

# Policy Summary

INTERNATIONAL HEALTHCARE PLAN  
EFFECTIVE 1st JULY 2010

AETNA  
GLOBAL  
BENEFITS®

keyfacts®



## Type of Insurance

International Private Medical Insurance

## Period of Insurance

The Policy will last for one year and will be renewable on an annual basis.

## POLICY SUMMARY

### Significant features and Benefits

Cover under this **Policy** is up to a maximum of £1,000,000, US\$/€1,600,000 per **Insured Person** per **Period of Cover**.

The **Policy** provides payment for **Treatment** of an eligible **Medical Condition** including:

### In-Patient and Day-Patient Treatment

- accommodation charges
- **Drugs and Dressings**
- theatre charges
- **Specialist** fees
- diagnostic tests
- oncology, radiotherapy and chemotherapy
- scans and x-rays
- anaesthetist fees
- nursing
- intensive care unit costs
- psychiatric **Treatment**
- reconstructive surgery
- **Organ Transplant**
- **Rehabilitation**
- ancillary charges

### Significant exclusions or limitations

#### GENERAL EXCLUSIONS

Cover is not provided for any **Medical Condition** or **Related Condition** in existence before or at the **Date of Entry to Your Policy** until it has been **Treatment**, symptom and advice free for two consecutive years following the **Date of Entry**.

General exclusions also include:

- **Chronic Medical Conditions**
- normal pregnancy
- infertility/sterilisation
- dental **Treatment**
- cosmetic **Treatment**
- alcohol, drug or solvent abuse
- sexually transmitted diseases
- non-**Emergency Treatment** in the USA
- **Elective** medical check-ups, vaccinations

#### GENERAL LIMITATIONS

Costs are subject to a **Reasonable and Customary** level based on the average **Treatment** costs applicable to the region in which the **Treatment** was received, as determined by **Us**.

**Below are noted the exclusions and limitations applied to each section.**

#### Special Limitations

**In-Patient** (including **Day-Patient**) psychiatric **Treatment** is restricted to a maximum of 30 days per person, per **Period of Cover** and must be pre-authorized.

Reconstructive surgery must be undertaken within 12 months of an **Accident** or injury which has caused disfigurement.

**Rehabilitation** cover is limited to 120 days per **Medical Condition**.

Ancillary charges up to £625, US\$/€1,000 per **Medical Condition**.

### Section of the Policy that contains further details

Full details of the general exclusions noted, and the other **Policy** exclusions are shown on pages 12 to 13 of the **Policy** Booklet under the section entitled "General Exclusions".

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy** Booklet on pages 9 to 11 in the section entitled "**Policy** Cover".

## POLICY SUMMARY

### Significant features and Benefits

#### OUT-PATIENT TREATMENT

- CT/MRI scans
- **Out-Patient** surgery
- oncology **Treatment**
- **Out-Patient** follow-up **Treatment** following **Treatment** as an **In-Patient**

#### HOME NURSING

The services only of a **Qualified Nurse** immediately after a period of **In-Patient Treatment** and on the recommendation of a **Specialist**.

#### ADDITIONAL HOSPITAL ACCOMMODATION COSTS

- parental accommodation.
- **New Born** accommodation.

#### AIDS COVER

Covers **Treatment** for HIV/AIDS/ARC.

#### ACCIDENTAL DAMAGE TO TEETH

#### COMPLICATIONS OF PREGNANCY

Treatment in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including **Medically Necessary** caesarean sections.

#### NEW BORN CARE

**In-Patient Treatment** of an **Acute Medical Condition** given to a **New Born** baby within 30 days of its birth.

#### EMERGENCY TRANSPORTATION

To and from **Hospital** where **Medically Necessary**.

### Significant exclusions or limitations

#### Special Limitations

**Out-Patient** follow-up **Treatment** is limited to that undertaken immediately prior to and up to 60 days following hospitalisation and subject to a monetary limit of £1,000, US\$/€1,700 per **Medical Condition**.

#### Exclusions

Nursing for domestic reasons or convenience.

#### Special Limitations

Costs are limited to 30 days of nursing care provided per condition and subject to pre-authorisation.

#### Special Limitations

- limited to an adult staying with a child under the age of 18.
- limited to a **New Born** (under the age of 16 weeks).

#### Exclusions

Does not cover sexually transmitted HIV/AIDS.

#### Special Limitations

Cover limited to £6,250, US\$/€10,000 per **Period of Cover**.

