Aetna Summit SM

5000+

2021 Benefits Schedule

GBP
For plans starting on or after
1 January 2021

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AetnaInternational.com

M093-151E-010121
At a glance

Overall plan limit
Aetna Summit 5000+  Up to 3,125,000 GBP

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 1,250 GBP, 20% up to a maximum 2,500 GBP or 30% up to a maximum 3,000 GBP, 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 325 GBP 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.
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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient and daycare treatment</td>
<td>3,125,000 GBP</td>
</tr>
</tbody>
</table>

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

2 Inpatient and daycare treatment

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

- Kidney dialysis.
- MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.
- Reconstructive surgery to restore natural function or appearance within 12 months of an accident or surgery.
- Speech and language therapy and occupational therapy as part of your inpatient treatment.

Medical services of a nurse that would have been part of your inpatient or daycare treatment when these are received in your home instead of in hospital.

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

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

Paid in full

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.
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.

0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP

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

5 Rehabilitation

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

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

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

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

0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP

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

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

<table>
<thead>
<tr>
<th>Non-Medical Benefit</th>
<th>Coverage</th>
<th>IR, Inpatient and Daycare Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient coinsurance</td>
<td>Not applicable</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>

### 7 Outpatient treatment

Surgical procedures.

Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered under [Inpatient and daycare treatment](#).

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

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

Kidney dialysis.

PET and CT scans.

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

### 8 Physiotherapy and complementary medicine

Physiotherapy as part of inpatient or daycare treatment.

Outpatient coinsurance doesn’t apply

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

Outpatient physiotherapy when a medical practitioner or specialist refers you.

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

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

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

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.

<table>
<thead>
<tr>
<th>Non-Medical Benefit</th>
<th>Coverage</th>
<th>Inpatient and Daycare Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient physiotherapy</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>Outpatient podiatry, osteopathic and chiropractic treatment</td>
<td>Paid up to 2,500 GBP</td>
<td>Paid up to 2,500 GBP</td>
</tr>
<tr>
<td>Outpatient traditional Chinese medicine, acupuncture, homeopathic treatment, and ayurvedic medicine</td>
<td>Paid up to 1,000 GBP</td>
<td>Paid up to 1,000 GBP</td>
</tr>
<tr>
<td>Your outpatient coinsurance applies, as shown on your Certificate of Insurance</td>
<td>0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP</td>
<td>0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP</td>
</tr>
</tbody>
</table>
### 9 Mental health

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

**Outpatient** psychiatric treatment and psychotherapy.

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient</strong> psychiatric treatment and psychotherapy</td>
<td>Paid in full</td>
</tr>
<tr>
<td><strong>Outpatient</strong> psychiatric treatment and psychotherapy</td>
<td>Paid up to 6,000 GBP</td>
</tr>
</tbody>
</table>

**Outpatient coinsurance**

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.

### 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.

**Paid up to 1,250 GBP**

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:

1. Cancer care
2. Congenital abnormalities
3. HIV or AIDS
4. Organ transplants
5. Terminal care
6. Pregnancy and childbirth
7. Emergency treatment outside your area of cover

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

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

### Organ transplants

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

0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP

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

## HIV or AIDS

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

Paid up to 10,000 GBP

0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP

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

## Organ transplants

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

0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP

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

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

Economy class travel costs for you to go back to your choice of your country of residence, or your home country, after your emergency 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:
- 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.
### 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.

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### 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.

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### 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:
- Inpatient and daycare treatment
- Outpatient post-hospitalisation treatment
- Cancer care
- Outpatient treatment
- Mental health
- Congenital abnormalities
- HIV or AIDS
- Organ transplants
- Terminal care
- Pregnancy and childbirth

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### 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.

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

Routine outpatient dental treatment, including treatment for accidental damage to natural teeth when the damage is caused by eating. This benefit covers dental examinations, scraping, cleaning and polishing, 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 care coinsurance

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

Vaccinations.

| 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. |  

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.

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

## Outpatient coinsurance

<table>
<thead>
<tr>
<th>Paid up to 150 GBP</th>
<th>Not covered</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

## 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

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

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

This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to 325 GBP within the benefit limit shown.

Maternity coinsurance

<table>
<thead>
<tr>
<th>Paid up to 25,000 GBP</th>
<th>10%</th>
</tr>
</thead>
</table>

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

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

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

This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to 325 GBP within the benefit limit shown.

Maternity coinsurance

| Paid in full |  
|-------------|---|

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

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

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

This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to 325 GBP within the benefit limit shown.

### Maternity coinsurance

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

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

- **75 GBP paid to you for each night.**

25 Emergency treatment outside your area of cover

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

- **Outpatient coinsurance doesn’t apply**

Outpatient treatment when your medical condition is an emergency.

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

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

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

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

- **Included**

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.

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Aetna Health Insurance Company of Europe DAC insures your plan, is regulated by the Central Bank of Ireland ref: C47511, and has its registered address at Alexandra House, The Sweepstakes, Ballsbridge, Dublin 4, Republic of Ireland.

Important: This is a non-US (United States) insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

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