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Call +44-20-3788-3288
Email EuropeServices@aetna.com

Aetna Pioneer℠
1750–5000

2021 Benefits Schedule

GBP
For plans starting on or after
1 January 2021
At a glance

**Overall plan limit**
- **Aetna Pioneer 1750** Up to 1,100,000 GBP
- **Aetna Pioneer 2500** Up to 1,575,000 GBP
- **Aetna Pioneer 4000** Up to 2,500,000 GBP
- **Aetna Pioneer 5000** Up to 3,125,000 GBP

**Annual excess**
- This is the total excess each member needs to pay towards claims in the plan year.
  - **Aetna Pioneer 1750** Nil, 625 GBP, 1,250 GBP, 2,500 GBP or 5,000 GBP, as shown on your Certificate of Insurance.
  - **Aetna Pioneer 2500, 4000 and 5000** No annual excess

**Outpatient coinsurance**
- This is the percentage of coinsurance each member needs to pay towards claims in the plan year.
  - **Aetna Pioneer 1750** No outpatient coinsurance.
  - **Aetna Pioneer 2500, 4000 and 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.

**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**

**Annual excess**

An annual excess applies to Aetna Pioneer 1750. This is the total excess each member needs to pay towards claims in the plan year and applies to all benefits, except where explicitly stated.

**Outpatient coinsurance**

We’ll apply your 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.

<table>
<thead>
<tr>
<th>Overall plan limits</th>
<th>Aetna Pioneer℠ 1750</th>
<th>Aetna Pioneer℠ 2500</th>
<th>Aetna Pioneer℠ 4000</th>
<th>Aetna Pioneer℠ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>1,100,000 GBP</td>
<td>1,575,000 GBP</td>
<td>2,500,000 GBP</td>
<td>3,125,000 GBP</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient and daycare treatment</th>
<th>Aetna Pioneer℠ 1750</th>
<th>Aetna Pioneer℠ 2500</th>
<th>Aetna Pioneer℠ 4000</th>
<th>Aetna Pioneer℠ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical costs including intensive care, theatre, hospital accommodation, medical practitioners, specialists, anaesthetists, nursing, appliances and prescribed drugs and dressings.</td>
<td>Paid in full</td>
<td>Paid in full</td>
<td>Paid in full</td>
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</tr>
<tr>
<td>Kidney dialysis.</td>
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<tr>
<td>MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.</td>
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<tr>
<td>Reconstructive surgery to restore natural function or appearance within 12 months of an accident or surgery.</td>
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<tr>
<td>Speech and language therapy and occupational therapy as part of your inpatient treatment.</td>
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<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>
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</tr>
<tr>
<td>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 3 Parent accommodation, it will be paid under this section instead.</td>
<td>Paid in full</td>
<td>Paid in full</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>

Up to a lifetime limit of 100,000 GBP
### 3 Parent accommodation

Hospital accommodation costs for a parent or legal guardian to stay with the member if they’re aged 17 or under and receiving inpatient treatment that we cover under inpatient and daycare treatment.

<table>
<thead>
<tr>
<th>Plan</th>
<th>1750</th>
<th>2500</th>
<th>4000</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Paid in full</td>
<td>Paid in full</td>
<td>Paid in full</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Plan</th>
<th>1750</th>
<th>2500</th>
<th>4000</th>
<th>5000</th>
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<tbody>
<tr>
<td></td>
<td>Paid in full</td>
<td>Paid in full</td>
<td>Paid in full</td>
<td>Paid in full</td>
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<tr>
<td></td>
<td>Not applicable</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>
<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>
## 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 2 **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.

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<table>
<thead>
<tr>
<th>Aetna Pioneer™ 1750</th>
<th>Aetna Pioneer™ 2500</th>
<th>Aetna Pioneer™ 4000</th>
<th>Aetna Pioneer™ 5000</th>
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<tr>
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<td><img src="#" alt="for up to 60 days" /></td>
<td><img src="#" alt="for up to 90 days" /></td>
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<tr>
<td>after you’re discharged or transferred</td>
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<td>after you’re discharged or transferred</td>
<td>after you’re discharged or transferred</td>
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</tbody>
</table>

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\[\text{Not applicable}\]

\[\text{0\% or 10\% to max 1,250 GBP or 20\% to max 2,500 GBP or 30\% to max 3,000 GBP}\]

\[\text{0\% or 10\% to max 1,250 GBP or 20\% to max 2,500 GBP or 30\% to max 3,000 GBP}\]

\[\text{0\% or 10\% to max 1,250 GBP or 20\% to max 2,500 GBP or 30\% to max 3,000 GBP}\]

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1. This section applies before any available benefit limit shown in Physiotherapy and complementary medicine.
2. Your chosen **outpatient coinsurance** applies, as shown on your Certificate of Insurance.
3. Paid in full for up to 30 days after you’re discharged or transferred.
4. Paid in full for up to 60 days after you’re discharged or transferred.
5. Paid in full for up to 90 days after you’re discharged or transferred.
6. Paid in full for up to 120 days after you’re discharged or transferred.

