

International Private Medical Insurance



Insurance Product Information Document

Company: Aetna Health Insurance Company of Europe DAC

Product: Aetna

Summit 2500 plan

Registered in the Republic of Ireland and regulated by Central Bank of Ireland ref: C47511.

This is a summary of key information about the Aetna Summit 2500 plan. Full terms and conditions are in the plan documents.

What is this type of insurance?

International private medical insurance providing cover for the treatment of eligible medical conditions.



What is insured?

Reasonable costs for claims for medically necessary treatments/ services that are benefits as summarised below.

✓ Inpatient and daycare treatment

- Medical costs, kidney dialysis, diagnostic tests and procedures, reconstructive surgery, speech and language and occupational therapy – in full
- Treatment for acute medical conditions before the member is 8 days old, if the member was conceived by natural conception – up to a lifetime limit

✓ Hospital accommodation for parents/legal guardians – in full

✓ Outpatient post-hospitalisation treatment – in full for 90 days after discharge from inpatient/daycare treatment

✓ Rehabilitation – in full for up to 60 days after discharge or transferral

✓ Cancer Care – in full

✓ Outpatient treatment

- Surgical procedures, PET and CT scans – in full
- Outpatient pre-operative tests up to 72 hours before inpatient/ daycare treatment, medical practitioners' and specialists' fees, prescribed drugs and dressings, MRI scans, X-rays, pathology, diagnostic tests and procedures and kidney dialysis – up to 5,000 USD/ 3,000 GBP/ 4,000 EUR

✓ Physiotherapy and complementary medicine

- As part of inpatient/daycare treatment – in full
- Outpatient physiotherapy for 90 days after inpatient/ daycare admission, outpatient physiotherapy, outpatient podiatry, osteopathic and chiropractic treatment – up to 1,500 USD/ 1,000 GBP/ 1,200 EUR
- Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic treatment – up to 300 USD/ 200 GBP/ 240 EUR

✓ Psychiatric treatment and psychotherapy

- Up to 30 days inpatient treatment – up to 5,000 USD/ 3,000 GBP/ 4,000 EUR
- Outpatient treatment – up to 1,000 USD/ 625 GBP/ 800 EUR

✓ Durable medical equipment – up to 1,000 USD/ 625 GBP/ 800 EUR

✓ Treatment for congenital abnormalities – up to a lifetime limit

✓ Treatment for diagnosed HIV/ AIDS and related medical conditions – up to 5,000 USD/ 3,000 GBP/ 4,000 EUR

✓ Organ transplants – kidney, pancreas, liver, heart or lung transplants – in full

✓ Palliative treatment/ care for terminal medical conditions – in full

✓ Medical evacuation

- Emergency medical evacuation and repatriation within your area of cover – in full



What is insured? Continued...

- **Optional** (with added premium): non-emergency medical evacuation and repatriation within your area of cover

- **Optional** (with added premium): non-emergency medical evacuation and repatriation within your area of cover for treatment related to your pregnancy.

(Cover is only available under this benefit if the treatment is covered under pregnancy and childbirth and you've completed any waiting periods)

✓ Dental treatment – Outpatient treatment for damage to natural teeth caused by an accident:

- following inpatient treatment - in full

- not following inpatient treatment - up to 500 USD/ 325 GBP/ 400 EUR

✓ Ambulance to the nearest local hospital – in full

✓ Mortal remains – transportation of your mortal remains if you die outside your home country or burial/ cremation at the place of your death – in full

✓ Emergency treatment outside area of cover

- Inpatient/ daycare – up to 15,000 USD/ 10,000 GBP/ 12,000 EUR
- Outpatient – up to 500 USD/ 325 GBP/ 400 EUR

✓ Pregnancy and Childbirth

- Routine pregnancy and childbirth
- Treatment for complications of pregnancy as a result of assisted conception - up to 5,000 USD/ 3,000 GBP/ 4,000 EUR
- Treatment for complications of pregnancy as a result of natural conception - up to 15,000 USD/ 10,000 GBP/ 12,000 EUR

✓ Optional benefits

- Routine outpatient dental treatment
- Major restorative dental treatment
- Orthodontic treatment
- Dental implants
- Optical care
- Wellness
- Routine pregnancy and childbirth
- Treatment for complicated pregnancies as a result of natural/assisted conception



What is not insured?

