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Build your own kind of healthy **Aetna PioneerSM 1750 – 5000** **Benefits schedule**

GBP

For plans with a start date on or after 1 January 2016



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Whether you're choosing your plan or choosing how to use it, **this Benefits schedule will provide the details you need.**



Aetna PioneerSM 1750 – 5000

Benefits schedule 2016

You or your personal representative must request preauthorisation for any:

- Medical evacuation
- Inpatient or daycare treatment admission
- Psychiatric treatment
- Prescription for more than three months' supply of drugs for the management of a chronic medical condition
- Single treatment or service that costs more than GBP 325 or equivalent

All preauthorisation must be requested before treatment or services are received or costs are incurred. If it is not possible to request preauthorisation for an emergency we expect to be notified of the event within 24 hours. See your Claims procedures for full details. Please also see condition C3 in your Handbook.

		Aetna Pioneer SM 1750	Aetna Pioneer SM 2500	Aetna Pioneer SM 4000	Aetna Pioneer SM 5000
1	OVERALL PLAN LIMIT				
1.1	Reasonable costs will be paid for you up to the overall plan limit in the plan year. We will not pay any more than the overall plan limit for any one or more claims on any one or more of the benefits below. Where a benefit limit is shown as 'Paid in full', this is still subject to the overall plan limit. Unless stated, all benefit limits shown apply for the plan year.	GBP 1,100,000	GBP 1,575,000	GBP 2,500,000	GBP 3,125,000
2	INPATIENT AND DAYCARE TREATMENT (SEE SECTION 24 FOR DEDUCTIBLES) For acute and chronic medical conditions				
2.1	Medical costs including intensive care costs, theatre costs, hospital accommodation, medical practitioners' and specialists' fees, anaesthetists' fees, nursing fees, kidney dialysis, appliances and prescribed drugs and dressings.	Paid in full	Paid in full	Paid in full	Paid in full
2.2	MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.				
2.3	Reconstructive surgery to restore natural function or appearance within 12 months of an accident or surgery.				
2.4	Speech and language therapy and occupational therapy as part of your inpatient treatment. This benefit is only available if the medical condition is covered under section 2.1 or 2.3.				
2.5	Medical services of a nurse as part of your inpatient or daycare treatment when these are received in your home instead of in hospital. This benefit is only available if the medical condition is covered under section 2.1 or 2.3.				
2.6	Inpatient treatment needed for acute medical conditions that begin before an insured member is eight days old. This benefit applies to all treatment that would normally be covered under sections 2.1 to 2.3, 2.5 or 8.1. Cover is only available if the pregnancy was the result of natural conception.	Paid up to a lifetime limit of GBP 100,000	Paid up to a lifetime limit of GBP 100,000	Paid up to a lifetime limit of GBP 100,000	Paid up to a lifetime limit of GBP 100,000

