



International Healthcare Plan Policy Summary

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Major Medical

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. It is the responsibility of the policyholder to continually review your policy in order to ensure that the plan selected continues to meet your needs and requirements.

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 policy is up to a maximum of €1,000,000, €/US\$1,600,000 per insured person per period of cover.</p>	<p>General exclusions Cover is not provided for any medical condition in existence at the date of entry to the policy until it has been treatment, symptom and advice free for two consecutive years following the date of entry.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> • 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 <p>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.</p>	<p>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".</p>
<p>The policy provides payment for treatment of an eligible medical condition including:</p> <p>In-patient and day-patient treatment</p> <ul style="list-style-type: none"> • 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 <p>Out-patient treatment</p> <ul style="list-style-type: none"> • CT/MRI scans • Outpatient surgery • Oncology treatment • Outpatient follow-up treatment following treatment as an in-patient 	<p>Below are noted the exclusions and limitations applied to each section.</p> <p>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.</p> <p>Reconstructive surgery must be undertaken within 12 months of an accident or injury which has caused disfigurement.</p> <p>Rehabilitation cover is limited 120 days per medical condition.</p> <p>Ancillary charges up to €625, US\$/€1,000 per medical condition.</p>	<p>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".</p>
<p>Out-patient treatment</p> <ul style="list-style-type: none"> • CT/MRI scans • Outpatient surgery • Oncology treatment • Outpatient follow-up treatment following treatment as an in-patient 	<p>Special limitations Out-patient treatment immediately prior to and up to 60 days following hospitalisation, limited to €1,000, US\$/€1,700 per medical condition.</p>	<p>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.</p>

POLICY SUMMARY

Significant features and benefits	Significant exclusions and limitations	Section of the policy that contains details
<p>Home nursing The services only of a qualified nurse immediately after a period of inpatient treatment and on the recommendation of a specialist.</p>	<p>Exclusions Nursing for domestic reasons or convenience.</p> <p>Special limitations Costs are limited to 30 days of nursing care provided per condition and subject to pre-authorisation.</p>	<p>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".</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "General exclusions".</p>
<p>Additional hospital accommodation costs</p> <ul style="list-style-type: none"> • Parental accommodation • New born accommodation 	<p>Special limitations</p> <ul style="list-style-type: none"> • Limited to an adult staying with a child under the age of 18. • Limited to a new born, which is defined as under the age of 16 weeks. 	<p>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".</p>
<p>AIDS cover Covers treatment for HIV/AIDS/ARC.</p>	<p>Exclusions Does not cover sexually transmitted HIV/AIDS.</p> <p>Special limitations Cover limited to £6,250, €/US\$10,000 per period of cover.</p>	<p>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".</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "General exclusions".</p>
<p>Accidental damage to teeth</p>	<p>Special limitations Limited to treatment undertaken in an emergency room in a hospital within seven days of the accident. Must be damage caused to sound, natural teeth.</p>	<p>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".</p>
<p>Complications of pregnancy Treatment in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including medically necessary caesarean sections.</p>	<p>Exclusions Any complications of pregnancy where the date of conception is within the first 12 months from the date of entry.</p> <p>Special limitations Caesarean sections are not classed as medically necessary if they are as a result of a previous elective caesarean section.</p>	<p>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".</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "General exclusions".</p>
<p>New born care Inpatient treatment of an acute medical condition given to a new born baby within 30 days of its birth.</p>	<p>Exclusions Birth injuries, congenital anomalies, genetic deformities or hereditary medical conditions.</p> <p>Special limitations Benefit limited to 30 days hospital stay and to a maximum of £62,500, €/US\$100,000.</p>	<p>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".</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "General exclusions".</p>
<p>Emergency transportation To and from hospital where medically necessary.</p>	<p>Exclusions Does not include the costs of car hire.</p> <p>Special limitations Limited to inpatient/day patient treatment only and must be pre-authorised.</p>	<p>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".</p>
<p>Evacuation Where appropriate in-patient/day-patient emergency 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.</p>	<p>Exclusions All maternity or childbirth costs except treatment as a result of complications of pregnancy.</p> <p>Out-patient treatment</p> <p>Special limitations Must be pre-authorised by us and under our supervision.</p>	<p>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".</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "General exclusions".</p>

