

# Policy Summary

INTERNATIONAL HEALTHCARE PLAN  
EFFECTIVE 1<sup>ST</sup> NOVEMBER 2009

AETNA  
GLOBAL  
BENEFITS<sup>®</sup>

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# MAJOR MEDICAL

This document provides a summary of the cover provided. Full details can be found in the **Policy Wording**. Where **You** have purchased cover **You** should refer to **Your** own **Benefit Schedule**, **Policy Wording** 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	Significant exclusions and limitations	Section of the Policy that contains details
Cover under this <b>Policy</b> is up to a maximum of £1,000,000, €/US\$1,600,000 per <b>Insured Person</b> per <b>Period of Cover</b> .	<p><b>GENERAL EXCLUSIONS</b></p> <p>Cover is not provided for any <b>Medical Condition</b> in existence at the <b>Date of Entry</b> to the <b>Policy</b> until it has been <b>Treatment</b>, symptom and <b>Advice</b> free for two consecutive years following the <b>Date of Entry</b>.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> <li>• <b>Chronic Medical Conditions</b></li> <li>• normal pregnancy</li> <li>• infertility/sterilisation</li> <li>• dental <b>Treatment</b></li> <li>• cosmetic <b>Treatment</b></li> <li>• alcohol, drug or solvent abuse</li> <li>• sexually transmitted diseases</li> <li>• non-<b>Emergency Treatment</b> in the USA</li> <li>• <b>Elective</b> medical check-ups, vaccinations</li> </ul> <p><b>GENERAL LIMITATIONS</b></p> <p>Costs are subject to a reasonable and customary level based on the average <b>Treatment</b> costs applicable to the region in which the <b>Treatment</b> was received, as determined by <b>Us</b>.</p>	Full details of the general exclusions noted, and the other <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".
<b>The Policy provides payment for Treatment of an eligible Medical Condition including:</b>	<b>Below are noted the exclusions and limitations applied to each section.</b>	
<p><b>IN-PATIENT AND DAY-PATIENT TREATMENT</b></p> <ul style="list-style-type: none"> <li>• accommodation charges</li> <li>• <b>Drugs and Dressings</b></li> <li>• theatre charges</li> <li>• <b>Specialist</b> fees</li> <li>• diagnostic tests</li> <li>• oncology, radiotherapy and chemotherapy</li> <li>• scans and x-rays</li> <li>• anaesthetist fees</li> <li>• nursing</li> <li>• intensive care unit costs</li> <li>• psychiatric <b>Treatment</b></li> <li>• reconstructive surgery</li> <li>• <b>Organ Transplant</b></li> <li>• <b>Rehabilitation</b></li> </ul>	<p><b>Special Limitations</b></p> <p><b>In-Patient</b> (including <b>Day-Patient</b>) psychiatric <b>Treatment</b> is restricted to a maximum of 30 days per person, per <b>Period of Cover</b> and must be pre-authorized.</p> <p>Reconstructive surgery must be undertaken within 12 months of an <b>Accident</b> or injury which has caused disfigurement.</p> <p><b>Rehabilitation</b> cover is limited 120 days per <b>Medical Condition</b>.</p>	Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".
<p><b>OUT-PATIENT TREATMENT</b></p> <ul style="list-style-type: none"> <li>• CT/MRI scans</li> <li>• <b>Out-Patient</b> surgery</li> <li>• oncology <b>Treatment</b></li> <li>• <b>Out-Patient</b> follow-up <b>Treatment</b> following <b>Treatment</b> as an <b>In-Patient</b></li> <li>• ancillary charges</li> </ul>	<p><b>Special Limitations</b></p> <p><b>Out-Patient Treatment</b> immediately prior to and up to 60 days following <b>Hospitalisation</b>, limited to £1,000, US\$/€1,700 per <b>Medical Condition</b>.</p> <p>Ancillary charge up to £625, US\$/€1,000 per <b>Medical Condition</b>.</p>	Major Medical cover has restrictions from the <b>Benefits</b> shown in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover". The restrictions in <b>Benefits</b> are shown under option 001 of section 4 entitled "Product Options" on page 8.
<p><b>HOME NURSING</b></p> <p>The services only of a <b>Qualified Nurse</b> immediately after a period of <b>In-Patient Treatment</b> and on the recommendation of a <b>Specialist</b>.</p>	<p><b>Exclusions</b></p> <p>Nursing for domestic reasons or convenience.</p> <p><b>Special Limitations</b></p> <p>Costs are limited to 30 days of nursing care provided per condition and subject to pre-authorization.</p>	Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover". <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".