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3	PARENT ACCOMMODATION (SEE SECTION 24 FOR DEDUCTIBLES)				
3.1	Hospital accommodation costs for a parent or legal guardian to stay with an insured child aged 17 or under. This benefit is only available when the child is receiving inpatient treatment covered under sections 2.1 to 2.4.	Paid in full	Paid in full	Paid in full	Paid in full
3.2	If the costs of the insured child's inpatient admission are related to a medical condition covered under sections 2.6, 5, 6, 9.1, 11 to 14, 19.4 or 23.1, the hospital accommodation costs for a parent or legal guardian to stay with the insured child will be covered within the benefit limits of the same section.				
4	OUTPATIENT POST-HOSPITALISATION TREATMENT (SEE SECTION 24 FOR DEDUCTIBLES) For acute medical conditions				
4.1	Outpatient treatment for a period of 90 days from the date of discharge following each admission for inpatient or daycare treatment related to the same acute medical condition . This benefit covers medical practitioners' and specialists' fees, surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures .	Paid in full	Paid in full	Paid in full	Paid in full
5	REHABILITATION (SEE SECTION 24 FOR DEDUCTIBLES) For acute medical conditions and stabilisation of acute episodes of chronic medical conditions				
5.1	Rehabilitation for a medical condition covered under section 2.1 or 2.3. This benefit is only available if: <ul style="list-style-type: none"> • you have received inpatient treatment for three or more consecutive days for the same medical condition, and • you have stayed in hospital for three or more consecutive nights. Rehabilitation must be referred by a medical practitioner or specialist and start: <ul style="list-style-type: none"> • after you are discharged from hospital following your inpatient treatment, or • when you are transferred to a rehabilitation unit following your inpatient treatment. Your first session must be no more than 14 days after you are discharged or transferred. <p>This benefit covers inpatient, daycare and outpatient physiotherapy, speech and language therapy and occupational therapy. We will also pay for accommodation costs at the rehabilitation unit when medically necessary.</p>	Paid in full for up to 30 days following each admission	Paid in full for up to 60 days following each admission	Paid in full for up to 90 days following each admission	Paid in full for up to 120 days following each admission
5.2	Section 5.1 applies before any available benefit limit shown in sections 8.1, 8.2 and 8.3. If post-hospitalisation outpatient physiotherapy is needed following rehabilitation, the benefit limit shown in section 8.2 will only be available if the number of days shown in section 5.1 is less than 90 days. If this applies to you, the number of days of treatment available under section 8.2 will be 90 days minus the number of days shown in section 5.1.				
6	CANCER CARE (SEE SECTION 24 FOR DEDUCTIBLES)				
6.1	All treatment for, or related to, a diagnosed cancer. This includes palliative treatment and care during the end stages of a cancer.	Paid in full	Paid in full	Paid in full	Paid in full

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7	OUTPATIENT TREATMENT (SEE SECTION 24 FOR DEDUCTIBLES) For acute and chronic medical conditions				
7.1	Surgical procedures.	Paid in full	Paid in full	Paid in full	Paid in full
7.2	Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered under sections 2.1 to 2.3.	Paid up to GBP 625	Paid up to GBP 3,000	Paid up to GBP 10,000	
7.3	Medical practitioners' and specialists' fees, prescribed drugs and dressings, MRI scans, X-rays, pathology and diagnostic tests and procedures.	Not covered			
7.4	Kidney dialysis.				
7.5	PET and CT scans.	Paid in full	Paid in full		
8	PHYSIOTHERAPY AND COMPLEMENTARY MEDICINE (SEE SECTION 24 FOR DEDUCTIBLES) For acute and chronic medical conditions				
8.1	Physiotherapy as part of inpatient or daycare treatment.	Paid in full	Paid in full	Paid in full	Paid in full
8.2	Post-hospitalisation outpatient physiotherapy following admissions for inpatient or daycare treatment covered under sections 2.1 to 2.3 or 2.6. This benefit is available for a period of 90 days following each admission.	Paid up to GBP 500	Paid up to GBP 1,000	Paid up to GBP 1,250	
8.3	Outpatient physiotherapy when referred by a medical practitioner or specialist. Further medical information may be needed if you receive further treatment after you have completed the number of sessions that were referred by the medical practitioner or specialist.	Not covered			
8.4	Outpatient podiatry, osteopathic and chiropractic treatment, when referred by a medical practitioner or specialist. Further medical information may be needed if you receive further treatment after you have completed the number of sessions that were referred by the medical practitioner or specialist.		Paid up to GBP 2,500		
8.5	Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic treatment. Further medical information may be needed after any four sessions for any one medical condition.	Paid up to GBP 200		Paid up to GBP 500	Paid up to GBP 1,000
9	PSYCHIATRIC TREATMENT (SEE SECTION 24 FOR DEDUCTIBLES) For acute and chronic medical conditions				
9.1	Inpatient psychiatric treatment and psychotherapy. This benefit is available for up to 30 days in the plan year.	Not covered	Paid up to GBP 3,000	Paid up to GBP 6,000	Paid in full
9.2	Outpatient psychiatric treatment and psychotherapy.		Paid up to GBP 625	Paid up to GBP 1,250	Paid up to GBP 6,000