POLICY SUMMARY

Significant features and benefits	Significant exclusions and limitations	Section of the policy that contains details
<p>Additional travel expenses</p> <ul style="list-style-type: none"> 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. <p>Economy class ticket to return insured person and escort back to their country of residence or to where the evacuation occurred.</p>	<p>Special limitations</p> <p>Covers costs only following an evacuation.</p> <p>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.</p>	<p>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".</p>
<p>Mortal remains</p> <p>In the event of death, 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.</p>	<p>Special limitations</p> <p>Cover limited to €5,300, €/US\$8,500 per person.</p>	<p>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".</p>
<p>Hospital cash benefit</p> <p>Where in-patient treatment of an eligible medical condition is received and where accommodation and treatment is free of charge.</p>	<p>Special limitations</p> <p>Cash benefit is limited to €75, €/US\$125 per night for a maximum of 20 nights hospital stay.</p> <p>Not applicable to accident and emergency admissions.</p>	<p>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".</p>
<p>Blood care foundation</p> <p>Ensures the availability of screened blood and sterile equipment in emergency situations anywhere in the world where such supplies are not readily available.</p>	<p>Exclusions</p> <p>Blood for elective surgery.</p>	<p>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".</p>
<p>Additional option USA elective treatment</p> <p>Extends cover to provide for choosing to have treatment in the USA which is not only due to an accident or emergency..</p>	<p>Special limitations</p> <p>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.</p>	<p>Full details of this product option are shown in the policy booklet under the "Product options" section on page 17 as option 004.</p>
<p>Excess options</p>	<p>Standard</p> <p>€0 US\$/€0</p> <p>Optional</p> <p>€625 or €3,000 US\$/€1,000 or US\$/€5,000</p>	

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	Significant exclusions and limitations	Section of the policy that contains details
<p>Cover under this policy is up to a maximum of £1,000,000, €/US\$1,600,000 per insured person per period of cover.</p>	<p>General exclusions Cover is not provided for any medical condition in existence at the date of entry to the policy until it has been treatment, symptom and advice free for two consecutive years following the date of entry.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> • 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 <p>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.</p>	<p>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".</p>
<p>The policy provides payment for treatment of an eligible medical condition including:</p> <p>In-patient and day-patient treatment</p> <ul style="list-style-type: none"> • 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 	<p>Below are noted the exclusions and limitations applied to each section.</p> <p>Special limitations Inpatient (including day patient) psychiatric treatment is restricted to a maximum of 30 days per person, per period of cover and must be pre-authorized.</p> <p>Reconstructive surgery must be undertaken within 12 months of an accident or injury which has caused disfigurement.</p> <p>Rehabilitation cover is limited 120 days per medical condition.</p> <p>Ancillary charge up to £625, US\$/€1,000 per medical condition.</p>	<p>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".</p>
<p>Out-patient treatment</p> <ul style="list-style-type: none"> • Medical practitioner visits • Diagnostic procedures • Specialist consultations • Drugs and dressings • Physiotherapy • CT/MRI scans • Outpatient surgery • Oncology treatment • Psychiatric treatment • Acupuncture, homeopathic, osteopathic, podiatry, chiropractic treatment • Traditional Chinese medicine 	<p>Special limitations Psychiatric treatment must be pre-authorized, limited to £3,125, US\$/€5,000 per period of cover.</p> <p>Acupuncture, homeopathic, osteopathic, chiropractic treatment limited to 10 sessions in aggregate per person per period of cover.</p> <p>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.</p>	<p>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".</p>