## POLICY SUMMARY

Significant features and Benefits	Significant exclusions and limitations	Section of the Policy that contains details
<p><b>ADDITIONAL HOSPITAL ACCOMMODATION COSTS</b></p> <ul style="list-style-type: none"> <li>parental accommodation</li> <li><b>New Born</b> accommodation</li> </ul>	<p><b>Special Limitations</b></p> <ul style="list-style-type: none"> <li>limited to an adult staying with a child under the age of 18.</li> <li>limited to a <b>New Born</b>, which is defined as under the age of 16 weeks.</li> </ul>	Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".
<p><b>AIDS COVER</b> Covers <b>Treatment</b> for HIV/AIDS/ARC.</p>	<p><b>Exclusions</b> Does not cover sexually transmitted HIV/AIDS.</p> <p><b>Special Limitations</b> Cover limited to £6,250, €/US\$10,000 per <b>Period of Cover</b>.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>ACCIDENTAL DAMAGE TO TEETH</b></p>	<p><b>Special Limitations</b> Limited to <b>Treatment</b> undertaken in an <b>Emergency</b> room in a <b>Hospital</b> within seven days of the <b>Accident</b>. Must be damage caused to sound, natural teeth.</p>	Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".
<p><b>COMPLICATIONS OF PREGNANCY</b> <b>Treatment</b> in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including <b>Medically Necessary</b> caesarean sections.</p>	<p><b>Special Limitations</b> Caesarean sections are not classed as <b>Medically Necessary</b> if they are as a result of a previous <b>Elective</b> caesarean section.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>NEW BORN CARE</b> <b>In-Patient Treatment</b> of an acute <b>Medical Condition</b> given to a <b>New Born</b> baby within 30 days of its birth.</p>	<p><b>Special Limitations</b> <b>Benefit</b> limited to 30 days <b>Hospital</b> stay and to a maximum of £62,500, €/US\$100,000.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>EMERGENCY TRANSPORTATION</b> To and from <b>Hospital</b> where <b>Medically Necessary</b>.</p>	<p><b>Exclusions</b> Does not include the costs of car hire.</p> <p><b>Special Limitations</b> Limited to <b>In-Patient/Day-Patient Treatment</b> only and must be pre-authorized.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>EVACUATION</b> Where appropriate <b>In-Patient/Day-Patient Emergency Treatment</b> is not available at the place of incident, the costs of <b>Evacuation</b> transport to the nearest appropriate medical facility.</p> <p>Covers one other person to act as escort.</p>	<p><b>Exclusions</b> All maternity or childbirth costs except <b>Treatment</b> as a result of complications of pregnancy.</p> <p><b>Out-Patient Treatment</b>.</p> <p><b>Special Limitations</b> Must be pre-authorized by <b>Us</b> and under <b>Our</b> supervision.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>ADDITIONAL TRAVEL EXPENSES</b></p> <ul style="list-style-type: none"> <li>to and from medical appointments</li> <li>costs of accompanying person to and from the <b>Hospital</b> to visit the <b>Insured Person</b></li> <li>immediate pre and post-<b>Hospitalisation</b> accommodation costs</li> </ul> <p>Economy class ticket to return <b>Insured Person</b> and escort back to their <b>Country of Residence</b> or to where the <b>Evacuation</b> occurred.</p>	<p><b>Special Limitations</b> Covers costs only following an <b>Evacuation</b>.</p> <p>Pre and Post-<b>Hospitalisation</b> accommodation costs limited to £95, €/US\$150 per person per day to a total of £3,000, €/US\$5,000 per <b>Evacuation</b>.</p>	Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".
<p><b>MORTAL REMAINS</b> In the event of death, the cost of transportation of the body or ashes of an <b>Insured Person</b> to his/her <b>Country of Residence</b> or <b>Country of Nationality</b>, or the costs of a burial or cremation at the place of death.</p>	<p><b>Special Limitations</b> Cover limited to £5,300, €/US\$8,500 per person.</p>	Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".
<p><b>HOSPITAL CASH BENEFIT</b> Where <b>In-Patient Treatment</b> of an eligible <b>Medical Condition</b> is received and where accommodation and <b>Treatment</b> is free of charge.</p>	<p><b>Special Limitations</b> Cash <b>Benefit</b> is limited to £75, €/US\$125 per night for a maximum of 20 nights <b>Hospital</b> stay.</p> <p>Not applicable to <b>Accident</b> and <b>Emergency</b> admissions.</p>	Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".

## POLICY SUMMARY

Significant features and Benefits	Significant exclusions and limitations	Section of the Policy that contains details
ADDITIONAL OPTIONS	All additional options have the same exclusions and limitations as those shown under the <b>In-Patient</b> , <b>Day-Patient</b> and <b>Out-Patient</b> sections above unless specifically stated.	Full details of the general exclusions noted, and the other <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".
<b>SEMI-PRIVATE ROOM RESTRICTION</b> (Available to residents of Hong Kong only).	<b>Special Limitations</b> <b>Hospital</b> accommodation is restricted to a semi- <b>Private Room</b> and corresponding rates when receiving <b>Treatment</b> as an <b>In-Patient/Day-Patient</b> .	Full details of this product option are shown in the <b>Policy Wording</b> under the "Product Options" section on page 9 as option 006.
<b>CHINA PRIVATE ROOM RESTRICTION</b> (Available to residents of mainland China only).	<b>Special Limitations</b> <b>Hospital</b> accommodation is restricted to a semi- <b>Private Room</b> and corresponding rates when receiving <b>Treatment</b> as an <b>In-Patient/Day-Patient</b> outside of mainland China.	Full details of this product option are shown in the <b>Policy Wording</b> under the "Product Options" section on page 9 as option 007.
<b>EXTENDED EVACUATION</b> Where appropriate <b>In-Patient/Day-Patient Emergency Treatment</b> is not available at the place of incident, the costs of <b>Evacuation</b> transport to the nearest appropriate medical facility, or to <b>Your</b> country of choice.  Covers one other person to act as escort.	<b>Special Limitations</b> The nominated country of choice must have medical facilities which are appropriate.	Full details of this product option are shown in the <b>Policy Wording</b> under the "Product Options" section on page 9 as option 009.

# FOUNDATION

This document provides a summary of the cover provided. Full details can be found in the **Policy Wording**. Where **You** have purchased cover **You** should refer to **Your** own **Benefit Schedule**, **Policy Wording** 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	Significant exclusions and limitations	Section of the Policy that contains details
<p>Cover under this <b>Policy</b> is up to a maximum of £1,000,000, €/\$1,600,000 per <b>Insured Person</b> per <b>Period of Cover</b>.</p>	<p><b>GENERAL EXCLUSIONS</b> Cover is not provided for any <b>Medical Condition</b> in existence at the <b>Date of Entry</b> to the <b>Policy</b> until it has been <b>Treatment</b>, symptom and <b>Advice</b> free for two consecutive years following the <b>Date of Entry</b>.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> <li>• <b>Chronic Medical Conditions</b></li> <li>• normal pregnancy</li> <li>• infertility/sterilisation</li> <li>• dental <b>Treatment</b></li> <li>• cosmetic <b>Treatment</b></li> <li>• alcohol, drug or solvent abuse</li> <li>• sexually transmitted diseases</li> <li>• non-<b>Emergency Treatment</b> in the USA</li> <li>• <b>Elective</b> medical check-ups, vaccinations</li> </ul> <p><b>GENERAL LIMITATIONS</b> Costs are subject to a reasonable and customary level based on the average <b>Treatment</b> costs applicable to the region in which the <b>Treatment</b> was received, as determined by Us.</p>	<p>Full details of the general exclusions noted, and the other <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>The Policy provides payment for Treatment of an eligible Medical Condition including:</b></p> <p><b>IN-PATIENT AND DAY-PATIENT TREATMENT</b></p> <ul style="list-style-type: none"> <li>• accommodation charges</li> <li>• <b>Drugs and Dressings</b></li> <li>• theatre charges</li> <li>• <b>Specialist</b> fees</li> <li>• diagnostic tests</li> <li>• oncology, radiotherapy and chemotherapy</li> <li>• scans and x-rays</li> <li>• anaesthetist fees</li> <li>• nursing</li> <li>• intensive care unit costs</li> <li>• psychiatric <b>Treatment</b></li> <li>• reconstructive surgery</li> <li>• <b>Organ Transplant</b></li> <li>• <b>Rehabilitation</b></li> </ul> <p><b>OUT-PATIENT TREATMENT</b></p> <ul style="list-style-type: none"> <li>• <b>Medical Practitioner</b> visits</li> <li>• diagnostic procedures</li> <li>• <b>Specialist</b> consultations</li> <li>• <b>Drugs and Dressings</b></li> <li>• physiotherapy</li> <li>• CT/MRI scans</li> <li>• <b>Out-Patient</b> surgery</li> <li>• oncology <b>Treatment</b></li> <li>• psychiatric <b>Treatment</b></li> <li>• acupuncture, homeopathic, osteopathic, podiatry, chiropractic <b>Treatment</b></li> <li>• traditional Chinese medicine</li> <li>• ancillary charges</li> </ul>	<p><b>Below are noted the exclusions and limitations applied to each section.</b></p> <p><b>Special Limitations</b> <b>In-Patient</b> (including <b>Day-Patient</b>) psychiatric <b>Treatment</b> is restricted to a maximum of 30 days per person, per <b>Period of Cover</b> and must be pre-authorised.</p> <p>Reconstructive surgery must be undertaken within 12 months of an <b>Accident</b> or injury which has caused disfigurement.</p> <p><b>Rehabilitation</b> cover is limited 120 days per <b>Medical Condition</b>.</p>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>OUT-PATIENT TREATMENT</b></p> <ul style="list-style-type: none"> <li>• <b>Medical Practitioner</b> visits</li> <li>• diagnostic procedures</li> <li>• <b>Specialist</b> consultations</li> <li>• <b>Drugs and Dressings</b></li> <li>• physiotherapy</li> <li>• CT/MRI scans</li> <li>• <b>Out-Patient</b> surgery</li> <li>• oncology <b>Treatment</b></li> <li>• psychiatric <b>Treatment</b></li> <li>• acupuncture, homeopathic, osteopathic, podiatry, chiropractic <b>Treatment</b></li> <li>• traditional Chinese medicine</li> <li>• ancillary charges</li> </ul>	<p><b>Special Limitations</b> Psychiatric <b>Treatment</b> must be pre-authorised, limited to £3,125, US\$/€5,000 per <b>Period of Cover</b>.</p> <p>Acupuncture, homeopathic, osteopathic, podiatry and chiropractic <b>Treatment</b> limited to 10 sessions in aggregate per person per <b>Period of Cover</b>.</p> <p>Traditional Chinese medicine cover is limited to £20,€/\$30 per session and to a maximum of 10 sessions.</p> <p>Ancillary charge up to £625, US\$/€1,000 per <b>Medical Condition</b>.</p>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>