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10	DURABLE MEDICAL EQUIPMENT (SEE SECTION 24 FOR DEDUCTIBLES)				
10.1	<p>Durable medical equipment including prosthetic and orthotic supplies. We will pay for:</p> <ul style="list-style-type: none"> Items prescribed by a medical practitioner or specialist, which are needed to deliver, or facilitate the delivery of, prescribed drugs and dressings The purchase and fitting of devices or items medically necessary for treatment, including, but not limited to, spinal supports, orthopaedic braces and air cast boots The rental or initial purchase of crutches or a wheelchair if medically necessary The initial purchase and fitting of external prostheses needed following surgery, including, but not limited to, artificial eyes and limbs The purchase and fitting of medically necessary orthotic supplies, including, but not limited to, insoles and orthotic supports <p>This benefit does not extend to sight or hearing aids, the supply, modification or fitting of furniture, or any modifications to your personal or work environment.</p> <p>Cover is only available under this benefit if the treatment is covered under sections 2, 4, 5, 7 to 9 or 21.</p>	Paid up to GBP 625	Paid up to GBP 625	Paid up to GBP 625	Paid up to GBP 1,250
10.2	If the costs are related to a medical condition covered under sections 6, 11 to 14 or 23 these will be covered within the benefit limits of the same section. Cover under these sections does not extend to sight or hearing aids, the supply, modification or fitting of furniture, or any modifications to your personal or work environment.				
11	CONGENITAL ABNORMALITIES (SEE SECTION 24 FOR DEDUCTIBLES)				
11.1	All treatment for diagnosed congenital abnormalities and any related medical conditions . This includes palliative treatment and care during the end stages of a congenital abnormality or any related medical condition .	Not covered	Paid up to a lifetime limit of GBP 15,000	Paid up to a lifetime limit of GBP 30,000	Paid up to a lifetime limit of GBP 60,000
11.2	For organ transplants for congenital abnormalities and any related medical conditions , see section 13.				
12	HIV OR AIDS (SEE SECTION 24 FOR DEDUCTIBLES)				
12.1	All treatment , including palliative treatment and care, for diagnosed HIV or AIDS and all related medical conditions .	Not covered	Paid up to GBP 3,000	Paid up to GBP 6,000	Paid up to GBP 10,000
13	ORGAN TRANSPLANTS (SEE SECTION 24 FOR DEDUCTIBLES) For acute and chronic medical conditions and congenital abnormalities				
13.1	Kidney, pancreas, liver, heart or lung transplants and any related treatment .	Paid in full	Paid in full	Paid in full	Paid in full
14	TERMINAL CARE (SEE SECTION 24 FOR DEDUCTIBLES)				
14.1	Palliative treatment and care for a medical condition which is diagnosed as terminal .	Not covered	Paid in full	Paid in full	Paid in full
14.2	For terminal care related to cancer care, congenital abnormalities and HIV or AIDS, see sections 6, 11 and 12.				

