

# Maternity Insurance Add-on



## Insurance Product Information Document Company: Aetna Insurance Company Limited

Product: Aetna Maternity 200 Add-on plan

Registered in England, and authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference No. 458505).

This is a summary of key information about the Aetna Maternity 200 Add-on plan which is only available as an add-on plan where you are also purchasing an Aetna Pioneer plan with Area 1 selected. Full terms and conditions are set out in the plan documents.

### What is this type of insurance?

Maternity add-on insurance covering specified treatments/ services uncomplicated pregnancy and childbirth and medical complications of maternity for females aged 18 to 46.



#### What is insured?

✓ **Pregnancy and Childbirth for natural and assisted conception pregnancies**

**(a) Pregnancy - up to 20,000 USD/ 12,500 GBP/ 16,000 EUR for:**

- 12 routine antenatal checkups and three routine 2D ultrasound scans, or one antenatal package, during each uncomplicated pregnancy; antenatal vitamins; delivery costs, nursing fees and hospital accommodation costs for uncomplicated childbirth; and postnatal checkups.
- For a newborn in the first 30 days after their birth:
  - one physical examination; vitamin K, hepatitis B and BCG vaccinations; screening tests for PKU, congenital hypothyroidism and G6PD; one hearing examination;
  - the cost of elective circumcision for newborn males up to 500 USD within the benefit limit; and
  - hospital accommodation costs for the newborn to stay with you for up to four nights immediately after childbirth.

**(b) Complicated pregnancy where assisted conception - up to 40,000 USD/ 25,000 GBP/ 32,000 EUR for:**

- Treatment for medical maternity complications during pregnancy or childbirth.
- For a newborn in the first 30 days after their birth:
  - one physical examination; vitamin K, hepatitis B and BCG vaccinations; screening tests for PKU, congenital hypothyroidism and G6PD; one hearing examination;
  - the cost of elective circumcision for newborn males up to 500 USD within the benefit limit; and
  - hospital accommodation costs for the newborn to stay with you immediately after a complicated childbirth.

**(c) Complicated pregnancy where natural conception - in full for:**

- Treatment for medical maternity complications during pregnancy or childbirth.
- For a newborn in the first 30 days after their birth:
  - one physical examination; vitamin K, hepatitis B and BCG vaccinations; screening tests for PKU, congenital hypothyroidism and G6PD; one hearing examination;
  - the cost of elective circumcision for newborn males up to 500 USD within the benefit limit; and
  - hospital accommodation costs for the newborn to stay with you immediately after a complicated childbirth.



#### What is insured? Continued...

✓ **Medical evacuation and repatriation for Maternity** – in full for:

- Emergency medical evacuation and repatriation within your area of cover.
- If your medical condition is critical or you're expected to stay in hospital for seven or more nights, costs of one companion accompanying you/ to travel at the same time where they are not able to accompany you during the actual emergency medical evacuation.
- Costs to transport you to appropriate medical facilities to receive pregnancy related treatment when it's not an emergency. This will include costs for return economy class travel to a location of your choice within your area of cover and airport taxi transfers, if we agree that appropriate treatment is not available locally and is available in your chosen location. You are limited to three return journeys for each pregnancy.

✓ **Ambulance to the nearest local hospital in a pregnancy/childbirth emergency** – in full

**Emergency treatment** – As this plan is only available where you have selected an Aetna Pioneer plan with Area 1 (worldwide) cover, the emergency treatment outside area of cover available on our Aetna Maternity 75 & 150 Add-On plans is not applicable.



#### What is not insured?

**The following is a summary of key areas not covered by the plan – this is in addition to the general exclusions contained in the Aetna Pioneer plan you have chosen (see section 14 of the Handbook, Benefits Schedule, and the summary contained in the Insurance Product Information Document for your Aetna Pioneer plan):**

- ✗ 3D or 4D ultrasound scans
- ✗ Cover for benefits prior to the completion of the period of 12 months' continuous cover from the date the Maternity Add-on plan was introduced to your Aetna Pioneer plan.