POLICY SUMMARY

Significant features and benefits	Significant exclusions and limitations	Section of the policy that contains details
<p>Home nursing The services only of a qualified nurse immediately after a period of inpatient treatment and on the recommendation of a specialist.</p>	<p>Exclusions Nursing for domestic reasons or convenience.</p> <p>Special limitations Costs are limited to 28 weeks of nursing care provided per condition and subject to pre-authorization.</p>	<p>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.</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "Exclusions".</p>
<p>Additional hospital accommodation costs</p> <ul style="list-style-type: none"> • Parental accommodation • New born accommodation 	<p>Special limitations</p> <ul style="list-style-type: none"> • Limited to an adult staying with a child under the age of 18. • Limited to a new born, which is defined as under the age of 16 weeks. 	<p>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 "Policy cover".</p>
<p>AIDS cover Covers treatment for HIV/AIDS/ARC</p>	<p>Exclusions Does not cover sexually transmitted HIV/AIDS.</p> <p>Special limitations Cover limited to €6,250, €/US\$10,000 per period of cover.</p>	<p>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 "Policy cover".</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "Exclusions".</p>
<p>Accidental damage to teeth</p>	<p>Special limitations Limited to treatment undertaken in an emergency room in a hospital within seven days of the accident. Must be damage caused to sound, natural teeth.</p>	<p>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 "Policy cover".</p>
<p>Complication of pregnancy Treatment in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including medically necessary caesarean sections.</p>	<p>Exclusions Any complications of pregnancy where the date of conception is within the first 12 months from the date of entry.</p> <p>Special limitations Caesarean sections are not classed as medically necessary if they are as a result of a previous elective caesarean section.</p>	<p>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 "Policy cover".</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "Exclusions".</p>
<p>New born care In-patient treatment of an acute medical condition given to a new born baby within 30 days of its birth.</p>	<p>Exclusions Birth injuries, congenital anomalies, genetic deformities or hereditary medical conditions.</p> <p>Special limitations Benefit limited to 30 days hospital stay and to a maximum of €62,500, €/US\$100,000.</p>	<p>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 "Policy cover".</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "Exclusions".</p>
<p>Emergency transportation To and from hospital where medically necessary.</p>	<p>Exclusions Does not include the costs of car hire.</p> <p>Special limitations Limited to inpatient/day patient treatment only and must be pre-authorized by us..</p>	<p>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 "Policy cover".</p>
<p>Evacuation Where appropriate in-patient/day-patient emergency 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.</p>	<p>Exclusions All maternity or childbirth costs except Treatment as a result of complications of pregnancy.</p> <p>Out-patient treatment</p> <p>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.</p>	<p>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 "Policy cover".</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "Exclusions".</p>