#### Special Limitations

Limited to **In-Patient Treatment** undertaken in an **Emergency** room in a **Hospital** within seven days of the **Accident**. Must be damage caused to sound, natural teeth.

#### Exclusions

Any complications of pregnancy where the date of conception is within the first 12 months from the **Date of Entry**.

#### Special Limitations

Caesarean sections are not classed as **Medically Necessary** if they are as a result of a previous **Elective** caesarean section.

#### Exclusions

Birth injuries, **Congenital Anomalies**, genetic deformities or **Hereditary Medical Conditions**.

#### Special Limitations

**Benefit** limited to 30 days **Hospital** stay and to a maximum of £6,250, US\$/€10,000.

#### Exclusions

Does not include the cost of car hire.

#### Special Limitations

Limited to **In-Patient/Day-Patient Treatment** only and must be pre-authorised.

### Section of the Policy that contains further details

Major medical cover has restrictions from the **Benefits** shown in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**". The restrictions in **Benefits** are shown under option 001 of the section entitled "Product Options" on page 17.

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

**Policy** exclusions are shown on pages 12 to 13 of the **Policy Booklet** under the section entitled "General Exclusions".

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

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**Policy** exclusions are shown on pages 12 to 13 of the **Policy Booklet** under the section entitled "General Exclusions".

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

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**Policy** exclusions are shown on pages 12 to 13 of the **Policy Booklet** under the section entitled "General Exclusions".

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

**Policy** exclusions are shown on pages 12 to 13 of the **Policy Booklet** under the section entitled "General Exclusions".

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

## POLICY SUMMARY

### Significant features and Benefits

#### EVACUATION

Where appropriate **In-Patient/Day-Patient Treatment** is not available in the **Country of Residence**, the costs of **Evacuation** transport to the nearest appropriate medical facility or the country of **Your** choice.

Covers one other person to act as escort.

### Significant exclusions or limitations

#### Exclusions

All maternity or childbirth costs except **Treatment** as a result of complications of pregnancy.

#### Out-Patient Treatment.

#### Special Limitations

Must be pre-authorized by **Us** and under **Our** supervision.

### Section of the Policy that contains further details

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

**Policy** exclusions are shown on pages 12 to 13 of the **Policy Booklet** under the section entitled "General Exclusions".

#### ADDITIONAL TRAVEL EXPENSES

- To and from medical appointments
  - Costs of accompanying person to and from the **Hospital** to visit the **Insured Person**
  - Immediate pre and post-hospitalisation accommodation costs
- Economy class ticket to return **Insured Person** and escort back to their **Country of Residence** or to where the **Evacuation** occurred.

#### Special Limitations

Covers costs only following an **Evacuation**.

Pre and Post-hospitalisation accommodation costs limited to £95, US\$/€150 per person per day to a total of £3,000, US\$/€5,000 per **Evacuation**.

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

#### MORTAL REMAINS

In the event of death, from an eligible **Medical Condition**, the cost of transportation of the body or ashes of an **Insured Person** to his/her **Country of Residence** or **Country of Nationality**, or the costs of a burial or cremation at the place of death.

#### Special Limitations

Cover limited to £5,300, US\$/€8,500 per person.

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

#### HOSPITAL CASH BENEFIT

Where **In-Patient Treatment** of an eligible **Medical Condition** is received and where accommodation and **Treatment** is free of charge.

#### Special Limitations

Cash **Benefit** is limited to £75, US\$/€125 per night for a maximum of 20 nights **Hospital** stay.

Not applicable to **Accident** and **Emergency** admissions.

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

#### BLOOD CARE FOUNDATION

Ensures the availability of screened blood and sterile equipment in **Emergency** situations anywhere in the world where such supplies are not readily available.

#### Exclusions

Blood for **Elective** surgery.

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

#### ADDITIONAL OPTION USA ELECTIVE TREATMENT

Extends cover to provide for choosing to have **Treatment** in the USA which is not only due to an **Accident** or **Emergency**.

#### Special Limitations

Any **In-Patient** or **Day-Patient Treatment** which is not undertaken within **Our Provider Network**, is subject to a 50% **Co-insurance** and an annual limit of £625,000, US\$/€1,000,000.

Full details of this product option are shown in the **Policy Booklet** under the "Product Options" section on page 17 as option 004.