## Are there any restrictions on cover?

- There are limits and conditions applicable to the plan benefits, the full details of which are in your plan documents. All limits apply to each pregnancy.
- All cover is limited to an overall plan limit per member per plan year (1,700,000 USD/ 1,000,000 GBP/ 1,500,000 EUR).
- Whether the plan covers pre-existing conditions depends on the underwriting terms you choose. Further details of the underwriting terms can be found in your plan documents.
- The plan is not available to citizens of the United States (US) who reside in the US. There are time limits on the amount of time you can spend in the US - further details are in the plan documents. If these are exceeded we may cancel the plan.
- We are unable to provide coverage or pay or reimburse for health care, claims or services if it violates or will violate any US, United Nations, European Union, United Kingdom (UK) or other applicable jurisdiction's economic, trade or financial sanctions.
- These benefits are only available after you have had 12 months' continuous cover from the date that the benefit was first introduced on your plan.
- Cover under the plan is only available if your Aetna Pioneer plan is in force.
- You're only covered under the emergency treatment outside area of cover benefit if the emergency would normally be covered when you're within your area of cover and you've completed any waiting periods shown in the Benefits Schedule for the plan. In addition, if you are 26 weeks or more into your pregnancy this benefit is only available if you have been outside your area of cover for no more than 14 days at your date of emergency outpatient treatment or your admission for emergency inpatient or daycare treatment.



## Where am I covered?

- ✓ You're covered within your chosen area of cover as shown on your Certificate of Insurance. This is the geographic area of the world in which you must receive treatment or services for the plan to apply.



## What are my obligations?

- Take reasonable care to answer honestly and to the best of your knowledge any questions we ask you when applying for, making changes to, making a claim under or renewing the plan.
- Pay your chosen maternity co-insurance (a percentage of costs towards claims made in the plan year) as shown in your Certificate of Insurance, this will apply for the first 24 months continuous cover under the plan (assuming you renew). You will be able to change your coinsurance at any renewal after such 24 month of continuous cover has passed.
- Tell us if there are any changes to the name, gender, occupation or address of a member or any other information you have given us. Depending on the nature of the change, we may be entitled to cancel your plan.
- Contact us if you wish to add or remove any dependants (where applicable) from the plan.
- Request our approval before you receive the following treatments or services: medical evacuation, inpatient or daycare treatment admission or any single treatment or service that costs more than 500 USD/ 325 GBP/ 400 EUR or equivalent. If you're unable to ask for approval because it's an emergency, you or someone on your behalf must let us know about the emergency within 24 hours.
- Pay your premium on time. We can cancel your plan if we don't receive payment within 30 days of the premium due date.
- You must follow the claims section of your Handbook for your plan when making a claim.
- You must not travel against the advice of a medical practitioner, specialist or nurse at any time during your pregnancy.



## When and how do I pay?

You can pay the premium in a single annual payment by debit or credit card, direct debit, bank transfer, cheque or bankers draft. If you pay by direct debit, you can also pay the premium in quarterly or monthly installments. Your Aetna Maternity Add-on plan must follow the same payment frequency that you have chosen for you Aetna Pioneer plan.



## When does the cover start and end?

The plan starts on the start date you request shown in your Certificate of Insurance. The plan will cover you for 12 months until your plan renewal date. If you pay your premium by card/direct debit, we'll automatically renew the plan unless you tell us in writing before the plan renewal date that you want to make changes to the plan or do not want to renew. If you decide to cancel your Aetna Pioneer plan your Maternity Add-on plan will be cancelled at the same time.



## How do I cancel the contract?

You can cancel the plan for any reason by (a) writing to us at Aetna Insurance Company Limited, 25 Templer Avenue, IQ Farnborough, Farnborough Hampshire, GU14 6FE, UK; or (b) calling us within the 15 day cooling off period on +44-20-3788-3288. If you cancel within 15 days of receiving your plan documents or the plan start date, whichever is later, we'll refund your full premium if you haven't made a claim. If you cancel after 15 days and haven't made a claim we'll issue you a pro-rata premium refund. For any cancellation after 15 days, we'll charge you a cancellation fee of 170 USD/ 100 GBP/ 150 EUR plus any further/unexpected costs.