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Aetna Pioneer™ 1750–5000
## Cancer care

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

### Annual excess

- **Aetna Pioneer SM 1750**
  - Paid in full
- **Aetna Pioneer SM 2500**
  - Not applicable
- **Aetna Pioneer SM 4000**
  - Not applicable
- **Aetna Pioneer SM 5000**
  - Not applicable

### Outpatient coinsurance

- **Aetna Pioneer SM 1750**
  - Not applicable
- **Aetna Pioneer SM 2500**
  - Not applicable
- **Aetna Pioneer SM 4000**
  - Not applicable
- **Aetna Pioneer SM 5000**
  - Not applicable

## Outpatient treatment

Surgical procedures.

**Outpatient** pre-operative tests up to 72 hours before **inpatient** or **daycare treatment** covered under 2 Inpatient and daycare treatment.

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

- **Kidney dialysis**.
  - Not covered

- **PET and CT scans**.
  - Not covered

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

- **Aetna Pioneer SM 1750**
  - Not applicable
- **Aetna Pioneer SM 2500**
  - 0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP
- **Aetna Pioneer SM 4000**
  - 0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP
- **Aetna Pioneer SM 5000**
  - 0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP
## 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.

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

> 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.

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

<table>
<thead>
<tr>
<th>Aetna Pioneer&lt;sup&gt;SM&lt;/sup&gt; 1750</th>
<th>Aetna Pioneer&lt;sup&gt;SM&lt;/sup&gt; 2500</th>
<th>Aetna Pioneer&lt;sup&gt;SM&lt;/sup&gt; 4000</th>
<th>Aetna Pioneer&lt;sup&gt;SM&lt;/sup&gt; 5000</th>
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<tr>
<td>Paid in full</td>
<td>Paid in full</td>
<td>Paid in full</td>
<td>Paid in full</td>
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<tr>
<td>Paid up to 500 GBP</td>
<td>Paid up to 1,000 GBP</td>
<td>Paid up to 1,250 GBP</td>
<td>Paid in full</td>
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<tr>
<td>Not covered</td>
<td>Paid up to 1,000 GBP</td>
<td>Paid up to 1,250 GBP</td>
<td>Paid up to 2,500 GBP</td>
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<tr>
<td>Not covered</td>
<td>Paid up to 200 GBP</td>
<td>Paid up to 500 GBP</td>
<td>Paid up to 1,000 GBP</td>
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<tr>
<td>Not applicable</td>
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| 0% or 10% to max 1,250 GBP or | 0% or 10% to max 1,250 GBP or |
| 20% to max 2,500 GBP or       | 20% to max 2,500 GBP or       |
| 30% to max 3,000 GBP          | 30% to max 3,000 GBP          |

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

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

<table>
<thead>
<tr>
<th>Aetna Pioneer™</th>
<th>1750</th>
<th>2500</th>
<th>4000</th>
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<tbody>
<tr>
<td><strong>Paid up to</strong></td>
<td>3,000 GBP</td>
<td>3,000 GBP</td>
<td>6,000 GBP</td>
<td>Paid in full</td>
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<tr>
<td><strong>Not covered</strong></td>
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<tr>
<td><strong>Paid up to</strong></td>
<td>625 GBP</td>
<td>1,250 GBP</td>
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<tr>
<td><strong>Not covered</strong></td>
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<tr>
<td><strong>Paid up to</strong></td>
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<td>6,000 GBP</td>
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<tr>
<td><strong>Not covered</strong></td>
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<tr>
<td><strong>Annual excess</strong></td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Outpatient coinsurance</strong></td>
<td>Not applicable</td>
<td>Not applicable</td>
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<td>Not applicable</td>
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</tbody>
</table>

**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.

Member 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.

Log in to your Health Hub Well-being section to find out how to access these services.

- www.aetnainternational.com/members/login.do
- www.aetnainternational.com/members/login.do
- www.aetnainternational.com/members/login.do
- www.aetnainternational.com/members/login.do
### 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.