## POLICY SUMMARY

Significant features and Benefits	Significant exclusions and limitations	Section of the Policy that contains details
<p><b>HOME NURSING</b> The services only of a <b>Qualified Nurse</b> immediately after a period of <b>In-Patient Treatment</b> and on the recommendation of a <b>Specialist</b>.</p>	<p><b>Exclusions</b> Nursing for domestic reasons or convenience.</p> <p><b>Special Limitations</b> Costs are limited to 30 days of nursing care provided per condition and subject to pre-authorisation.</p>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>ADDITIONAL HOSPITAL ACCOMMODATION COSTS</b></p> <ul style="list-style-type: none"> <li>parental accommodation</li> <li><b>New Born</b> accommodation</li> </ul>	<p><b>Special Limitations</b></p> <ul style="list-style-type: none"> <li>limited to an adult staying with a child under the age of 18.</li> <li>limited to a <b>New Born</b>, which is defined as under the age of 16 weeks.</li> </ul>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>AIDS COVER</b> Covers <b>Treatment</b> for HIV/AIDS/ARC</p>	<p><b>Exclusions</b> Does not cover sexually transmitted HIV/AIDS.</p> <p><b>Special Limitations</b> Cover limited to £6,250, €/US\$10,000 per <b>Period of Cover</b>.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in section 2 entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>ACCIDENTAL DAMAGE TO TEETH</b></p>	<p><b>Special Limitations</b> Limited to <b>Treatment</b> undertaken in an <b>Emergency</b> room in a <b>Hospital</b> within seven days of the <b>Accident</b>. Must be damage caused to sound, natural teeth.</p>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>COMPLICATIONS OF PREGNANCY</b> <b>Treatment</b> in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including <b>Medically Necessary</b> caesarean sections.</p>	<p><b>Exclusions</b> Any complications of pregnancy where the date of conception is within the first 12 months from the <b>Date of Entry</b>.</p> <p><b>Special Limitations</b> Caesarean sections are not classed as <b>Medically Necessary</b> if they are as a result of a previous <b>Elective</b> caesarean section.</p>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>NEW BORN CARE</b> <b>In-Patient Treatment</b> of an acute <b>Medical Condition</b> given to a <b>New Born</b> baby within 30 days of its birth.</p>	<p><b>Special Limitations</b> <b>Benefit</b> limited to 30 days <b>Hospital</b> stay and to a maximum of £62,500, €/US\$100,000.</p>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>EMERGENCY TRANSPORTATION</b> To and from <b>Hospital</b> where <b>Medically Necessary</b>.</p>	<p><b>Exclusions</b> Does not include the costs of car hire.</p> <p><b>Special Limitations</b> Limited to <b>In-Patient/Day-Patient Treatment</b> only and must be pre-authorised.</p>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>EVACUATION</b> Where appropriate <b>In-Patient/Day-Patient Emergency Treatment</b> is not available at the place of incident, the costs of <b>Evacuation</b> transport to the nearest appropriate medical facility.</p> <p>Covers one other person to act as escort.</p>	<p><b>Exclusions</b> All maternity or childbirth costs except <b>Treatment</b> as a result of complications of pregnancy.</p> <p><b>Out-Patient Treatment</b>.</p> <p><b>Special Limitations</b> Must be pre-authorised by <b>Us</b> and under <b>Our</b> supervision.</p>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>ADDITIONAL TRAVEL EXPENSES</b></p> <ul style="list-style-type: none"> <li>to and from medical appointments</li> <li>costs of accompanying person to and from the <b>Hospital</b> to visit the <b>Insured Person</b></li> <li>immediate pre and post-<b>Hospitalisation</b> accommodation costs</li> </ul> <p>Economy class ticket to return <b>Insured Person</b> and escort back to their <b>Country of Residence</b> or to where the <b>Evacuation</b> occurred.</p>	<p><b>Special Limitations</b> Covers costs only following an <b>Evacuation</b>.</p> <p>Pre and Post-<b>Hospitalisation</b> accommodation costs limited to £95, €/US\$150 per person per day to a total of £3,000, €/US\$5,000 per <b>Evacuation</b>.</p>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>MORTAL REMAINS</b> In the event of death, the cost of transportation of the body or ashes of an <b>Insured Person</b> to his/her <b>Country of Residence</b> or <b>Country of Nationality</b>, or the costs of a burial or cremation at the place of death.</p>	<p><b>Special Limitations</b> Cover limited to £5,300, €/US\$8,500 per person.</p>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>

