Aetna Summit®

5000+

2021 Benefits Schedule

EUR
For plans starting on or after
1 January 2021

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

Overall plan limit
Aetna Summit 5000+
Up to 4,000,000 EUR

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

Aetna Summit 5000+
0%, 10% up to a maximum 1,600 EUR, 20% up to a maximum 3,200 EUR or 30% up to a maximum 4,000 EUR, as shown on your Certificate of Insurance.

Good to know

Using this Benefits Schedule
Some words and phrases have specific meanings, we've highlighted them in bold print and you'll find their definitions in your Handbook.

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

Before you're treated
It's important you request our approval before you receive treatment for the following treatments and services:
• Medical evacuation
• Inpatient or daycare treatment admission
• Psychiatric treatment
• Prescription for more than three months' supply of drugs for a chronic medical condition
• Single treatment or service that costs more than 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.

Your deductibles

Outpatient coinsurance
We'll apply your chosen level of outpatient coinsurance, as shown on your Certificate of Insurance, to outpatient claims. Once the total amount of outpatient coinsurance you have paid in a plan year reaches the maximum amount, you won't have to pay any more outpatient coinsurance.

Dental coinsurance
We'll apply our dental coinsurances to dental claims under the dental benefits only. See Dental treatment.

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

Aetna Summit 5000+
0%, 10% up to a maximum 1,600 EUR, 20% up to a maximum 3,200 EUR or 30% up to a maximum 4,000 EUR, as shown on your Certificate of Insurance.
## What’s covered

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

### 1 Overall plan limit

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

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

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

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient and daycare treatment</td>
<td>4,000,000 EUR</td>
</tr>
</tbody>
</table>

### 2 Inpatient and daycare treatment

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

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

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

Where we agree that parent accommodation is needed in relation to this benefit and would normally be paid under section 1 Parent accommodation, it will be paid under this section instead.

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

Where we agree that parent accommodation is needed in relation to this benefit and would normally be paid under section 1 Parent accommodation, it will be paid under this section instead.

Up to a lifetime limit of 120,000 EUR
### 3 Parent accommodation

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

- **Paid in full**

### 4 Outpatient post-hospitalisation treatment

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

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

- **Paid in full**
  - 0% or 10% to max 1,600 EUR or 20% to max 3,200 EUR or 30% to max 4,000 EUR

### 5 Rehabilitation

This **benefit** is only available if:

- you’ve received **inpatient treatment** for three or more consecutive days for the same **medical condition**,
- you’ve stayed in **hospital** for three or more consecutive nights for the same medical condition,
- your **inpatient treatment** was covered under [Inpatient and daycare treatment.](#)
- a medical practitioner or specialist has referred you for rehabilitation, and
- your rehabilitation starts:
  - after you’re discharged from **hospital** following your **inpatient treatment**, or
  - when you’re transferred to a rehabilitation unit following your **inpatient treatment**.

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

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

1. **This section applies before any available benefit limit shown in [Physiotherapy and complementary medicine.](#)**

- **Paid in full** for up to 120 days after your discharged or transferred
  - 0% or 10% to max 1,600 EUR or 20% to max 3,200 EUR or 30% to max 4,000 EUR

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

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

### Outpatient coinsurance

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<tbody>
<tr>
<td></td>
<td></td>
<td>Not applicable</td>
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</table>

## Outpatient treatment

Surgical procedures.

### Outpatient coinsurance

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<tbody>
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<td></td>
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<td>Not applicable</td>
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</table>

Outpatient pre-operative tests up to 72 hours before **inpatient or daycare treatment** covered under 6 **Inpatient and daycare treatment**.

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

### Outpatient coinsurance

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<td></td>
<td></td>
<td>Paid in full</td>
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Outpatient treatment for **medical conditions** that are an emergency when the treatment is received in a **hospital**.

### Outpatient coinsurance

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<td></td>
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<td>Paid in full</td>
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</table>

**Kidney dialysis**.

### Outpatient coinsurance

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<td>Paid in full</td>
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**PET and CT scans**.

### Outpatient coinsurance

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<td></td>
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<td>Paid in full</td>
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</table>

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

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<tbody>
<tr>
<td></td>
<td></td>
<td>0% or 10% to max 1,600 EUR or 20% to max 3,200 EUR or 30% to max 4,000 EUR</td>
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</table>

## Physiotherapy and complementary medicine

Physiotherapy as part of **inpatient or daycare treatment**.

### Outpatient coinsurance doesn’t apply

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<tbody>
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<td></td>
<td></td>
<td>Paid in full</td>
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</tbody>
</table>

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

**Outpatient physiotherapy when a medical practitioner or specialist refers you**.

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

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<td></td>
<td></td>
<td>Paid in full</td>
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</table>

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

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

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<tbody>
<tr>
<td></td>
<td></td>
<td>Paid up to 3,200 EUR</td>
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</table>

**Outpatient traditional Chinese medicine, acupuncture, homeopathic treatment, and ayurvedic medicine including ayurvedic herbal preparations and therapies**.

