\$/€1,700 per <b>medical condition</b>.</p> <p>Ancillary charge up to £625, US\$/€1,000 per <b>medical condition</b>.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled "Cover".</p> <p>Major Medical cover has restrictions from the <b>benefits</b> shown in the <b>policy</b> wording on pages 4 to 5 in the section entitled "Cover". The restrictions in <b>benefits</b> are shown under option 001 of section 4 entitled "Product Options" on page 8.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled "Exclusions".</p>

## POLICY SUMMARY

Significant features and <b>benefits</b>	Significant exclusions and limitations	Section of the <b>policy</b> that contains details
<p><b>Home nursing</b> The services only of a <b>qualified nurse</b> immediately after a period of <b>inpatient treatment</b> and on the recommendation of a <b>specialist</b>.</p>	<p><b>Exclusions</b> Nursing for domestic reasons or convenience.</p> <p><b>Special limitations</b> Costs are limited to 30 days of nursing care provided per condition and subject to pre-authorization.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Additional hospital accommodation costs</b></p> <ul style="list-style-type: none"> <li>parental accommodation</li> <li><b>new born</b> accommodation</li> </ul>	<p><b>Special limitations</b></p> <ul style="list-style-type: none"> <li>limited to an adult staying with a child under the age of 18.</li> <li>limited to a <b>new born</b>, which is defined as under the age of 16 weeks.</li> </ul>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p>
<p><b>AIDS cover</b> Covers <b>treatment</b> for HIV/AIDS/ARC.</p>	<p><b>Exclusions</b> Does not cover sexually transmitted HIV/AIDS.</p> <p><b>Special limitations</b> Cover limited to €6,250, €/US\$10,000 per <b>period of cover</b>.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Accidental damage to teeth</b></p>	<p><b>Special limitations</b> Limited to <b>treatment</b> undertaken in an <b>emergency</b> room in a <b>hospital</b> within seven days of the <b>accident</b>. Must be damage caused to sound, natural teeth.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p>
<p><b>Complications of pregnancy</b> <b>Treatment</b> in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including <b>medically necessary</b> caesarean sections.</p>	<p><b>Special limitations</b> Caesarean sections are not classed as <b>medically necessary</b> if they are as a result of a previous <b>elective</b> caesarean section.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>New born care</b> <b>Inpatient treatment</b> of an acute medical <b>condition</b> given to a <b>new born</b> baby within 30 days of its birth.</p>	<p><b>Special limitations</b> <b>Benefit</b> limited to 30 days <b>hospital</b> stay and to a maximum of €62,500, €/US\$100,000.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Emergency transportation</b> To and from <b>hospital</b> where <b>medically necessary</b>.</p>	<p><b>Exclusions</b> Does not include the costs of car hire.</p> <p><b>Special limitations</b> Limited to <b>inpatient/day patient treatment</b> only and must be pre-authorized.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Evacuation</b> Where appropriate <b>inpatient/day patient emergency treatment</b> is not available at the place of incident, the costs of <b>evacuation</b> transport to the nearest appropriate medical facility. Covers one other person to act as escort.</p>	<p><b>Exclusions</b> All maternity or childbirth costs except <b>treatment</b> as a result of complications of pregnancy.</p> <p><b>Special limitations</b> Must be pre-authorized by us and under <b>our</b> supervision.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Additional travel expenses</b></p> <ul style="list-style-type: none"> <li>to and from medical appointments</li> <li>costs of accompanying person to and from the <b>hospital</b> to visit the <b>insured person</b></li> <li>immediate pre and post-<b>hospitalisation</b> accommodation costs</li> </ul> <p>Economy class ticket to return <b>insured person</b> and escort back to their <b>country of residence</b> or to where the <b>evacuation</b> occurred.</p>	<p><b>Special limitations</b> Covers costs only following an <b>evacuation</b>.</p> <p>Pre- and post-<b>hospitalisation</b> accommodation costs limited to €95, €/US\$150 per person per day to a total of €3,000, €/US\$5,000 per <b>Evacuation</b>.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p>

## POLICY SUMMARY

Significant features and benefits	Significant exclusions and limitations	Section of the policy that contains details
<p><b>Mortal remains</b> In the event of death, the cost of transportation of the body or ashes of an <b>insured person</b> to his/her <b>country of residence</b> or <b>country of nationality</b>, or the costs of a burial or cremation at the place of death.</p>	<p><b>Special limitations</b> Cover limited to £5,300, €/US\$8,500 per person.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “Cover”.</p>
<p><b>Hospital cash benefit</b> Where <b>inpatient treatment</b> of an eligible <b>medical condition</b> is received and where accommodation and <b>treatment</b> is free of charge.</p>	<p><b>Special limitations</b> Cash <b>benefit</b> is limited to £75, €/US\$125 per night for a maximum of 20 nights <b>hospital stay</b>. Not applicable to accident and emergency admissions.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “Cover”.</p>
<p><b>Additional options</b></p>	<p><b>All additional options have the same exclusions and limitations as those shown under the inpatient, day patient and outpatient sections above unless specifically stated.</b></p>	<p><b>Full details of the general exclusions noted, and the other policy exclusions are shown on pages 6 to 7 of the policy wording under the section entitled “Exclusions”.</b></p>
<p><b>Semi-private room restriction</b> (Available to residents of Hong Kong only).</p>	<p><b>Special limitations</b> Hospital accommodation is restricted to a <b>semi-private room</b> and corresponding rates when receiving <b>treatment</b> as an <b>inpatient/day patient</b>.</p>	<p>Full details of this product option are shown in the <b>policy</b> wording under the “Product Options” section on page 9 as option 006.</p>
<p><b>China private room restriction</b> (Available to residents of mainland China only).</p>	<p><b>Special limitations</b> Hospital accommodation is restricted to a <b>semi-private room</b> and corresponding rates when receiving <b>treatment</b> as an <b>inpatient/day patient</b> outside of mainland China.</p>	<p>Full details of this product option are shown in the <b>policy</b> wording under the “Product Options” section on page 9 as option 007.</p>
<p><b>Extended evacuation</b> Where appropriate <b>inpatient/day patient emergency treatment</b> is not available at the place of incident, the costs of <b>evacuation</b> transport to the nearest appropriate medical facility, or to <b>your</b> country of choice. Covers one other person to act as escort.</p>	<p><b>Special limitations</b> The nominated country of choice must have medical facilities which are appropriate.</p>	<p>Full details of this product option are shown in the <b>policy</b> wording under the “Product Options” section on page 9 as option 009.</p>

# Foundation

This document provides a summary of the **cover** provided. Full details can be found in the **policy** wording. Where **you** have purchased **cover** you should refer to your own **benefit** schedule, **policy** wording and **policy** schedule including any endorsements which apply for full details of your **cover**.