<table>
<thead>
<tr>
<th>Aetna Pioneer™ 1750</th>
<th>Aetna Pioneer™ 2500</th>
<th>Aetna Pioneer™ 4000</th>
<th>Aetna Pioneer™ 5000</th>
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<tr>
<td>✔️ Paid up to 625 GBP</td>
<td>✔️ Paid up to 625 GBP</td>
<td>✔️ Paid up to 625 GBP</td>
<td>✔️ Paid up to 1,250 GBP</td>
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<tr>
<td>Not applicable</td>
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</tbody>
</table>

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
- Emergency treatment outside your area of cover

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

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

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

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

- **We’ll cover costs for an organ transplant for congenital abnormalities and any related medical conditions under section 13 Organ transplants.**
- **Your chosen outpatient coinsurance applies, as shown on your Certificate of Insurance.**

<table>
<thead>
<tr>
<th>Aetna Pioneer™ 1750</th>
<th>Aetna Pioneer™ 2500</th>
<th>Aetna Pioneer™ 4000</th>
<th>Aetna Pioneer™ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not covered</td>
<td>Not covered</td>
<td>Up to a lifetime limit of 15,000 GBP</td>
<td>Up to a lifetime limit of 30,000 GBP</td>
</tr>
<tr>
<td>Not applicable</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>
<td>0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP</td>
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</table>

# HIV or AIDS

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

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

<table>
<thead>
<tr>
<th>Aetna Pioneer™ 1750</th>
<th>Aetna Pioneer™ 2500</th>
<th>Aetna Pioneer™ 4000</th>
<th>Aetna Pioneer™ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not covered</td>
<td>Not covered</td>
<td>Paid up to 3,000 GBP</td>
<td>Paid up to 6,000 GBP</td>
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<tr>
<td>Not applicable</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>
<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>
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</table>

# Organ transplants

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

- **Paid in full**
- **Your chosen outpatient coinsurance applies, as shown on your Certificate of Insurance.**

<table>
<thead>
<tr>
<th>Aetna Pioneer™ 1750</th>
<th>Aetna Pioneer™ 2500</th>
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<tbody>
<tr>
<td>Paid in full</td>
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<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>
<td>0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP</td>
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</table>
## Terminal care

**Terminal care**

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

**1. 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

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

### Aetna Pioneer®

<table>
<thead>
<tr>
<th>Plan</th>
<th>1750</th>
<th>2500</th>
<th>4000</th>
<th>5000</th>
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</thead>
<tbody>
<tr>
<td><strong>Cancer care</strong></td>
<td>Not covered</td>
<td>![ ]</td>
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<td>![ ]</td>
</tr>
<tr>
<td><strong>Congenital abnormalities</strong></td>
<td>Not applicable</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td><strong>HIV or AIDS</strong></td>
<td>Not applicable</td>
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## 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.
## Medical evacuation

Continued

**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 the 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.

<table>
<thead>
<tr>
<th>Aetna Pioneer™ 1750</th>
<th>Aetna Pioneer™ 2500</th>
<th>Aetna Pioneer™ 4000</th>
<th>Aetna Pioneer™ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs of:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paid in full</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
<tr>
<td>Optional benefit</td>
<td>Only applicable if selected</td>
<td>Only applicable if selected</td>
<td>Only applicable if selected</td>
</tr>
<tr>
<td></td>
<td>Paid up to 1,250 GBP</td>
<td>Paid up to 1,250 GBP</td>
<td>Paid up to 1,250 GBP</td>
</tr>
</tbody>
</table>
### 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:
  1. Inpatient and daycare treatment
  2. Outpatient post-hospitalisation treatment
  3. Cancer care
  4. Outpatient treatment
  5. Mental health
  6. Congenital abnormalities
  7. HIV or AIDS
  8. Organ transplants
  9. Terminal care

<table>
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<th>Aetna Pioneer™ 4000</th>
<th>Aetna Pioneer™ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid in full</td>
<td>Paid in full</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Aetna Pioneer™ 1750</th>
<th>Aetna Pioneer™ 2500</th>
<th>Aetna Pioneer™ 4000</th>
<th>Aetna Pioneer™ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid in full</td>
<td>Paid in full</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>
### 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 damage to natural teeth caused by an accident, 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.

<table>
<thead>
<tr>
<th>Aetna Pioneer™ 1750</th>
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<th>Aetna Pioneer™ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Paid in full</td>
</tr>
<tr>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Paid in full</td>
</tr>
<tr>
<td>Not covered</td>
<td>Paid up to 325 GBP</td>
<td>Paid up to 500 GBP</td>
<td>Paid up to 1,000 GBP</td>
</tr>
<tr>
<td>Nil or 625 GBP or</td>
<td></td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>1,250 GBP or 2,500</td>
<td></td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>GBP or 5,000 GBP</td>
<td></td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td></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>
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</tr>
<tr>
<td></td>
<td>Not applicable</td>
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<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

*Your chosen annual excess applies, as shown on your Certificate of Insurance.*

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

*Dental coinsurance*
### Dental treatment

**Continued**

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 the **benefit** was first included in your **plan**.