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

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<tbody>
<tr>
<td></td>
<td></td>
<td>0% or 10% to max 1,600 EUR or 20% to max 3,200 EUR or 30% to max 4,000 EUR</td>
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</tbody>
</table>
9 Mental health

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

Outpatient psychiatric treatment and psychotherapy.

10 Durable medical equipment including prosthetic and orthotic supplies

We’ll cover costs for:

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

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

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

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

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

Outpatient coinsurance

- Not applicable

Aetna Mind – Provides you with tools for better mental health:

- Discover self-help solutions that develop positive mental health through educational well-being articles and how-to guides
- Receive direction and assistance with access to a range of evidence-based well-being tools for issues such as depression, anxiety, stress, substance abuse, chronic pain and sleep disturbance
- Access guided support from diagnosis to condition management.

Employee Assistance Programme – Includes 24/7 real-time confidential support, as well as up to five in-person, telephonic or video counselling sessions annually for each work, personal or family issue.

For more information, visit www.aetnainternational.com/members/login.do
11 Congenital abnormalities

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

- All treatment for diagnosed congenital abnormalities and any related medical conditions that are diagnosed before an insured member is 31 days old:
  - if the pregnancy is the result of natural conception,
  - if they are added to the plan before they are 31 days old, and
  - the treatment would normally be covered under the lifetime limit above.

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

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

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

12 HIV or AIDS

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

- Paid up to 12,000 EUR

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

- 0% or 10% to max 1,600 EUR or 20% to max 3,200 EUR or 30% to max 4,000 EUR

13 Organ transplants

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

- Paid in full

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

- 0% or 10% to max 1,600 EUR or 20% to max 3,200 EUR or 30% to max 4,000 EUR
14 Terminal care

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

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

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

Costs of:

- one companion to accompany you, or travel at the same time if they're not able to accompany you during your emergency evacuation, if your medical condition is critical or you're expected to stay in hospital for seven or more nights; or
- one companion or non-medical escort needed to assist you during your emergency evacuation if your medical condition prevents you from travelling alone, you do not need a medical escort, your medical condition is not critical and you're not expected to stay in hospital for seven or more nights.

We'll cover costs for:

- One return economy class journey, including taxi transfers to and from their hotel on arrival and departure
- A taxi from their hotel to hospital, and back, once a day for the duration of your evacuation
- Their reasonable overnight accommodation costs including breakfast for the duration of your evacuation, until you're fit to travel back to your country of residence or home country.

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

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

- we agree appropriate treatment is not available locally in any public or private medical facility, and
- we agree appropriate treatment is available in your chosen location.

We'll also cover costs for:

- Taxi transfers to and from the hotel on arrival and departure
- A taxi from the hotel to the hospital, and back, once a day for the duration of your evacuation
- Reasonable overnight accommodation costs including breakfast for the duration of your evacuation, until you're fit to travel back to your point of departure

This benefit also extends to these travel and accommodation costs for a companion or non-medical escort to accompany you, if your medical condition prevents you from travelling alone and you do not need a medical escort. The cost of their return economy class travel will only be covered from your point of departure.

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

15 Medical evacuation

The costs to transport you to the nearest appropriate medical facility when we agree that your medical condition is an emergency following an assessment by a medical practitioner in a local medical facility, and that treatment is not available locally in any public or private medical facility.

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

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

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

If we agree that you're not medically fit to travel following your treatment, this benefit extends to reasonable overnight accommodation costs including breakfast until you're fit to travel.

Costs of:

- 0% or 10% to max 1,600 EUR or 20% to max 3,200 EUR or 30% to max 4,000 EUR

Paid in full
### 15 Medical evacuation

Continued

The costs to transport you to appropriate medical facilities for treatment related to your pregnancy if it’s not an emergency. We’ll cover costs for return economy class travel to a location of your choice within your area of cover if:
- we agree appropriate treatment is not available locally in any public or private medical facility, and
- we agree appropriate treatment is available in your chosen location.

We’ll also cover costs for airport taxi transfers. You’re limited to three return journeys for each pregnancy. Cover is only available under this benefit if the treatment is covered under section 22 Pregnancy and childbirth and you have completed any waiting periods shown in section 22.

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

### 16 Local ambulance

Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital because of an emergency.

Cover is only available under this benefit if the treatment is covered under the following sections:
- 2 Inpatient and daycare treatment
- 4 Outpatient post-hospitalisation treatment
- 6 Cancer care
- 7 Outpatient treatment
- 9 Mental health
- 11 Congenital abnormalities
- 12 HIV or AIDS
- 13 Organ transplants
- 14 Terminal care
- 22 Pregnancy and childbirth

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

### 17 Mortal remains

If you die outside your home country, we’ll cover reasonable costs:
- to transport your body or mortal remains to your home country or your country of residence as directed by your next of kin or estate; or
- for your burial or cremation at the place of your death as directed by your next of kin or estate.

In the event of your burial, we’ll cover:
- the cost of opening or reopening a grave;
- any exclusive right of burial fee; and
- burial costs.