POLICY SUMMARY

Significant features and benefits	Significant exclusions and limitations	Section of the policy that contains details
<p>Additional travel expenses</p> <ul style="list-style-type: none"> 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 <p>Economy class ticket to return insured person and escort back to their country of residence or to where the evacuation occurred.</p>	<p>Special limitations</p> <p>Covers costs only following an Evacuation.</p> <p>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.</p>	<p>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 "Policy cover".</p>
<p>Mortal remains</p> <p>In the event of death, 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.</p>	<p>Special limitations</p> <p>Cover limited to €5,300, €/US\$8,500 per person.</p>	<p>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 "Policy cover".</p>
<p>Hospital cash benefit</p> <p>Where in-patient treatment of an eligible medical condition is received and where accommodation and treatment is free of charge.</p>	<p>Special limitations</p> <p>Cash benefit is limited to €75, €/US\$125 per night for a maximum of 20 nights hospital stay.</p> <p>Not applicable to accident and emergency admissions.</p>	<p>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 "Policy cover".</p>
<p>Routine treatment of chronic conditions</p> <p>Routine management and palliative treatment in respect of a chronic medical condition to include:</p> <ul style="list-style-type: none"> routine check-ups managing drugs and dressings hospital accommodation nursing surgery <p>Not subject to the policy Excess.</p>	<p>Exclusions</p> <p>Does not cover chronic medical conditions which pre-date your original date of entry.</p> <p>Special limitations</p> <p>Limited to €9,375, €/US\$15,000 per period of cover.</p>	<p>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".</p>
<p>Direct settlement network</p> <p>Allows for nil excess to be paid should out-patient treatment be undertaken in one of our direct settlement network clinics.</p>	<p>Special limitations</p> <p>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</p>	<p>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 "Policy cover".</p>
<p>Blood care foundation</p> <p>Ensures the availability of screened blood and sterile equipment in emergency situations anywhere in the world where such supplies are not readily available.</p>	<p>Exclusions</p> <p>Blood for elective surgery.</p>	<p>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 "Policy cover".</p>
<p>Additional option USA elective treatment</p> <p>Extends cover to provide for choosing to have treatment in the USA which is not only due to an accident or emergency.</p>	<p>Special limitations</p> <p>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.</p>	<p>Full details of this product option are shown in the policy booklet under the "Product options" section on page 17 as option 004.</p>
<p>Excess Options</p>	<p>Standard</p> <p>€50 US\$/€80</p> <p>Optional</p> <p>€0, €30, €100 or €150 US\$/€0, US\$/€50, US\$/€150 or €250</p>	

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	Significant exclusions and limitations	Section of the policy that contains details
<p>Cover under this policy is up to a maximum of €1,000,000, €/US\$1,600,000 per insured person per period of cover.</p>	<p>General exclusions Cover is not provided for any medical condition in existence at the date of entry to the policy until it has been treatment, symptom and advice free for two consecutive years following the date of entry.</p> <p>General exclusions also include:</p> <ul style="list-style-type: none"> • 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 <p>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.</p>	<p>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".</p>
<p>The policy provides payment for treatment of an eligible medical condition including:</p> <p>In-patient and day-patient treatment</p> <ul style="list-style-type: none"> • 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 <p>Outpatient treatment</p> <ul style="list-style-type: none"> • Medical practitioner visits • Diagnostic procedures • Specialist consultations • Drugs and dressings • Physiotherapy • CT/MRI scans • Outpatient surgery • Oncology treatment • Psychiatric treatment • Acupuncture, homeopathic, osteopathic, podiatry, chiropractic treatment • Traditional Chinese medicine 	<p>Below are noted the exclusions and limitations applied to each section.</p> <p>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.</p> <p>Reconstructive surgery must be undertaken within 12 months of an accident or injury which has caused disfigurement.</p> <p>Rehabilitation cover is limited 120 days per medical condition.</p> <p>Ancillary charge up to €625, US\$/€1,000 per medical condition</p> <p>Special limitations Psychiatric treatment must be pre-authorized, limited to €3,125, US\$/€5,000 per period of cover.</p> <p>Acupuncture, homeopathic, osteopathic, chiropractic treatment limited to 10 sessions in aggregate per person per period of cover.</p> <p>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..</p>	<p>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".</p> <p>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".</p>