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15	MEDICAL EVACUATION (SEE SECTION 24 FOR DEDUCTIBLES)				
15.1	<p>The costs to transport you to the nearest location where appropriate medical facilities are available, as agreed by us and by your attending medical practitioner.</p> <p>This benefit will only be paid if your medical condition is an emergency and we agree appropriate treatment is not available locally.</p> <p>This benefit extends to the costs for emergency treatment you receive during the journey.</p> <p>Where it is necessary to transport you outside your area of cover, any related costs that are incurred in the country you are evacuated to will be payable under the sections of your Benefits schedule that would normally apply when you are within your area of cover.</p> <p>Cover is only available under this benefit if the treatment is covered under sections 2, 4, 6, 7, 9 or 11 to 14.</p>	Paid in full	Paid in full	Paid in full	Paid in full
15.2	Economy class travel costs for you to go back to your country of residence , or your home country , after your emergency medical evacuation under section 15.1.				
15.3	<p>Costs of one dependant or companion having to accompany you for an emergency medical evacuation under section 15.1. This benefit will only become available if your medical condition is critical or you are expected to stay in hospital for seven or more nights. We will cover:</p> <ul style="list-style-type: none"> • Costs for return economy class travel, including taxi transfers to and from the hotel on arrival and departure • A taxi from the hotel to the hospital, and back, once a day • Reasonable overnight accommodation costs, to include breakfast 				
15.4	<p>The costs to transport you to appropriate medical facilities to receive treatment when your medical condition is not an emergency.</p> <p>We will cover costs for return economy class travel to a location of your choice within your area of cover if:</p> <ul style="list-style-type: none"> • we agree appropriate treatment is not available locally, and • we agree appropriate treatment is available in your chosen location. <p>We will also pay for airport taxi transfers.</p> <p>Cover is only available under this benefit if the treatment is covered under sections 2 or 4 to 14.</p>	<p>Not covered</p> <p>Paid up to a maximum of GBP 1,250 in the plan year, if this optional benefit has been chosen.</p>	<p>Not covered</p> <p>Paid up to a maximum of GBP 1,250 in the plan year, if this optional benefit has been chosen.</p>	<p>Not covered</p> <p>Paid up to a maximum of GBP 1,250 in the plan year, if this optional benefit has been chosen.</p>	<p>Not covered</p> <p>Paid up to a maximum of GBP 1,250 in the plan year, if this optional benefit has been chosen.</p>
15.5	Costs for medical evacuations do not extend to air-sea rescue, or any mountain rescue unless related to a medical condition you suffer at a recognised ski resort or similar winter sports resort.				

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16	LOCAL AMBULANCE (SEE SECTION 24 FOR DEDUCTIBLES)				
16.1	Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital because of an emergency or due to medical necessity . Cover is only available under this benefit if the treatment is covered under sections 2, 4, 6, 7, 9 or 11 to 14.	Paid in full	Paid in full	Paid in full	Paid in full
16.2	Costs for local ambulances do not extend to air-sea rescue, or any mountain rescue unless related to a medical condition you suffer at a recognised ski resort or similar winter sports resort.				
17	MORTAL REMAINS (SEE SECTION 24 FOR DEDUCTIBLES)				
17.1	In the event of your death we will pay reasonable costs for: <ul style="list-style-type: none"> the transportation of your body or mortal remains to your home country or your country of residence, or your burial or cremation at the place of your death. This benefit is only available if you die outside your home country . In the event of burial this benefit will cover: <ul style="list-style-type: none"> The cost of opening or reopening a grave Any exclusive right of burial fee Burial costs In the event of cremation this benefit will cover: <ul style="list-style-type: none"> The cost of any doctor's certificates Cremation costs, including the removal of any medical device before the cremation This benefit does not extend to the purchase of a burial plot, or funeral costs, including, but not limited to, flowers and the funeral director's fees.	Paid in full	Paid in full	Paid in full	Paid in full
18	COMPASSIONATE EMERGENCY VISIT (SEE SECTION 24 FOR DEDUCTIBLES)				
18.1	Costs you have to pay for an economy class return travel ticket from a country within your area of cover for you to visit a close family member : <ul style="list-style-type: none"> if their medical condition is critical, or to attend their burial or cremation following their death. You are limited to one return journey in the plan year .	Not covered	Not covered	Paid in full	Paid in full
19	DENTAL TREATMENT (SEE SECTION 24 FOR DEDUCTIBLES)				
19.1	Outpatient dental treatment for accidental damage to sound, natural teeth when: <ul style="list-style-type: none"> the treatment can only be provided after you have received inpatient treatment related to the accident, and the treatment is received no more than 90 days after you are discharged from hospital following your related inpatient treatment. This benefit includes the cost to supply and fit dental implants.	Paid in full	Paid in full	Paid in full	Paid in full