## LIFESTYLE

This document provides a summary of the cover provided. Full details can be found in the **Policy Booklet**. Where **You** have purchased cover **You** should refer to **Your** own **Benefit Schedule**, **Policy Booklet** and **Policy Schedule** including any endorsements which apply for full details of **Your** cover.

**Your** insurer is Aetna Health Insurance Company of Europe Limited.

### Type of Insurance

International Private Medical Insurance

### Period of Insurance

The Policy will last for one year and will be renewable on an annual basis.

## POLICY SUMMARY

### Significant features and Benefits

Cover under this **Policy** is up to a maximum of £1,000,000, US\$/€1,600,000 per **Insured Person** per **Period of Cover**.

The **Policy** provides payment for **Treatment** of an eligible **Medical Condition** including:

### In-Patient and Day-Patient Treatment

- accommodation charges
- **Drugs and Dressings**
- theatre charges
- **Specialist** fees
- diagnostic tests
- oncology, radiotherapy and chemotherapy
- scans and x-rays
- anaesthetist fees
- nursing
- intensive Care Unit costs
- psychiatric **Treatment**
- reconstructive surgery
- **Organ Transplant**
- **Rehabilitation**
- ancillary charges

### Significant exclusions or limitations

#### GENERAL EXCLUSIONS

Cover is not provided for any **Medical Condition** or **Related Condition** in existence before or at the **Date of Entry** to **Your Policy** until it has been **Treatment**, symptom and advice free for two consecutive years following the **Date of Entry**.

General exclusions also include:

- **Chronic Medical Conditions** which pre-date **Your** original **Date of Entry**
- normal pregnancy
- infertility/sterilisation
- dental **Treatment**
- cosmetic **Treatment**
- alcohol, drug or solvent abuse
- sexually transmitted diseases
- non-**Emergency Treatment** in the USA
- **Elective** medical check-ups, vaccinations

#### GENERAL LIMITATIONS

Costs are subject to a **Reasonable and Customary** level based on the average **Treatment** costs applicable to the region in which the **Treatment** was received, as determined by **Us**.

**Below are noted the exclusions and limitations applied to each section.**

#### Special Limitations

**In-Patient** (including **Day-Patient**) psychiatric **Treatment** is restricted to a maximum of 30 days per person, per **Period of Cover** and must be pre-authorized.

Reconstructive surgery must be undertaken within 12 months of an **Accident** or injury which has caused disfigurement.

**Rehabilitation** cover is limited to 120 days per **Medical Condition**.

Ancillary charges up to £625, US\$/€1,000 per **Medical Condition**.

### Section of the Policy that contains further details

Full details of the general exclusions noted, and the other **Policy** exclusions are shown on pages 12 to 13 of the **Policy Booklet** under the section entitled "General Exclusions".

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

## POLICY SUMMARY

### Significant features and Benefits

#### OUT-PATIENT TREATMENT

- **Medical Practitioner** visits
- diagnostic procedures
- **Specialist** consultations
- **Drugs and Dressings**
- physiotherapy
- CT/MRI scans
- **Out-Patient** surgery
- oncology **Treatment**
- psychiatric **Treatment**
- acupuncture, homeopathic, osteopathic, chiropractic, podiatry **Treatment**
- traditional Chinese medicine

### Significant exclusions or limitations

#### Special Limitations

Psychiatric **Treatment** must be pre-authorized, limited to £3,125, US\$/€5,000 per **Period of Cover**.

Acupuncture, homeopathic, osteopathic, chiropractic **Treatment** limited to 10 sessions in aggregate per person per **Period of Cover**.

Traditional Chinese medicine limited to traditional Chinese medicine practitioners registered to practice in their **Country of Residence**. Cover limited to £20, US\$/€30 per session and to a maximum of 10 sessions.

### Section of the Policy that contains further details

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

#### HOME NURSING

The services only of a **Qualified Nurse** immediately after a period of **In-Patient Treatment** and on the recommendation of a **Specialist**.

#### Exclusions

Nursing for domestic reasons or convenience.

#### Special Limitations

Costs are limited to 28 weeks of nursing care provided per condition and subject to pre-authorization.

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 and 11 in the section entitled "Product Options" as option 002.

**Policy** exclusions are shown on pages 12 to 13 of the **Policy Booklet** under the section entitled "Exclusions".

#### ADDITIONAL HOSPITAL ACCOMMODATION COSTS

- parental accommodation
- **New Born** accommodation

#### Special Limitations

- limited to an adult staying with a child under the age of 18.
- limited to a **New Born** (under the age of 16 weeks).

