Aetna Summit SM
1750–5000

2021 Benefits Schedule

GBP
For plans starting on or after
1 January 2021

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

AetnaInternational.com
M093-27E-010121
At a glance

**Overall plan limit**
- **Aetna Summit 1750** Up to 1,100,000 GBP
- **Aetna Summit 2500** Up to 1,575,000 GBP
- **Aetna Summit 4000** Up to 2,500,000 GBP
- **Aetna Summit 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 Summit 1750** Nil, 625 GBP, 1,250 GBP or 2,500 GBP, as shown on your Certificate of Insurance.
  - **Aetna Summit 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 Summit 1750** No outpatient coinsurance.
  - **Aetna Summit 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.

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**

**Annual excess**

An annual excess applies to Aetna Summit 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.

### Overall plan limit

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

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

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

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

<table>
<thead>
<tr>
<th>Plan Limit</th>
<th>1750</th>
<th>2500</th>
<th>4000</th>
<th>5000</th>
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<tbody>
<tr>
<td>Benefit Limit</td>
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<td>3,125,000 GBP</td>
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Aetna Summit™ 1750–5000
## 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 Parent accommodation, it will be paid under this section instead.

### Aetna Summit™

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<thead>
<tr>
<th>Plan</th>
<th>1750</th>
<th>2500</th>
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<td>Med</td>
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## 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.
### 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.

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

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<tr>
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<tr>
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### 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.

This section applies before any available **benefit** limit shown in [5] **Physiotherapy and complementary medicine**.
### 5 Rehabilitation

**Continued**

- 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.

### 7 Outpatient treatment

- **Surgical procedures.**

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<tr>
<td><strong>Annual excess</strong></td>
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<td>Not applicable</td>
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<tr>
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<td><strong>Paid up to 10,000 GBP</strong></td>
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<td><strong>Not covered</strong></td>
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**Aetna Summit™ 1750–5000**
### 7 Outpatient treatment Continued

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<tr>
<th>Plan</th>
<th>PET and CT scans</th>
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<tr>
<td>Aetna Summit 1750</td>
<td>Not covered</td>
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<tr>
<td>Aetna Summit 2500</td>
<td>Paid in full</td>
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<tr>
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</table>

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

### 8 Physiotherapy and complementary medicine

Physiotherapy as part of inpatient or daycare treatment.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Physiotherapy and complementary medicine</th>
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<tbody>
<tr>
<td>Aetna Summit 1750</td>
<td>Paid in full</td>
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<tr>
<td>Aetna Summit 2500</td>
<td>Paid up to 500 GBP</td>
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<tr>
<td>Aetna Summit 4000</td>
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<tr>
<td>Aetna Summit 5000</td>
<td>Not covered</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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<thead>
<tr>
<th>Plan</th>
<th>Outpatient physiotherapy when a medical practitioner or specialist refers you</th>
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<tr>
<td>Aetna Summit 1750</td>
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<tr>
<td>Aetna Summit 5000</td>
<td>Not covered</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Outpatient podiatry, osteopathic and chiropractic treatment when a medical practitioner or specialist refers you</th>
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<tbody>
<tr>
<td>Aetna Summit 1750</td>
<td>Not covered</td>
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<tr>
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<td>Aetna Summit 5000</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Plan</th>
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<tr>
<td>Aetna Summit 1750</td>
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Physiotherapy and complementary medicine

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<tr>
<td>Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</td>
<td>Not applicable</td>
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<tr>
<td><strong>9 Mental health</strong></td>
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<tr>
<td>Up to 30 days inpatient psychiatric treatment and psychotherapy in the plan year.</td>
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<tr>
<td>Outpatient psychiatric treatment and psychotherapy.</td>
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<tr>
<td><strong>Annual excess</strong></td>
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<td>Not applicable</td>
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<td><strong>Outpatient coinsurance</strong></td>
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<td>Not applicable</td>
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<tr>
<td>Aetna Mind – Provides you with tools for better mental health:</td>
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<tr>
<td>• Discover self-help solutions that develop positive mental health through educational well-being articles and how-to guides</td>
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<tr>
<td>• 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</td>
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<td>• Access guided support from diagnosis to condition management</td>
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<td>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.</td>
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Log in to your Health Hub Well-being section to find out how to access these services.