Your insurer is Aetna Health Insurance Company of Europe Limited.

**Type of Insurance:** International Private Medical Insurance

**Period of Insurance:** The **policy** will last for one year and will be renewable on an annual basis.

POLICY SUMMARY		
Significant features and <b>benefits</b>	Significant exclusions and limitations	Section of the <b>policy</b> that contains details
<p>Cover under this <b>policy</b> is up to a maximum of £1,000,000, €/US\$1,600,000 per <b>insured</b> person per <b>period of cover</b>.</p>	<p><b>General exclusions</b> Cover is not provided for any <b>medical condition</b> in existence at the <b>date of entry</b> to the <b>policy</b> until it has been <b>treatment</b>, symptom and <b>advice</b> free for two consecutive years following the <b>date of entry</b>.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> <li>• <b>chronic medical conditions</b></li> <li>• normal pregnancy</li> <li>• infertility/sterilisation</li> <li>• dental <b>treatment</b></li> <li>• cosmetic <b>treatment</b></li> <li>• alcohol, drug or solvent abuse</li> <li>• sexually transmitted diseases</li> <li>• non-<b>emergency treatment</b> in the USA</li> <li>• <b>elective</b> medical check-ups, vaccinations</li> </ul> <p><b>General limitations</b> Costs are subject to a reasonable and customary level based on the average <b>treatment</b> costs applicable to the region in which the <b>treatment</b> was received, as determined by us.</p>	<p>Full details of the general exclusions noted, and the other <b>policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled "Exclusions".</p>
<p><b>The policy provides payment for treatment of an eligible medical condition including:</b></p> <p><b>Inpatient and day patient treatment</b></p> <ul style="list-style-type: none"> <li>• accommodation charges</li> <li>• <b>drugs and dressings</b></li> <li>• theatre charges</li> <li>• <b>specialist</b> fees</li> <li>• diagnostic tests</li> <li>• oncology, radiotherapy and chemotherapy</li> <li>• scans and x-rays</li> <li>• anaesthetist fees</li> <li>• nursing</li> <li>• intensive care unit costs</li> <li>• psychiatric <b>treatment</b></li> <li>• reconstructive surgery</li> <li>• <b>organ transplant</b></li> <li>• <b>rehabilitation</b></li> </ul>	<p><b>Below are noted the exclusions and limitations applied to each section.</b></p> <p><b>Special limitations</b> <b>Inpatient</b> (including <b>day patient</b>) psychiatric <b>treatment</b> is restricted to a maximum of 30 days per person, per <b>period of cover</b> and must be pre-authorized.</p> <p>Reconstructive surgery must be undertaken within 12 months of an <b>accident</b> or injury which has caused disfigurement.</p> <p><b>Rehabilitation</b> cover is limited 120 days per <b>medical condition</b>.</p>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>Outpatient treatment</b></p> <ul style="list-style-type: none"> <li>• <b>medical practitioner</b> visits</li> <li>• diagnostic procedures</li> <li>• <b>specialist</b> consultations</li> <li>• <b>drugs and dressings</b></li> <li>• physiotherapy</li> <li>• CT/MRI scans</li> <li>• <b>outpatient surgery</b></li> <li>• oncology <b>treatment</b></li> <li>• psychiatric <b>treatment</b></li> <li>• acupuncture, homeopathic, osteopathic, podiatry, chiropractic <b>treatment</b></li> <li>• traditional Chinese medicine</li> <li>• ancillary charges</li> </ul>	<p><b>Special limitations</b> Psychiatric <b>treatment</b> must be pre-authorized, limited to £3,125, US\$/€5,000 per <b>period of cover</b>.</p> <p>Acupuncture, homeopathic, osteopathic, podiatry and chiropractic <b>treatment</b> limited to 10 sessions in aggregate per person per <b>period of cover</b>.</p> <p>Traditional Chinese medicine cover is limited to £20,€/US\$30 per session and to a maximum of 10 sessions.</p> <p>Ancillary charge up to £625, US\$/€1,000 per <b>medical condition</b>.</p>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled "Cover".</p>

## POLICY SUMMARY

Significant features and <b>benefits</b>	Significant exclusions and limitations	Section of the <b>policy</b> that contains details
<p><b>Home nursing</b> The services only of a <b>qualified nurse</b> immediately after a period of <b>inpatient treatment</b> and on the recommendation of a <b>specialist</b>.</p>	<p><b>Exclusions</b> Nursing for domestic reasons or convenience.</p> <p><b>Special limitations</b> Costs are limited to 30 days of nursing care provided per condition and subject to pre-authorization.</p>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Additional hospital accommodation costs</b></p> <ul style="list-style-type: none"> <li>parental accommodation</li> <li><b>new born</b> accommodation</li> </ul>	<p><b>Special limitations</b></p> <ul style="list-style-type: none"> <li>limited to an adult staying with a child under the age of 18.</li> <li>limited to a <b>new born</b>, which is defined as under the age of 16 weeks.</li> </ul>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p>
<p><b>AIDS cover</b> Covers <b>treatment</b> for HIV/AIDS/ARC</p>	<p><b>Exclusions</b> Does not cover sexually transmitted HIV/AIDS.</p> <p><b>Special limitations</b> Cover limited to €6,250, €/US\$10,000 per <b>period of cover</b>.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefits</b> Schedule and in the <b>policy</b> wording on pages 4 to 5 in section 2 entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Accidental damage to teeth</b></p>	<p><b>Special limitations</b> Limited to <b>treatment</b> undertaken in an <b>emergency</b> room in a <b>hospital</b> within seven days of the <b>accident</b>. Must be damage caused to sound, natural teeth.</p>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p>
<p><b>Complications of pregnancy</b> <b>Treatment</b> in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including <b>medically necessary</b> caesarean sections.</p>	<p><b>Exclusions</b> Any complications of pregnancy where the date of conception is within the first 12 months from the <b>date of entry</b>.</p> <p><b>Special limitations</b> Caesarean sections are not classed as <b>medically necessary</b> if they are as a result of a previous <b>elective</b> caesarean section.</p>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>New born care</b> <b>Inpatient treatment</b> of an acute <b>medical condition</b> given to a <b>new born</b> baby within 30 days of its birth.</p>	<p><b>Special limitations</b> <b>Benefit</b> limited to 30 days <b>hospital</b> stay and to a maximum of €62,500, €/US\$100,000.</p>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Emergency transportation</b> To and from <b>hospital</b> where <b>medically necessary</b>.</p>	<p><b>Exclusions</b> Does not include the costs of car hire.</p> <p><b>Special limitations</b> Limited to <b>inpatient/day patient treatment</b> only and must be pre-authorized.</p>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Evacuation</b> Where appropriate <b>inpatient/day patient emergency treatment</b> is not available at the place of incident, the costs of <b>Evacuation</b> transport to the nearest appropriate medical facility. Covers one other person to act as escort.</p>	<p><b>Exclusions</b> All maternity or childbirth costs except <b>treatment</b> as a result of complications of pregnancy.</p> <p><b>Special limitations</b> Must be pre-authorized by <b>us</b> and under <b>our</b> supervision.</p>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Additional travel expenses</b></p> <ul style="list-style-type: none"> <li>to and from medical appointments</li> <li>costs of accompanying person to and from the <b>hospital</b> to visit the <b>insured person</b></li> <li>immediate pre and post-<b>hospitalisation</b> accommodation costs</li> </ul> <p>Economy class ticket to return <b>insured person</b> and escort back to their <b>country of residence</b> or to where the <b>evacuation</b> occurred.</p>	<p><b>Special limitations</b> Covers costs only following an <b>Evacuation</b>. Pre- and post-<b>hospitalisation</b> accommodation costs limited to €95,€/US\$150 per person per day to a total of €3,000, €/US\$5,000 per <b>Evacuation</b>.</p>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p>