**POLICY SUMMARY**

Significant features and Benefits	Significant exclusions and limitations	Section of the Policy that contains details
<p><b>HOSPITAL CASH BENEFIT</b> Where <b>In-Patient Treatment</b> of an eligible <b>Medical Condition</b> is received and where accommodation and <b>Treatment</b> is free of charge.</p>	<p><b>Exclusions</b> Nursing for domestic reasons or convenience.</p> <p><b>Special Limitations</b> Costs are limited to 30 days of nursing care provided per condition and subject to pre-authorization.</p>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>ADDITIONAL OPTIONS</b></p>	<p>All additional options have the same general exclusions and limitations as those shown under the <b>In-Patient, Day-Patient and Out-Patient</b> sections above unless specifically stated.</p>	<p>Full details of the general exclusions noted, and the other <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under section 3 entitled "Exclusions".</p>
<p><b>USA ELECTIVE TREATMENT</b> Extends cover to provide for choosing to have <b>Treatment</b> in the USA which is not only due to an <b>Accident</b> or <b>Emergency</b>.</p>	<p><b>Special Limitations</b> Any <b>In-Patient</b> or <b>Day-Patient Treatment</b> which is not undertaken within <b>Our Provider Network</b> is subject to a 50% <b>Co-insurance</b> and an annual limit of £625,000, €/US\$1,000,000.</p>	<p>Full details of this product option are shown in the <b>Policy Wording</b> under the "Product Options" section on page 9 as option 005.</p>
<p><b>SEMI-PRIVATE ROOM RESTRICTION</b> (Available to residents of Hong Kong only).</p>	<p><b>Special Limitations</b> <b>Hospital</b> accommodation is restricted to a semi-<b>Private Room</b> and corresponding rates when receiving <b>Treatment</b> as an <b>In-Patient/Day-Patient</b></p>	<p>Full details of this product option are shown in the <b>Policy Wording</b> under the "Product Options" section on page 9 as option 006.</p>
<p><b>CHINA PRIVATE ROOM RESTRICTION</b> (Available to residents of mainland China only).</p>	<p><b>Special Limitations</b> <b>Hospital</b> accommodation is restricted to a semi-<b>Private Room</b> and corresponding rates when receiving <b>Treatment</b> as an <b>In-Patient/Day-Patient</b> outside of mainland China.</p>	<p>Full details of this product option are shown in the <b>Policy Wording</b> under the "Product Options" section on page 9 as option 007.</p>
<p><b>DIRECT SETTLEMENT NETWORK</b> Allows for nil <b>Excess</b> to be paid should <b>Out-Patient Treatment</b> be undertaken in one of <b>Our Direct Settlement Network</b> clinics.</p>	<p><b>Special Limitations</b> Restricted to clinics in selected countries only. <b>Treatment</b> not undertaken in one of the listed clinics is subject to an <b>Excess</b> of £65, €/US\$100.</p>	<p>Full details of this product option are shown in the <b>Policy Wording</b> under the "Product Options" section on page 9 as option 008.</p>
<p><b>EXTENDED EVACUATION</b> Where appropriate <b>In-Patient/Day-Patient Emergency Treatment</b> is not available at the place of incident, the costs of <b>Evacuation</b> transport to the nearest appropriate medical facility, or to <b>Your</b> country of choice.</p> <p>Covers one other person to act as escort.</p>	<p><b>Special Limitations</b> The nominated country of choice must have medical facilities which appropriate.</p>	<p>Full details of this product option are shown in the <b>Policy Wording</b> under the "Product Options" section on page 9 as option 009.</p>

# LIFESTYLE

This document provides a summary of the cover provided. Full details can be found in the **Policy Wording**. Where **You** have purchased cover **You** should refer to **Your** own **Benefit Schedule**, **Policy Wording** 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	Significant exclusions and limitations	Section of the Policy that contains details
Cover under this <b>Policy</b> is up to a maximum of £1,000,000, €/\$1,600,000 per <b>Insured Person</b> per <b>Period of Cover</b> .	<p><b>GENERAL EXCLUSIONS</b> Cover is not provided for any <b>Medical Condition</b> in existence at the <b>Date of Entry</b> to the <b>Policy</b> until it has been <b>Treatment</b>, symptom and <b>Advice</b> free for two consecutive years following the <b>Date of Entry</b>.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> <li>• <b>Chronic Medical Conditions</b> which pre-date <b>Your</b> original <b>Date of Entry</b></li> <li>• normal pregnancy</li> <li>• infertility/sterilisation</li> <li>• dental <b>Treatment</b></li> <li>• cosmetic <b>Treatment</b></li> <li>• alcohol, drug or solvent abuse</li> <li>• sexually transmitted diseases</li> <li>• non-<b>Emergency Treatment</b> in the USA</li> <li>• <b>Elective</b> medical check-ups, vaccinations</li> </ul> <p><b>GENERAL LIMITATIONS</b> Costs are subject to a reasonable and customary level based on the average <b>Treatment</b> costs applicable to the region in which the <b>Treatment</b> was received, as determined by Us.</p>	Full details of the general exclusions noted, and the other <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".
<b>The Policy provides payment for Treatment of an eligible Medical Condition including:</b>	<b>Below are noted the exclusions and limitations applied to each section.</b>	
<p><b>IN-PATIENT AND DAY-PATIENT TREATMENT</b></p> <ul style="list-style-type: none"> <li>• accommodation charges</li> <li>• <b>Drugs and Dressings</b></li> <li>• theatre charges</li> <li>• <b>Specialist</b> fees</li> <li>• diagnostic tests</li> <li>• oncology, radiotherapy and chemotherapy</li> <li>• scans and x-rays</li> <li>• anaesthetist fees</li> <li>• nursing</li> <li>• intensive care unit costs</li> <li>• psychiatric <b>Treatment</b></li> <li>• reconstructive surgery</li> <li>• <b>Organ Transplant</b></li> <li>• <b>Rehabilitation</b></li> </ul>	<p><b>Special Limitations</b> <b>In-Patient</b> (including <b>Day-Patient</b>) psychiatric <b>Treatment</b> is restricted to a maximum of 30 days per person, per <b>Period of Cover</b> and must be pre-authorized.</p> <p>Reconstructive surgery must be undertaken within 12 months of an <b>Accident</b> or injury which has caused disfigurement.</p> <p><b>Rehabilitation</b> cover is limited 120 days per <b>Medical Condition</b>.</p>	Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".
<p><b>OUT-PATIENT TREATMENT</b></p> <ul style="list-style-type: none"> <li>• <b>Medical Practitioner</b> visits</li> <li>• diagnostic procedures</li> <li>• <b>Specialist</b> consultations</li> <li>• <b>Drugs and Dressings</b></li> <li>• physiotherapy</li> <li>• CT/MRI scans</li> <li>• <b>Out-Patient</b> surgery</li> <li>• oncology <b>Treatment</b></li> <li>• psychiatric <b>Treatment</b></li> <li>• acupuncture, homeopathic, osteopathic, podiatry, chiropractic <b>Treatment</b></li> <li>• traditional Chinese medicine</li> <li>• ancillary charges</li> </ul>	<p><b>Special Limitations</b> Psychiatric <b>Treatment</b> must be pre-authorized, limited to £3,125, US\$/€5,000 per <b>Period of Cover</b>.</p> <p>Acupuncture, homeopathic, osteopathic, chiropractic <b>Treatment</b> limited to 10 sessions in aggregate per person per <b>Period of Cover</b>. Traditional Chinese medicine cover is limited to £20, €/\$30 per session and to a maximum of 10 sessions.</p> <p>Ancillary charge up to £625, US\$/€1,000 per <b>Medical Condition</b>.</p>	Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".