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

#### AIDS COVER

Covers **Treatment** for HIV/AIDS/ARC.

#### Exclusions

Does not cover sexually transmitted HIV/AIDS.

#### Special Limitations

Cover limited to £6,250, US\$/€10,000 per **Period of Cover**.

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

**Policy** exclusions are shown on pages 12 to 13 of the **Policy Booklet** under the section entitled "Exclusions".

#### ACCIDENTAL DAMAGE TO TEETH

#### Special Limitations

Limited to **Treatment** initially undertaken in an **Emergency** room in a **Hospital** within seven days of the **Accident**. Must be damage caused to sound, natural teeth.

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

#### COMPLICATIONS OF PREGNANCY

Treatment in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including **Medically Necessary** caesarean sections.

#### Exclusions

Any complications of pregnancy where the date of conception is within the first 12 months from the **Date of Entry**.

#### Special Limitations

Caesarean sections are not classed as **Medically Necessary** if they are as a result of a previous **Elective** caesarean section.

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

**Policy** exclusions are shown on pages 12 to 13 of the **Policy Booklet** under the section entitled "Exclusions".

#### NEW BORN CARE

**In-Patient Treatment** of an **Acute Medical Condition** given to a **New Born** baby within 30 days of its birth.

#### Exclusions

Birth injuries, **Congenital Anomalies**, genetic deformities or **Hereditary Medical Conditions**.

#### Special Limitations

**Benefit** limited to 30 days **Hospital** stay and to a maximum of £6,250, US\$/€10,000.

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

**Policy** exclusions are shown on pages 12 to 13 of the **Policy Booklet** under the section entitled "Exclusions".

## POLICY SUMMARY

### Significant features and Benefits

#### EMERGENCY TRANSPORTATION

To and from **Hospital** where **Medically Necessary**.

#### EVACUATION

Where appropriate **In-Patient/Day-Patient Treatment** is not available in the **Country of Residence**, the costs of **Evacuation** transport to the nearest appropriate medical facility, or to **Your** country of choice.

Covers one other person to act as escort.

#### ADDITIONAL TRAVEL EXPENSES

- to and from medical appointments
  - costs of accompanying person to and from the **Hospital** to visit the **Insured Person**
  - immediate pre and post-hospitalisation accommodation costs
- Economy class ticket to return **Insured Person** and escort back to their **Country of Residence** or to where the **Evacuation** occurred.

#### MORTAL REMAINS

In the event of death, from an eligible **Medical Condition**, the cost of transportation of the body or ashes of an **Insured Person** to his/her **Country of Residence** or **Country of Nationality**, or the costs of a burial or cremation at the place of death.

#### HOSPITAL CASH BENEFIT

Where **In-Patient Treatment** of an eligible **Medical Condition** is received and where accommodation and **Treatment** is free of charge.

#### ROUTINE TREATMENT OF CHRONIC CONDITIONS

Routine management and **Palliative Treatment** in respect of a **Chronic Medical Condition** to include:

- routine check ups
- managing **Drugs and Dressings**
- **Hospital** accommodation
- nursing
- surgery

Not subject to the **Policy Excess**.

#### DIRECT SETTLEMENT NETWORK

Allows for nil **Excess** to be paid should **Out-Patient Treatment** be undertaken in one of **Our Direct Settlement Network** clinics.

### Significant exclusions or limitations

#### Exclusions

Does not include the cost of car hire.

#### Special Limitations

Limited to **In-Patient/Day-Patient Treatment** only and must be pre-authorized by **Us**.

#### Exclusions

All maternity or childbirth costs except **Treatment** as a result of complications of pregnancy.

#### Out-Patient Treatment.

#### Special Limitations

Must be pre-authorized by **Us** and under **Our** supervision.

Where choosing **Your** country of choice, this is limited to appropriate medical facilities being in place and where it is medically suitable at **Our** discretion.

#### Special Limitations

Covers costs only following an **Evacuation**.

Pre and Post-hospitalisation accommodation costs limited to £95, US\$/€150 per person per day to a total of £3,000, US\$/€5,000 per **Evacuation**.

#### Special Limitations

Cover limited to £5,300, US\$/€8,500 per person.

#### Special Limitations

Cash **Benefit** is limited to £75, US\$/€125 per night for a maximum of 20 nights **Hospital** stay.

Not applicable to **Accident** and **Emergency** admissions.

#### Exclusions

Does not cover **Chronic Medical Conditions** which pre-date **Your** original **Date of Entry**.