## POLICY SUMMARY

Significant features and benefits	Significant exclusions and limitations	Section of the policy that contains details
<p><b>Mortal remains</b> In the event of death, the cost of transportation of the body or ashes of an <b>insured person</b> to his/her <b>country of residence</b> or <b>country of nationality</b>, or the costs of a burial or cremation at the place of death.</p>	<p><b>Special limitations</b> Cover limited to £5,300, €/US\$8,500 per person.</p>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “Cover”.</p>
<p><b>Hospital cash benefit</b> Where <b>inpatient treatment</b> of an eligible <b>medical condition</b> is received and where accommodation and <b>treatment</b> is free of charge.</p>	<p><b>Exclusions</b> Nursing for domestic reasons or convenience.</p> <p><b>Special limitations</b> Costs are limited to 30 days of nursing care provided per condition and subject to pre-authorization.</p>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “Cover”.</p> <p><b>policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “Exclusions”.</p>
<p><b>Additional options</b></p>	<p><b>All additional options have the same general exclusions and limitations as those shown under the inpatient, day patient and outpatient sections above unless specifically stated.</b></p>	<p><b>Full details of the general exclusions noted, and the other policy exclusions are shown on pages 6 to 7 of the policy wording under section 3 entitled “Exclusions”.</b></p>
<p><b>USA elective treatment</b> Extends cover to provide for choosing to have <b>treatment</b> in the USA which is not only due to an <b>accident</b> or <b>emergency</b>.</p>	<p><b>Special limitations</b> Any <b>inpatient</b> or <b>day patient treatment</b> which is not undertaken within our <b>provider network</b> is subject to a 50% <b>co-insurance</b> and an annual limit of £625,000, €/US\$1,000,000.</p>	<p>Full details of this product option are shown in the <b>policy</b> wording under the “Product Options” section on page 9 as option 005.</p>
<p><b>Semi-private room restriction</b> (Available to residents of Hong Kong only).</p>	<p><b>Special limitations</b> <b>Hospital</b> accommodation is restricted to a <b>semi-private room</b> and corresponding rates when receiving <b>treatment</b> as an <b>inpatient/day patient</b></p>	<p>Full details of this product option are shown in the <b>policy</b> wording under the “Product Options” section on page 9 as option 006.</p>
<p><b>China private room restriction</b> (Available to residents of mainland China only).</p>	<p><b>Special limitations</b> <b>Hospital</b> accommodation is restricted to a <b>semi-private room</b> and corresponding rates when receiving <b>treatment</b> as an <b>inpatient/day patient</b> outside of mainland China.</p>	<p>Full details of this product option are shown in the <b>policy</b> wording under the “Product Options” section on page 9 as option 007.</p>
<p><b>Direct settlement network</b> Allows for nil <b>excess</b> to be paid should <b>outpatient treatment</b> be undertaken in one of our <b>direct settlement network</b> clinics.</p>	<p><b>Special limitations</b> Restricted to clinics in selected countries only. <b>treatment</b> not undertaken in one of the listed clinics is subject to an <b>excess</b> of £65, €/US\$100.</p>	<p>Full details of this product option are shown in the <b>policy</b> wording under the “Product Options” section on page 9 as option 008.</p>
<p><b>Extended evacuation</b> Where appropriate <b>inpatient/day patient emergency treatment</b> is not available at the place of incident, the costs of <b>evacuation</b> transport to the nearest appropriate medical facility, or to <b>your</b> country of choice. Covers one other person to act as escort.</p>	<p><b>Special limitations</b> The nominated country of choice must have medical facilities which appropriate.</p>	<p>Full details of this product option are shown in the <b>policy</b> wording under the “Product Options” section on page 9 as option 009.</p>

# Lifestyle

This document provides a summary of the **cover** provided. Full details can be found in the **policy** wording. Where **you** have purchased **cover** you should refer to your own **benefit** schedule, **policy** wording and **policy** schedule including any endorsements which apply for full details of your **cover**.

Your insurer is Aetna Health Insurance Company of Europe Limited.