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<p>Home nursing The services only of a qualified nurse immediately after a period of inpatient treatment and on the recommendation of a specialist.</p>	<p>Exclusions Nursing for domestic reasons or convenience.</p> <p>Special limitations Costs are limited to 28 weeks of nursing care provided per condition and subject to pre-authorisation.</p>	<p>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.</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "Exclusions".</p>
<p>Additional hospital accommodation costs</p> <ul style="list-style-type: none"> • Parental accommodation • New born accommodation 	<p>Special limitations</p> <ul style="list-style-type: none"> • Limited to an adult staying with a child under the age of 18. • Limited to a new born, which is defined as under the age of 16 weeks. 	<p>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".</p>
<p>AIDS cover Covers treatment for HIV/AIDS/ARC</p>	<p>Exclusions Does not cover sexually transmitted HIV/AIDS.</p> <p>Special limitations Cover limited to €6,250, €/US\$10,000 per period of cover.</p>	<p>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".</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "Exclusions".</p>
<p>Accidental damage to teeth</p>	<p>Special limitations Limited to treatment undertaken in an emergency room in a hospital within seven days of the accident. Must be damage caused to sound, natural teeth.</p>	<p>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".</p>
<p>Complications of pregnancy Treatment in the antenatal stages of pregnancy that requires a recognised obstetric procedure, including medically necessary caesarean sections.</p>	<p>Exclusions Any complications of pregnancy where the date of conception is within the first 12 months from the date of entry.</p> <p>Special limitations Caesarean sections are not classed as medically necessary if they are as a result of a previous elective caesarean section.</p>	<p>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".</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "Exclusions".</p>
<p>New born care In-patient treatment of an acute medical condition given to a new born baby within 30 days of its birth.</p>	<p>Exclusions Birth injuries, congenital anomalies, genetic deformities or hereditary medical conditions.</p> <p>Special limitations Benefit limited to 30 days hospital stay and to a maximum of €62,500, €/US\$100,000.</p>	<p>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".</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "Exclusions".</p>
<p>Emergency transportation To and from hospital where medically necessary.</p>	<p>Exclusions Does not include the costs of car hire.</p> <p>Special limitations Limited to inpatient/day patient treatment only and must be pre-authorised by us..</p>	<p>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".</p>
<p>Evacuation Where appropriate in-patient/day-patient emergency 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.</p>	<p>Exclusions All maternity or childbirth costs except treatment as a result of complications of pregnancy.</p> <p>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.</p>	<p>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".</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "Exclusions".</p>

POLICY SUMMARY

Significant features and benefits	Significant exclusions and limitations	Section of the policy that contains details
<p>Additional travel expenses</p> <ul style="list-style-type: none"> 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 <p>Economy class ticket to return insured person and escort back to their country of residence or to where the evacuation occurred.</p>	<p>Special limitations</p> <p>Covers costs only following an evacuation.</p> <p>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.</p>	<p>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".</p>
<p>Mortal remains</p> <p>In the event of death, 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.</p>	<p>Special limitations</p> <p>Cover limited to €5,300, €/US\$8,500 per person.</p>	<p>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".</p>
<p>Hospital cash benefit</p> <p>Where in-patient treatment of an eligible medical condition is received and where accommodation and treatment is free of charge.</p>	<p>Special limitations</p> <p>Cash Benefit is limited to €75, €/US\$125 per night for a maximum of 20 nights hospital stay.</p> <p>Not applicable to accident and emergency admissions.</p>	<p>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".</p>
<p>Routine treatment of chronic conditions</p> <p>Routine management and palliative treatment in respect of a chronic medical condition to include:</p> <ul style="list-style-type: none"> managing drugs and dressings hospital accommodation nursing surgery <p>Not subject to the policy Excess.</p>	<p>Exclusions</p> <p>Does not cover chronic medical conditions which pre-date your original date of entry.</p> <p>Special limitations</p> <p>Limited to €9,375, €/US\$15,000 per period of cover.</p>	<p>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 options" as option 002.</p> <p>Policy exclusions are shown on pages 12 to 13 of the policy booklet under the section entitled "Exclusions".</p>
<p>Routine dental treatment</p> <p>Fees of a dental practitioner to cover:</p> <ul style="list-style-type: none"> examinations tooth cleaning normal compound fillings simple or non-surgical extractions <p>Not subject to the policy excess.</p>	<p>Special limitations</p> <p>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 any claim.</p> <p>Benefits are subject to a six month wait period from your date of entry.</p>	<p>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 options" as option 003.</p>
<p>Major restorative dental treatment</p> <p>Fees of a dental practitioner to cover:</p> <ul style="list-style-type: none"> 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 <p>Not subject to the policy excess.</p>	<p>Special limitations</p> <p>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.</p> <p>Benefits are subject to a nine month wait period from your date of entry.</p>	<p>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 options" as option 003.</p>
<p>Routine pregnancy and childbirth</p> <p>Not subject to the policy excess.</p>	<p>Special limitations</p> <p>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.</p> <p>Benefits are subject to a 12 month wait period from your date of entry to the date of conception.</p>	<p>Full details of the benefits are shown in the benefit schedule and in the policy booklet on page 17 in the section entitled "Policy options" as option 003.</p>