#### Special Limitations

Limited to £9,375, US\$/€15,000 per **Period of Cover**.

#### Special Limitations

Applies only to £50, US\$/€80 **Excess** option. Restricted to clinics in selected countries only. Treatment not undertaken in one of the listed clinics is subject to an **Excess** of £50, US\$/€80.

### Section of the Policy that contains further details

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy** Booklet on pages 9 to 11 in the section entitled "**Policy Cover**".

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**Policy** exclusions are shown on pages 12 to 13 of the **Policy** Booklet under the section entitled "Exclusions".

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy** Booklet on pages 9 to 11 in the section entitled "**Policy Cover**".

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Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy** Booklet on pages 9 and 11, in the section entitled "Product Options" as option 003.

**Policy** exclusions are shown on pages 12 to 13 of the **Policy** Booklet under the section entitled "Exclusions".

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy** Booklet on pages 9 to 11 in the section entitled "**Policy Cover**".

## POLICY SUMMARY

### Significant features and Benefits

#### BLOOD CARE FOUNDATION

Ensures the availability of screened blood and sterile equipment in **Emergency** situations anywhere in the world where such supplies are not readily available.

### Significant exclusions or limitations

#### Exclusions

Blood for **Elective** surgery.

### Section of the Policy that contains further details

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

#### ADDITIONAL OPTION

#### USA ELECTIVE TREATMENT

Extends cover to provide for choosing to have **Treatment** in the USA which is not only due to an **Accident** or **Emergency**.

#### Special Limitations

Any **In-Patient** or **Day-Patient Treatment** which is not undertaken within **Our Provider Network**, is subject to a 50% **Co-insurance** and an annual limit of £625,000, US\$/€1,000,000.

Full details of this product option are shown in the **Policy Booklet** under the "**Product Options**" section on page 17 as option 004.

# LIFESTYLE PLUS

This document provides a summary of the cover provided. Full details can be found in the **Policy Booklet**. Where **You** have purchased cover **You** should refer to **Your** own **Benefit Schedule**, **Policy Booklet** and **Policy Schedule** including any endorsements which apply for full details of **Your** cover.

**Your** insurer is Aetna Health Insurance Company of Europe Limited.

## Type of Insurance

International Private Medical Insurance

## Period of Insurance

The Policy will last for one year and will be renewable on an annual basis.

## POLICY SUMMARY

### Significant features and Benefits

Cover under this **Policy** is up to a maximum of £1,000,000, US\$/€1,600,000 per **Insured Person** per **Period of Cover**.

The **Policy** provides payment for **Treatment** of an eligible **Medical Condition** including:

#### In-Patient and Day-Patient Treatment

- accommodation charges
- **Drugs and Dressings**
- theatre charges
- **Specialist** fees
- diagnostic tests
- oncology, radiotherapy and chemotherapy
- scans and x-rays
- anaesthetist fees
- nursing
- intensive care unit costs
- psychiatric **Treatment**
- reconstructive surgery
- **Organ Transplant**
- **Rehabilitation**
- ancillary charges

### Significant exclusions or limitations

#### GENERAL EXCLUSIONS

Cover is not provided for any **Medical Condition** or **Related Condition** in existence before or at the **Date of Entry** to **Your Policy** until it has been **Treatment**, symptom and advice free for two consecutive years following the **Date of Entry**.

General exclusions also include:

- **Chronic Medical Conditions** which pre-date **Your** original **Date of Entry**
- infertility/sterilisation
- cosmetic **Treatment**
- alcohol, drug or solvent abuse
- sexually transmitted diseases
- non-**Emergency Treatment** in the USA
- **Elective** medical check-ups, vaccinations

#### GENERAL LIMITATIONS

Costs are subject to a **Reasonable and Customary** level based on the average **Treatment** costs applicable to the region in which the **Treatment** was received, as determined by **Us**.

**Below are noted the exclusions and limitations applied to each section.**

#### Special Limitations

**In-Patient** (including **Day-Patient**) psychiatric **Treatment** is restricted to a maximum of 30 days per person, per **Period of Cover** and must be pre-authorised.

Reconstructive surgery must be undertaken within 12 months of an **Accident** or injury which has caused disfigurement.

**Rehabilitation** cover is limited to 120 days per **Medical Condition**.

Ancillary charges up to £625, US\$/€1,000 per **Medical Condition**.