**Type of Insurance:** International Private Medical Insurance

**Period of Insurance:** The **policy** will last for one year and will be renewable on an annual basis.

POLICY SUMMARY		
Significant features and <b>benefits</b>	Significant exclusions and limitations	Section of the <b>policy</b> that contains details
<p>Cover under this <b>policy</b> is up to a maximum of £1,000,000, €/US\$1,600,000 per <b>insured</b> person per <b>period of cover</b>.</p>	<p><b>General exclusions</b>  <b>Cover</b> is not provided for any <b>medical condition</b> in existence at the <b>date of entry</b> to the <b>policy</b> until it has been <b>treatment</b>, symptom and <b>advice</b> free for two consecutive years following the <b>date of entry</b>.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> <li>• <b>chronic medical conditions</b> which pre-date your original <b>date of entry</b></li> <li>• normal pregnancy</li> <li>• infertility/sterilisation</li> <li>• dental <b>treatment</b></li> <li>• cosmetic <b>treatment</b></li> <li>• alcohol, drug or solvent abuse</li> <li>• sexually transmitted diseases</li> <li>• non-emergency <b>treatment</b> in the USA</li> <li>• <b>elective</b> medical check-ups, vaccinations</li> </ul> <p><b>General limitations</b>            Costs are subject to a reasonable and customary level based on the average <b>treatment</b> costs applicable to the region in which the <b>treatment</b> was received, as determined by us.</p>	<p>Full details of the general exclusions noted, and the other <b>policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled "Exclusions".</p>
<p><b>The policy provides payment for treatment of an eligible medical condition including:</b></p> <p><b>Inpatient and day patient treatment</b></p> <ul style="list-style-type: none"> <li>• accommodation charges</li> <li>• <b>drugs and dressings</b></li> <li>• theatre charges</li> <li>• <b>specialist</b> fees</li> <li>• diagnostic tests</li> <li>• oncology, radiotherapy and chemotherapy</li> <li>• scans and x-rays</li> <li>• anaesthetist fees</li> <li>• nursing</li> <li>• intensive care unit costs</li> <li>• psychiatric <b>treatment</b></li> <li>• reconstructive surgery</li> <li>• <b>organ transplant</b></li> <li>• <b>rehabilitation</b></li> </ul> <p><b>Outpatient treatment</b></p> <ul style="list-style-type: none"> <li>• <b>medical practitioner</b> visits</li> <li>• diagnostic procedures</li> <li>• <b>specialist</b> consultations</li> <li>• <b>drugs and dressings</b></li> <li>• physiotherapy</li> <li>• CT/MRI scans</li> <li>• <b>outpatient</b> surgery</li> <li>• oncology <b>treatment</b></li> <li>• psychiatric <b>treatment</b></li> <li>• acupuncture, homeopathic, osteopathic, podiatry, chiropractic <b>treatment</b></li> <li>• traditional Chinese medicine</li> <li>• ancillary charges</li> </ul>	<p><b>Below are noted the exclusions and limitations applied to each section.</b></p> <p><b>Special limitations</b>  <b>Inpatient</b> (including <b>day patient</b>) psychiatric <b>treatment</b> is restricted to a maximum of 30 days per person, per <b>period of cover</b> and must be pre-authorized.</p> <p>Reconstructive surgery must be undertaken within 12 months of an <b>accident</b> or injury which has caused disfigurement.</p> <p><b>Rehabilitation</b> cover is limited 120 days per <b>medical condition</b>.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>Outpatient treatment</b></p> <ul style="list-style-type: none"> <li>• <b>medical practitioner</b> visits</li> <li>• diagnostic procedures</li> <li>• <b>specialist</b> consultations</li> <li>• <b>drugs and dressings</b></li> <li>• physiotherapy</li> <li>• CT/MRI scans</li> <li>• <b>outpatient</b> surgery</li> <li>• oncology <b>treatment</b></li> <li>• psychiatric <b>treatment</b></li> <li>• acupuncture, homeopathic, osteopathic, podiatry, chiropractic <b>treatment</b></li> <li>• traditional Chinese medicine</li> <li>• ancillary charges</li> </ul>	<p><b>Special limitations</b>            Psychiatric <b>treatment</b> must be pre-authorized, limited to £3,125, US\$/€5,000 per <b>period of cover</b>.</p> <p>Acupuncture, homeopathic, osteopathic, chiropractic <b>treatment</b> limited to 10 sessions in aggregate per person per <b>period of cover</b>. Traditional Chinese medicine cover is limited to £20, €/US\$30 per session and to a maximum of 10 sessions.</p> <p>Ancillary charge up to £625, US\$/€1,000 per <b>medical condition</b>.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled "Cover".</p>



## POLICY SUMMARY

Significant features and <b>benefits</b>	Significant exclusions and limitations	Section of the <b>policy</b> that contains details
<p><b>Home nursing</b> The services only of a <b>qualified nurse</b> immediately after a period of <b>inpatient treatment</b> and on the recommendation of a <b>specialist</b>.</p>	<p><b>Exclusions</b> Nursing for domestic reasons or convenience.</p> <p><b>Special limitations</b> Costs are limited to 28 weeks of nursing care provided per condition and subject to pre-authorization.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Additional hospital accommodation costs</b></p> <ul style="list-style-type: none"> <li>parental accommodation</li> <li><b>new born</b> accommodation</li> </ul>	<p><b>Special limitations</b></p> <ul style="list-style-type: none"> <li>limited to an adult staying with a child under the age of 18.</li> <li>limited to a <b>new born</b>, which is defined as under the age of 16 weeks.</li> </ul>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p>
<p><b>AIDS cover</b> Covers <b>treatment</b> for HIV/AIDS/ARC</p>	<p><b>Exclusions</b> Does not cover sexually transmitted HIV/AIDS.</p> <p><b>Special limitations</b> Cover limited to €6,250, €/US\$10,000 per <b>period of cover</b>.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Accidental damage to teeth</b></p>	<p><b>Special limitations</b> Limited to <b>treatment</b> undertaken in an <b>emergency room</b> in a <b>hospital</b> within seven days of the <b>accident</b>. Must be damage caused to sound, natural teeth.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p>
<p><b>Complication of pregnancy</b> <b>Treatment</b> in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including <b>medically necessary</b> caesarean sections.</p>	<p><b>Exclusions</b> Any complications of pregnancy where the date of conception is within the first 12 months from the <b>date of entry</b>.</p> <p><b>Special limitations</b> Caesarean sections are not classed as <b>medically necessary</b> if they are as a result of a previous <b>elective</b> caesarean section.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>New born care</b> <b>inpatient treatment</b> of an acute <b>medical condition</b> given to a <b>new born</b> baby within 30 days of its birth.</p>	<p><b>Special limitations</b> <b>Benefit</b> limited to 30 days <b>hospital</b> stay and to a maximum of €62,500, €/US\$100,000.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Emergency transportation</b> To and from <b>hospital</b> where <b>medically necessary</b>.</p>	<p><b>Exclusions</b> Does not include the costs of car hire.</p> <p><b>Special limitations</b> Limited to <b>inpatient/day patient treatment</b> only and must be pre-authorized.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p>Full details of the specific exclusions noted, and the other <b>policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under section 3 entitled “<b>Exclusions</b>”.</p>
<p><b>Extended evacuation</b> Where appropriate <b>inpatient/day patient emergency treatment</b> is not available at the place of incident, the costs of <b>Evacuation</b> transport to the nearest appropriate medical facility, or to <b>your</b> country of choice. Covers one other person to act as escort.</p>	<p><b>Exclusions</b> Does not include <b>treatment</b> as a result of complications of pregnancy. Excludes <b>outpatient treatment</b>.</p> <p><b>Special limitations</b> Must be pre-authorized by <b>us</b> and under <b>our</b> supervision. Where choosing <b>your</b> country of choice, this is limited to appropriate medical facilities being in place and where it is medically suitable at <b>our</b> discretion.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefits</b> Schedule and in the <b>policy</b> wording on page 8, in the section entitled “<b>Product Options</b>” as option 003.</p> <p>Full details of the specific exclusions noted, and the other <b>policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under section 3 entitled “<b>Exclusions</b>”</p>
<p><b>Additional travel expenses</b></p> <ul style="list-style-type: none"> <li>to and from medical appointments</li> <li>costs of accompanying person to and from the <b>hospital</b> to visit the <b>insured person</b></li> <li>immediate pre and post-<b>hospitalisation</b> accommodation costs</li> </ul> <p>Economy class ticket to return <b>insured person</b> and escort back to their <b>country of residence</b> or to where the <b>evacuation</b> occurred.</p>	<p><b>Special limitations</b> Covers costs only following an <b>Evacuation</b>. Pre- and post-<b>hospitalisation</b> accommodation costs limited to €95,€/US\$150 per person per day to a total of €3,000, €/US\$5,000 per <b>evacuation</b>.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p>