In the event of your cremation, we’ll cover:
- the cost of any doctor’s certificates; and
- cremation costs, including the removal of any medical device before the cremation

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

If you die within your home country, we’ll cover reasonable costs to transport your body to the place of your burial or cremation as directed by your next of kin or estate. This benefit does not extend to any costs related to your burial or cremation.

### 18 Compassionate emergency visit

Costs you have to pay for economy class travel from your area of cover for you to:
- visit a close family member if their medical condition is critical, or
- attend their burial or cremation following their death.

We’ll cover a maximum of one return journey in the plan year.
### 19 Dental treatment

**Outpatient dental treatment** for damage to natural teeth caused by an accident when:
- the treatment can only be provided after you've received inpatient treatment related to the accident, and
- you receive treatment within 90 days after you're discharged from hospital for your related inpatient treatment.

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

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

<i>Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</i>

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

Cover is available after you've had 182 days' continuous cover from the date that this optional benefit was first included in your plan. (Not applicable for MHD policies).

Major restorative **dental treatment**, including treatment for accidental damage to natural teeth when the damage is caused by eating. This benefit covers:
- Surgical extractions, including wisdom teeth
- Root canal treatment
- The cost to supply, fit and repair crowns, bridges and dentures
- X-rays needed to support major restorative dental treatment
- Gum treatment

Cover is available after you've had 182 days' continuous cover from the date that this optional benefit was first included in your plan. (Not applicable for MHD policies).

**Dental coinsurance**

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Coinsurance Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient dental treatment when your dental condition is an emergency</td>
<td>Not covered</td>
</tr>
<tr>
<td>Orthodontic treatment including:</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Orthodontic examinations</td>
<td></td>
</tr>
<tr>
<td>- Costs to supply, fit and repair orthodontic devices or items</td>
<td></td>
</tr>
<tr>
<td>- X-rays needed to support orthodontic treatment</td>
<td></td>
</tr>
<tr>
<td>- Surgical and non-surgical extractions needed as part of your orthodontic treatment</td>
<td></td>
</tr>
<tr>
<td>Orthodontic coinsurance</td>
<td>50%</td>
</tr>
<tr>
<td>Dental implants including:</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Dental examinations needed for dental implants</td>
<td></td>
</tr>
<tr>
<td>- Costs to supply, fit and repair dental implants</td>
<td></td>
</tr>
<tr>
<td>- X-rays needed to support the fitting or repair of dental implants</td>
<td></td>
</tr>
<tr>
<td>Dental implants coinsurance</td>
<td>50%</td>
</tr>
</tbody>
</table>

### 20 Optical care

**Prescription costs for:**
- Contact lenses
- Spectacles
- Spectacle lenses
- Spectacle frames

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

**Optical care coinsurance**

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Coinsurance Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not covered</td>
<td></td>
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<tr>
<td>Not covered</td>
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<tr>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Not applicable</td>
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</tbody>
</table>
### 21 Wellness

**Vaccinations.**

Paid up to 200 EUR

**Routine health checks for non-communicable diseases.** This includes cancer screening, cardiovascular examinations, neurological examinations and vital sign tests. This benefit extends to an annual health assessment.

Paid up to 800 EUR

Outpatient tests and diagnostic procedures for communicable diseases when you do not have signs or symptoms, and they are not received in relation to a diagnosed medical condition. This benefit extends to outpatient antibody tests.

Not covered

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

### 22 Pregnancy and childbirth

- 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
- Postnatal checkups
- Hospital accommodation costs for your newborn to stay with you for up to four nights immediately after his or her birth
- Hospital accommodation costs for the newborn to stay with you immediately after a complicated childbirth
- One physical examination
- Vitamin K, hepatitis B and BCG vaccinations
- Screening tests for PKU, congenital hypothyroidism and G6PD
- One hearing examination
- Screening tests for PKU, congenital hypothyroidism and G6PD
- One hearing examination

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. (Not applicable for MHD policies).

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Maternity coinsurance</em></td>
<td>Not applicable</td>
<td>10%</td>
</tr>
<tr>
<td><em>Paid in full</em></td>
<td><strong>Paid up to 32,000 EUR</strong></td>
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</table>

**Paid in full**

The benefit limits shown in this section apply for each pregnancy. Where a pregnancy spans more than one plan year, any benefit paid for treatment or services received in the plan year when the pregnancy began will be deducted from the benefit limit shown in the following plan year.

**The benefits within this section do not extend to 3D or 4D ultrasound scans.**
23 Hormone replacement therapy

Hormone replacement therapy for symptoms of the menopause.

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

24 Hospital cash

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

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

25 Emergency treatment outside your area of cover

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

Outpatient treatment when your medical condition is an emergency.

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

26 Health management services

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

Included

27 Aetna security assistance

24/7 personal security information and telephone support for all your travel safety queries. Log in to your Health Hub to find out more and to register for this service.

Included
All cover provided under this Benefits Schedule is subject to the terms of your plan documents.