### Section of the Policy that contains further details

Full details of the general exclusions noted, and the other **Policy** exclusions are shown on pages 12 to 13 of the **Policy Booklet** under the section entitled "General Exclusions".

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "Policy Cover".

## POLICY SUMMARY

### Significant features and Benefits

#### OUT-PATIENT TREATMENT

- **Medical Practitioner** visits
- diagnostic procedures
- **Specialist** consultations
- **Drugs and Dressings**
  - physiotherapy
  - CT/MRI scans
- **Out-Patient** surgery
- oncology **Treatment**
- psychiatric **Treatment**
- acupuncture, homeopathic, osteopathic, chiropractic, podiatry **Treatment**
- traditional Chinese medicine

#### HOME NURSING

The services only of a **Qualified Nurse** immediately after a period of **In-Patient Treatment** and on the recommendation of a **Specialist**.

#### ADDITIONAL HOSPITAL ACCOMMODATION COSTS

- parental accommodation
- **New Born** accommodation

#### AIDS COVER

Covers **Treatment** for HIV/AIDS/ARC

#### ACCIDENTAL DAMAGE TO TEETH

#### COMPLICATIONS OF PREGNANCY

Treatment in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including **Medically Necessary** caesarean sections.

#### NEW BORN CARE

**In-Patient Treatment** of an **Acute Medical Condition** given to a **New Born** baby within 30 days of its birth.

### Significant exclusions or limitations

#### Special Limitations

Psychiatric **Treatment** must be pre-authorised, limited to £3,125, US\$/€5,000 per **Period of Cover**.

Acupuncture, homeopathic, osteopathic, chiropractic **Treatment** limited to 10 sessions in aggregate per person per **Period of Cover**.

Traditional Chinese medicine limited to traditional Chinese medicine practitioners registered to practice in their **Country of Residence**. Cover limited to £20, US\$/€30 per session and to a maximum of 10 sessions.

#### Exclusions

Nursing for domestic reasons or convenience.

#### Special Limitations

Costs are limited to 28 weeks of nursing care provided per condition and subject to pre-authorisation.

#### Special Limitations

- limited to an adult staying with a child under the age of 18.
- limited to a **New Born** (under the age of 16 weeks).

#### Exclusions

Does not cover sexually transmitted HIV/AIDS.

#### Special Limitations

Cover limited to £6,250, US\$/€10,000 per **Period of Cover**.

#### Special Limitations

Limited to **Treatment** initially undertaken in an **Emergency** room in a **Hospital** within seven days of the **Accident**. Must be damage caused to sound, natural teeth.

#### Exclusions

Any complications of pregnancy where the date of conception is within the first 12 months from the **Date of Entry**.

#### Special Limitations

Caesarean sections are not classed as **Medically Necessary** if they are as a result of a previous **Elective** caesarean section.

#### Exclusions

Birth injuries, **Congenital Anomalies**, genetic deformities or **Hereditary Medical Conditions**.

#### Special Limitations

**Benefit** limited to 30 days **Hospital** stay and to a maximum of £6,250, US\$/€10,000.

### Section of the Policy that contains further details

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 and 11 in the section entitled "Product Options" as option 002.

**Policy** exclusions are shown on pages 12 to 13 of the **Policy Booklet** under the section entitled "Exclusions"

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

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**Policy** exclusions are shown on pages 12 to 13 of the **Policy Booklet** under the section entitled "Exclusions".

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

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## POLICY SUMMARY

### Significant features and Benefits

#### EMERGENCY TRANSPORTATION

To and from **Hospital** where **Medically Necessary**

#### EVACUATION

Where appropriate **In-Patient/Day-Patient Treatment** is not available in the **Country of Residence**, the costs of **Evacuation** transport to the nearest appropriate medical facility, or to **Your** country of choice.

Covers one other person to act as escort.

#### ADDITIONAL TRAVEL EXPENSES

- To and from medical appointments
  - Costs of accompanying person to and from the **Hospital** to visit the **Insured Person**
  - Immediate pre and post-hospitalisation accommodation costs
- Economy class ticket to return **Insured Person** and escort back to their **Country of Residence** or to where the **Evacuation** occurred.

#### MORTAL REMAINS

In the event of death, from an eligible **Medical Condition**, the cost of transportation of the body or ashes of an **Insured Person** to his/her **Country of Residence** or **Country of Nationality**, or the costs of a burial or cremation at the place of death.

#### HOSPITAL CASH BENEFIT

Where **In-Patient Treatment** of an eligible **Medical Condition** is received and where accommodation and **Treatment** is free of charge.