## POLICY SUMMARY

Significant features and <b>benefits</b>	Significant exclusions and limitations	Section of the <b>policy</b> that contains details
<p><b>Mortal remains</b> In the event of death, the cost of transportation of the body or ashes of an <b>insured person</b> to his/her <b>country of residence</b> or <b>country of nationality</b>, or the costs of a burial or cremation at the place of death.</p>	<p><b>Special limitations</b> Cover limited to €5,300, €/US\$8,500 per person.</p>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p>
<p><b>Hospital cash benefit</b> Where <b>inpatient treatment</b> of an eligible <b>medical condition</b> is received and where accommodation and <b>treatment</b> is free of charge.</p>	<p><b>Special limitations</b> Cash <b>benefit</b> is limited to €75, €/US\$125 per night for a maximum of 20 nights <b>hospital stay</b>. Not applicable to <b>accident</b> and <b>emergency admissions</b>.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p>
<p><b>Routine treatment of chronic conditions</b> Routine management and <b>palliative treatment</b> in respect of a <b>chronic medical condition</b> to include:</p> <ul style="list-style-type: none"> <li>• routine check-ups</li> <li>• managing drugs and dressings</li> <li>• hospital accommodation</li> <li>• nursing</li> <li>• surgery</li> </ul> <p>Not subject to the <b>policy Excess</b>.</p>	<p>Does not cover <b>chronic medical conditions</b> which pre-date your <b>original date of entry</b>.</p> <p><b>Special limitations</b> Limited to €9,375, €/US\$15,000 per <b>period of cover</b>.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefits</b> Schedule and in the <b>policy</b> wording on page 8, in the section entitled “<b>Product Options</b>” as option 003. <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Additional options</b></p>	<p><b>All additional options have the same exclusions and limitations as those shown under the inpatient, day patient and outpatient sections above unless specifically stated.</b></p>	<p><b>Full details of the general exclusions noted, and the other policy exclusions are shown on pages 6 to 7 of the policy wording under the section entitled “Exclusions</b></p>
<p><b>USA elective treatment</b> Extends cover to provide for choosing to have <b>treatment</b> in the USA which is not only due to an <b>accident</b> or <b>emergency</b>.</p>	<p><b>Special limitations</b> Any <b>inpatient</b> or <b>day patient treatment</b> which is not undertaken within <b>our provider network</b>, is subject to a 50% <b>co-insurance</b> and an annual limit of €625,000, €/US\$1,000,000.</p>	<p>Full details of this product option are shown in the <b>policy</b> wording under the “<b>Product Options</b>” section on page 9 as option 005.</p>
<p><b>Semi-private room restriction</b> (Available to residents of Hong Kong only).</p>	<p><b>Special limitations</b> <b>Hospital</b> accommodation is restricted to a <b>semi-private room</b> and corresponding rates when receiving <b>treatment</b> as an <b>inpatient/ day patient</b>.</p>	<p>Full details of this product option are shown in the <b>policy</b> wording under the “<b>Product Options</b>” section on page 9 as option 006.</p>
<p><b>China private room restriction</b> (Available to residents of mainland China only).</p>	<p><b>Special limitations</b> <b>Hospital</b> accommodation is restricted to a <b>semi-private room</b> and corresponding rates when receiving <b>treatment</b> as an <b>inpatient/ day patient</b> outside of mainland China.</p>	<p>Full details of this product option are shown in the <b>policy</b> wording under the “<b>Product Options</b>” section on page 9 as option 007.</p>
<p><b>Direct settlement network</b> Allows for nil <b>excess</b> to be paid should <b>outpatient treatment</b> be undertaken in one of <b>our direct settlement network</b> clinics.</p>	<p><b>Special limitations</b> Restricted to clinics in selected countries only. <b>treatment</b> not undertaken in one of the listed clinics is subject to an <b>excess</b> of €65, €/US\$100.</p>	<p>Full details of this product option are shown in the <b>policy</b> wording under the “<b>Product Options</b>” section on page 9 as option 008.</p>

# Lifestyle Plus

This document provides a summary of the **cover** provided. Full details can be found in the **policy** wording. Where **you** have purchased **cover** you should refer to your own **benefit** schedule, **policy** wording and **policy** schedule including any endorsements which apply for full details of your **cover**.

Your insurer is Aetna Health Insurance Company of Europe Limited.

**Type of Insurance:** International Private Medical Insurance

**Period of Insurance:** The **policy** will last for one year and will be renewable on an annual basis.

POLICY SUMMARY		
Significant features and <b>benefits</b>	Significant exclusions and limitations	Section of the <b>policy</b> that contains details
<p>Cover under this <b>policy</b> is up to a maximum of £1,000,000, €/US\$1,600,000 per <b>insured</b> person per <b>period</b> of cover.</p>	<p><b>General exclusions</b> Cover is not provided for any <b>medical condition</b> in existence at the <b>date of entry</b> to the <b>policy</b> until it has been <b>treatment</b>, symptom and <b>advice</b> free for two consecutive years following the <b>date of entry</b>.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> <li>• <b>chronic medical conditions</b> which pre-date your original <b>date of entry</b></li> <li>• infertility/sterilisation</li> <li>• <b>cosmetic treatment</b></li> <li>• alcohol, drug or solvent abuse</li> <li>• sexually transmitted diseases</li> <li>• non-<b>emergency treatment</b> in the USA</li> <li>• <b>elective</b> medical check-ups, vaccinations</li> </ul> <p><b>General limitations</b> Costs are subject to a reasonable and customary level based on the average <b>treatment</b> costs applicable to the region in which the <b>treatment</b> was received, as determined by us.</p>	<p>Full details of the general exclusions noted, and the other <b>policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled "Exclusions".</p>
<p><b>The policy provides payment for treatment of an eligible medical condition including:</b></p> <p><b>Inpatient and day patient treatment</b></p> <ul style="list-style-type: none"> <li>• accommodation charges</li> <li>• <b>drugs and dressings</b></li> <li>• theatre charges</li> <li>• <b>specialist</b> fees</li> <li>• diagnostic tests</li> <li>• oncology, radiotherapy and chemotherapy</li> <li>• scans and x-rays</li> <li>• anaesthetist fees</li> <li>• nursing</li> <li>• intensive care unit costs</li> <li>• <b>psychiatric treatment</b></li> <li>• reconstructive surgery</li> <li>• <b>organ transplant</b></li> <li>• <b>rehabilitation</b></li> </ul> <p><b>Outpatient treatment</b></p> <ul style="list-style-type: none"> <li>• <b>medical practitioner</b> visits</li> <li>• diagnostic procedures</li> <li>• <b>specialist</b> consultations</li> <li>• <b>drugs and dressings</b></li> <li>• physiotherapy</li> <li>• CT/MRI scans</li> <li>• <b>outpatient</b> surgery</li> <li>• oncology <b>treatment</b></li> <li>• <b>psychiatric treatment</b></li> <li>• acupuncture, homeopathic, osteopathic, podiatry, chiropractic <b>treatment</b></li> <li>• traditional Chinese medicine</li> <li>• ancillary charges</li> </ul>	<p><b>Below are noted the exclusions and limitations applied to each section.</b></p> <p><b>Special limitations</b> <b>Inpatient</b> (including <b>day patient</b>) <b>psychiatric treatment</b> is restricted to a maximum of 30 days per person, per <b>period</b> of cover and must be pre-authorized.</p> <p>Reconstructive surgery must be undertaken within 12 months of an <b>accident</b> or injury which has caused disfigurement.</p> <p><b>Rehabilitation</b> cover is limited 120 days per <b>medical condition</b>.</p> <p><b>Special limitations</b> <b>Psychiatric treatment</b> must be pre-authorized, limited to £3,125, US\$/€5,000 per <b>period</b> of cover.</p> <p>Acupuncture, homeopathic, osteopathic, chiropractic <b>treatment</b> limited to 10 sessions in aggregate per person per <b>period</b> of cover.</p> <p>Traditional Chinese medicine cover is limited to £20,€/US\$30 per session and to a maximum of 10 sessions.</p> <p>Ancillary charge up to £625, US\$/€1,000 per <b>medical condition</b>.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled "Cover".</p> <p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled "Cover".</p>