## POLICY SUMMARY

Significant features and Benefits	Significant exclusions and limitations	Section of the Policy that contains details
<p><b>HOME NURSING</b> The services only of a <b>Qualified Nurse</b> immediately after a period of <b>In-Patient Treatment</b> and on the recommendation of a <b>Specialist</b>.</p>	<p><b>Exclusions</b> Nursing for domestic reasons or convenience.</p> <p><b>Special Limitations</b> Costs are limited to 28 weeks of nursing care provided per condition and subject to pre-authorization.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>ADDITIONAL HOSPITAL ACCOMMODATION COSTS</b></p> <ul style="list-style-type: none"> <li>parental accommodation</li> <li><b>New Born</b> accommodation</li> </ul>	<p><b>Special Limitations</b></p> <ul style="list-style-type: none"> <li>limited to an adult staying with a child under the age of 18.</li> <li>limited to a <b>New Born</b>, which is defined as under the age of 16 weeks.</li> </ul>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>AIDS COVER</b> Covers <b>Treatment</b> for HIV/AIDS/ARC</p>	<p><b>Exclusions</b> Does not cover sexually transmitted HIV/AIDS.</p> <p><b>Special Limitations</b> Cover limited to £6,250, €/US\$10,000 per <b>Period of Cover</b>.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>ACCIDENTAL DAMAGE TO TEETH</b></p>	<p><b>Special Limitations</b> Limited to <b>Treatment</b> undertaken in an <b>Emergency</b> room in a <b>Hospital</b> within seven days of the <b>Accident</b>. Must be damage caused to sound, natural teeth.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>COMPLICATIONS OF PREGNANCY</b> <b>Treatment</b> in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including <b>Medically Necessary</b> caesarean sections.</p>	<p><b>Exclusions</b> Any complications of pregnancy where the date of conception is within the first 12 months from the <b>Date of Entry</b>.</p> <p><b>Special Limitations</b> Caesarean sections are not classed as <b>Medically Necessary</b> if they are as a result of a previous <b>Elective</b> caesarean section.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>NEW BORN CARE</b> <b>In-Patient Treatment</b> of an acute <b>Medical Condition</b> given to a <b>New Born</b> baby within 30 days of its birth.</p>	<p><b>Special Limitations</b> <b>Benefit</b> limited to 30 days <b>Hospital</b> stay and to a maximum of £62,500, €/US\$100,000.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>EMERGENCY TRANSPORTATION</b> To and from <b>Hospital</b> where <b>Medically Necessary</b>.</p>	<p><b>Exclusions</b> Does not include the costs of car hire.</p> <p><b>Special Limitations</b> Limited to <b>In-Patient/Day-Patient Treatment</b> only and must be pre-authorized.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p>Full details of the specific exclusions noted, and the other <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy</b> wording under section 3 entitled "Exclusions".</p>
<p><b>EXTENDED EVACUATION</b> Where appropriate <b>In-Patient/Day-Patient Emergency Treatment</b> is not available at the place of incident, the costs of <b>Evacuation</b> transport to the nearest appropriate medical facility, or to <b>Your</b> country of choice.</p> <p>Covers one other person to act as escort.</p>	<p><b>Exclusions</b> Does not include <b>Treatment</b> as a result of complications of pregnancy. Excludes <b>Out-Patient Treatment</b>.</p> <p><b>Special Limitations</b> Must be pre-authorized by <b>Us</b> and under <b>Our</b> supervision.</p> <p>Where choosing <b>Your</b> country of choice, this is limited to appropriate medical facilities being in place and where it is medically suitable at <b>Our</b> discretion.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on page 8, in the section entitled "Product Options" as option 003.</p> <p>Full details of the specific exclusions noted, and the other <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy</b> wording under section 3 entitled "Exclusions"</p>
<p><b>ADDITIONAL TRAVEL EXPENSES</b></p> <ul style="list-style-type: none"> <li>to and from medical appointments</li> <li>costs of accompanying person to and from the <b>Hospital</b> to visit the <b>Insured Person</b></li> <li>immediate pre and post-<b>Hospitalisation</b> accommodation costs</li> </ul> <p>Economy class ticket to return <b>Insured Person</b> and escort back to their <b>Country of Residence</b> or to where the <b>Evacuation</b> occurred.</p>	<p><b>Special Limitations</b> Covers costs only following an <b>Evacuation</b>.</p> <p>Pre and post-<b>Hospitalisation</b> accommodation costs limited to £95,€/US\$150 per person per day to a total of £3,000, €/US\$5,000 per <b>Evacuation</b>.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>