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19.2	Outpatient dental treatment for accidental damage to sound, natural teeth , except when the damage is caused through eating. Cover is only available when treatment for the accidental damage is received within ten days of the accident . This benefit also includes one follow-up consultation within 30 days of the accident .	Not covered	Paid up to GBP 325	Paid up to GBP 500	Paid up to GBP 1,000
19.3	Routine outpatient dental treatment , including treatment for accidental damage to sound, natural teeth when the damage is caused through eating. This benefit covers dental examinations, scraping, cleaning and polishing, gum treatment , X-rays, composite fillings and simple non-surgical extractions only. Cover is available after you have had 182 days' continuous cover from the date that the benefit was first introduced on your plan .			Not covered	Not covered
19.4	Major restorative dental treatment , including treatment for accidental damage to sound, natural teeth when the damage is caused through eating. This benefit covers: <ul style="list-style-type: none"> • Surgical extractions, including wisdom teeth • Root canal treatment • The cost to supply, fit and repair crowns, bridges and dentures • X-rays needed to support major restorative dental treatment Cover is available after you have had 182 days' continuous cover from the date that the benefit was first introduced on your plan .	Not covered	Not covered	Paid up to GBP 500 if this optional benefit has been chosen.	Paid up to GBP 1,000 if this optional benefit has been chosen.
20 WELLNESS					
20.1	Members aged 18 or over: routine health checks including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests and vaccinations.			Paid up to GBP 325	Paid up to GBP 625
20.2	Members aged 17 or under: routine health checks and vaccinations.	Not covered	Not covered		
20.3	Preventative services for sight and hearing: one sight examination and one hearing examination in the plan year .			Not covered	Paid up to GBP 150
21 HORMONE REPLACEMENT THERAPY (SEE SECTION 24 FOR DEDUCTIBLES)					
21.1	Hormone replacement therapy for symptoms of the menopause.	Not covered	Not covered	Paid up to GBP 325	Paid up to GBP 325
22 HOSPITAL CASH					
22.1	Payment made to you for each night you stay in a hospital when receiving inpatient treatment : <ul style="list-style-type: none"> • if your inpatient treatment and hospital accommodation are provided free of charge, and • the treatment or services received would normally be covered under sections 2, 6, 9, 11 to 14 or 19.4 and you have completed any waiting periods shown in the relevant section. This benefit is payable for up to 20 nights in the plan year .	GBP 75 paid to you for each night	GBP 75 paid to you for each night	GBP 75 paid to you for each night	GBP 75 paid to you for each night

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23	EMERGENCY TREATMENT OUTSIDE AREA OF COVER (SEE SECTION 24 FOR DEDUCTIBLES)				
23.1	Inpatient and daycare treatment when your medical condition is an emergency and you are outside your area of cover .	Paid up to GBP 3,000	Paid up to GBP 10,000	Paid up to GBP 20,000	Paid up to GBP 30,000
23.2	Outpatient treatment when your medical condition is an emergency and you are outside your area of cover .	Not covered	Paid up to GBP 325	Paid up to GBP 325	Paid up to GBP 325
23.3	Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital . This benefit is only available when your medical condition is an emergency and you are outside your area of cover .	Paid up to GBP 325	Paid up to GBP 325	Paid up to GBP 325	Paid up to GBP 325
23.4	Cover is only available under this benefit if the emergency would normally be covered under sections 2, 4, 6, 7, 9 or 11 to 14 when you are within your area of cover .				
24	DEDUCTIBLES				
24.1	Annual excess applies to sections 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19.1, 19.2, 21 and 23. This is the total excess that you will pay for any one or more claims in the plan year . An additional deductible may apply for treatment or services received outside of the network , see section 24.4.	GBP 1,250 If a voluntary excess of Nil, GBP 625 or GBP 2,500 has been chosen, this will apply instead.	Not applicable	Not applicable	Not applicable
24.2	Outpatient coinsurance on sections 4, 5, 7, 8.2, 8.3, 8.4, 8.5, 9.2, 10, 11, 12, 13, 14, 19.1, 19.2, 21 and 23.2. This coinsurance is applied to each claim. Where a maximum is shown, this applies to any one or more claims you make in the plan year . An additional deductible may apply for treatment or services received outside of the network , see section 24.4.	Not applicable	10% up to a maximum of GBP 1,250 If a voluntary coinsurance of 0%, 20% up to a maximum of GBP 2,500, or 30% up to a maximum of GBP 3,000 has been chosen, this will apply instead.	10% up to a maximum of GBP 1,250 If a voluntary coinsurance of 0%, 20% up to a maximum of GBP 2,500, or 30% up to a maximum of GBP 3,000 has been chosen, this will apply instead.	10% up to a maximum of GBP 1,250 If a voluntary coinsurance of 0%, 20% up to a maximum of GBP 2,500, or 30% up to a maximum of GBP 3,000 has been chosen, this will apply instead.
24.3	Dental coinsurance on sections 19.3 and 19.4. This coinsurance is applied to each claim.	Not applicable	Not applicable	25% This coinsurance applies if the optional routine and major restorative dental treatment benefit has been chosen.	25% This coinsurance applies if the optional routine and major restorative dental treatment benefit has been chosen.