## POLICY SUMMARY

Significant features and benefits	Significant exclusions and limitations	Section of the policy that contains details
<p><b>Home nursing</b> The services only of a <b>qualified nurse</b> immediately after a period of <b>inpatient treatment</b> and on the recommendation of a <b>specialist</b>.</p>	<p><b>Exclusions</b> Nursing for domestic reasons or convenience.</p> <p><b>Special limitations</b> Costs are limited to 28 weeks of nursing care provided per condition and subject to pre-authorisation.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Additional hospital accommodation costs</b></p> <ul style="list-style-type: none"> <li>parental accommodation</li> <li><b>new born</b> accommodation</li> </ul>	<p><b>Special limitations</b></p> <ul style="list-style-type: none"> <li>limited to an adult staying with a child under the age of 18.</li> <li>limited to a <b>new born</b>, which is defined as under the age of 16 weeks.</li> </ul>	<p>Full details of the <b>benefits</b> and specific limitations are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p>
<p><b>AIDS cover</b> Covers <b>treatment</b> for HIV/AIDS/ARC</p>	<p><b>Exclusions</b> Does not cover sexually transmitted HIV/AIDS.</p> <p><b>Special limitations</b> Cover limited to €6,250, €/US\$10,000 per <b>period of cover</b>.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Accidental damage to teeth</b></p>	<p><b>Special limitations</b> Limited to <b>treatment</b> undertaken in an <b>emergency</b> room in a <b>hospital</b> within seven days of the <b>accident</b>. Must be damage caused to sound, natural teeth.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p>
<p><b>Complications of pregnancy</b> <b>Treatment</b> in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including <b>medically necessary</b> caesarean sections.</p>	<p><b>Exclusions</b> Any complications of pregnancy where the date of conception is within the first 12 months from the <b>date of entry</b>.</p> <p><b>Special limitations</b> Caesarean sections are not classed as <b>medically necessary</b> if they are as a result of a previous <b>elective</b> caesarean section.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>New born care</b> <b>Inpatient treatment</b> of an acute <b>medical condition</b> given to a <b>new born</b> baby within 30 days of its birth.</p>	<p><b>Special limitations</b> <b>Benefit</b> limited to 30 days <b>hospital</b> stay and to a maximum of €62,500, €/US\$100,000.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under the section entitled “<b>Exclusions</b>”.</p>
<p><b>Emergency transportation</b> To and from <b>hospital</b> where <b>medically necessary</b>.</p>	<p><b>Exclusions</b> Does not include the costs of car hire.</p> <p><b>Special limitations</b> Limited to <b>inpatient/day patient treatment</b> only and must be pre-authorised.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefit</b> schedule and in the <b>policy</b> wording on pages 4 to 5 in the section entitled “<b>Cover</b>”.</p> <p>Full details of the specific exclusions noted, and the other <b>policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under section 3 entitled “<b>Exclusions</b>”.</p>
<p><b>Extended evacuation</b> Where appropriate <b>inpatient/day patient emergency treatment</b> is not available at the place of incident, the costs of <b>evacuation</b> transport to the nearest appropriate medical facility, or to <b>your</b> country of choice. Covers one other person to act as escort.</p>	<p><b>Exclusions</b> Does not include <b>treatment</b> as a result of complications of pregnancy. Excludes <b>outpatient treatment</b>.</p> <p><b>Special limitations</b> Must be pre-authorised by <b>us</b> and under <b>our</b> supervision.  Where choosing <b>your</b> country of choice, this is limited to appropriate medical facilities being in place and where it is medically suitable at <b>our</b> discretion.</p>	<p>Full details of the <b>benefits</b> are shown in the <b>benefits</b> Schedule and in the <b>policy</b> wording on page 8, in the section entitled “<b>Product Options</b>” as option 003.</p> <p>Full details of the specific exclusions noted, and the other <b>policy</b> exclusions are shown on pages 6 to 7 of the <b>policy</b> wording under section 3 entitled “<b>Exclusions</b>”</p>