#### ROUTINE TREATMENT OF CHRONIC CONDITIONS

Routine management and **Palliative Treatment** in respect of a **Chronic Medical Condition** to include:

- managing **Drugs and Dressings**
- **Hospital** accommodation
- nursing
- surgery

Not subject to the **Policy Excess**.

#### ROUTINE DENTAL TREATMENT

Fees of a **Dental Practitioner** to cover:

- examinations
- tooth cleaning
- normal compound fillings
- simple or non-surgical extractions

Not subject to the **Policy Excess**.

### Significant exclusions or limitations

#### Exclusions

Does not include the cost of car hire.

#### Special Limitations

Limited to **In-Patient/Day-Patient Treatment** only and must be pre-authorised by **Us**.

#### Exclusions

All maternity or childbirth costs except **Treatment** as a result of complications of pregnancy.

#### Special Limitations

Must be pre-authorised by **Us** and under **Our** supervision.

Where choosing **Your** country of choice, this is limited to appropriate medical facilities being in place and where it is medically suitable at **Our** discretion.

#### Special Limitations

Covers costs only following an **Evacuation**.

Pre and Post-hospitalisation accommodation costs limited to £95, US\$/€150 per person per day to a total of £3,000, US\$/€5,000 per **Evacuation**.

#### Special Limitations

Cover limited to £5,300, US\$/€8,500 per person.

#### Special Limitations

Cash **Benefit** is limited to £75, US\$/€125 per night for a maximum of 20 nights **Hospital** stay.

Not applicable to **Accident** and **Emergency** admissions.

#### Exclusions

Does not cover **Chronic Medical Conditions** which pre-date **Your** original **Date of Entry**.

#### Special Limitations

Limited to £9,375, US\$/€15,000 per **Period of Cover**.

#### Special Limitations

Cover is limited to £435, US\$/€700 per **Insured Person** per **Period of Cover**, with the **Insured Person** being responsible for 25% of the total value of the claim.

**Benefits** are subject to a six month wait period from **Your Date of Entry**.

### Section of the Policy that contains further details

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy** Booklet on pages 9 to 11 in the section entitled "**Policy Cover**".

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Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy** Booklet on pages 9 and 11, in the section entitled "Product Options" as option 002.

**Policy** exclusions are shown on pages 12 to 13 of the **Policy** Booklet under the section entitled "Exclusions".

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy** Booklet on pages 9 and 11, in the section entitled "Product Options" as option 003.

## POLICY SUMMARY

### Significant features and Benefits

#### MAJOR RESTORATIVE DENTAL TREATMENT

Fees of a **Dental Practitioner** to cover:

- removal of impacted, buried or unerupted teeth
- removal of roots, removal of solid odontomes
- Apicectomy, new or repair of bridge work, new or repair of crowns
- root canal **Treatment**, new or repair of upper or lower dentures

Not subject to the **Policy Excess**.

### Significant exclusions or limitations

#### Special Limitations

Cover is limited to £945, US\$/€1500 per **Insured Person** per **Period of Cover** in aggregate to Routine Dental, with the **Insured Person** being responsible for 25% of the total value of the claim.

**Benefits** are subject to a nine month wait period from **Your Date of Entry**.

### Section of the Policy that contains further details

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 and 11, in the section entitled "Product Options" as option 003.

#### ROUTINE PREGNANCY AND CHILDBIRTH

Not subject to the **Policy Excess**.

#### Special Limitations

**Benefit** is limited to £6,250, US\$/€10,000 for each pregnancy, with the **Insured Person** being responsible for 20% of the total value of the claim.

**Benefits** are subject to a 12 month wait period from **Your Date of Entry** to the date of conception.

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on page 17, in the section entitled "Product Options" as option 003.

#### DIRECT SETTLEMENT NETWORK

Allows for nil **Excess** to be paid should **Out-Patient Treatment** be undertaken in one of **Our Direct Settlement Network** clinics.

#### Special Limitations

Applies only to £50, US\$/€80 **Excess** option. Restricted to clinics in selected countries only. Treatment not undertaken in one of the listed clinics is subject to an **Excess** of £50, US\$/€80.

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

#### BLOOD CARE FOUNDATION

Ensures the availability of screened blood and sterile equipment in **Emergency** situations anywhere in the world where such supplies are not readily available.

#### Exclusions

Blood for **Elective** surgery.