## POLICY SUMMARY

Significant features and Benefits	Significant exclusions and limitations	Section of the Policy that contains details
<p><b>MORTAL REMAINS</b> In the event of death, the cost of transportation of the body or ashes of an <b>Insured Person</b> to his/her <b>Country of Residence</b> or <b>Country of Nationality</b>, or the costs of a burial or cremation at the place of death.</p>	<p><b>Special Limitations</b> Cover limited to £5,300, €/US\$8,500 per person.</p>	Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".
<p><b>HOSPITAL CASH BENEFIT</b> Where <b>In-Patient Treatment</b> of an eligible <b>Medical Condition</b> is received and where accommodation and <b>Treatment</b> is free of charge.</p>	<p><b>Special Limitations</b> Cash <b>Benefit</b> is limited to £75, €/US\$125 per night for a maximum of 20 nights <b>Hospital</b> stay.</p> <p>Not applicable to <b>Accident and Emergency</b> admissions.</p>	Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".
<p><b>ROUTINE TREATMENT OF CHRONIC CONDITIONS</b> Routine management and <b>Palliative Treatment</b> in respect of a <b>Chronic Medical Condition</b> to include:</p> <ul style="list-style-type: none"> <li>• routine check-ups</li> <li>• managing <b>Drugs and Dressings</b></li> <li>• <b>Hospital</b> accommodation</li> <li>• nursing</li> <li>• surgery</li> </ul> <p>Not subject to the <b>Policy Excess</b>.</p>	<p>Does not cover <b>Chronic Medical Conditions</b> which pre-date <b>Your</b> original <b>Date of Entry</b>.</p> <p><b>Special Limitations</b> Limited to £9,375, €/US\$15,000 per <b>Period of Cover</b>.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on page 8, in the section entitled "Product Options" as option 003.</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>ADDITIONAL OPTIONS</b></p>	<p>All additional options have the same exclusions and limitations as those shown under the <b>In-Patient, Day-Patient and Out-Patient</b> sections above unless specifically stated.</p>	Full details of the general exclusions noted, and the other <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions"
<p><b>USA ELECTIVE TREATMENT</b> Extends cover to provide for choosing to have <b>Treatment</b> in the USA which is not only due to an <b>Accident</b> or <b>Emergency</b>.</p>	<p><b>Special Limitations</b> Any <b>In-Patient</b> or <b>Day-Patient Treatment</b> which is not undertaken within <b>Our Provider Network</b>, is subject to a 50% <b>Co-insurance</b> and an annual limit of £625,000, €/US\$1,000,000.</p>	Full details of this product option are shown in the <b>Policy Wording</b> under the "Product Options" section on page 9 as option 005.
<p><b>SEMI-PRIVATE ROOM RESTRICTION</b> (Available to residents of Hong Kong only).</p>	<p><b>Special Limitations</b> <b>Hospital</b> accommodation is restricted to a semi-<b>Private Room</b> and corresponding rates when receiving <b>Treatment</b> as an <b>In-Patient/Day-Patient</b>.</p>	Full details of this product option are shown in the <b>Policy Wording</b> under the "Product Options" section on page 9 as option 006.
<p><b>CHINA PRIVATE ROOM RESTRICTION</b> (Available to residents of mainland China only).</p>	<p><b>Special Limitations</b> <b>Hospital</b> accommodation is restricted to a semi-<b>Private Room</b> and corresponding rates when receiving <b>Treatment</b> as an <b>In-Patient/Day-Patient</b> outside of mainland China.</p>	Full details of this product option are shown in the <b>Policy Wording</b> under the "Product Options" section on page 9 as option 007.
<p><b>DIRECT SETTLEMENT NETWORK</b> Allows for nil <b>Excess</b> to be paid should <b>Out-Patient Treatment</b> be undertaken in one of <b>Our Direct Settlement Network</b> clinics.</p>	<p><b>Special Limitations</b> Restricted to clinics in selected countries only. <b>Treatment</b> not undertaken in one of the listed clinics is subject to an <b>Excess</b> of £65, €/US\$100.</p>	Full details of this product option are shown in the <b>Policy Wording</b> under the "Product Options" section on page 9 as option 008.

# LIFESTYLE PLUS

This document provides a summary of the cover provided. Full details can be found in the **Policy Wording**. Where **You** have purchased cover **You** should refer to **Your** own **Benefit Schedule**, **Policy Wording** 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	Significant exclusions and limitations	Section of the Policy that contains details
Cover under this <b>Policy</b> is up to a maximum of £1,000,000, €/\$1,600,000 per <b>Insured Person</b> per <b>Period of Cover</b> .	<p><b>GENERAL EXCLUSIONS</b></p> <p>Cover is not provided for any <b>Medical Condition</b> in existence at the <b>Date of Entry</b> to the <b>Policy</b> until it has been <b>Treatment</b>, symptom and <b>Advice</b> free for two consecutive years following the <b>Date of Entry</b>.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> <li>• <b>Chronic Medical Conditions</b> which pre-date <b>Your</b> original <b>Date of Entry</b></li> <li>• infertility/sterilisation</li> <li>• cosmetic <b>Treatment</b></li> <li>• alcohol, drug or solvent abuse</li> <li>• sexually transmitted diseases</li> <li>• non-<b>Emergency Treatment</b> in the USA</li> <li>• <b>Elective</b> medical check-ups, vaccinations</li> </ul> <p><b>GENERAL LIMITATIONS</b></p> <p>Costs are subject to a reasonable and customary level based on the average <b>Treatment</b> costs applicable to the region in which the <b>Treatment</b> was received, as determined by <b>Us</b>.</p>	Full details of the general exclusions noted, and the other <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".
<b>The Policy provides payment for Treatment of an eligible Medical Condition including:</b>	<b>Below are noted the exclusions and limitations applied to each section.</b>	
<p><b>IN-PATIENT AND DAY-PATIENT TREATMENT</b></p> <ul style="list-style-type: none"> <li>• accommodation charges</li> <li>• <b>Drugs and Dressings</b></li> <li>• theatre charges</li> <li>• <b>Specialist</b> fees</li> <li>• diagnostic tests</li> <li>• oncology, radiotherapy and chemotherapy</li> <li>• scans and x-rays</li> <li>• anaesthetist fees</li> <li>• nursing</li> <li>• intensive care unit costs</li> <li>• psychiatric <b>Treatment</b></li> <li>• reconstructive surgery</li> <li>• <b>Organ Transplant</b></li> <li>• <b>Rehabilitation</b></li> </ul>	<p><b>Special Limitations</b></p> <p><b>In-Patient</b> (including <b>Day-Patient</b>) psychiatric <b>Treatment</b> is restricted to a maximum of 30 days per person, per <b>Period of Cover</b> and must be pre-authorized.</p> <p>Reconstructive surgery must be undertaken within 12 months of an <b>Accident</b> or injury which has caused disfigurement.</p> <p><b>Rehabilitation</b> cover is limited 120 days per <b>Medical Condition</b>.</p>	Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".
<p><b>OUT-PATIENT TREATMENT</b></p> <ul style="list-style-type: none"> <li>• <b>Medical Practitioner</b> visits</li> <li>• diagnostic procedures</li> <li>• <b>Specialist</b> consultations</li> <li>• <b>Drugs and Dressings</b></li> <li>• physiotherapy</li> <li>• CT/MRI scans</li> <li>• <b>Out-Patient</b> surgery</li> <li>• oncology <b>Treatment</b></li> <li>• psychiatric <b>Treatment</b></li> <li>• acupuncture, homeopathic, osteopathic, podiatry, chiropractic <b>Treatment</b></li> <li>• traditional Chinese medicine</li> <li>• ancillary charges</li> </ul>	<p><b>Special Limitations</b></p> <p>Psychiatric <b>Treatment</b> must be pre-authorized, limited to £3,125, US\$/€5,000 per <b>Period of Cover</b>.</p> <p>Acupuncture, homeopathic, osteopathic, chiropractic <b>Treatment</b> limited to 10 sessions in aggregate per person per <b>Period of Cover</b>.</p> <p>Traditional Chinese medicine cover is limited to £20,€/\$30 per session and to a maximum of 10 sessions.</p> <p>Ancillary charge up to £625, US\$/€1,000 per <b>Medical Condition</b>.</p>	Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".