## POLICY SUMMARY

Significant features and benefits	Significant exclusions and limitations	Section of the policy that contains details
<p><b>Additional travel expenses</b></p> <ul style="list-style-type: none"> <li>to and from medical appointments</li> <li>costs of accompanying person to and from the hospital to visit the insured person</li> <li>immediate pre and post-hospitalisation accommodation costs</li> </ul> <p>Economy class ticket to return insured person and escort back to their country of residence or to where the evacuation occurred.</p>	<p><b>Special limitations</b></p> <p>Covers costs only following an evacuation.</p> <p>Pre- and post-hospitalisation accommodation costs limited to €95, €/US\$150 per person per day to a total of €3,000, €/US\$5,000 per evacuation.</p>	<p>Full details of the benefits are shown in the benefit schedule and in the policy wording on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>Mortal remains</b></p> <p>In the event of death, the cost of transportation of the body or ashes of an insured person to his/her country of residence or country of nationality, or the costs of a burial or cremation at the place of death.</p>	<p><b>Special limitations</b></p> <p>Cover limited to €5,300, €/US\$8,500 per person.</p>	<p>Full details of the benefits are shown in the benefit schedule and in the policy wording on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>Hospital cash benefit</b></p> <p>Where inpatient treatment of an eligible medical condition is received and where accommodation and treatment is free of charge.</p>	<p><b>Special limitations</b></p> <p>Cash Benefit is limited to €75, €/US\$125 per night for a maximum of 20 nights hospital stay</p> <p>Not applicable to accident and emergency admissions.</p>	<p>Full details of the benefits are shown in the benefit schedule and in the policy wording on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>Routine treatment of chronic conditions</b></p> <p>Routine management and palliative treatment in respect of a chronic medical condition to include:</p> <ul style="list-style-type: none"> <li>routine check-ups</li> <li>managing drugs and dressings</li> <li>hospital accommodation</li> <li>nursing</li> <li>surgery</li> </ul> <p>Not subject to the policy Excess.</p>	<p><b>Exclusions</b></p> <p>Does not cover chronic medical conditions which pre-date your original date of entry.</p> <p><b>Special limitations</b></p> <p>Limited to €9,375, €/US\$15,000 per period of cover.</p>	<p>Full details of the benefits are shown in the benefits Schedule and in the policy wording on page 8, in the section entitled "Product Options" as option 003.</p> <p>policy exclusions are shown on pages 6 to 7 of the policy wording under the section entitled "Exclusions".</p>
<p><b>Routine dental treatment</b></p> <p>Fees of a dental practitioner to cover:</p> <ul style="list-style-type: none"> <li>examinations</li> <li>tooth cleaning</li> <li>normal compound fillings</li> <li>simple or non-surgical extractions</li> </ul> <p>Not subject to the policy excess.</p>	<p><b>Special limitations</b></p> <p>Cover is limited to €435, €/US\$700 per insured person per period of cover, with the insured person being responsible for 25% of the total value of any claim.</p> <p>Benefits are subject to a six month wait period from your date of entry.</p>	<p>Full details of the benefits are shown in the benefits Schedule and in the policy wording on page 8, in the section entitled "Product Options" as option 004.</p>
<p><b>Major restorative dental treatment</b></p> <p>Fees of a dental practitioner to cover:</p> <ul style="list-style-type: none"> <li>removal of impacted, buried or unerupted teeth</li> <li>removal of roots, removal of solid odontomes</li> <li>apicectomy, new or repair of bridge work, new or repair of crowns</li> <li>root canal treatment, new or repair of upper or lower dentures</li> </ul> <p>Not subject to the policy excess.</p>	<p><b>Special limitations</b></p> <p>Cover is limited to €945, €/US\$1500 per insured person per period of cover in aggregate to Routine Dental, with the insured person being responsible for 25% of the total value of the claim.</p> <p>Benefits are subject to a nine month wait period from your date of entry.</p>	<p>Full details of the benefits are shown in the benefits Schedule and in the policy wording on page 8, in the section entitled "Product Options" as option 004.</p>
<p><b>Routine pregnancy and childbirth</b></p> <p>Not subject to the policy excess.</p>	<p><b>Special limitations</b></p> <p>Benefit is limited to €6,250, €/US\$10,000 for each pregnancy, with the insured person being responsible for 20% of the total value of the claim.</p> <p>Benefits are subject to a 12 month wait period from your date of entry to the date of conception.</p>	<p>Full details of the benefits are shown in the benefits Schedule and in the policy wording on page 8, in the section entitled "Product Options" as option 004.</p>



## POLICY SUMMARY

Significant features and <b>benefits</b>	Significant exclusions and limitations	Section of the <b>policy</b> that contains details
<b>Additional options</b>	<b>All additional options have the same exclusions and limitations as those shown under the inpatient, day patient and outpatient sections above unless specifically stated.</b>	<b>Full details of the specific exclusions noted, and the other policy exclusions are shown on pages 6 to 7 of the policy wording under the section entitled “Exclusions”.</b>
<b>USA elective treatment</b> Extends cover to provide for choosing to have <b>treatment</b> in the USA which is not only due to an accident or emergency.	<b>Special limitations</b> Any <b>inpatient</b> or <b>day patient treatment</b> which is not undertaken within our <b>provider network</b> , is subject to a 50% co-insurance and an annual limit of €625,000, €/US\$1,000,000.	Full details of this product option are shown in the <b>policy</b> wording under the “Product Options” section on page 9 as option 005.
<b>Semi-private room restriction</b> (Available to residents of Hong Kong only).	<b>Special limitations</b> <b>Hospital</b> accommodation is restricted to a <b>semi-private room</b> and corresponding rates when receiving <b>treatment</b> as an <b>inpatient/ day patient</b> .	Full details of this product option are shown in the <b>policy</b> wording under the “Product Options” section on page 9 as option 006.
<b>China private room restriction</b> (Available to residents of mainland China only).	<b>Special limitations</b> <b>Hospital</b> accommodation is restricted to a <b>semi-private room</b> and corresponding rates when receiving <b>treatment</b> as an <b>inpatient/ day patient</b> outside of mainland China.	Full details of this product option are shown in the <b>policy</b> wording under the “Product Options” section on page 9 as option 007.
<b>Direct settlement network</b> Allows for nil <b>excess</b> to be paid should <b>outpatient treatment</b> be undertaken in one of our <b>direct settlement network</b> clinics.	<b>Special limitations</b> Restricted to clinics in selected countries only. <b>treatment</b> not undertaken in one of the listed clinics is subject to an <b>excess</b> of €65, €/US\$100.	Full details of this product option are shown in the <b>policy</b> wording under the “Product Options” section on page 9 as option 008.

	Major Medical	Foundation	Lifestyle	Lifestyle Plus
<b>Excess</b> <b>Policy excess level options - The excess level selected for this policy will be applicable to each new medical condition.</b>				
€0 / €0 / \$0	Standard	Optional		
€30 / €40 / \$50	N/A	Optional		
€65 / €80 / \$100	N/A	Standard		
€155 / €200 / \$250	N/A	Optional		
€300 / €360 / \$500	N/A	Optional	N/A	
€625 / €750 / \$1,000	Optional		N/A	
€1,250 / €1,500 / \$2,000	N/A	Optional	N/A	
€3,000 / €3,600 / \$5,000	Optional		N/A	



## Medical underwriting

### Moratorium underwriting

**Our standard approach to medical underwriting.**

At the **member** level, **cover** is not provided for any **medical condition** in existence on the date **your policy** with Aetna Global Benefits (Europe) Ltd commences (**date of inception**) until it has been treated such that the individual is symptom and **advice**-free for two consecutive years following the **date of inception** with regard to that **medical condition**. This **policy** does not cover the **treatment** of pre-existing **chronic** conditions.