**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 the **benefit** was first included in your **plan**.

#### Dental coinsurance

<table>
<thead>
<tr>
<th></th>
<th>Aetna Pioneer™ 1750</th>
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<th>Aetna Pioneer™ 4000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Optional benefit</strong></td>
<td>Not covered</td>
<td>Not covered</td>
<td>Paid up to 625 GBP in each plan year</td>
</tr>
</tbody>
</table>

#### 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 coinsurance

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>Optional benefit</strong></td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Paid up to 150 GBP</td>
</tr>
</tbody>
</table>

### 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 coinsurance

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Optional benefit</strong></td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Paid up to 150 GBP</td>
</tr>
</tbody>
</table>
## Wellness

### Vaccinations.
- **Paid up to 90 GBP**
- **Paid up to 90 GBP**
- **Paid up to 150 GBP**
- **Paid up to 150 GBP**

### 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**.
- Not covered
- Not covered
- Not covered
- Not covered

### Outpatient tests and diagnostic procedures for communicable diseases.
- If you have no signs or symptoms, and they are not received in relation to a diagnosed medical condition. This benefit extends to outpatient antibody tests.
- Not covered
- Not covered
- Not covered
- Not covered

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

### Annual excess
- Not applicable
- Not applicable
- Not applicable
- Not applicable

### Outpatient coinsurance
- Not applicable
- Not applicable
- Not applicable
- Not applicable

## Hormone replacement therapy

### Hormone replacement therapy for symptoms of the menopause.
- Not covered
- Not covered
- **Paid up to 325 GBP**
- **Paid up to 325 GBP**

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

- Not applicable
- Not applicable
- 0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP
- 0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP

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Aetna Pioneer℠ 1750 | Aetna Pioneer℠ 2500 | Aetna Pioneer℠ 4000 | Aetna Pioneer℠ 5000
### 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.

<table>
<thead>
<tr>
<th>Plan</th>
<th>75 GBP paid to you for each night</th>
<th>Annual excess</th>
</tr>
</thead>
<tbody>
<tr>
<td>1750</td>
<td><img src="https://example.com" alt="75 GBP" /></td>
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</tr>
<tr>
<td>2500</td>
<td><img src="https://example.com" alt="75 GBP" /></td>
<td>Not applicable</td>
</tr>
<tr>
<td>4000</td>
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</tr>
<tr>
<td>5000</td>
<td><img src="https://example.com" alt="75 GBP" /></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

### Emergency treatment outside your area of cover

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

<table>
<thead>
<tr>
<th>Plan</th>
<th>Paid up to 3,000 GBP</th>
<th>Outpatient coinsurance doesn’t apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1750</td>
<td><img src="https://example.com" alt="Paid up to 3,000 GBP" /></td>
<td><img src="https://example.com" alt="Outpatient coinsurance doesn’t apply" /></td>
</tr>
<tr>
<td>2500</td>
<td><img src="https://example.com" alt="Paid up to 10,000 GBP" /></td>
<td><img src="https://example.com" alt="Outpatient coinsurance doesn’t apply" /></td>
</tr>
<tr>
<td>4000</td>
<td><img src="https://example.com" alt="Paid up to 20,000 GBP" /></td>
<td><img src="https://example.com" alt="Outpatient coinsurance doesn’t apply" /></td>
</tr>
<tr>
<td>5000</td>
<td><img src="https://example.com" alt="Paid up to 30,000 GBP" /></td>
<td><img src="https://example.com" alt="Outpatient coinsurance doesn’t apply" /></td>
</tr>
</tbody>
</table>

Outpatient treatment when your medical condition is an emergency.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Not covered</th>
<th>Your chosen outpatient coinsurance applies, as shown on your Certificate of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1750</td>
<td><img src="https://example.com" alt="Not covered" /></td>
<td><img src="https://example.com" alt="Your chosen outpatient coinsurance applies, as shown on your Certificate of Insurance" /></td>
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<td>2500</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Paid up to 325 GBP</th>
<th>We will only cover you if the emergency would be covered if you were within your area of cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>1750</td>
<td><img src="https://example.com" alt="Paid up to 325 GBP" /></td>
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</tr>
</tbody>
</table>
Health management services

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

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Not included</td>
<td>Included</td>
<td>Included</td>
<td>Included</td>
</tr>
</tbody>
</table>

Aetna security assistance

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

<table>
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</table>

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