## POLICY SUMMARY

Significant features and Benefits	Significant exclusions and limitations	Section of the Policy that contains details
<p><b>HOME NURSING</b> The services only of a <b>Qualified Nurse</b> immediately after a period of <b>In-Patient Treatment</b> and on the recommendation of a <b>Specialist</b>.</p>	<p><b>Exclusions</b> Nursing for domestic reasons or convenience.</p> <p><b>Special Limitations</b> Costs are limited to 28 weeks of nursing care provided per condition and subject to pre-authorisation.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>ADDITIONAL HOSPITAL ACCOMMODATION COSTS</b></p> <ul style="list-style-type: none"> <li>parental accommodation</li> <li><b>New Born</b> accommodation</li> </ul>	<p><b>Special Limitations</b></p> <ul style="list-style-type: none"> <li>limited to an adult staying with a child under the age of 18.</li> <li>limited to a <b>New Born</b>, which is defined as under the age of 16 weeks.</li> </ul>	<p>Full details of the <b>Benefits</b> and specific limitations are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>AIDS COVER</b> Covers <b>Treatment</b> for HIV/AIDS/ARC</p>	<p><b>Exclusions</b> Does not cover sexually transmitted HIV/AIDS.</p> <p><b>Special Limitations</b> Cover limited to £6,250, €/US\$10,000 per <b>Period of Cover</b>.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>ACCIDENTAL DAMAGE TO TEETH</b></p>	<p><b>Special Limitations</b> Limited to <b>Treatment</b> undertaken in an <b>Emergency</b> room in a <b>Hospital</b> within seven days of the <b>Accident</b>. Must be damage caused to sound, natural teeth.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>COMPLICATIONS OF PREGNANCY</b> <b>Treatment</b> in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including <b>Medically Necessary</b> caesarean sections.</p>	<p><b>Exclusions</b> Any complications of pregnancy where the date of conception is within the first 12 months from the <b>Date of Entry</b>.</p> <p><b>Special Limitations</b> Caesarean sections are not classed as <b>Medically Necessary</b> if they are as a result of a previous <b>Elective</b> caesarean section.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>NEW BORN CARE</b> <b>In-Patient Treatment</b> of an acute <b>Medical Condition</b> given to a <b>New Born</b> baby within 30 days of its birth.</p>	<p><b>Special Limitations</b> <b>Benefit</b> limited to 30 days <b>Hospital</b> stay and to a maximum of £62,500, €/US\$100,000.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p><b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>EMERGENCY TRANSPORTATION</b> To and from <b>Hospital</b> where <b>Medically Necessary</b>.</p>	<p><b>Exclusions</b> Does not include the costs of car hire.</p> <p><b>Special Limitations</b> Limited to <b>In-Patient/Day-Patient Treatment</b> only and must be pre-authorised.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p> <p>Full details of the specific exclusions noted, and the other <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy</b> wording under section 3 entitled "Exclusions".</p>
<p><b>EXTENDED EVACUATION</b> Where appropriate <b>In-Patient/Day-Patient Emergency Treatment</b> is not available at the place of incident, the costs of <b>Evacuation</b> transport to the nearest appropriate medical facility, or to <b>Your</b> country of choice.</p> <p>Covers one other person to act as escort.</p>	<p><b>Exclusions</b> Does not include <b>Treatment</b> as a result of complications of pregnancy. Excludes <b>Out-Patient Treatment</b>.</p> <p><b>Special Limitations</b> Must be pre-authorised by <b>Us</b> and under <b>Our</b> supervision.</p> <p>Where choosing <b>Your</b> country of choice, this is limited to appropriate medical facilities being in place and where it is medically suitable at <b>Our</b> discretion.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on page 8, in the section entitled "Product Options" as option 003.</p> <p>Full details of the specific exclusions noted, and the other <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy</b> wording under section 3 entitled "Exclusions"</p>
<p><b>ADDITIONAL TRAVEL EXPENSES</b></p> <ul style="list-style-type: none"> <li>to and from medical appointments</li> <li>costs of accompanying person to and from the <b>Hospital</b> to visit the <b>Insured Person</b></li> <li>immediate pre and post-<b>Hospitalisation</b> accommodation costs</li> </ul> <p>Economy class ticket to return <b>Insured Person</b> and escort back to their <b>Country of Residence</b> or to where the <b>Evacuation</b> occurred.</p>	<p><b>Special Limitations</b> Covers costs only following an <b>Evacuation</b>.</p> <p>Pre and post-<b>Hospitalisation</b> accommodation costs limited to £95,€/US\$150 per person per day to a total of £3,000, €/US\$5,000 per <b>Evacuation</b>.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>