### Full medical underwriting

Should **we** accept **cover**, **we** may apply additional terms and exclusions, which will be shown on the **member's certificate of insurance**.

### Continuous transfer terms

**For members wishing to transfer from other policies.**

This feature may incur additional premium.

The acceptance by **us** of the **member's** original **date of inception** as shown by the **member's** current insurer will be applied to the **member's** **policy** with **us**. **We** will maintain the **member's** existing underwriting or special acceptance terms, as offered by the **member's** existing insurer, such as any moratoria or specific exclusions, and the **member's** **policy** with **us** will be governed by the terms and conditions of **our** **policy**. Any transfer will be subject to no enhanced **benefits** being provided. **We** reserve the right at all times to decline a **continuous transfer terms** request without giving any reason or impose/include additional exclusions.

## Plan currency

The Sterling (£) currency is available to **policyholders** registered in the United Kingdom.

The Euro (€) currency is available to **policyholders** registered in Europe.

The US Dollar (\$) currency is available to **policyholders** outside of the United Kingdom and Europe.

## Policyholder's right of termination

If, having examined the benefit schedule, policy wording and policy schedule **you** decide not to proceed, **you** have 15 days from the **commencement date** of **your cover**, or the receipt of these details and **your** policy schedule (whichever is the later) to cancel **your cover**. To do this **you** should contact **your** Insurance Advisor or Aetna.

If the **policy** is terminated by the **policyholder** at any other time, whatsoever the reason, there will be no return of premium.

## Inpatient pre-authorisation

All **inpatient treatment** is required to be pre-authorised prior to a planned admission into a **hospital**. **Members** should contact the Aetna International Member Service Centre to determine whether **treatment** is covered under the **policy**.

## How to submit a claim

Upon inception, each **member** will receive a membership card. This provides them with the contact information for the Aetna International Member Service Centre and information they need to register for the Aetna International secure member website. **Members** can use either resource to submit a claim.

**We** reserve the right to deny any claim that is not submitted within 180 days of the **treatment** date. Claims may only be made for **treatment** given during a **period of cover**. The **benefit** will only be payable for expenditure incurred prior to expiry or termination.

## Who regulates us?

**We** are authorised and regulated by the Financial Services Authority (FSA) in the United Kingdom. **our** FSA registered number is 310030. **our** permitted business is arranging general insurance contracts.

**You** can check this on the FSA's Register by visiting the FSA's website at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting the FSA at 0845 606 1234.

## Whose products do we offer?

Aetna Global Benefits (Europe) Limited offers and recommends Aetna International products. Insurance plans are underwritten by Aetna Health Insurance Company of Europe Limited. Aetna Health Insurance Company of Europe Ltd are regulated by the Central Bank of Ireland (C47511).

## Who are we owned by?

Aetna Global Benefits (Europe) Limited is a wholly owned subsidiary of Aetna Inc. and is an Aetna company.

## Demands and needs statement

At Aetna, **we** strive to ensure that all **our policies** are of real **benefit** to **our** individual customers. Therefore **we** ask each customer to carefully consider which Aetna **policy** best meets their own specific needs.

Aetna Global Benefits (Europe) Ltd is an execution-only business. **We** do not provide advice regarding which plan best suits **your** individual requirements. Therefore it is **your** responsibility to determine which **policy** type is most suitable for **you**.

**We** also recommend that **policyholders** should frequently review their health insurance requirements to ensure their current **policy** continues to meet with those requirements.

## Complaints procedure

We intend to meet our customers' expectations at all times. However, we understand that from time to time complaints may arise. Our complaints handling procedures are based on the rules prescribed by the UK's Financial Services Authority and our aim is to resolve any complaints that we receive both fairly and promptly.

### Who to contact with a complaint

Aetna Global Benefits (Europe) Limited  
2nd Floor  
8 Eastcheap  
London EC3M 1AE  
United Kingdom

TF: +1 866 320 4023\*\*\*

Collect: +1 813 775 0244

TF Fax: +1 866 320 4024\*\*\*

EuropeServices@aetna.com

### Summary of our complaints handling procedures

Complaints will:

- Be acknowledged promptly, confirming who will be responsible for investigating the complaint.
- Be investigated competently, efficiently and impartially, ensuring that we provide updates on progress.
- Be assessed fairly, consistently and promptly.

### Financial Ombudsman Service (United Kingdom):

The Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR  
United Kingdom

Open Monday through Friday from 8am until 6pm (GMT)

T: 0800 0 234 567

Free for people phoning from a UK "fixed line" (for example, a land line at home)

0300 123 9 123

Free for UK mobile-phone users who pay a monthly charge for calls to numbers starting with 01 or 02

+44 20 7964 1000

For calls from outside of the UK

[www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Where a complaint relates to the services provided by another firm we shall advise the complainant of this and forward the complaint to the other firm for resolution. Where we and another firm are jointly responsible for the complaint, we shall ensure that the complainant is informed of this and each company will contact them directly in relation to the complaint for which it is responsible.

### Financial Services Compensation Scheme\*\*\*\*

Aetna Global Benefits (Europe) Limited is covered by the Financial Services Compensation Scheme (FSCS). This means that you may be entitled to compensation from the scheme if it cannot meet its obligations. This depends on the type of business and the circumstances of the claim and would provide cover for 90% of the claim without any upper limit. Further information about compensation is available from the FSCS at [www.fscs.org.uk](http://www.fscs.org.uk) or telephone +44 (0) 020 7892 7300 or +44 (0) 0800 678 1100.

If a policyholder takes any of the action mentioned above, it will not affect any rights he/she may have to take legal action.

## Stay connected to Aetna International

Visit [www.aetnainternational.com](http://www.aetnainternational.com)

Follow [www.twitter.com/AetnaGlobal](https://twitter.com/AetnaGlobal)

Like [www.facebook.com/AetnaInternational](https://www.facebook.com/AetnaInternational)

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\*\*\*International toll-free number requires an access code, which can be found by country at the website [www.att.com/business\\_traveler](http://www.att.com/business_traveler).

\*\*\*\*Applies only to plans purchased through Aetna Global Benefits (Europe) Limited.

### Aetna® is a trademark of Aetna Inc. and is protected throughout the world by trademark registrations and treaties.

Policies issued in Europe are issued and underwritten or reinsured by Aetna Health Insurance Company of Europe Limited, regulated by the Central Bank Ireland (CBI), and administered by Aetna Global Benefits (Europe) Limited, regulated by the Financial Services Authority (310030). Registered address: 400 Capability Green Luton Bedfordshire LU1 3AE. Registered in England & Wales. Registered No. 04548434.

Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programmes 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 cover. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna International plans, refer to [www.aetnainternational.com](http://www.aetnainternational.com).

[www.aetnainternational.com](http://www.aetnainternational.com)