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24.4	<p>Out-of-network deductible on sections 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14 and 21 if:</p> <ul style="list-style-type: none"> an appropriate provider within the network is available in the location where you receive treatment or services, but you receive treatment or services at a provider outside of the network, and the cost of treatment or services is greater than the cost that would have been incurred if the treatment or services were received within the network in the same location. <p>The value of the deductible will be the difference between the cost of the treatment or services received and the cost that would have been incurred if the treatment or services were received within the network in the same location.</p> <p>This deductible is applied to each claim before the deduction of any other applicable deductible shown in section 24.1 or 24.2.</p> <p>This deductible does not apply if the treatment or services received are needed due to an emergency.</p>	Deduction for reasonable and customary costs	Deduction for reasonable and customary costs	Deduction for reasonable and customary costs	Deduction for reasonable and customary costs
24.5	After any applicable deductibles , the maximum amount we will pay for any one or more claims will be the amount shown in the relevant section above.				
25	HEALTH MANAGEMENT SERVICES				
25.1	Chronic condition and disease management to provide tailored information and access to a nurse to discuss your health.	Not included with your plan	Included with your plan	Included with your plan	Included with your plan
26	RED24 SECURITY SERVICES				
26.1	AdviceLine - 24/7 personal security information and advice for all your travel safety queries. Please contact red24 or visit www.red24.com/aetna	Included with your plan	Included with your plan	Included with your plan	Included with your plan
26.2	ActionResponse - 24/7 international rescue and response service for you in a potentially life-threatening, non-medical event. Please contact red24 or visit www.red24.com/aetna	Not included with your plan	Not included with your plan		

All cover provided under this **Benefits schedule** is subject to the terms and conditions of **your plan**.

Some words and phrases used in this **Benefits schedule** have specific meanings that are relevant to **your plan**. We have highlighted them in bold print and defined them in the 'Definitions' section of **your** Handbook.

Eligibility

Plans are available to people of most nationalities, depending on where they reside. Our **plans** are not available to citizens of the United States (US) who reside in the US. For full eligibility details, see **your** Handbook.

If **you** are a US citizen residing outside of the US, **you** can choose any **area of cover** subject to **your country of residence**. If **your** chosen **area of cover** is Area 1, this will only be available on the Aetna Pioneer 5000+ **plan**.

If **you** are not a US citizen, Area 1 will only be available:

- On the Aetna Pioneer 5000 **plan** if the US is not **your country of residence**
- On the Aetna Pioneer 5000+ **plan** if the US is **your country of residence**

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If coverage provided by this policy violates or will violate any United States (US), United Nations (UN), European Union (EU) or other applicable economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the US, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license.

For more information on OFAC, visit www.treasury.gov/resource-center/sanctions/Pages/default.aspx.

Notice to United Kingdom residents: In the UK, Aetna Insurance Company Limited (FRN 458505) has issued and approved this communication.

Notice to all: Please visit www.aetnainternational.com/ai/en/about-us/legal/regional-entities for more information, including a list of relevant entities permitted to carry on or administer insurance business in their respective jurisdictions.

Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

The Aetna logo, featuring the word "aetna" in a lowercase, white, sans-serif font with a registered trademark symbol (®) to the upper right of the letter "a".