## POLICY SUMMARY

Significant features and Benefits	Significant exclusions and limitations	Section of the Policy that contains details
<p><b>MORTAL REMAINS</b> In the event of death, the cost of transportation of the body or ashes of an <b>Insured Person</b> to his/her <b>Country of Residence</b> or <b>Country of Nationality</b>, or the costs of a burial or cremation at the place of death.</p>	<p><b>Special Limitations</b> Cover limited to £5,300, €/US\$8,500 per person.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>HOSPITAL CASH BENEFIT</b> Where <b>In-Patient Treatment</b> of an eligible <b>Medical Condition</b> is received and where accommodation and <b>Treatment</b> is free of charge.</p>	<p><b>Special Limitations</b> Cash <b>Benefit</b> is limited to £75, €/US\$125 per night for a maximum of 20 nights <b>Hospital</b> stay</p> <p>Not applicable to <b>Accident and Emergency</b> admissions.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefit Schedule</b> and in the <b>Policy Wording</b> on pages 4 to 5 in the section entitled "Cover".</p>
<p><b>ROUTINE TREATMENT OF CHRONIC CONDITIONS</b> Routine management and <b>Palliative Treatment</b> in respect of a <b>Chronic Medical Condition</b> to include:</p> <ul style="list-style-type: none"> <li>• routine check-ups</li> <li>• managing <b>Drugs and Dressings</b></li> <li>• <b>Hospital</b> accommodation</li> <li>• nursing</li> <li>• surgery</li> </ul> <p>Not subject to the <b>Policy Excess</b>.</p>	<p><b>Exclusions</b> Does not cover <b>Chronic Medical Conditions</b> which pre-date <b>Your original Date of Entry</b>.</p> <p><b>Special Limitations</b> Limited to £9,375, €/US\$15,000 per <b>Period of Cover</b>.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on page 8, in the section entitled "Product Options" as option 003.</p> <p><b>Policy exclusions</b> are shown on pages 6 to 7 of the <b>Policy Wording</b> under the section entitled "Exclusions".</p>
<p><b>ROUTINE DENTAL TREATMENT</b> Fees of a <b>Dental Practitioner</b> to cover:</p> <ul style="list-style-type: none"> <li>• examinations</li> <li>• tooth cleaning</li> <li>• normal compound fillings</li> <li>• simple or non-surgical extractions</li> </ul> <p>Not subject to the <b>Policy Excess</b>.</p>	<p><b>Special Limitations</b> Cover is limited to £435, €/US\$700 per <b>Insured Person</b> per <b>Period of Cover</b>, with the <b>Insured Person</b> being responsible for 25% of the total value of any claim.</p> <p><b>Benefits</b> are subject to a six month wait period from <b>Your Date of Entry</b>.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on page 8, in the section entitled "Product Options" as option 004.</p>
<p><b>MAJOR RESTORATIVE DENTAL TREATMENT</b> Fees of a <b>Dental Practitioner</b> to cover:</p> <ul style="list-style-type: none"> <li>• removal of impacted, buried or unerupted teeth</li> <li>• removal of roots, removal of solid odontomes</li> <li>• apicectomy, new or repair of bridge work, new or repair of crowns</li> <li>• root canal <b>Treatment</b>, new or repair of upper or lower dentures</li> </ul> <p>Not subject to the <b>Policy Excess</b>.</p>	<p><b>Special Limitations</b> Cover is limited to £945, €/US\$1500 per <b>Insured Person</b> per <b>Period of Cover</b> in aggregate to Routine Dental, with the <b>Insured Person</b> being responsible for 25% of the total value of the claim.</p> <p><b>Benefits</b> are subject to a nine month wait period from <b>Your Date of Entry</b>.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on page 8, in the section entitled "Product Options" as option 004.</p>
<p><b>ROUTINE PREGNANCY AND CHILDBIRTH</b> Not subject to the <b>Policy Excess</b>.</p>	<p><b>Special Limitations</b> <b>Benefit</b> is limited to £6,250, €/US\$10,000 for each pregnancy, with the <b>Insured Person</b> being responsible for 20% of the total value of the claim.</p> <p><b>Benefits</b> are subject to a 12 month wait period from <b>Your Date of Entry</b> to the date of conception.</p>	<p>Full details of the <b>Benefits</b> are shown in the <b>Benefits Schedule</b> and in the <b>Policy Wording</b> on page 8, in the section entitled "Product Options" as option 004.</p>

## POLICY SUMMARY

Significant features and Benefits	Significant exclusions and limitations	Section of the Policy that contains details
<p><b>ADDITIONAL OPTIONS</b></p>	<p>All additional options have the same exclusions and limitations as those shown under the <b>In-Patient, Day-Patient</b> and <b>Out-Patient</b> sections above unless specifically stated.</p>	<p>Full details of the specific exclusions noted, and the other <b>Policy</b> exclusions are shown on pages 6 to 7 of the <b>Policy</b> Wording under the section entitled "Exclusions".</p>
<p><b>USA ELECTIVE TREATMENT</b> Extends cover to provide for choosing to have <b>Treatment</b> in the USA which is not only due to an <b>Accident</b> or <b>Emergency</b>.</p>	<p><b>Special Limitations</b> Any <b>In-Patient</b> or <b>Day-Patient Treatment</b> which is not undertaken within <b>Our Provider Network</b>, is subject to a 50% <b>Co-insurance</b> and an annual limit of £625,000, €/US\$1,000,000.</p>	<p>Full details of this product option are shown in the <b>Policy</b> Wording under the "Product Options" section on page 9 as option 005.</p>
<p><b>SEMI-PRIVATE ROOM RESTRICTION</b> (Available to residents of Hong Kong only).</p>	<p><b>Special Limitations</b> <b>Hospital</b> accommodation is restricted to a semi-<b>Private Room</b> and corresponding rates when receiving <b>Treatment</b> as an <b>In-Patient/Day-Patient</b>.</p>	<p>Full details of this product option are shown in the <b>Policy</b> Wording under the "Product Options" section on page 9 as option 006.</p>
<p><b>CHINA PRIVATE ROOM RESTRICTION</b> (Available to residents of mainland China only).</p>	<p><b>Special Limitations</b> <b>Hospital</b> accommodation is restricted to a semi-<b>Private Room</b> and corresponding rates when receiving <b>Treatment</b> as an <b>In-Patient/Day-Patient</b> outside of mainland China.</p>	<p>Full details of this product option are shown in the <b>Policy</b> Wording under the "Product Options" section on page 9 as option 007.</p>
<p><b>DIRECT SETTLEMENT NETWORK</b> Allows for nil <b>Excess</b> to be paid should <b>Out-Patient Treatment</b> be undertaken in one of <b>Our Direct Settlement Network</b> clinics.</p>	<p><b>Special Limitations</b> Restricted to clinics in selected countries only. <b>Treatment</b> not undertaken in one of the listed clinics is subject to an <b>Excess</b> of £65, €/US\$100.</p>	<p>Full details of this product option are shown in the <b>Policy</b> Wording under the "Product Options" section on page 9 as option 008.</p>

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 Wording 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 Aetna Global **Benefits (AGB)**, 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 International Member Service Centre by dialling the number found on **Your** AGB membership ID card. Full details of the claims procedures are noted in **Your Policy** Wording on page 12.

**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 +1 866 320 4023\*; by e-mail at [europeservices@aetna.com](mailto:europeservices@aetna.com) or via [www.goodhealthworldwide.com](http://www.goodhealthworldwide.com). If **You** are still not satisfied, **You** can write to the Managing Director of Aetna Global Benefits (Europe) Limited, 2nd Floor, 8 Eastcheap, London, EC3M 1AE.

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.

#### Financial Services Compensation Scheme

Aetna Global Benefits (Europe) Limited is covered by the Financial Services Compensation Scheme (FSCS). This means that **You** may be entitled to compensation from the scheme if it cannot meet its obligations. This depends on the type of business and the circumstances of the claim and would provide cover for 100% of the first £2000 and 90% of the remainder of the claim without any upper limit. Further information about compensation is available from the FSCS at [www.fscs.org.uk](http://www.fscs.org.uk) or telephone 020 7892 7300.

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