Aetna Summit™
5000+

2021 Benefits Schedule

USD
For plans starting on or after
1 January 2021

Visit aetnainternational.com
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Email EuropeServices@aetna.com

AetnaInternational.com
M093-150E-010121
At a glance

Overall plan limit
Aetna Summit 5000+
Up to 5,000,000 USD

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 2,000 USD, 20% up to a maximum 4,000 USD or 30% up to a maximum 5,000 USD, 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 500 USD 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 2,000 USD, 20% up to a maximum 4,000 USD or 30% up to a maximum 5,000 USD, 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.

### 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>5,000,000 USD</td>
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</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:

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
13. 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.

### 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 6 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 6 Parent accommodation, it will be paid under this section instead.

- Up to a lifetime limit of 150,000 USD
- Paid in full

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**Aetna SummitSM 5000+**

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### 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 |

### 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].

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

| Paid in full |

0% or 10% to max 2,000 USD or 20% to max 4,000 USD or 30% to max 5,000 USD
# 6 Cancer care

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

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<tr>
<td>Outpatient coinsurance</td>
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<td></td>
<td>Paid in full</td>
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<tr>
<td></td>
<td>Not applicable</td>
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# 7 Outpatient treatment

Surgical procedures.

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<tbody>
<tr>
<td>Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered under</td>
<td></td>
</tr>
<tr>
<td># Inpatient and daycare treatment</td>
<td>Paid in full</td>
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</tbody>
</table>

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

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

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

<p>| | |</p>
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<tr>
<td>Kidney dialysis.</td>
<td>Paid in full</td>
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PET and CT scans.

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<tbody>
<tr>
<td>PET and CT scans.</td>
<td>Paid in full</td>
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Your outpatient coinsurance applies, as shown on your Certificate of Insurance.

# 8 Physiotherapy and complementary medicine

Physiotherapy as part of inpatient or daycare treatment.

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<tbody>
<tr>
<td>Outpatient coinsurance doesn't apply</td>
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<tr>
<td></td>
<td>Paid in full</td>
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</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.

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<tbody>
<tr>
<td>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.</td>
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<tr>
<td></td>
<td>Paid in full</td>
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Outpatient podiatry, osteopathic and chiropractic treatment when a medical practitioner or specialist refers you.

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<tbody>
<tr>
<td>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.</td>
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<tr>
<td></td>
<td>Paid up to 4,000 USD</td>
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Outpatient traditional Chinese medicine, acupuncture, homeopathic treatment, and ayurvedic medicine including ayurvedic herbal preparations and therapies.

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<tr>
<td>Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</td>
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<tr>
<td></td>
<td>Paid up to 1,500 USD</td>
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</tbody>
</table>

0% or 10% to max 2,000 USD or 20% to max 4,000 USD or 30% to max 5,000 USD
Mental health

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

Outpatient psychiatric treatment and psychotherapy.

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.

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:
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.
### 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** 15,000 USD

**0% or 10% to max 2,000 USD or 20% to max 4,000 USD or 30% to max 5,000 USD**

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

### 13 Organ transplants

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

**Paid in full**

**0% or 10% to max 2,000 USD or 20% to max 4,000 USD or 30% to max 5,000 USD**

**Your outpatient coinsurance** applies, as shown on your **Certificate of Insurance**.
### 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:
  1. Cancer care
  2. Congenital abnormalities
  3. 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:

1. Inpatient or daycare treatment, or
2. Outpatient post-hospitalisation treatment to Terminal care.
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.

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
- Congenital abnormalities
- Organ transplants
- Terminal care
- 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.

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.

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).

**Orthodontic treatment** including:
- **Orthodontic examinations**
- Costs to supply, fit and repair orthodontic devices or items
- X-rays needed to support orthodontic treatment
- Surgical and non-surgical extractions needed as part of your orthodontic treatment

**Orthodontic coinsurance**

Dental implants including:
- Dental examinations needed for dental implants
- Costs to supply, fit and repair dental implants
- X-rays needed to support the fitting or repair of dental implants

**Dental implants coinsurance**

**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**

Dental coinsurance

Optical care coinsurance

Not applicable
## 21 Wellness

Vaccinations.

<table>
<thead>
<tr>
<th>Routine health checks for non-communicable diseases</th>
<th>Paid up to 250 USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine health checks 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.</td>
<td>Not covered</td>
</tr>
<tr>
<td>One sight examination and one hearing examination in the plan year.</td>
<td>Paid up to 250 USD</td>
</tr>
</tbody>
</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:
- 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 500 USD within the benefit limit shown.

Maternity coinsurance

<table>
<thead>
<tr>
<th>Maternity coinsurance</th>
<th>10%</th>
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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).

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 500 USD within the benefit limit shown.

Maternity coinsurance

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<th>Maternity coinsurance</th>
<th>Paid in full</th>
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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 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.

- 125 USD 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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If coverage provided by this policy violates or will violate any United States (US), United Kingdom (UK), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

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.