Full details of the **Benefits** are shown in the **Benefit Schedule** and in the **Policy Booklet** on pages 9 to 11 in the section entitled "**Policy Cover**".

#### ADDITIONAL OPTION USA ELECTIVE TREATMENT

Extends cover to provide for choosing to have **Treatment** in the USA which is not only due to an **Accident** or **Emergency**.

#### Special Limitations

Any **In-Patient** or **Day-Patient Treatment** which is not undertaken within **Our Provider Network**, is subject to a 50% **Co-insurance** and an annual limit of £625,000, US\$/€1,000,000.

Full details of this product option are shown in the **Policy Booklet** under the "Product Options" section on page 17 as option 004.

This **Policy** Summary does not contain the terms and conditions of the non-investment insurance contract and should be read in conjunction with the **Policy** Booklet, **Policy Schedule** and **Benefit Schedule**.

**We** hope that **You** will be happy with **Your** cover. If, having examined the **Benefit Schedule**, **Policy** Booklet and **Policy Schedule** **You** decide not to proceed, **You** have 15 days from the **Commencement Date** of **Your** cover, or the receipt of these details and **Your Policy Schedule** (whichever is the later) to cancel **Your** cover. To do this **You** should contact **Your** Insurance Advisor or **Us**, or if **You** participate in a group **Policy**, **Your** employer or scheme administrator.

If **You** intend to make an **In-Patient** or **Day-Patient** claim **You** must contact the AGB Claims Service as soon as possible by telephoning +1 866 410 7359\*. Full details of the claims procedures are also noted in **Your Policy** Booklet on page 9.

**We** make every effort to maintain the highest standards but recognise that there may be occasions when the particular requirements of **Our** customers are not met. In these circumstances please contact AGB directly by telephone on +44 (0) 870 460 9923; by email at [EuropeServices@aetna.com](mailto:EuropeServices@aetna.com) or via [www.worldwidehealthplan.com](http://www.worldwidehealthplan.com). If **You** are still not satisfied, **You** can write to the Managing Director of Aetna Health Insurance Company of Europe Limited, Alexandra House, The Sweepstakes, Ballsbridge, Dublin 4, Republic of Ireland.

If **You** are still not satisfied, **You** can write to the Manager – Sales and Service of American Express Insurance Executive Office  
1st Floor, AMEX House, Edward Street, Brighton BN88 1AH, UK.

If **Your** concern or issue cannot be settled **You** may be entitled to refer it to the Financial Ombudsman Service. Further information on the Financial Ombudsman Service can be found on [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk) or **You** can telephone them on +44 (0)20 7964 1400.

This **Policy** is underwritten by Aetna Health Insurance Company of Europe Limited, Alexandra House, The Sweepstakes, Ballsbridge, Dublin 4, Republic of Ireland.

In the unlikely event that Aetna Global Benefits (Europe) Limited becomes insolvent and is unable to pay the **Benefits** under **Your Policy**, **You** are protected by the Financial Services Compensation Scheme (FSCS). The first £2,000 of any claim is protected in full. For amounts above this the FSCS will ensure that policyholders are compensated to 90% of the value that their **Policy** would have paid. Further information about the operation of the scheme is available on the FSCS website [www.fscs.org.uk](http://www.fscs.org.uk)

Aetna Health Insurance Company of Europe Limited, Alexandra House, The Sweepstakes, Ballsbridge, Dublin 4, Republic of Ireland.  
Aetna Global Benefits (Europe) Limited.  
Registered Address: 76 Shoe Lane, London EC4A 3JB.  
Registered in England & Wales. Registered No. 04548434.  
FSA Registered No. 310030. An Aetna Company.  
Authorised and Regulated by the Financial Services Authority.

Full details can be found on the FSA's register by visiting [www.fsa.gov.uk](http://www.fsa.gov.uk) or by contacting the FSA on 0845 606 1234.

\* International toll free number requires an access code. Please refer to the website [www.att.com/business\\_traveler](http://www.att.com/business_traveler) to locate the number for the country from which you are dialling. If your country is not listed, please call collect on +1 813 775 0244.





# AETNA GLOBAL BENEFITS®

[www.worldwidehealthplan.com](http://www.worldwidehealthplan.com)

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Aetna does not provide care or guarantee access to health services. Not all health services are covered. Health information programmes provide general health information and are not a substitute for diagnosis or treatment by a health care professional. See plan documents for a complete description of benefits, exclusions, limitations and conditions of cover.