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.

### 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**.

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<thead>
<tr>
<th>Aetna Summit™ 1750</th>
<th>Aetna Summit™ 2500</th>
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<td>Paid up to 625 GBP</td>
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<td>Paid up to 1,250 GBP</td>
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Not applicable

- 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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- 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.

- **Aetna Summit SM 1750**
  - Not covered

- **Aetna Summit SM 2500**
  - Up to a **lifetime limit** of 15,000 GBP
  - 0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP

- **Aetna Summit SM 4000**
  - Up to a **lifetime limit** of 30,000 GBP
  - 0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP

- **Aetna Summit SM 5000**
  - Up to a **lifetime limit** of 60,000 GBP
  - 0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP

*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.*

### HIV or AIDS

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

- **Aetna Summit SM 1750**
  - Not covered

- **Aetna Summit SM 2500**
  - Paid up to 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

- **Aetna Summit SM 4000**
  - Paid up to 6,000 GBP
  - 0% or 10% to max 1,250 GBP or 20% to max 2,500 GBP or 30% to max 3,000 GBP

- **Aetna Summit SM 5000**
  - 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.

- 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:
  - Cancer care
  - Congenital abnormalities
  - HIV or AIDS

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

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

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

Economy class travel costs for you to go back to your choice of your country of residence, or your home country, after your emergency evacuation that was covered under this plan. If we agree that you're not medically fit to travel following your treatment, this benefit extends to reasonable overnight accommodation costs including breakfast until you're fit to travel.

Costs of:
- 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.

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Aetna Summit™ 1750

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.

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 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.

Aetna Summit™ 2500

Not covered

Aetna Summit™ 4000

Not covered

Aetna Summit™ 5000

Not covered
### 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**.

1. **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

**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.**

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<th>Aetna Summit℠ 1750</th>
<th>Aetna Summit℠ 2500</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 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 Summit℠ 1750</th>
<th>Aetna Summit℠ 2500</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Paid in full**
### 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.

<table>
<thead>
<tr>
<th>Aetna Summit&lt;sup&gt;SM&lt;/sup&gt; 1750</th>
<th>Aetna Summit&lt;sup&gt;SM&lt;/sup&gt; 2500</th>
<th>Aetna Summit&lt;sup&gt;SM&lt;/sup&gt; 4000</th>
<th>Aetna Summit&lt;sup&gt;SM&lt;/sup&gt; 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not covered</td>
<td>Not covered</td>
<td>Paid in full</td>
<td>Paid in full</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Aetna Summit&lt;sup&gt;SM&lt;/sup&gt; 1750</th>
<th>Aetna Summit&lt;sup&gt;SM&lt;/sup&gt; 2500</th>
<th>Aetna Summit&lt;sup&gt;SM&lt;/sup&gt; 4000</th>
<th>Aetna Summit&lt;sup&gt;SM&lt;/sup&gt; 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>
<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>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>

### Annual excess applies

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).

<table>
<thead>
<tr>
<th></th>
<th>Aetna Summit™ 1750</th>
<th>Aetna Summit™ 2500</th>
<th>Aetna Summit™ 4000</th>
<th>Aetna Summit™ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental coinsurance</strong></td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Outpatient dental treatment when your dental condition is an emergency</strong></td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Orthodontic treatment</strong> including:</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Orthodontic examinations</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Costs to supply, fit and repair orthodontic devices or items</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>- X-rays needed to support orthodontic treatment</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Surgical and non-surgical extractions needed as part of your orthodontic treatment</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Orthodontic coinsurance</strong></td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Dental implants including:</strong></td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Dental examinations needed for dental implants</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Costs to supply, fit and repair dental implants</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>- X-rays needed to support the fitting or repair of dental implants</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Dental implants coinsurance</strong></td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Annual excess</strong></td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

- **Aetna Summit™ 1750**
- **Aetna Summit™ 2500**
- **Aetna Summit™ 4000**
- **Aetna Summit™ 5000**
## Optical care