POLICY SUMMARY

Significant features and benefits	Significant exclusions and limitations	Section of the policy that contains details
<p>Direct settlement network Allows for nil excess to be paid should out-patient treatment be undertaken in one of our direct settlement network clinics.</p>	<p>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.</p>	<p>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".</p>
<p>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.</p>	<p>Exclusions Blood for elective surgery.</p>	<p>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".</p>
<p>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.</p>	<p>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.</p>	<p>Full details of this product option are shown in the policy booklet under the "Product options" section on page 17 as option 004.</p>
<p>Excess options</p>	<p>Standard £50 US\$/€80 Optional £0, £30, £100 or £150 US\$/€0, US\$/€50, US\$/€150 or €250</p>	

Medical underwriting

Moratorium underwriting

Our standard approach to medical underwriting. At the member level, cover is not provided for any medical condition in existence on the date that individual is accepted into the policy (date of entry) until it has been treated such that the individual is symptom and advice-free for two consecutive years following the date of entry with regard to that medical condition. This policy does not cover the treatment of pre-existing chronic conditions.

Medical underwriting

Should we accept cover, we may apply additional terms and exclusions, which will be shown on your certificate of insurance.

Continuous transfer terms

For members wishing to transfer from other policies. This feature may incur additional premium. The acceptance by us of the member's original date of entry as shown by the member's current insurer will be applied to the member's policy with us. We will maintain the member's existing underwriting or special acceptance terms, as offered by the member's existing insurer, such as any moratoria or specific exclusions, and the member's policy with us will be governed by the terms and conditions of our policy. Any transfer will be subject to no enhanced benefits being provided. We reserve the right at all times to decline a continuous transfer terms request without giving any reason or impose/include additional exclusions.

This **policy** summary does not contain the terms and conditions of the noninvestment 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**, **you** employer or scheme administrator. The level of cover can only be changed at the renewal date. At that time, we will work with **you** to ensure any benefit level changes are appropriately adjusted.

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. Please ensure your claim form is completed in full and returned within 180 days of the treatment date.

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 or via www.aetnainternational.com/sites/americanexpress/how-to-complain.html. 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 Dept 333, 1 John Street, Brighton, BN88 1NH, UK. In return for intermediating this product, AEISEL will receive commission and will not charge a fee.

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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. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna International plans, refer to www.aetnainternational.com.

Whenever coverage provided by any insurance policy is in violation of any U.S., U.N or EU economic or trade sanctions, such coverage shall be null and void. For example, Aetna companies cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control (OFAC) license. Learn more on the US Treasury's website at: www.treasury.gov/resource-center/sanctions.

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 or **you** can telephone them below at:

0800 023 4567 (fixed line)

0300 123 9 123 (collect)

+44 20 7964 0500 (outside the UK)

The law applicable to this **policy** shall be specified in the **certificate of insurance**. If no law is specified, then the **policy** shall be construed according to the laws of England, and shall be subject to the non-exclusive jurisdiction of the courts of England and Wales.

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

In return for intermediating this product, AEISEL will receive commission and will not charge a fee.

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.

Aetna Health Insurance Company of Europe Limited, Alexandra House, The Sweepstakes, Ballsbridge, Dublin 4, Republic of Ireland. Aetna Global Benefits (Europe) Limited.

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*International toll free number requires an access code. Please refer to the website 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.

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