The following is a summary of what is not covered by the plan:

- ✗ Treatment for alcohol, drug, substance abuse and other addictive conditions or any associated injury or illness
- ✗ Developmental disorders of the brain, learning disorders, and speech and voice problems



What is not insured? Continued...

- ✗ Cosmetic treatment
- ✗ Treatment associated with gender reassignment
- ✗ Costs of locating, removing and transporting a replacement organ and any associated administration
- ✗ Harvesting or storage of umbilical cord, blood stem cells, sperm, mature oocytes or embryos
- ✗ Journeys for treatment (unless pre-authorised), non emergency transportation, medical evacuation where it is impossible, dangerous or not practical
- ✗ Self-inflicted medical conditions
- ✗ Certain costs related to reproduction and newborns
- ✗ Sight and hearing conditions and orthodontic treatment
- ✗ Sleep related disorders
- ✗ Unproven experimental or investigational treatment
- ✗ Treatment in a spa, hydro spa, health farm or similar facility
- ✗ Treatment for weight loss or weight problems
- ✗ Sight or hearing aids, furniture or modifications to your personal or work environment
- ✗ Air-sea and mountain rescue unless it's for a medical condition suffered at a recognised winter sports resort



Are there any restrictions on cover?

- ! There are limits and conditions applicable to the plan benefits, the full details of which are in your plan documents.
- ! All cover is limited to an overall plan limit per member per plan year (2,500,000 USD/ 1,575,000 GBP/ 2,000,000 EUR).
- ! Whether the plan covers pre-existing conditions depends on the underwriting terms you choose. Further details of the underwriting terms can be found in your plan documents.
- ! The plan is not available to citizens of the United States (US) who reside in the US. There are time limits on the amount of time you can spend in the US - further details are in the plan documents. If these are exceeded we may cancel the plan.
- ! We are unable to provide coverage or pay or reimburse for health care, claims or services if it violates or will violate any US, United Nations, United Kingdom, European Union or other applicable jurisdiction's economic, trade or financial sanctions.



Where am I covered?

- ✓ You're covered within your chosen area of cover as shown on your Certificate of Insurance. This is the geographic area of the world in which you must receive treatment or services for the plan to apply.



What are my obligations?

- Take reasonable care to answer honestly and to the best of your knowledge any questions we ask you when applying for, making changes to, making a claim under or renewing the plan.
- Pay your chosen outpatient/ dental co-insurance (a percentage of costs towards claims made in the plan year), as shown in your Certificate of Insurance.
- Tell us if there are any changes to the name, gender, occupation or address of a member or any other information you have given us. Depending on the nature of the change, we may be entitled to cancel your plan.
- Contact us if you wish to add or remove any dependants (where applicable) from the plan.
- Request our approval before you receive the following treatments or services: medical evacuation, inpatient or daycare treatment admission, psychiatric treatment, prescriptions for more than 3 months' supply of drugs for a chronic medical condition or any single treatment or service that costs more than 500 USD/ 325 GBP/ 400 EUR or equivalent.
- Pay your premium on time. We can cancel your plan if we don't receive payment within 30 days of the premium due date.
- You must follow the claims section of your Handbook for your plan when making a claim.



When and how do I pay?

You can pay the premium in a single annual payment by debit or credit card, direct debit, bank transfer, cheque or bankers draft. If you pay by direct debit, you can also pay the premium in quarterly or monthly installments (an administration fee will apply).



When does the cover start and end?

The plan starts on the start date you request as shown in your Certificate of Insurance. The plan will cover you for 12 months until your plan renewal date. If you pay your premium by card/direct debit, we'll automatically renew the plan unless we tell you otherwise or you tell us in writing before the plan renewal date that you want to make changes to the plan or do not want to renew.



How do I cancel the contract?

You can cancel the plan for any reason by (a) writing to us at Aetna Global Benefits (UK) Limited, 25 Templer Avenue, IQ Farnborough, Farnborough Hampshire, GU14 6FE, UK; or (b) calling us within the 15 day cooling off period on +44-20-3788-3288. If you cancel within 15 days of receiving your plan documents or the plan start date, whichever is later, we'll refund your full premium if you haven't made a claim. If you cancel after 15 days and haven't made a claim we'll issue you a pro-rata premium refund. For any cancellation after 15 days, we'll charge you a cancellation fee of 170 USD/ 100 GBP/ 150 EUR plus any further/unexpected costs.