<table>
<thead>
<tr>
<th></th>
<th>Aetna Summit™ 1750</th>
<th>Aetna Summit™ 2500</th>
<th>Aetna Summit™ 4000</th>
<th>Aetna Summit™ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription costs for:</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Contact lenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Spectacles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Spectacle lenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Spectacle frames</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optical coinsurance</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

## 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.

### Annual excess

- Not applicable

### Outpatient coinsurance

- Not applicable
## 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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna Summit℠ 1750</th>
<th>Aetna Summit℠ 2500</th>
<th>Aetna Summit℠ 4000</th>
<th>Aetna Summit℠ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity coinsurance</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>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 your newborn to your plan:</td>
<td>Not covered</td>
<td>Paid up to 3,000 GBP</td>
<td>Paid up to 3,000 GBP</td>
<td>Paid up to 3,000 GBP</td>
</tr>
<tr>
<td>Hospital accommodation costs for your newborn to stay with you immediately after a complicated childbirth</td>
<td>Not covered</td>
<td>Paid up to 3,000 GBP</td>
<td>Paid up to 3,000 GBP</td>
<td>Paid up to 3,000 GBP</td>
</tr>
<tr>
<td>One physical examination</td>
<td></td>
<td>Paid up to 10%</td>
<td>Paid up to 10%</td>
<td>Paid up to 10%</td>
</tr>
<tr>
<td>Vitamin K, hepatitis B and BCG vaccinations</td>
<td></td>
<td>Paid up to 10%</td>
<td>Paid up to 10%</td>
<td>Paid up to 10%</td>
</tr>
<tr>
<td>Screening tests for PKU, congenital hypothyroidism and G6PD</td>
<td></td>
<td>Paid up to 10%</td>
<td>Paid up to 10%</td>
<td>Paid up to 10%</td>
</tr>
<tr>
<td>One hearing examination</td>
<td></td>
<td>Paid up to 10%</td>
<td>Paid up to 10%</td>
<td>Paid up to 10%</td>
</tr>
</tbody>
</table>

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

Not applicable

10%

10%

10%

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).
### Pregnancy and Childbirth

**Continued**

**Treatment** for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of natural 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 your 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
- 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.

**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.

**Annual excess**

---

### Hormone Replacement Therapy

Hormone replacement therapy for symptoms of the menopause.

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

<table>
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<tr>
<th>Aetna Summit™ 1750</th>
<th>Aetna Summit™ 2500</th>
<th>Aetna Summit™ 4000</th>
<th>Aetna Summit™ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not covered</td>
<td>Paid up to 10,000 GBP</td>
<td>Paid up to 10,000 GBP</td>
<td>Paid up to 30,000 GBP</td>
</tr>
<tr>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<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>
<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>
### 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>Aetna Summit™</th>
<th>1750</th>
<th>2500</th>
<th>4000</th>
<th>5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 GBP paid to you for each night</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Annual excess</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

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### Emergency treatment outside your area of cover

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

**Outpatient coinsurance doesn’t apply.**

<table>
<thead>
<tr>
<th>Aetna Summit™</th>
<th>1750</th>
<th>2500</th>
<th>4000</th>
<th>5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid up to 3,000 GBP</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Paid to you</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Your outpatient coinsurance applies, as shown on your Certificate of Insurance.</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
</tbody>
</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.

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

If the emergency is due to pregnancy or childbirth and you're 26 weeks or more into your pregnancy, this benefit is only available if you have been outside your area of cover for no more than 14 days at your date of admission for emergency inpatient or daycare treatment or the date you receive emergency outpatient treatment.

Travel must not be against the advice of a medical practitioner, specialist or nurse at any time during your pregnancy.
### 26 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>
<th>Aetna Summit™ 1750</th>
<th>Aetna Summit™ 2500</th>
<th>Aetna Summit™ 4000</th>
<th>Aetna Summit™ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Not included</td>
<td>Included</td>
<td>Included</td>
<td>Included</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th></th>
<th>Aetna Summit™ 1750</th>
<th>Aetna Summit™ 2500</th>
<th>Aetna Summit™ 4000</th>
<th>Aetna Summit™ 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security</td>
<td>INCLUDED</td>
<td>INCLUDED</td>
<td>INCLUDED</td>
<td>INCLUDED</td>
</tr>
</tbody>
</table>
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.

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